

Secondary School Case Studies



Brought to you by the NATA
Secondary School Athletic
Trainers' Committee
2013

TABLE OF CONTENTS

Introduction	2
Charlie's Volunteer	3
Professional Relationships	5
Being a Good Sports Medicine Teammate	7
Kevin's Story	9
Terri Is Tested	12
Kyle's Problem	15
What's Wrong With Christy?	18
Alphabet Soup	21
Willa's Weak Knees	24
A Costly Cold	26
Larry's Initiative	29
To Tape or Not to Tape	32
Jack's Confusion	34
Jane's Accident	36
Hot Day at Bennett High	40
Don't They Know Who I Am?	43
Too Many Problems, Not Enough Time	46
Facebook Trouble	48
How Do I Take Care of Myself?	51
Using Your Head	54
A Cry for Help	56
Trouble at Home	59
Religion and Sport	61
Edgar's Dilemma	63
Who Are You Again?	65
Emergency Medication	68
Felipe vs. Cheryl	70
Lightning Strikes	73
Rehabilitation with Limited Staff and Resources	75
Filling In Without Falling Down	77
Bruce's Story	80
Robert's Story	83
Jenna's Review	85

INTRODUCTION

Athletic trainers who have chosen to practice within the secondary school setting have long realized the uniqueness of this environment. The typical secondary school athletic trainer is a lone wolf, dealing with hundreds of athletes, coaches and parents without the large staffs that are typical of the collegiate setting. It is not uncommon for the secondary school athletic trainer to have more student-athletes than most colleges and universities. Add dozens, if not more than a hundred different coaches that the secondary school athletic trainer must communicate with on a regular basis, the need for expert organization and administrative skills become a matter of sanity. Whereas collegiate student-athletes are considered adults, the secondary school athletic trainer is dealing with minors and therefore their parents as well.

It is the nature of college athletics and athletic training education, that the typical athletic training student might not have the opportunity to gain experience in dealing with coaches and parents on a daily basis. These skills, in addition to managerial and leadership skills, must be acquired by the athletic training student in order to be successful. The ability of the athletic trainer to creatively manage the numerous personal relationships and unique situations relative to the secondary school setting will create a formula for success. Many graduates are extremely well versed in evaluation techniques as well as injury management and treatment. However, it is not uncommon that their collegiate experience never exposed them to the world of student-athletes without any type of medical insurance or the financial ability to obtain a decent pair of athletic shoes. The ability of athletic trainers to create networks and develop relationships so that they may better serve the needs of their student-athletes will be tested daily.

The secondary school athletic trainer often times must interact with numerous administrators as well as the dozens of personal physicians coordinating the care of their student-athletes. When a situation arises that requires administrative intervention it is important that the athletic trainer not only identify and analyze the problem but bring possible solutions to the table as well. The ability to “step back” from a problem, and view the situation from various viewpoints, which are many in this setting, and to creatively develop and implement a plan of action that will lead to a successful conclusion is one of the most valuable gifts that an instructor can give to their students.

The NATA Secondary School Athletic Trainers’ Committee developed these case studies to assist program directors with the development of the organizational, administrative, managerial, and leadership skills necessary to be successful in the secondary school setting. These case studies are taken from “real life” situations that were encountered by members of the committee. It is our hope that these examples will generate discussion as well as opportunities for critical thinking as it relates to the communication and interpersonal skills that are commonly found among successful secondary school athletic trainers. It is the hopes of the committee that this collection of case studies will help prepare athletic training students for the exciting and ever changing world of secondary school athletic training.

CHARLIE'S VOLUNTEER

by Ronnie Harper

Topic:	Spinal Immobilization and Protocols
Setting:	Secondary School
Primary Concept:	Emergency protocols
Secondary Concept:	Medical direction, communication

NATA Competencies Addressed: AC-2, AC-10, AC25, AC-26

Charlie Babin was the athletic trainer for Robert E. Lee High School. He was beginning his second year as the school's first full-time athletic trainer. The football season was going by rather quickly and the team was much improved from their dismal 3-7 record last year. They were on a three game win streak and getting close to having their first winning season in more than a decade. Excitement was in the air in this small town each Friday night - something that had not happened in a long time. Tonight's game was against a team that was going to be Lee's biggest challenge, and had drawn one of the biggest crowds of the year. The week leading up to the game had gone well. Due to his diligent rehabilitation efforts, Charlie had been able to return two injured players to practice despite injuries that had kept them out of previous games. The score was 7-7 at the half and Robert E. Lee High was playing great.

On the first play of the third quarter, an athlete went down on the far sideline in front of the opposing team's bench. From the contact, Charlie knew the injury might be severe. His heart raced as he jogged onto the field to evaluate his sophomore defensive back. The athlete was face down and was not moving. Charlie's first instinct was that his athlete had an injury to his cervical spine. After further investigation his worst fears were confirmed as the athlete showed limited movement and decreased sensation in all four extremities. The good news was that he was conscious and alert. It wasn't long before Charlie received a tap on his shoulder and then a nudge. He was so focused on the athlete that he didn't notice the lady who had edged up beside him. She quickly announced that she was a nurse and would help out. Charlie politely declined her aid and continued his evaluation only to have her begin to insert her own questions to the athlete. At first Charlie did nothing to discourage or stop her questions. The entire scene began to attract a crowd as players, coaches, and officials got closer; some wanted to see if they could help while others just wanted to see what was happening. As Charlie stabilized the athlete's cervical spine and calmed the athlete, he asked the head coach to bring the ambulance onto the field. Charlie then noticed that the nurse was beginning to unbuckle the athlete's chin strap. By this time the athlete's mom was on the field trying to get closer to her son so she could talk to him. The nurse quickly introduced herself to the mom and said she was there to take care of her son and everything was under control. She had stopped unbuckling the chin strap to speak to the mom but then continued with her endeavor. It was all happening so fast for Charlie. He had some doubts about the severity of the injury himself. Was he missing something? Did he do his evaluation correctly, thoroughly? He was a few years removed from a similar drill they practiced in his college course and his mind was racing to remember all the correct steps. The coach returned to report that the ambulance had left to respond to a call and the next one would not be there for another 15-20 minutes. Charlie took a deep breath.

Analytical Questions

1. What advice would you give to Charlie to immediately get this situation under control?
2. What steps should Charlie have taken before this football game to prevent this situation from being so difficult?
3. Can a medical professional that acts as a volunteer like Betty, contribute legally or ethically to the healthcare of Jonathan? What is the basis for your opinion? Does it change if Betty is an employee of the school system?
4. If Jonathan sustains damage to his cervical spine as a result of negligence from other individuals like the actions of Betty, do you think Charlie could be held legally responsible for Betty's actions? If so why or why not?
5. What local, state and/or national guidelines exist that pertain to secondary school medical care as they relate to this scenario?
6. If Betty continued her aggressive actions and became insistent on helping or taking control of Jonathan's injury, what options does Charlie have to deal with her?
7. What content area of the Athletic Training educational competencies does this topic involve?

Application Exercises

1. Outline the steps to establish a protocol for spinal immobilization. Provide references for your protocol from local, state and national guidelines. Also, include protocols for how to deal with volunteers.

PROFESSIONAL RELATIONSHIPS

by David Edell

Setting: Secondary School

Primary Concept: Appropriate referral to other health care professionals

Secondary Concepts: Effective communication in the work place

NATA Competencies Addressed: HA-1, HA-2

Memorial High School's nurse, Alice Nelson, is responsible for all medical information about their students. MHS also has a part-time athletic trainer, Craig Needlebaum, contracted from a local hospital. Craig is on campus three half-days a week, in addition to providing medical care at all home athletic events.

A football player, Joe Bob, is injured in practice on a day that Craig is not on campus. Joe Bob sees his primary care physician for evaluation and treatment. The doctor determines that the athlete has suffered a second degree sprain of his lateral collateral ligament. Joe Bob is placed in a straight leg brace and instructed on the use of crutches. The following day, Joe Bob presents Nurse Nelson with a note from his physician that lists the following restrictions: weight bearing as tolerated, straight leg brace, removal from all athletics and physical education activities and referral to an orthopedic specialist. Nurse Nelson places the note in the student-athlete's file.

The next day, Craig makes his normal visit to the school and finds the injured athlete at the door of the athletic training room. Craig does an evaluation of the injury; based on his findings, he believes Joe Bob has suffered an Anterior Cruciate Ligament sprain secondary to the LCL injury.

Craig next asks about the physician visit. Joe Bob says he has a sprained knee and was going to see a specialist in the future but did not know when or who. He also says he gave Nurse Nelson a note from the doctor that he believes has more information.

Craig then contacts Nurse Nelson to clarify the information Joe Bob mentioned. Nurse Nelson tells Craig that she could not give out confidential information to non-school employees, citing FERPA restrictions. Craig explains that he is a contract employee and could be given access to student medical information. Nurse Nelson does not accept Craig's reasoning and asks him to leave the office. Craig is quite upset and tells Nurse Nelson, in a not-so-pleasant way, that she is wrong and her actions would result in harm to "his" athlete.

Nurse Nelson immediately contacts her supervisor to register a complaint against Craig for verbal assault and inappropriate request for release of privileged student medical information. An investigation is opened.

Meanwhile, Craig calls a member of the Board of Education who had been a vocal advocate for the hiring of an athletic trainer. He relays the story of the athlete, the nurse, and her refusal to share the contents of the physician's note.

Craig returns to the athletic training room to treat Joe Bob based on the results of his evaluation. Rehabilitation exercises are initiated, consistent with normal rehabilitation protocols for ACL sprains. Craig also expresses his exasperation with the school nurse to the athlete, questioning the nurse's professional ethics.

Joe Bob goes home that evening and relates the activities of the day to his parents, who are both active in school functions. He also mentions Craig's remarks regarding the nurse. The next morning, one of Craig's parents contacts the principal to express frustration over the care of their child. The principal tells the parent that the nurse has already made contact and an investigation has been opened.

Also that morning, the Board member (that Craig had contacted) calls the principal, and expresses his concern about the lack of communication under the principal's leadership. The principal says the concern is appreciated, and offers reassurance that an investigation is under way.

The principal then notifies the athletics director about the situation. The two agree to meet and discuss the problems. They agree that there is lack of communication between the student health department and the athletic department; however, they are unsure how to prevent this from happening again in the future.

Analytical Questions

1. What is the underlying problem with this scenario?
2. What should the athletic trainer do to prevent this in the future?
3. How does the athletic trainer determine whether or not he has the right to access the athlete's medical information?
4. Why or why not was it appropriate for the athletic trainer or athletic director to contact a Board of Education member?
5. When beginning an athletic training program what could be done to avoid situations such as presented above?

Application Exercises

1. Role play and practice how to introduce yourself to another medical professional who may not be aware of your skill set.

BEING A GOOD SPORTS MEDICINE TEAMMATE

by Stacey J. Ritter, MS, ATC

Topic: Cooperation between professions

Setting: Secondary School

Primary Concept: Appropriate referral to other health care professionals

Secondary Concept: Professional networking, respect for other health care disciplines, communication with parents, communication within the health care community

NATA Competencies Addressed: PD-8, PD-9.

Roberto is a certified athletic trainer contracted by a physical therapy group to work at the local high school. He works at the clinic in the morning and at the high school in the afternoon. On Monday, a JV girl's tennis player comes to see Roberto about her back. She says it's been hurting her for about a month. She has an important tournament coming up and wants to know if she can play. This is the first time she has ever mentioned the injury to Roberto.

Roberto asks why she hasn't come to see him for this injury earlier. The athlete, Kim, says she thought she could just play through it and it would go away, but it hasn't. Upon further discussion, Roberto determines that she has had this problem before, and it tends to reoccur every season. He asks her if she's ever been seen by a doctor, and she states that she had been to a chiropractor once or twice. The chiropractor is also a family friend, and he saw her as an informal favor, rather than a regular patient. Other than that, she has not had any medical intervention and has not done any home care.

After doing an evaluation, Roberto is concerned that she may have a spondylolysis. He'd like her to get an evaluation by an MD, however, his team doctor has made it clear he'd rather not see back patients. He is not confident that Kim's pediatrician will do the type of orthopedic evaluation he feels is necessary. Roberto also knows that a more thorough evaluation may find some underlying muscle imbalance issues, which also would not be discovered at a typical doctor's appointment or on any x-ray. One of the physical therapists at his clinic is particularly good at these assessments and gets great manual therapy results. Although Kim says she can play through the pain for the tournament, Roberto does not feel comfortable allowing that without further evaluation.

Roberto explains his concerns to Kim and calls Kim's mother to discuss the next step in managing Kim's injury. Kim's mother is a little confused between what the athletic trainer can do, what the physical therapist will do, why she needs to see a doctor and wonders if the chiropractor will be able to do all of these things. The mother believes that their chiropractor friend can do everything that Roberto is suggesting (x-rays, evaluation, correcting muscle imbalance, pain management treatment, practice modifications, etc) and that it would be easier to just see one person, rather than going to a pediatrician, back specialist, physical therapist and athletic trainer.

To further complicate matters, both of Kim's parents work, and it is difficult to take time off to make multiple appointments during business hours. Kim is anxious to play, and they haven't

much time to sort it out. Because the process seems very complicated and there may be a delay in insurance authorizations and scheduling, Roberto would like very much to simplify, streamline and expedite an appropriate assessment for Kim, which will also result in a prudent decision regarding her ability to play in the tournament.

Roberto is now in a position of having to effectively explain each discipline's expertise to Kim's mother, including the differences and the similarities, and try to steer her in the direction that he sees as the best possible outcome. He must also consider the appropriate scope of practice of each and the sports medicine network that has been established and approved by the school. In addition, he must take care in not creating any negative perceptions about any of these different practices, while still honoring existing relationships the family has already established.

Analytical Questions

1. What are the appropriate referrals Roberto can make for further evaluation?
2. What steps could Roberto take in advance to make this situation easier to manage in the future?
3. To whom is Roberto primarily responsible (i.e. employer/clinic, school administration, parent, athlete, etc), and why?
4. What potential issues might Roberto encounter based on referral discussions?
5. What would you regard as 'best-case scenario' for the medical management of Kim's injury? Why?

Application Exercises

1. Describe the academic preparation and scope of practice of each health care profession to Kim's mother.

KEVIN'S STORY

by Dan Quigley

Topic: Concussion management

Setting: Secondary School

Primary Concept: Concussion management

Secondary Concepts: Communication within the health care community, liability, written protocols, policy and procedure development, professional networking, communication with parents

NATA Competencies Addressed: PHP-3, PHP-17c

It is a typical Friday night at Lansdowne High School. The football team is playing a cross-town rival and the stadium is packed with enthusiastic fans. The athletic trainer at LHS, Emma Walker, is happy that the game is going well and there have been no major injuries. In the middle of the third quarter, while making a tackle, LHS linebacker Kevin Ryan makes helmet-to-helmet contact with the ball carrier. After the tackle, Kevin lay on the ground motionless. The referees call time out and Emma rushes out to assess the situation. She is accompanied by the school physician, Jack Weaver, a general practitioner. Kevin is conscious and laying supine. When asked, Kevin states that he did not lose consciousness. This is confirmed by an official. Kevin states that he has no tingling, burning or numbness anywhere and that the only area that hurts is his head. He has full movement of his arms and legs and Emma concludes that there is no central nervous system involvement. Emma continues with her head injury evaluation and finds that he is oriented to time and place. Kevin does complain of a headache and nausea, along with some sensitivity to light and sound. His speech is not slurred but the responses are slow. Emma and Dr. Weaver then help move him to a sitting position. When he is helped to a standing position Kevin has a visible loss of balance. Once on the sideline the medical staff continues with a more thorough evaluation. Kevin's sensitivity to light and sound, as well as his slow responses, subside within ten minutes, but the dizziness, headache, nausea and balance issues remain. Dr. Weaver gives his diagnosis as a concussion.

During the sideline evaluation, the head coach, George Carter, asks when he can get his linebacker back into the game. When told he will not have him returning tonight, Coach Carter makes a comment about coddling players and goes back to coaching. Mr. and Mrs. Ryan are brought to the sideline and apprised of the situation by Dr. Weaver. He recommends that Kevin go to the local emergency room for further tests and evaluation. Kevin is then transported to the emergency room by his parents.

In the emergency room, Kevin is diagnosed with a concussion and given written instructions to restrict physical activity for seven days and to follow up with his primary care physician, a

general practitioner. By Wednesday of the following week, Kevin still complained of a mild headache and had some difficulty concentrating in classes. Kevin has an appointment with his primary care physician on Friday, one week post injury, and is given a written release to resume practice on the following Monday with no restrictions.

On Monday, the start of the second week since his injury, Kevin still had complaints of a mild headache. Based on these findings, Emma makes the decision that he should be held out of physical activity and monitored on a day-to-day basis. Because Dr. Weaver is only in attendance for home games, he defers to other physicians for return to play decisions. Emma tells the head coach of her assessment and of her decision to hold Kevin out of practice. Coach Carter does not agree with this decision and tells Emma that he needs Kevin to practice so that he is ready for that week's big game. Kevin's parents also want him to return to play.

On Tuesday, Emma meets with the parents, athlete and coach and explains that concussion symptoms are still present and discusses the dangers of second impact syndrome. After the meeting, Coach Carter talks to the parents privately and tells the parents that he believes that Kevin has recovered from his injury and that he only had an ordinary dinger. He emphasizes that he has been coaching for a long time and the athletic trainer is relatively new at her job. Coach Carter recommends to the parents that they take Kevin for a second opinion. He tells them he can make a call to a friend of his who is a doctor and they can get him back to action immediately. This second doctor is a pediatrician with no formal training in the management of brain injuries.

On Friday, two weeks post injury; Kevin goes to the second doctor for another opinion. This doctor tells Kevin that he is fine and may resume full football activity on Monday. Before practice on Monday of week three, Emma checks in with Kevin. He tells her he has a continuous mild headache but that he is fine during school. Emma decides to call the parents and recommend that Kevin should be seen by a neurologist, trained in the management of brain injuries. The parents balk at this suggestion due to the cost and time lost by their son. The parents contact the coach in an attempt to resolve the problem. Coach Carter states that he will take care of it and their son will be playing that week.

Emma meets with her athletic director to discuss the situation and her difficulty with the coach. The athletic director states that he supports her but the coach has been around a long time and has tremendous support in the school district and community. The athletic director asks Emma if she has any scientific information or data as to why Kevin should not be allowed to return since he has been seen by two doctors and given permission to resume activity. Emma informs him that there was no baseline cognitive testing done and there is no written protocol for this type of injury. There is also no state law dealing with brain injuries. She explains to the athletic director the significance of the presence of a persistent headache and the dangers associated with second impact syndrome. The athletic director tells her that he will talk to the coach. Unfortunately,

Emma has the feeling that he will side with the coach due to their long-standing relationship. The coach publicly states that he feels the athletic trainer is soft and is babying his players. He says that she does not care about winning and is only concerned about justifying her position within the school. Coach Carter tells Kevin to begin working out with the team. Kevin stops coming in to check with Emma and is seen jogging with the team even though he still has a headache. The relationship between the coach and athletic trainer becomes more strained as the coach tells other athletes not to report injuries to the athletic trainer for evaluation. Emma has a meeting with the principal to discuss the issue but does not receive much support.

With little to no support from her administration, Emma finds herself in a difficult position, both personally and professionally. Even though she still has doubts, Emma decides to allow Kevin to return to play. He gets through the first game back with no issues other than fatigue. Kevin finished out the season without any further ramifications from his concussion.

Analytical Questions

1. How would you have handled this situation? Defend your position.
2. Compare local, state and national concussion guidelines that pertain to this scenario.
3. What could Emma and the school have done to prevent the coach from overstepping his responsibilities?
4. What role does Dr. Weaver have in this scenario?
5. Who has ultimate authority in this scenario? How has it been used? How could it be used to affect future outcomes?
6. On what basis is there legal liability?
7. Who do you think is responsible for preventing similar situations in the future? How?

Application Exercises

1. You have been provided \$500 to develop and implement a concussion management program. Describe your program.

TERRI IS TESTED

by Rick O’Leary

Topic: Management of Multiple Events/Venues

Setting: Secondary School

Primary Concept: Managing concurrent events at multiple locations

Secondary Topics: Triage; Communicating with coaches, parents and athletes; Managing stress

NATA Competencies addressed: PD-7, PD-11, HA-1, HA-21, HA-29

It takes a minute for Terri to realize that the frantic voice on the radio is calling her. It takes much longer to ascertain the nature of the injury that is demanding her attention across campus - a softball player has a grossly deformed ankle injury. She makes a mental note to “retrain” the softball coaches to use the radio properly. “I’ll be back” she tells the young man whose concussion evaluation on the sideline of the soccer game was now interrupted prior to completion. “Keep an eye on James; I’ll be back as soon as I can” she hollers to the boys’ soccer coach, as she races off in the golf cart, heading for the softball field.

Three minutes later she arrives at the softball field to find the base runner still on the ground at third base. Several teammates linger about, watching the coaching staff and a couple spectators attempt to calm the athlete while holding an ice bag on her ankle. “Thanks guys, I got it. I appreciate your help,” Terri says, more aloud than to anyone in particular, before turning her attention to the athlete. “What happened, Alexis?” she asks. As Alexis explains that she had tried to stretch a double into a triple, injuring her ankle as she slid into third to avoid the tag, Terri removes the ice bag. She nearly gasps aloud as she views what appears to be a dislocated ankle. Collecting herself quickly, Terri reassures Alexis, reaches for her cell phone and dials 911. After speaking with the dispatcher, Terri solicits the aid of the coaching staff - asking them to move Alexis’ teammates away, to meet the responding aid unit at the parking lot and direct it to the field and to provide support to Alexis’ mom, who has come out of the stands to console her daughter.

It takes a mere four minutes for the EMS unit to arrive from the nearby fire station. Recognizing one of the responders, Terri greets him and succinctly explains the situation to the crew. As they evaluate the injury, Terri momentarily considers reminding them she already has done that, but doesn’t. Realizing they are required to obtain their own assessment, she reminds herself not to take personally their duplication of her efforts. The aid crew assists Terri in applying a pillow splint and load Alexis into the waiting ambulance for the ride to the hospital.

It is in the midst of splinting the ankle that Terri’s walkie-talkie squawks again. Because she is unable to answer it, the calls continue – first on the radio, next on her cell-phone. Of course the

caller will just have to wait – she can't just drop what she's doing, she tells herself. Once EMS departs, Terri gathers up her gear, jots a couple of notes for the injury report she will later write and listens to a voicemail message from Steve, the track coach who had repeatedly tried to contact her. He has an athlete that needs an ankle taped before leaving for the track meet across town. She tries calling him back. She gets his voicemail and leaves a message before climbing back into her golf cart to head to the athletic training room to tape the track athlete.

Walking into the athletic training room, Terri finds no sign of either the track coach or his athlete. She attempts to call his phone once again, but the call goes immediately to voicemail. Instead of leaving a second message, she hangs up, picks up her walkie-talkie and asks (to all who hear) if anyone has seen Steve. Eventually, a reply comes over the radio "He's down here with us. He came here looking for you." "Where is 'here'?", Terri asks. "At the softball field!" comes the reply, just as her phone rings. It is Steve. "What are you doing at the softball field?" she asks as she answers the phone. "They said you were busy down at the field, so we loaded up the bus, and stopped here so you could tape Mike's ankle before we left. I thought it would make it easier for you and save everyone some time. Can you come on down here? We've really got to get going." Terri is frustrated, but acquiesces, and with a long sigh replies "Yeah, I'll be right there." As she turns to exit, two cheerleaders enter. One is limping awkwardly. "I'll be right back; wait here." Terri says to the two girls. She mutters to herself as she races across campus, back to the softball field. Steve is anxious to get the team to its meet, and he hovers over Terri as she tapes Mike's ankle. The young man mumbles a "thank you" to Terri; Steve pushes him towards the bus, saying "Let's get going!" and leaves without saying a word to Terri.

Terri throws her medical bag back onto the golf cart and climbs into the driver's seat. Driving back towards the athletic training room, she is preoccupied by Steve's insensitivity. The crackle of the radio snaps her back to attention. It is the boys' soccer coach. "Ter, we need you over here right now! James is puking, and is not doing well." "Shoot!" she swears to herself before replying "I'm on my way!" over the radio. She swings the cart around, heads towards the field, cursing about the lack of speed of the golf cart, how her day is going, and at James' turn for the worse.

"James, what's going on?" she asks as she rushes to his side. "I don't know," he replies. "I felt good until one of their punks tackled me. I hit the ground pretty hard. Now my head is killing me, and I'm really sick to my stomach." "Yeah, but you were getting... wait a second - I thought you told me you collided with their player as you were both going up for a header?" "Yes," replies James "that's how I first got hurt, but then when I went back in, the dude took me out hard." Terri just about explodes. "You went back in? Who put you in? I told you to sit out and wait for me to get back!" "Yeah, but coach asked me if I felt good, and I did, so he put me back in the game." James vomits again, narrowly missing Terri's feet. He is growing increasingly lethargic. Terri is about to get words with the coach when James mumbles something, and

sits on the ground, holding his head. “My head is killing me,” he screams as Terri dials 911 for the second time that day.

Analytical Questions

1. How did communication issues affect the care provided by Terri?
2. Suppose you are Terri’s supervisor. What suggestions would you give her to improve the athletic healthcare she provides?
3. How would the use of triage principles improve Terri’s situation?
4. Suppose that you are Terri and your supervisor expresses concerns about the care provided to the athletes. How do you respond?
5. What changes to policies and procedures need to be made? What time frame would you suggest for each change?
6. What content areas of the NATA’s Educational Competencies are addressed in this case study?

Application Exercises

1. Devise a plan for providing effective medical care at multiple simultaneous events at a high school.

KYLE'S PROBLEM

by Troy Hoehn

Setting: Secondary School

Primary Concept: Discussing diagnostic results with minors

Secondary Concept: Interaction with parents; interaction with physicians; rehabilitation

NATA Competencies addressed: TI-6, TI-7, TI-12

Kyle Jackson is the certified athletic trainer at Milton East High School. He is employed by the local sports medicine clinic, serving as the athletic trainer after school for practices and events. He has seen Mariah Johnson, a sophomore swimmer and softball player at Milton East, many times in the athletic training room for chronic knee pain. She is currently in the middle of her swim season. In the past, the typical rehab for patellar femoral pain syndrome of straight leg raises, quad sets, pain free step ups, and occasionally McConnell taping has been successful, allowing her to continue practice without any increase in pain or a limitation in function. Her most recent event was proceeding normally, but over the last 3 days her knee pain became considerably worse.

Another evaluation was performed that found her pain was now located over the joint line of her left knee. Given the history of her knee pain the decision was made to contact her parents and recommend referral to the orthopedic physician. Kyle has had multiple conversations with Mariah's parents in the past and they were very appreciative of his recommendations. They agreed with Kyle that she had been complaining more than normal in the evenings about soreness in her knee. They also reported that they were surprised because her times in her races had stayed the same, and they were concerned that she might be trying to get out of practice. Giving Mariah the benefit of the doubt, Kyle didn't get the impression that she was trying to get out of practice at this time. Kyle informed them he would continue to treat Mariah, while managing her workouts accordingly. Over the next week Mariah's symptoms remained about the same. On Kyle's suggestion, Mariah modified her kicks so she was more comfortable, therefore continuing to participate with the team and accomplish quality workouts.

Mariah had her appointment with the doctor where he expressed concern about possible meniscus damage. A MRI was scheduled for three days later. Unfortunately, the doctor was going to be on vacation for a week so he wasn't going to be able to meet with Mariah, in order to review the results for another two weeks. Since the state meet was fast approaching, Mariah was both frustrated and anxious with the delay.

Two days after her MRI, she began to ask Kyle why she had to wait so long for the MRI results. Kyle explained that the radiologist usually reads the MRI after a day or two and then forwards

the results her doctor. At her follow-up appointment the doctor would review the results with her and make his recommendations at that time. Realizing that somewhere there was a MRI, Mariah became more frustrated with the idea of having to wait for the doctor to return from vacation. Kyle then said that when he is at the clinic in the morning he could access the records and look at the MRI report. Mariah asked Kyle if he would check to see if the report was in her records. Kyle said that he could look, but that ultimately it is the responsibility of the physician to review the results with the patient. Mariah told him she understood, but that she just really wants to know if she is doing more damage by continuing to swim.

The next morning Kyle reviews Mariah's MRI report while at the clinic. The radiologist indicated that there was a small tear in the posterior horn of the medial meniscus. That afternoon an eager Mariah showed up in the athletic training room and asked if he found out anything at work. Kyle informed her that the report did show a small tear of her meniscus. Mariah asked if that was serious. Kyle explained that this type of injury is rather common, and that she would likely be able to finish the season. He continued by saying that the physician would have the final decision. Mariah was happy to at least know that there was a reason for her pain, and it would quiet down some of her teammates that were saying she was faking it.

On the day of Mariah's appointment, Kyle was eager to learn of the final recommendations of the physician, as the end of the season was rapidly approaching and Mariah had aspirations of qualifying for the state finals. While on his way to the high school that afternoon, Kyle's phone rang. It was Mariah's father. Mr. Johnson was clearly upset with the fact that Kyle had shared the results of the MRI with his daughter. He inquired if this was standard procedure to share this information with a minor without the consent of the parents? According to Mr. Johnson, the doctor told Mariah that everything was fine, and that she just needed to continue with the rehabilitation. He continued to say that Mariah was confused because she thought there was a meniscus tear and figured there would be a discussion about surgery, but there was no such discussion. Mr. Johnson continued that Kyle should never inform minors about their diagnostic results whether he knows them or not because ultimately the doctor would make the final decision. Kyle apologized and explained that he had done that a few times in the past and everything went well. He thought that due to Mariah's frustrations, discussing the results would ultimately help her. He also explained that he told Mariah that it would ultimately be the doctor's decision. However, he agreed with Mr. Johnson that he should have handled it differently.

Mr. Johnson seemed to relax, telling Kyle that he really appreciated his work at the school and for Mariah specifically. But he wanted to use this as a learning experience for him and to be aware that this wasn't a good practice to continue. Kyle thanked him for the feedback and again apologized. As Kyle ended the call, he realized that this was the first real confrontation he'd had with a parent. Many questions started running through his mind. Why did the doctor not tell her

about the meniscus tear? He understood that the doctor may have viewed it as being a non-surgical situation and maybe just decided to not reveal the results, but it still made him look bad.

Kyle also realized that this would probably be the last time he would reveal any diagnostic results with an athlete before the physician's appointment. He also wondered how Mariah would take the news when he met with her at the school.

When Mariah came in that afternoon she was happy, reporting that the doctor told her the knee was fine and she wouldn't need surgery. She wondered why he didn't mention the meniscus. Kyle explained that sometimes the radiologist reads things differently than the doctor, and that possibly the doctor didn't feel the tear was significant. Kyle also told her that he had talked to her Dad. Mariah said that he wasn't very happy. Kyle confirmed that, but that they had a discussion and talked things out. Kyle was happy that Mariah wasn't upset about the situation and that he would chalk the situation up to a lesson learned.

Analytical Questions

1. Discuss how individuals violated specific federal statutes.
2. What could Kyle have done to prevent this situation from happening?
3. What steps could Kyle have taken to educate himself to the applicable clinic policies?
4. After accessing the MRI results, what should Kyle have done to change the outcome?
5. What other outcomes could have potentially occurred following this situation?

Application Exercises

1. Play the role of Mariah's father who is calling Kyle. Have a partner play the role of Kyle. Mariah's mother contacts you, as the clinic director, regarding this incident. After this phone call, what is your discussion with Kyle?

WHAT'S WRONG WITH CHRISTY?

by John Reynolds

Topic: The influence outside factors can have on perceptions related to injury severity

Setting: Secondary School

Primary Concept: Psychosocial Strategies

Secondary Concept: Recognizing that emotional state can/will influence perception of injury

NATA Competencies Addressed: PS-2, PS-6, PS-9, PS-13

Stephanie Payne is enjoying her third year as the head athletic trainer at a small, rural high school. She has been welcomed as a part of the athletics staff by her administration, coaches and parents and has quickly settled into the day-to-day routine of being a secondary school athletic trainer.

A few weeks ago, Stephanie began working with a freshman volleyball player named Christy. Christy is the starting setter on the varsity team and is already one of the team's better players. Christy first reported to the athletic training room complaining of generalized knee pain. After completing her evaluation, Stephanie couldn't really identify a specific cause for Christy's discomfort, but suggested range of motion and strengthening exercises before practice, participation as tolerated during practices and games, and ice after activity if and when she was sore. Over the next week, Christy was very compliant, showing up each day after school for treatment and soon started feeling better.

Volleyball is by far the most competitive fall sport at the school and consistently draws large crowds when playing at home. "Tomorrow is a big game Ms. Payne," Stephanie says Tuesday afternoon, "I hope my knees hold up," she adds.

"Christy, you've been practicing fully since last week and haven't said a word about your knees- I'm sure you'll be fine," Stephanie replies. Christy smiles, gathers her bags and heads out to practice.

The following afternoon, a pep rally is held in recognition of the upcoming big game. To everyone's surprise, Christy is nowhere to be found. Apparently her mom called the school that morning and indicated Christy would be going to the doctor and wouldn't be at school. Upon hearing this, the volleyball coach called Christy's house and her mom's cell phone, leaving messages on both. The school day ends without word from Christy or her mom, and everyone is wondering what happened.

Two hours before the volleyball game begins, Stephanie is in the athletic training room working with a few field hockey players who will soon leave for an away contest. She hears conversation in the hall outside her room and looks up to see Christy limping into the office followed closely by the volleyball coach. Sensing a bit of tension between player and coach, Stephanie quickly finishes with the field hockey players and closes the door.

“What’s up Christy? Where’ve you been today?” Stephanie inquired.

“I went to the doctor this morning because my knees were hurting last night,” she replied. Christy goes on to add that she felt fine during practice. Nothing specific happened to her, but she could hardly walk once she got home.

“She was fine last night, probably had her best practice of the year. Christy, you know this a huge game for us tonight and we really need you,” her coach states.

“What did the doctor say?” Stephanie asked.

“He said he couldn’t really find anything wrong, that it looked like I was just sore, and I could play when I felt better,” Christy responded and handed Stephanie a note from the doctor that supported her summary of his evaluation.

“See, there’s nothing wrong with you, Christy. Suck it up and let’s get ready to play!” her coach encouraged.

“But I can’t coach- my knees hurt too much!” Christy said, her voice quivering and Stephanie thought she was about to cry.

“That’s not good enough Christy. The doctor says you’re fine- you just need to toughen up and play. Stop being such a wimp!” her coach says, his frustration clear. Without another word, Christy gets up off the table and leaves the room, tears streaming down her face.

“What am I going to do Stephanie? This just doesn’t make sense. This is the biggest game of the year, why doesn’t she want to play?” the coach wonders.

“How well do you know Christy?” Stephanie asks. “I agree things don’t seem to add up- can you think of anything else that might be going on with her?”

The coach is quiet for a few minutes and states that he can’t remember anything specific to Christy. “Of course, the girls are always talking about one another and I know some of the older players on the team had a hard time accepting the fact that a freshman would be the starting

setter. I also think I remember hearing Christy talking to one of the other players about a sick brother, but I don't know any details. The grading period ended last Friday, but her interim grades were fine, so that can't be it," the coach states. He turns towards Stephanie and says "Why is she acting like this? Why doesn't she want to play?" With that, he throws his hands up in the air and walks out of the athletic training room towards the gym.

Stephanie has never seen anything quite like this and deep down, really doesn't know what to do. She wants to help Christy deal with her knee pain but feels somewhat helpless having tried everything she knows to address the issue. Christy's doctor doesn't seem too concerned and his recommendation is consistent with what Stephanie has been asking Christy to do for weeks. As Stephanie leaves the athletic training room to find Christy, she begins to think that perhaps Christy's knees really aren't the source of her discomfort.

Analytical Questions

1. To what degree do you believe Christy's knees are the primary source of her discomfort? What other factors could be influencing her perceptions about her injury?
2. If you were Stephanie, what would you say to Christy when you catch up to her in the hallway? What do you think you should try to accomplish during this conversation?
3. Do you think Stephanie or the volleyball coach could have anticipated her reluctance to participate? How could this situation have been avoided?
4. Who else, if anyone, do you think needs to be involved in this situation? Why or why not? Would federal privacy acts apply to this scenario? Why or why not?
5. What do you think might happen if Christy's parents or teammates attempted to intervene? Do you think these interactions would be beneficial or harmful?
6. What do you believe the volleyball coach was trying to accomplish in his comments to Christy? Do you agree or disagree with his approach? Why or why not?
7. Do you think an additional referral is necessary? If so, which professional would be most appropriate?

Application Exercises

1. Play the role of the two adults in this scenario (athletic trainer and coach). Defend your approach to managing Christy's injury situation to this point. Describe what steps you would take to arrive at an appropriate resolution.

ALPHABET SOUP

by Steve Taylor

Topic: HIPPA v FERPA

Setting: Secondary School

Primary Concept: Privacy with the secondary school student athletic injury

NATA Competencies Addressed: HA-10, HA-18

Amy was hired five years ago to be a teacher/athletic trainer at Tungston West High School. Since coming to Tungston West several years ago, the football coach has developed the football program into a championship-caliber team. The coach is a very approachable person, well-liked by all, and a good coach. He has an open door policy for parents, and numerous parents are routinely at practice. He tries very hard to encourage a "family-like" team atmosphere. This year, the team is very good and there are several D-1 prospects on the roster.

Amy has coordinated the medical coverage for games so that there are several layers of personnel. Amy and her assistant, Brian, attend all home games. There is no written agreement between the school and any physicians group to act as the team physician, but on the sidelines at any given home game there is a family practice physician, an orthopedic surgeon and an ambulance on hand. During the third game of the season, one of the college recruiting prospects, senior quarterback, Joe Smith, is injured. Amy and Brian go onto the field to evaluate the injury. They find that he has taken a blow to the head. He is not having any c-spine pain or neurological deficits, but Joe says he has a headache and is a little dizzy. After ruling out a cervical spine injury, Amy and Brian decide to help Joe to his feet and walk with him to the sideline. Once he is off the field, Amy and Brian continue the evaluation (neurological testing as well as the SCAT2). The doctors on the sideline make their way to the bench where Joe is sitting. While evaluating the injury, Brian notices that a television camera and the radio sideline reporter are approaching to see what is going on with Joe. Then two students - reporters for the school newspaper - arrive, with cameras. Soon the head coach comes to check on Joe, followed by the athletic director. It seems that everyone wants to know the extent of Joe's injury. As politely as she can, Amy looks at the athletic director and says "Could you please get all of the people and cameras away from here so that I can look at this injury?" The AD responds, "Well, what is wrong with him?" as does the head coach, and several others by-standers. To reduce the distractions, Amy loads Joe onto the motorized cart, planning to complete the evaluation in the athletic training room. Amy asks the AD to get Joe's parents and have them meet her in the athletic training room. The family practice physician accompanies Amy to the athletic training room. En route, Amy feels as if she is questioned by everyone: parents of other players, students in her classes and random fans. One lady even comes out of the stands to stop Amy to say, "I'm a nurse," to which Amy responds, "We have everything under control."

Once in the athletic training room, the SCAT2 is performed and the doctor repeats the neurological exam Amy had done on the sideline. Joe is diagnosed with a concussion and will not return to the game that night. He will not be sent to the ER, but instructions on care are given to the parents for the evening in case they notice any changes. He will then be re-evaluated the next day by Amy or Brian using computerized neurocognitive testing. Amy then returns to the sidelines and informs the head coach that Joe Bob has sustained a concussion and won't return to the game that evening. The coach tells the rest of the coaches via headset that Joe Bob is done for the evening. Several players overhear the conversation and start talking about it along the sidelines. Amy tells the AD about the injury, as well as the Orthopedist and discusses it with Brian, who had stayed on the field in case of other injuries.

The AD tells the sideline reporter from the radio show that Joe has a concussion and will not return, who in turn tells the listeners. After the game, the head coach mentions to the team that Joe Bob has a concussion and is not sure when he will return, and that the team should be prepared, no matter what the case may be.

Saturday morning, Joe Bob reports to the ATR along with his parents. He is re-evaluated neurologically and then taken to a quiet computer lab to take a follow-up neurocognitive test. His test results show significant deficits in memory and reaction time, and he has a self-reported symptom score of 65/132. He is given information about physical and mental rest until all symptoms have subsided. He is also follow-up daily with Brian or Amy in the ATR and with the family practice physician in the ATR on Tuesday. He is given the option of staying home from school during the first couple of days the following week. He responds that he would prefer to come to school because his grades are very important and he doesn't want to miss anything. Amy, with permission from the parents, then emails all of Joe Bob's teachers, his counselor and assistant principal, informing them of Joe Bob's injury and perhaps offer academic accommodations until he is fully asymptomatic and returned to activity.

On Monday, it seems that Joe Bob and his concussion have become the main topic of discussion. Everybody in the school is asking: students, teachers, and coaches from other sports. Everybody wants to know when Joe Bob will be ready to play.

Amy gets a call from Joe Bob's mother. It seems that a reporter from the local paper and a local recruiting service have been calling about the injury. His mother is very upset and concerned that his recruiting status may be affected by the injury. She is also angry about how they all found out about the injury so quickly.

Analytical Questions

1. Justify all legal principles that need to be taken into account regarding the above situation.
2. Differentiate who has the right to know this athlete's condition

Application Exercises

1. Play the role of the various individuals (coach, athletic trainer, athletic director, parent, recruiting personnel, reporter, and others) in the above scenario. Defend why you need access to this medical information.
2. Construct a protocol regarding the release of medical information to others.
3. Propose an educational program that would address medical privacy issues. Identify and rationalize the target audience.

WILLA'S WEAK KNEES

by Carrie Deisenroth

Setting: Secondary School

Topic: Implementing preventative programs for ACL injuries

Primary Concept: Implementing evidence based research studies into rehabilitation programs

Secondary Concepts: Communications with other medical professionals, time management in AT room

NATA Competencies Addressed: EBP-2, EBP-10, EBP-12, PHP1, PHP-4

Willa Lamb has been the athletic trainer at Hall and Peck School, a college preparatory boarding school in the Northeast for four years. She had previously worked in the clinical/outreach setting for three years and had developed a wonderful appreciation for her athletic trainer and physical therapy colleagues. In the clinic, there were discussions and staff in-services about the latest in research and how to incorporate the recent findings into the rehabilitation programs of the patients.

While the daily professional interactions proved to be very stimulating, she realized that she very much enjoyed working with her more active, athletic patients than the general orthopedic population she saw in the clinic. In the clinic, there were also time limitations placed on the care she could provide to her patients. Insurance reimbursement played a large part in this. However, the same time limitations were of little significance in her high school setting. Because of this, her recent interest in a job focusing solely on the high school athlete was piqued. She noticed an opening for a 10-month athletic trainer position at an independent school a few miles away from where she currently worked and decided to apply for it. She was offered the job 10 days later.

Now, four years later, Willa has an athletic training room frequented each afternoon by many of her athletes who are working on rehabilitation programs. She enjoys this aspect of the job because she can see the concrete evidence of the daily improvements of her athletes following injuries. However, she realizes that with the other demands of the day-to-day operations required of her in her athletic training room, she does not focus as much time on her rehabilitation research as she used to. Many of her patients are also referred out for their therapy once or twice a week so they may supplement with off-campus physical therapy in addition to the therapy Willa provides at the school.

She is now working with one of the three athletes who had recent ACL surgery. It has been at least four or five years since she'd had an athlete with an ACL injury but in the last two years, she has had six. Two of these were girls soccer players, one girls lacrosse player, one girls basketball player and the other two were football players. Today, she is working with Mandy, a

freshman from New Mexico on the girls' varsity soccer team, who was playing in only her fifth game at the high school level. Mandy had been a 'frequent flyer' to the athletic training room since the beginning of the season. Original concerns were that she was homesick but seemed to have found a comforting and nurturing atmosphere in the athletic training room. This is her first time away from home and at a boarding school. At the age of 14, she finds this adjustment a little challenging and misses her family and what was 'comfortable'. She also is a very skilled player who is well known back home for her athletic talents. At Hall and Peck, she is adjusting to being "just a new kid" at the school.

While each of her aches and pains were addressed as she came in each week, a number of these, after evaluation, turned out to be just that---"aches". When the call came on the walkie-talkie that she was down on the soccer field with an injury, Willa's first thoughts were, "not again, probably another ache." When Willa arrived on the field, Mandy was standing and attempting to walk off on her own. The coaches gave Willa a look that expressed they also thought Mandy might just be having another one of her 'aches' again. She stated she was in pain but did not appear in any distress.

Upon evaluation by Willa, it was determined that Mandy was clearly suffering from an ACL injury. She exhibited a positive Lachman's sign as well as anterior drawer testing. She was beginning to show signs of swelling early on. She was referred to Dr Biscotti, the school's orthopedic physician for the last 15 years, and further diagnostic testing was completed. It was revealed that Mandy did indeed suffer an ACL tear and a surgery date was scheduled for the end of the week.

With this being the sixth ACL injury, Willa began to wonder if there were specific reasons for these injuries occurring. The condition of the athlete, the surface they were playing on, the lack of conditioning or just an unlucky day for each of them were just a few of her thoughts. Most of the injuries were to her female athletes but there were also a couple that occurred to male athletes. Some were seemingly in better shape than others. All occurred on various fields and indoor surfaces. She was aware of the increase in ACL injuries in females due to a variety of predisposing factors. She had read about these through various articles in her professional journals. Some of these articles would hypothesize on theories while others appeared more scientifically based. Some appeared to be very limited in the number of participants. All seemed to show a variety of ways in which to decrease the incidence of injury. She wanted to determine if any of these studies were valid. If only she had her former colleagues to discuss these concerns with each day.

Over the next week she sat at home, immersing herself in readings and research articles related to this topic. She discovers that one doctor has apparently developed a program that states "it is the ONLY scientifically proven program to reduce the risk of serious knee injuries in females, increase vertical jump, improve hamstring to quadriceps strength and symmetry, improve

landing mechanics and reduce side-to-side movements of the knee." It seems like it would be a great program. If it states that "it is the only proven program," then there must be some validity behind the statement.

Willa begins to consider implementing this program with all of her female athletes. She draws up a plan to meet with all the coaches of her female athletes to share her thoughts on how to incorporate such a program into the weekly schedule. She sees this as a positive and proactive approach. The program also states that it can be used for male athletes as well. Willa thinks through it a bit more and has some additional thoughts. She tucks these into the back of her head but does not forget them when thinking how she would implement the same program for the male athletes of the school.

Analytical Questions

1. What varying factors could Willa have looked at regarding causes for the increase of ACL injuries?
2. How could Willa have kept more current in the updated research?
3. How could Willa have evaluated if the "only proven program..." was effective and is supported by appropriate research methods?

Application Exercises

1. Research the *appropriate* ACL studies that discuss preventative measures for these injuries. Determine what makes the studies *appropriate, reliable and valid*. From this research application, develop an ACL prevention program that could be implemented with your teams with the provided research as a basis for your programming choices.

A COSTLY COLD

by Dominic L. DiManna

Topic: Medication use with minors

Setting: Secondary School

Primary Concept: Medication use with minors

Secondary Concept: PPE; Adequate medical history and screening; Legal liability; Policy and Procedure Development

NATA COMPETENCIES ADDRESSED: CE - 3, CE - 13

On a cool and crisp late fall evening, Embassy High was soon to take the field against Scholastic High for the Regional Football Championship with a chance to go to the state tournament for the first time in 28 years. In the midst of a Cinderella season, Embassy had achieved a record of 8-2, the best in recent memory. Embassy had hired a coaching staff that was composed of members who had coaching experience at all levels of football, including the professional ranks.

The athletic trainer, Billy, was new to the school, but he too had experience in all levels of sport and the professional ranks. Billy had a very comprehensive policy and procedure manual and was very familiar with the standards of practice in the state and of the school district. Billy had recommended that the school district conduct their pre-season physical examinations at a neutral site where many athletes could be seen simultaneously by athletic trainers, orthopedists and general practice physicians for a modest fee. The program was an immediate success. There was such a great response for the physicals that the program was conducted over a period of four consecutive Saturdays from the end of July to the beginning of August. More than 300 athletes from various sports were seen and run through their Pre-Participation Exams on each Saturday.

All the pre-game preparations had gone smoothly. The season had been relatively injury-free. There had only been a few ankle sprains, bumps and bruises that required Billy's rehabilitation expertise. In addition, there had been the typical cold and flu cases along with season allergies and asthma. All of the athletes who had come into see Billy had recovered without incident and had returned to play. As Billy was finishing pre-game taping and a few minor treatment procedures, Marvin appeared in the ATR. Marvin, a sophomore, was Embassy's starting running back. Marvin was averaging 7 yards per carry, and in Embassy's option offense, had rushed for more than 100 yards in five games this season. He usually carried the ball 15 to 25 times a game, and tonight was going to be no exception. Marvin had been recovering from a cold and still presented to the training room complaining of nasal and chest congestion. Marvin had told Billy earlier in the week that he would have difficulty breathing and a "stuffy" nose after running the ball 4-5 times in succession. Marvin had been taking over the counter cold medication, provided by his parents, throughout the week and was feeling better. However, Marvin was worried that his "stuffy" nose would bother him tonight and interfere with him performing his best.

Marvin asked Billy for some "Sudafed or something." Giving medications to athletes was nothing new to Billy. In fact, distributing medications to athletes was fairly routine, especially when Billy was the athletic trainer at both the college and professional level. Billy had administered over the counter medications to the athletes at Embassy High on several occasions

throughout the season, especially during August, the peak allergy season. Billy also had medication waivers from the parents that allowed him to administer certain medications to their children at the discretion of either Billy or the Team Physician. So, Billy gave Marvin one Sudafed tablet (120Mg) with a full glass of water. The game was scheduled to kick off in about one hour.

The first quarter was close. The score was tied at 7-7. Both teams were trying to establish the running game. Marvin was off to his usual fast start. Marvin had carried the ball six times for 42 yards and Embassy's touchdown. Billy had his eye on Marvin. Marvin seemed winded but was breathing normally with an occasional cough. Marvin did not seem in any distress. Billy had even questioned Marvin as to how he was feeling. Marvin indicated that the Sudafed was helping and he thanked Billy for giving it to him.

Embassy was driving for a touchdown late in the first quarter. Marvin had been the workhorse on this drive, carrying the ball more than seven times in succession. Marvin had helped Embassy drive from their 20 yard line, to the 10 yard line of Scholastic. There were seven seconds left in the quarter, time for one more play. As Embassy lined up for the final play, Marvin came out of the huddle and collapsed on the field. The stadium went silent.

Billy and the team physician, Dr. Brown, rushed onto the field to find Marvin groggy and relatively unresponsive. Marvin was breathing; his pulse rate was 180 beats per minute. Upon taking his pulse, Dr. Brown noticed that Marvin's heart rate was very irregular and skipping beats on a regular basis throughout the time that the doctor had his fingers on Marvin's carotid artery. Dr. Brown and Billy immediately initiated the EMS plan. Marvin was placed on a stretcher, rolled off the field and placed in the awaiting ambulance for transport to the hospital. Dr. Brown would accompany Marvin to the hospital. Just before placing Marvin in the ambulance, paramedics asked Mrs. Blackwell, Marvin's mom if he was either taking or allergic to any medications, Mrs. Blackwell said "No". Billy interjected that he had given Marvin some Sudafed, 90 minutes earlier for some nasal congestion. It then came to light that, Mrs. Blackwell had also given Marvin some Sudafed about 20 minutes before he had reported to the athletic training room and saw Billy. Marvin was loaded into the ambulance. Dr. Brown had a disturbed look on his face.

Analytical Questions

1. What advice would you give to Billy to prevent this situation in the future?
2. What steps should Billy have taken when Marvin initially came into the athletic training room to prevent this situation?
3. In what ways should Billy involve his Team Physician in this process?
4. In what ways should Billy communicate and involve the parent in this process?

5. If Marvin suffers a severe medical reaction or severe complication could Billy be held legally responsible for his actions?
6. What local, state and/or national guidelines exist that pertain to secondary school medical care as they relate to this scenario?
7. What content area of the athletic training educational competencies does this topic involve?

Application Exercises

1. Outline the steps to establish a protocol for dispensing prescription and over the counter medications to secondary school athletes. Provide references for your protocol from local, state and national guidelines. Include protocols for how to involve the team physician, intern/student athletic trainers, coaches and parents. Consider the possibility of athletes obtaining medications from their friends or other athletes.

LARRY'S INITIATIVE

by Ronnie Harper

Topic: AED Implementation

Setting: Secondary School

Primary Concept: AED laws, policy and protocols

Secondary Concept: Communication, liability, written protocol, policy and procedure development

NATA COMPETENCIES ADDRESSED: AC - 1, AC - 13

Larry Hall was the athletic trainer at the largest high school in a small southern town. It was his fifth year as the only athletic trainer the school has ever had. Larry started everything from scratch. The early years were very hard as he tried to get everything established. His first task was to get the shop class to build his treatment and taping tables. He also got the booster club to help purchase some modalities. He was very appreciative when his head football coach also bought him a golf cart and some walkie-talkies. He worked hard to develop a comprehensive policy and procedure manual. He even generated a student assistant manual to help with his ever-growing student athletic trainer aide program. He had a lot of things he wanted to accomplish and felt like he was off to a great start. In his quest to get an AED for his school, Larry wrote a grant and finally received his acceptance letter. It stated that the free AED was being shipped and would arrive in a week. Larry was excited to share the good news with Mr. Walker, his new principal. However, Mr. Walker was not as thrilled about this **FREE** gift because all he could envision was some student getting access to the AED and shocking another student and everyone getting sued. Larry was very surprised to hear such negative comments and fears from his principal. He tried hard to explain the benefits and safety features of the AED but Mr. Walker was still very skeptical. Larry was sure he would get a pat on the back for this one but instead found a lot of resistance. Mr. Walker said he would run this by the superintendent and have a final answer in a few days. Larry left Mr. Walker's office very frustrated.

About a week later, Mr. Walker called Larry back into his office to tell him that the superintendent supported his decision and shared the same concerns. This meant that Larry would have to return the free AED. Larry tried once again to convince him that this was a mistake, but Mr. Walker was adamant about his decision. Larry left the principal's office and stormed back to his athletic training room, fuming over the lack of trust and support from his administration. Larry's athletic director seemed to be his only ally but was not ready to go to battle over the issue at this time. Larry was pleased that someone valued his efforts and was wise enough to understand the value and importance of an AED.

A couple of years later, Larry received a phone call from the director of the local Rotary Club, a community civic organization. This group helps out select local groups of people in their needs. Larry was told that the Rotary Club had a fundraiser and raised enough money for two AEDs for the athletic training program. Larry discovered that one of the board members on the Rotary Club was also the fire chief of the local EMS unit. He was very supportive of purchasing AEDs for all public facilities. The fire chief was aware of the great job that Larry was doing in the athletic training department for the health and welfare of all athletes. Larry had very mixed emotions as he thanked them for their efforts. He was not ready to tell them that their efforts

were wasted because he had been down this road once before. Larry waited a day before making a decision on what to do. His stress level increased as he read an article in the local newspaper describing how the Rotary Club purchased two AED's for the local high school and quoted Larry's name as being the one to receive them on behalf of the school. Larry folded the newspaper and stared across the room wondering how he should handle this situation.

Analytical Questions

1. What questions should Larry investigate before implementing an AED program into his setting?
2. What advice would you give Larry on how to approach his administration on implementing any new policy concerning the health and safety of their athletes?
3. Would you recommend Larry return the free AED from the grant, or just keep it for a little while hoping to change his administrators mind? What legal ramifications are involved with either decision?
4. Who does Larry need to educate and involve when trying to implement an AED into his setting?
5. Formulate an appropriate response to the Rotary Club based on the administration's previous directives.
6. What resources are available through the NATA that would support the implementation of an AED program?
7. Which content area of the NATA Athletic Training Educational Competencies does this scenario address?

Application Exercises

1. Outline the steps to establish a protocol for AED Implementation. Provide references for your protocol from local, state and national guidelines. Also, include protocols for how to deal with donations from outside resources.

TO TAPE OR NOT TO TAPE

by Carrie Deisenroth

Topic: Ankle taping vs. Ankle bracing, what does the evidence show

Setting: Secondary school

Primary Concept: Evidence-based approach in decision making involving treatment plans and preventative measures

Secondary Concept: Budgetary concerns and how they affect treatments or preventative approaches

NATA Competencies Addressed: EBP-1, EBP-2, EBP-10, EBP-12, PHP-3, PHP-23

The boys' basketball team at Eldorado Canyon High School was experiencing a seventh victorious season. They were considered one of the best teams in the state and had a number of players who enjoyed success beyond their high school court. Those players were also involved in AAU programs whose teams experienced success on a national level. Despite their winning records, they were not a pretentious group. They were recently selected for the Ewing Sportsmanship Award that was presented to the boys' basketball team in the league who best exemplified this quality. Their coach, Duncan Jones, was proud of them.

Their athletic trainer, Skipper Dane, had enjoyed working with them as well. Skipper had been the school's athletic trainer for the past six years. He had enjoyed watching the achievements of the team as well as those of a number of other teams that the school fielded. Mostly, he enjoyed the community of coaches, athletes and parents that he had considered an extended family of sorts. It was quite different from his last school. He really enjoyed going to work every day.

Recently, Skipper had a number of athletes who had sustained lateral ankle injuries. They were from a variety of sports such as track and volleyball but a majority of these injuries occurred to members of the basketball team. However, with so many of his teams experiencing winning seasons thus far, he wanted to do all that he could to keep every one of his athletes active and healthy. The question of why so many ankle injuries had been occurring, however, continued to bother him.

Skipper had recently read several research articles that had referenced ankle bracing as a more effective alternative to ankle taping. The articles were in his professional journals and they appeared convincing while stressing a number of key points. Substantial arguments were presented as to why one approach was more recommended over the other. However, he had found consistently effective outcomes with ankle taping over the years and it seemed like a reasonable alternative to continue with. He even had the occasional athlete who actually preferred taping to bracing. One athlete in particular, stated the taping felt much more supportive than any brace he had ever worn. Still, the research appeared to show otherwise, therefore, he wanted to at least consider it.

One challenge in considering his options was budget constraints. While the school seemed to value what he provided for the athletes and the athletic program, the budget that Skipper had to provide those services with, was the smallest he had ever operated. When he began six years

ago, the budget was not nearly as limited as it is today. Two years ago, the struggling economy caused many schools to review the allocation of funds throughout the school district. At the time, he was concerned that his position would be cut. While he eventually survived the round of staff terminations, his budget had not been so lucky, enduring a 40 percent reduction.

Now, he was concerned about being able to provide the best services for his athletes due to these constraints. He would like to consider the option of putting his athletes in ankle braces, but he might not be able to do so without compromising his budget. The fixed budget was all he had to operate his athletic training room with for the entire school year. He also had to keep in mind that should he choose to tape those who were in need, this could also become expensive over a period of time. He considered purchasing a limited amount of braces to have on hand for loaning out, but in the end, he figured it would probably not be enough. To put all athletes into a brace who either needed or wanted one would likely be a greater amount than he could order in advance. He wondered how he would even decide who to offer a brace to while having to consider the alternative option, taping, for another. He did not want to appear as though he favored certain athletes over others. If there was a more scientifically proven approach he would like to be able to provide the service for all.

Skipper also considered yet another option. He could charge the families for the purchase of a brace if one was needed. While this alternative also seemed a viable option, he did have a number of athletes who were from low-income situations. It would be a difficult approach.

His mind wandered back...how much importance should be placed on the articles he read and their role in determining his approach to taping vs. bracing?

Analytical Questions

1. What factors could Skipper consider for the increases in ankle injuries?
2. How could Skipper be more financially creative in his ability to provide what is necessary for best practice measures -- for preventative care as well as post injury care?
3. How does Skipper approach the presented research to determine if it is supported by appropriate research methods?
4. Which content areas of the NATA Athletic Training Educational Competencies does this scenario address?

Application Exercises

1. Create an effective five minute, athlete-guided preventative exercise program to decrease the incidence of ankle injuries.

JACK'S CONFUSION

by Troy Hoehn

Topic: Certifying Electrical Equipment

Setting: Secondary School

Primary concept: Certification and inspection of electrical equipment

Secondary concept: Communication with school staff

NATA Competencies Addressed: TI-19, TI-20

Jack Williams was very excited to start his new job as the head athletic trainer at Mission High School. One year after completing his Master's degree, an opportunity arose at his old high school. The previous athletic trainer retired after 30 years at Mission High School. This was a dream position for Jack.

Jack had developed a good relationship with the program director of the local college's ATEP. They had even discussed a clinical affiliations relationship with Mission High. Jack had finished his Approved Clinical Instructor training over the summer and was excited to incorporate the college students into his athletic training program. Previous attempts before Jack arrived to develop a program had not been successful.

As the relationship grew, Jack enjoyed mentoring the athletic training students. He felt that he was learning as much as the students and growing professionally as well. The program director notified him that their accreditation was due this year, which would necessitate site visits. He was informed by the program director that a site visit for the high school would be arranged so that the facilities could be inspected and to review with Jack the progress of the students. Jack was informed that this process would be completed in the next six weeks. The program director also informed Jack that all electrical modalities needed current certifications, and that the appropriate outlets were being used for the electrical equipment. Jack knew that the athletic training room was equipped with GFI outlets, but he was not sure about the certification of the electrical equipment. This was something he hadn't even thought about when he started, and he has no idea who he should contact to do this type of service. The previous athletic trainer had moved out of the area, and he wasn't sure he would be able to get in contact with him.

Jack checked out all of the electrical modalities in the athletic training room. He had a hydro-collator, whirlpool, ultrasound, and a neuromuscular electric stimulation unit. Unfortunately, he discovered that there was no indication that the modalities had ever been inspected and calibrated. Jack questioned the athletic director to see if he might have any records relating to the modality inspection. Unfortunately, the athletic director did not understand what Jack was looking for nor had he ever paid for servicing any of the athletic training room equipment. Next, he checked with the school maintenance staff, who told him that they had done some work on the ice machine at some point but had not serviced any of the other equipment. They also were not aware of any outside agency performing service on any of the equipment.

It became evident that the modalities had never been inspected. He was embarrassed that in all of his excitement with his new position he let some of the “little” things get overlooked. He was now faced with arranging certification for all his modalities prior to the site visit.

Analytical Questions

1. Why is calibration of modalities critical to safety?
2. What is the next step that Jack should do following this story?
3. In the future, who will be responsible for completing this process?
4. Who is responsible for maintaining documentation?

Application Exercises

1. Call a local high school athletic trainer and ask them about their policy regarding calibration of electrical equipment. How often are these inspections required? Which company do they use? Determine the cost per machine.

JANE'S ACCIDENT

by John Reynolds

Topic: Utilizing available resources within the school

Setting: Secondary School

Primary concept: Psychosocial Strategies

Secondary concept: Effective communication with school counselors and administrators

NATA Competencies Addressed: PS-12, PS-13, PS-15, PS-16

Friday afternoons in the fall at South River High School are busy times, especially when the football team has a home game later in the evening. Erik Jordan is a veteran secondary school athletic trainer and could probably manage the usual pre-game treatments with his eyes closed - not much surprised him anymore. His office was abuzz with anticipation as athletes prepared for the evening's contest. Two linemen were using hot packs and a third was getting his ankles taped when Erik heard a quiet voice behind him.

"Excuse me, can I please have a Band-Aid?" the voice said as Erik turned to see an unfamiliar young lady standing inside his office door holding a paper towel against her forearm.

"Sure. What happened?" Erik asked.

"I tripped and my arm landed in a box of utility knives in the art work room," she said. "I got a paper towel from the bathroom but I think I need something better."

"Let's take a look," Erik said. He grabbed some gauze and a pair of gloves from the counter and walked over to her.

She removed the paper towel and Erik stopped in his tracks. All across her forearm, stretching from her wrist to just below her elbow, Erik saw many small, parallel cuts running across her forearm. While none of them were terribly deep, Erik quickly estimated that there must be at least 20 separate marks.

"What did you say happened?" Erik asked.

"I tripped and my arm landed in a box of utility knives," she said.

"What teacher were you working with?" Erik asked, pulling his gloves on his hands.

"Mrs. Horner, in the art workroom. I was helping her put some supplies away after working on a project after school," she said.

"What's your name? I don't think we've met before," Erik said, placing the gauze across the wounds on her forearm. "Hold this please," Erik instructed.

"My name is Jane," she said, placing her hand over the gauze.

“A box of utility knives? Mrs. Horner has a bunch of utility knives sitting in a box? With the blades open? Does Mrs. Horner know what happened?” Erik inquired with a bit of doubt creeping into his voice.

“No, she left the room and went to the office while I finished cleaning up. When I realized what happened, I walked out and went to the bathroom to get a paper towel,” Jane said.

Something didn't make sense. Having been at the school for 12 years, Erik knew most of the staff and he certainly knew Mrs. Horner as she was the girl's lacrosse coach in the spring. Erik was having a difficult time accepting the fact that Mrs. Horner had left a student alone in her classroom, let alone the back storeroom. Additionally, the cuts on her arm were almost perfectly parallel. It seemed highly unlikely to Erik that these cuts could have occurred in that perfect pattern from falling into a box of knives.

Just then, four more football players walked into the athletic training room and Erik's thoughts returned to the football game and the need to get the team ready to play. But he knew he needed to attend to Jane given his doubts about her story and the seriousness of her injuries. But what should he do? He felt he was in over his head, and wondered whom he should call for help. Who would still be available? Her parents, her counselor, the school nurse- who?

Suddenly, Erik had an idea. “Jane, since you were working with Mrs. Horner, I think we should go find her to let her know what happened. Guys, I'm afraid you're going to need to leave while we go find Mrs. Horner,” Erik said to the football players, “Go ahead and wait outside- I'll be back in a few minutes.”

The football players walked out and Erik led Jane out of the room and up the hall towards the art room. “Why do we have to find Mrs. Horner?” Jane asked. “Can't you just give me a Band-Aid and let me go home?”

“Well, if Mrs. Horner was supervising you, it is extremely important for her to know about your accident,” Erik said. Jane was quiet during the rest of their trip down the hall. When they arrived at Mrs. Horner's classroom, Erik noticed the door was closed and locked and the lights were off inside the room.

“You were working with Mrs. Horner, right?” Erik asked, concern and worry in his voice.

“Yes, I guess she left,” Jane said, her eyes looking down at the floor, her weight shifting from foot to foot.

Erik was more concerned at this point and unsure of what step to take next. He had been counting on Mrs. Horner being in her room to help him figure out what to do. The fact that she wasn't in her classroom left him doubting Jane's story even more.

“Let's go check the main office. Perhaps she went to check her mail on the way out,” Erik said, quietly hoping he would find another staff member to help him out.

As they walked towards the front of the school, Erik realized how quiet the building was - everyone seemed to have left for the day - not surprising given that it was the end of a long week. "Please let someone be in the office," Erik thought to himself.

They turned the corner at the end of the hall and Erik's heart sank. The main office was dark and all of the doors were closed. "Oh no! What do I do now?" Erik thought to himself. Just then, a door opened behind him. Erik spun around and saw an assistant principal talking to one of the school counselors as they walked out of the counselor's office. "Come on Jane!" Erik said, as he headed down the hall.

"Mrs. Simmons, can you help us please?" Erik said, directing his question to the school counselor. "Jane has had an accident in the art workroom and we're looking for Mrs. Horner." "Mrs. Horner? She was out sick today," said Mr. Ives the assistant principal. "Can we help you with something?"

Jane stood very still, her eyes down towards the floor as Erik described Jane's accident. Mrs. Simmons and Mr. Ives both looked at Jane as Erik told the story, doubt and concern on their faces.

When he finished, Mrs. Simmons said, "Thank you for talking care of Jane, Mr. Jordan. Jane, why don't you come into my office?"

Feeling an overwhelming sense of relief, Erik gladly turned Jane over to Mrs. Simmons and Mr. Ives. "Please let me know if you need anything else from me," Erik said, as he turned to head back down the hall. "I'll be here all evening with the football game."

Erik felt much better having found someone to help him with Jane although he struggled to understand what had just happened. This situation was a first for Erik, and while still feeling concern for Jane and her wellbeing, he was confident he had done the right thing to manage this situation. But as he turned the corner and saw a group of football players waiting outside the athletic training room, Erik wondered what he would have done if he hadn't found anyone to help...

Analytical Questions

1. What do you think really happened to Jane?
2. Would you have handled this situation in the same manner as Erik? Why or why not?
3. What else could Erik have done to manage this situation?
4. If you were Erik, what would you have done if you had not found Mrs. Simmons and Mr. Ives? Would you have let Jane go home on her own? Why or why not?

5. What referral sources are generally available in a typical high school? Which of these would you consider to be the most appropriate referral for Jane?

6. What course of action do your state statutes mandate in this scenario?

Application Exercises

1. Develop a list of at least five individuals typically working in a high school that could serve as a referral source

HOT DAY AT BENNETT HIGH

by Dan Quigley

Topic: Environmental Illness

Setting: Secondary School

Primary concept: Environmental illness management

Secondary concept: Communication, written protocol, policy and procedure development

NATA Competencies Addressed: PHP-3, PHP-10, PHP-11, PHP-12, PHP-13, PHP-17, PHP-18

It was another hot day of football practice at Bennett High School. The varsity team was in full pads and was scrimmaging full-speed at the moment. The air temperature seemed to have reached, if not surpassed, the forecasted high of 90 degrees and the humidity seemed unusually high today. The fact that the team was on artificial turf made it feel even hotter. Head Coach Mike Smith had practice moving right along, going from one drill to the next. Bennett's Athletic Trainer, Tom Bonner, was keeping an eye on the players. It was only Tom's second year at Bennett and he was hoping to get through the practice without any issues. He had discussed his concerns about the weather but Coach Smith had told him the players were tough and they would be fine until the scheduled water break - one hour into the practice. Tom hoped the coach would give the break sooner rather than later.

When the team finally took its break, Tom encouraged all the athletes to rest and drink a lot. Coach Smith ended the break early saying there was too much work to do to rest. Tom was watching the lineman when he noticed one of them was having a hard time staying up with the pace of the drill. Tom moved closer and witnessed the lineman taking a knee at the back of the group. He asked the player, Joey Richardson, if he was ok. Joey did not answer him right away, merely waving his hand in the air. Tom knew that Joey did not participate in a lot of the summer conditioning drills, so he was not in the best physical shape. Tom removed Joey's helmet and noticed that his face was red and dry. Tom immediately had him sit and proceeded to remove his jersey and shoulder pads. Tom instructed a student aide to get ice bags and ice towels. Joey's shoes and socks were removed to expose as much skin as possible. Tom put ice bags on Joey's neck, chest, and extremities and also placed ice towels on Joey's head and face. Tom called EMS for transportation to the hospital. While waiting for the ambulance Tom continued his cooling efforts and asked questions to get more information from Joey. Joey seemed to fade in and out of consciousness. When he did talk his speech was slurred and his words came out slow. His skin remained hot to the touch even with the ice treatments. There were no shaded areas on the field so Tom had others stand over Joey in an attempt to block the sun. Tom tried to get him to drink some water but Joey was not able to drink voluntarily.

By the time the ambulance arrived 20 minutes had passed. Joey was transported to the hospital where he was given intravenous fluids to combat the severe dehydration and heat illness. After practice Tom went to the hospital to check on Joey. He was informed that Joey had severe dehydration and was given six liters of fluids before he was stable. His core temperature had risen to 103 degrees. Tom found out from Joey's parents that he had skipped dinner the night

before because he was so tired from practice. Further, he had overslept in the morning and therefore did not eat breakfast or have anything to drink before going to practice.

The next day Tom approached Coach Smith to update him on Joey and express his concerns about practice in the heat. Tom recommended that the team practice be shortened and begin earlier in the day when it wasn't as hot. Coach Smith told Tom that he knew how to handle his players and if Tom had a problem during practice he could tell him then. He asked Tom to let him know what the field temperature was at different points during practice. Because Tom had no instruments to calculate the field temperature and relied on the weather forecasts for temperature and humidity information, Coach Smith felt that this was not enough reason to modify practice because the weather reports did not give the temperature on *his* field. The coach also asked Tom what his protocol is for changing practice. Tom did not have a written protocol but said that based on his education and experience he felt comfortable in his judgment regarding practice changes. Coach Smith responded that since there was no protocol in place he would do what he thought was best for his team.

Tom approached his athletic director to bring him up to date on the injury and share his concerns regarding teams practicing in the heat. The athletic director told Tom that he should write up a protocol that he can take to the administration for possible approval. Until then he needed to work cooperatively with the coach to avoid any more heat injuries. Tom's supervising physician sympathized with Tom's concerns but also felt there wasn't much he could do to support Tom because he was only at games.

Joey was released from the hospital two days later and was cleared to return to practice one week after release. Tom had a meeting with Joey and his parents to educate them on dehydration preventive measures. As for dealing with Coach Smith, Tom's frustration with the coach was matched only by his desire for the hot weather to end.

Analytical Questions

1. Compare local, state and national acclimatization and heat illness guidelines that pertain to this scenario.
2. What steps could have been taken by the family to prevent this situation?
3. What can be done to prevent this situation from happening again?
4. What other actions, if any, could the athletic trainer have taken?
5. Who do you think is responsible for preventing similar situations in the future? How?

Application Exercises

1. Determine the equipment needed and justify the expenditure for appropriate heat illness prevention and management.

DON'T THEY KNOW WHO I AM?

by Stacey J. Ritter, MS, ATC

Topic: Identity Crisis of the High School Athletic Trainer

Setting: Secondary School

Primary concept: Effectively demonstrating and explaining education and skills

Secondary concepts: Creating value for yourself and your role

NATA Competencies Addressed: PD-11

Keiko is the first full-time certified athletic trainer that Main High School has ever had. In previous years, a student from the local university has come over to tape for football games and be on the sidelines of home games for first aid. The school district recently funded the position, and Keiko is looking forward to demonstrating the benefits of a full-time athletic trainer position. She has worked for several years in the university setting and feels personally fulfilled to bring a high standard of care to the high school athletes and coaches.

It soon becomes apparent, however, that not everyone understands her role. In fact, some even resent her being there. It seems to be coming from many different directions as well. Some examples from the coaching staff include:

- She learns that some of the coaches are telling their athletes to not see her for injuries, because she will “just bench them.”

- One athlete came to the athletic training room stating “My coach says you need to do ultrasound on me.”

- The basketball coach insists on taping every player’s ankles before every game himself, however, he expects Keiko to provide the tape.

- She also finds out that the football coach has been intercepting doctor’s notes from the players without letting her see them.

From the parents, she is also getting mixed results. While some seem open to the idea of an athletic trainer on campus every day and appreciate the results, others have been harder to get through to. For example:

- During a volleyball game, a player rolled her ankle and limps to the sideline. Keiko immediately begins an evaluation and proceeds to unlace the shoe to remove it. At this point, a parent quickly comes out of the stands and tells Keiko that she should never remove a shoe from a sprained ankle, and that she’s putting the athlete in further harm by doing so. The parent also states that he is an EMT and knows more about emergency injury management than Keiko does.

- After doing an evaluation on a swimmer's shoulder, Keiko called the mother to explain that an appointment with an MD was necessary, as she was concerned about instability, possibly a labral tear. The mother says "Oh I had the same thing when I was a swimmer, it's fine."
- Keiko sees an athlete trip over a hurdle and fall hard on the track during a meet. She runs to check on him. He is upset and emotional, but doesn't seem to be seriously injured; she helps him to the treatment table to check him out further. The athlete's mother shows up and is concerned about how much distress her son is in. Keiko tries to reassure the mother that she has assessed him. His injuries are minor, and she will clean his abrasions and give him some ice for his swollen knee. The mother decides that Keiko is not qualified to make that decision, and because her son is so upset, there must be something more wrong with him. The mother then takes the boy straight to the family doctor's office.

Even the EMS personnel are dismissive and at times, condescending to Keiko when she calls 911.

- Keiko activated EMS to have a football player transported after injuring his neck in practice. When they arrive, one of the ambulance company's EMTs insists on removing the helmet. Keiko, who is immobilizing the athlete's head, calmly and politely explains the NATA policy of leaving the helmet in place and the reasons why, and asks if this protocol could be used in this situation. The fire department staff agrees, and the athlete is successfully loaded into the ambulance, however, the EMT from the ambulance crew pulls Keiko aside to yell at her about how much more experience he has and how dare she question him in front of others.
- A soccer player walks off the field, and his teammates notify Keiko that he's "not right." Upon assessing him, he has an obvious concussion, and his symptoms begin to worsen. Keiko notifies EMS and sits beside him until they arrive to keep him alert. When the fire and ambulance crews arrive, she lets them know that he walked off the field on his own, and she recites the vital signs she has taken before they arrived. One of the firemen interrupts her and says "WHO are you?", and she says "I'm Keiko, the certified athletic trainer for the high school." The firefighter rolls his eyes, waves her away, and says something about how she shouldn't have moved the player off the field.

Keiko's frustration is beginning to build regarding the lack of knowledge about her education, skill set, and experience. People don't really understand or appreciate why she is there. It seems

that she is questioned almost daily. She feels as though she is constantly on the defensive. She is increasingly impatient, worrying that she may really lose her temper at someone, which could jeopardize this new position. Keiko is starting to wonder whether this is the right setting for her after all.

Analytical Questions

1. What are some strategies Keiko can implement in the short-term to resolve her frustrations?
2. How can Keiko effectively and constructively educate these groups regarding her education and responsibilities?
3. Why is addressing this situation important? Who will benefit from the changes?
4. Would this be considered a moral/ethical, legal, administration or control issue? Why?
5. Under which content area of athletic training educational competencies does this scenario fall?

Application Exercises

1. Present reasons why each of the groups mentioned may not understand Keiko's role at the high school.
2. Assume the role of Keiko's athletic training mentor; offer her advice on how to resolve her conflicted feelings about working in the high school setting.

TOO MANY PROBLEMS, NOT ENOUGH TIME

by Dominic L. Di Manna, M. Ed, M.S., A.T.C

Topic: Injury evaluation with limited time and staff available

Setting: Secondary School

Primary concept: Injury evaluation

Secondary concept: PPE, adequate medical HX and screening, legal liability, policy and procedure development

NATA Competencies Addressed: CE-13, 15, 17, 18

Colin has just been hired as the head athletic trainer for Pottstown Regional High School. He had previously worked for the physical therapy clinic that provided acute injury evaluations during the school days as well as Saturday mornings. The clinic was staffed by himself, orthopedic surgeons, and another full-time, clinic athletic trainer. Colin had provided “game coverage only” in the past and was excited to take on the full-time position at the high school. Colin thought this was his big break. Now he would be the one that would direct the patients’ evaluation, care, rehabilitation and return-to-play program.

On the first day of the fall sports season, Colin was in the athletic training room early to set up for practices, hand out first aid kits and two-way radios to all of the coaches. The student managers helped him with the set up. Within the first hour of practice, Colin received a call from volleyball practice that a player appeared to have sprained her ankle. He went to the court and saw the player walking with a limp and complaining that her ankle “popped.”

No sooner had Colin assisted the volleyball player to the athletic training room, when he received another call informing him that six football players were coming to the athletic training room to have their ankles taped. In addition, two others were complaining of knee pain.

Colin was becoming a bit anxious. How was he going to handle all of this at once? Because the football players were on their way in, Colin thought he could at least begin evaluating the volleyball player. He had just asked the volleyball player her name and how she had hurt her ankle, when the seven football players entered loudly. The last player in the door, Jimmy, told Colin another player with knee pain, Franklin, had fallen in the hallway and couldn't get up. Colin left the athletic training room to assist Franklin. Upon his return, Colin had eight football players, the volleyball player, and now two softball players with bumps on their heads as well as bloody noses from colliding with each other.

Colin was feeling the stress; is this life as an athletic trainer in a high school? He knew he could tape the football players very quickly, but he also knew he had to collect information such as previous history of ankle injury, previous treatment and practice status. In addition the volleyball player, the two football players with knee pain, and the two softball players all needed thorough evaluations. While working in the clinic, Colin was allotted 25-30 minutes to complete an evaluation on a new patient. That approach was not going to work in this setting. Colin had a lot of work ahead, and practice had just started.

Colin began to treat the softball players, as they were bleeding, with the possibility of head injuries. The volleyball player, Sally, objected, saying “Hey, I was here first!” Thirty minutes had passed since Colin had assisted Sally from volleyball. The football players waiting to be taped became impatient. As Colin was trying to stop the bleeding on the two softball players, the volleyball coach came in, asking about Sally’s status. Sally was the senior setter and there were drills that required Sally's presence, injured or not, so practice was being delayed. As he began to update the volleyball coach, the softball coach called on the radio, asking the status of the two colliding players. Were they okay? Did they have concussions? Is there a need to contact their parents?

It was difficult for Colin to focus with his mind racing in so many directions. How was he going to care for all these athletes in such a short period of time? While contemplating his next steps, a limping cross-country runner entered the athletic training room.

Analytical Questions

1. What advice would you give to Colin to immediately get this situation under control?
2. What steps should Colin take to make his athletic training room operate in a more efficient manner so that these situations are less difficult? Hint: Hiring an assistant may not be a viable option in all situations.
3. What steps can Colin take to develop injury evaluation and management procedures that do not compromise athlete safety?
4. What local, state and/or national guidelines exist that pertain to secondary school medical care as they relate to this scenario?
5. What content area of the athletic training educational competencies does this topic involve?

Application Exercises

1. Outline the steps to establish a protocol for injury evaluation and management. Provide references for your protocol from local, state and national guidelines. Also include protocols for the involvement of the team physician, student/intern athletic trainers and protocols for referral of injuries.

FACEBOOK TROUBLE

by David Edell

Topic: Appropriate Use of Social Media

Setting: Secondary School

Primary Concept: Social relationships with the secondary school athlete

NATA Competencies Addressed: HA-10, HA-14, HA-18, HA-19, HA-20,

Geoff graduated from college with the hopes of being an athletic trainer at the secondary school level. He had been an athlete in high school and thought that he could best serve this segment of the athletic population. He was young, had been an athlete, and was very socially active. While in college he communicated with his friends and others with Facebook[®], Twitter[®], Tumblr[®], and numerous other social media sites. He posted his daily activities, thoughts, and pictures. All of his friends and “followers” did the same and commented on each other’s posts. He considered it a very convenient way to communicate with his peers.

While in college he had attended several parties but, was very careful not to post “compromising” photos of himself while in inappropriate circumstances. His friends, however, did not practice this. He found himself “tagged” in several photos of his friends at the parties. His friends and, sometimes, himself would be shown while drinking, dancing suggestively, or performing inappropriate displays of affection. Several times he had cautioned his friends to not post photos of him in these circumstances. They would agree but never seemed to remember to abide by his wishes. As his collegiate days went on, Geoff forgot about all of the photos that he did not want posted.

Geoff graduates and applies for several jobs at the secondary school level. He is granted three interviews, one at his hometown high school. Each of the interviews goes well and all three offer him jobs. He accepts the position with his alma mater, thinking that having the opportunity to give back to his high school would be a fitting tribute to his former teachers and mentors. Geoff begins working at Alamosa High School and continues to use social media as a way to communicate with his collegiate friends. Also, as a single male working his first job, he continued to behave as he had done in college, he was still young, after all. His high school buddies posted photos and comments on social media sites describing his “fun.” Geoff thought that it would be a good idea to “friend” his students and athletes, as a way to gain their trust. His advisors in college had taught him that in order to limit legal liability, gaining the trust of the athletes and parents was imperative.

Geoff was enjoying his first year at the school. His students and coaches accepted him as a professional and began to trust his judgment. Memorial Day weekend was approaching and Geoff was invited to a party hosted by one of his high school classmates at the lake. The party sounded like an epic gathering of his high school classmates and other friends his age. Geoff “tweeted” about his excitement to see old classmates and the desire to blow off some steam. The party was held at a beach on the lake with several former classmates providing ski boats, “party” boats, food, and beverages. As the day progressed, all of the attendees “loosened up” and let “the good times roll.” It seems that everyone had a camera. Unbeknownst to Geoff, several

photos and videos were posted to Facebook[®] that showed him in unflattering positions. He was shown drinking alcohol, inappropriately touching another person's body, and overt displays of public affection. Geoff did not post any of these photos or videos...he was "tagged" by his friends as being present.

A parent of one of his athletes made a habit of monitoring his son's Facebook[®] account. The parent routinely checked his son's site on Monday morning, in an effort to monitor his social behavior and decisions. While "clicking" through his son's Facebook[®] account he came across Geoff's "weekend of fun." The pictures and videos disturbed him so much that he contacted Geoff's principal.

After the parent complaint, the principal, who was also a "Facebook[®] friend" of Geoff's, began to research Geoff's posts. He found that not only had Geoff been "tagged" in several compromising photos and videos but, he had also posted personal information about his athlete's injury status. This was a great concern to the principal.

Because the principal was obligated to investigate, Geoff was to meet with him in order to discuss the parents' concerns. Geoff stated that he had not posted any of the photos or videos and was not aware that they had been posted. He apologized for his behavior and the actions of his friends, assuring the principal that he would be more careful in the future. The principal chalked this up to youthful exuberance but cautioned Geoff to act more professionally and appropriately within the community as a representative of the school.

However, as time passed more and more complaints came in from upset parents. They were astonished that a member of Alamosa High School's staff, a role model for their children, would engage in such reckless behavior and document it for their impressionable students to witness. The principal was left with little choice; Geoff had to be disciplined.

A meeting of the high school's ethics committee determined that Geoff's contract would not be renewed and that he was to terminate all social media relationships with current students of Alamosa High School.

Analytical Questions

1. Why was it not appropriate for Geoff to "friend" his students?
2. What should Geoff have done to prevent his termination?
3. As a parent, what concerns would you have regarding Geoff's behavior?
4. What procedures should Alamosa High School institute to prevent this in the future?
5. If Geoff was the head athletic trainer, and this scenario involved his assistant, what policies should Geoff have in place?

Application Exercises

1. Role-play conversation between a parent and their secondary school-aged athlete about why it is not acceptable for a school employee to be social media “friend.”

HOW DO I TAKE CARE OF MYSELF?

by Steve Taylor

Topic: Time Management / Burnout

Setting: Secondary School

Primary Concept: Finding time to get it all done and live

NATA Competencies Addressed: HA – 2, HA – 3

Sean is an athletic trainer/teacher at Hallmark High School, a large suburban high school outside of Kansas City. He has been working at his school since graduate school 12 years ago. In his younger days, prior to meeting his wife, he knew that being an athletic trainer meant spending a lot of time at work. As his family grows, he finds himself questioning his work life. He is starting to feel as if he is missing out on his children's lives due to his work schedule. His wife is very understanding but also wants her husband at home so she can pursue interests of her own.

Hallmark High School has approximately 2,000 students. Sean is expected to teach a full schedule (6 classes in a 7 period day) of Health, Physical Education, and an introductory Athletic Training class. He gets about 25 minutes for lunch and a 50 minute planning period each day. Classes start at 7:35 and his teaching contract stipulates that he must arrive by 7:10 each day. Normally, he tries to be in at 6:30 to see athletes and perform morning treatments. He is currently on a 10-month teachers' contract with additional compensation for a Master's degree plus 15 additional collegiate hours. In addition, Sean is paid a stipend as the athletic trainer. He feels his overall pay is adequate at best. He spends around 45 hours a week with teacher duties (both in and out of school) planning, grading and teaching class. He typically spends between 30 and 40 additional hours as the only athletic trainer at the school.

During his fall athletic season, he is responsible for the health care at all practices and home events for all levels of football, plus traveling to away Varsity football. He must provide health care to all practices and home JV/Varsity events for boys soccer, girls volleyball, and girls softball. Also during the fall season there is girls tennis, girls golf, boys and girls cross country, and boys swimming and diving at an off campus facility. At this time, swimming and diving are not required coverage for Sean. Typically, tennis and cross country are covered because he is already on campus for other events and the coaches can call if they have any injuries at those events. Cross country typically has one home event in the fall at an off-campus location on a Saturday. There are also freshman and "C team" games for soccer, volleyball and softball. Coverage is based on being on campus for other sports. There are approximately 450 athletes participating in fall sports, not including Cheerleading and Dance.

The winter season has fewer sports but Sean's responsibilities include, practices and home JV and Varsity events for boys basketball, girls basketball, and wrestling. Also, during the winter season, girls swimming and diving is held at an off campus facility. There are also Freshman

and Sophomore basketball games on campus at various times. There are approximately 150 athletes participating in winter sports, not including Cheerleading and Dance.

The spring season has an increase in the number of sports and athletes. Coverage responsibilities include, practices and home events for JV and Varsity girls soccer, baseball, and boys and girls track. There is also boys tennis and boys golf. There are approximately 300 athletes participating during spring sports. Cheerleading and dance are not practicing or competing during the spring season. However, there has been some recent push for the “CLUB” Lacrosse team to become a full interscholastic MSHSAA (Missouri State HS Activities Association) sport.

A typical week throughout the year:

Monday - Friday

6:30a – Rehab/Treatments

7:15a – clear ATR to get ready for class

7:35a – 2:30p – Teach 6 of 7

2:30p – 4:00p - Get athletes to practice and do rehab/treatments

4:00p – 6:00p – Cover Practices (Fall mostly FB)

6:00p – 9:00p - Cover various games that have home events (2x/week M-Th)

Friday

FB until 10:30p or 11:00p dependent on travel

Saturday

8:00a – 9:00a - Morning Treatments (mostly in the fall, if needed the rest of the year)

9:00a - ??? – Cover any home events or practices

Sunday

Various times – Cover any practices.

Sean tries to provide the proper level of health care for his athletes and coaches. He really wants to be there for everything but is struggling to find a balance. Sean usually works 70 or more hours a week and feels that he is constantly running and never really gets a break. Even during winter break he is at the school 2-5 hours a day doing treatments and rehabilitation and providing health care for all of the winter teams. Even in the summer months his athletes are lifting, working out and practicing 3-5 hours a day.

While teaching his classes, Sean tries to be prepared but feels as if he may not always be as prepared as possible. He is trying to find a way to provide a quality level of health care and still be able to be home to see his family occasionally. His wife is growing more frustrated and typically only sees him when she brings the kids to the school during a game, but even then, he is busy with work responsibilities.

In the past Sean would make it to mid-March before he started to feel tired and a little grumpy. These have a definite effect on his disposition at work. Lately though, mid-March is turning into February or even January.

Sean is also a big believer in being a fit athletic trainer and needs to find more time to work out for himself. Usually his personal interests take a backseat to being a good AT and teacher, not to mention being a good husband and father.

Analytical Questions

1. What strategies could Sean employ to improve life balance?
2. Describe how students and staff benefit from Sean's efforts to improve work life balance?
3. What data could Sean gather to support the need for an additional athletic trainer?
4. What resources does the NATA provide to support Sean in his efforts?

Application Exercises

1. Develop an assumption of risk plan that explains the injury rates of various sports and appropriate medical care for those sports.
2. Create strategies that Sean could implement to improve work-life quality.
3. Design a proposal to the administration that will improve your quality of work life (if implemented).
4. Develop a plan in which the coaches become a part of the acute care without compromising the care of the athlete.

USING YOUR HEAD

by Rick O’Leary

Topic: Emergency Care of the Spine-Injured Athlete

Setting: Secondary School

Primary Concept: Emergency Management of the Spine-Injured Athlete

Secondary Topics: Working collaboratively with other healthcare providers, physician oversight

NATA Competencies Addressed: PD-8, PD-10, PD-11, AC-2, AC-24, AC-25

It is Friday night and the Occidental Ocelots are taking on the Westside Wildcats. On the Wildcats’ sideline, athletic trainer Cash Lane and a physician are enjoying what has been a relatively quiet football game. An Ocelots player is tackled hard in a helmet to helmet collision near the Wildcats’ sideline and lies motionless on the turf. Because the collision occurred right in front of him, and the injured player’s medical personnel are across the field, Cash responds to the injury. Arriving on the scene, Cash notices the player appears to be unresponsive. John Mahoney, the Ocelots’ athletic trainer (a clinic director who volunteers with the Ocelots at their varsity football games), arrives and assesses the athlete. The athlete is unconscious for approximately 40 seconds, then awakes but is disoriented. Recognizing the need to follow cervical spine injury precaution protocols, John stabilizes the athlete’s head and neck while Cash removes the athlete’s facemask from the helmet. Meanwhile an assistant coach calls 911 on his cell phone, and the fire department is dispatched to the scene.

The Wildcat’s volunteer team physician, Dr. Suzie Hall, a pediatrician from the local children’s hospital is also present at the injury scene, as is the team physician for the Ocelots, Dr. Jim Pierson, an orthopedic surgeon with over 40 years of experience. Dr. Hall instructs the athletic trainers to remove the helmet of the injured athlete. No one present questions the direction aloud, and John complies, removing the athlete’s helmet. Shortly after, the fire department personnel arrive – four emergency medical technician / firefighters, followed by two paramedics. The EMTs take over control of the head and neck and proceed to logroll the athlete onto a spine board and prepare him for transport to the local trauma center.

By coincidence, one of the responding paramedics, Dave Gonzales, had assisted in a spine-boarding workshop for area athletic trainers, EMS responders and team physicians just a few weeks prior to this injury. At that workshop (which neither John nor Cash nor their team physicians attended), local athletic trainers and EMS responders collaboratively practiced proper spine boarding techniques for helmeted athletes. Therefore, Dave was quite surprised when he and his partner arrive on scene this evening to find that the athlete’s helmet has been removed, even though the shoulder pads are still in place. Adding to his frustration at that moment is the fact that the EMTs failed to compensate for this fact, putting neither a blanket under the athlete’s head, nor removing the athlete’s shoulder pads when spine boarding him. Dave demands an explanation from the firefighters, who simply reply that the helmet had been removed prior to their arrival. While this doesn’t appease him, Dave doesn’t want to castigate his coworkers in public, nor does he want to embarrass the physicians, so he returns his attention to the patient.

With the athlete in route to the hospital, the game continues. Frustrated at himself for not speaking up earlier, Cash questions Dr. Hall regarding her direction to remove the helmet. The physician immediately realized that she had made a mistake and apologized to Cash for the mistake. The game continued without further incident. Cash would later learn that the injured athlete's imaging was negative for cervical spine injury; the athlete was diagnosed with a concussion and a neck sprain and returned to play three weeks later.

Analytical Questions

1. Procedurally, what mistakes were made in the management of this injury?
2. If you are in Cash's position, how would you have handled the event differently?
3. If you were in John's position, how would you have handled the event differently?
4. Suppose the athlete had been paralyzed, and you are a member of the jury assigning blame and damages in the resulting lawsuit (alleging negligent pre-hospital care). Based on mistakes made the night of the injury, what percent of the blame/monetary damages would you assign to each person involved?
5. What communication breakdowns occurred, and how did they affect the athlete's care?
6. What educational programming would you want to see put in place to prevent situations such as this?

Application Exercises

1. Develop a presentation outlining the educational programming you discussed above.

A CRY FOR HELP

by Rick O'Leary

Topic: Legal Responsibilities of the athletic trainer with regards to suspected abuse

Setting: Secondary School

Primary Concept: Legal and Ethical Responsibilities

Secondary Topics: Professional responsibilities, communication with administrators, confidentiality

NATA Competencies Addressed: PD-4, PD-5, PS-13, HA-11, HA-18

Coming out of college, working in Division 1 college athletics had been Julie Efimba's only goal; a goal she had reached by working hard in school, impressing her clinical and academic instructors, and always going the extra mile for the coaches with whom she worked. For several years, she had lived the dream - traveling the country and the world with her teams, celebrating their successes and sharing the pain of their failures. Julie's athletes - and make no mistake, they were *her* athletes - loved her, and she loved them. At some point however, she had realized that she didn't really enjoy spending all that time on the road. While the life of a Division 1 athletic trainer did offer many attractive things to a young athletic trainer, Julie longed for something more. She wanted a life, a husband, and a family.

It was her longing for children that finally drove her to leave the college setting. She accepted the job at Redmond Central High School, and while it wasn't quite as "glamorous" as the college setting she left behind, she did not regret her move in the least. While the school had previously contracted for an outreach athletic trainer, Julie was their first full-time athletic trainer. The students and parents showed their appreciation from the start. Julie soon discovered the high school students to be even more enjoyable to work with, and more appreciative of her efforts than her former college athletes. In the five years since she arrived at Redmond, she had met her husband, and together they started their family.

She had just gotten off the phone with her husband, in fact, when Ali and a friend, Tara, walked into Julie's athletic training room. Ali was a junior, an honors student and three sport athlete who often stopped in to hang out, to chat, or just to say hi to Julie. Julie had asked once why Ali came in so often (and didn't seem eager to leave). Ali had responded with a huge grin that it was because she felt Julie welcomed her and made the athletic training room a fun place to "chill" after practice. That response (and similar responses from other athletes) had validated everything Julie had worked towards at Redmond.

Ali often had a bump or bruise for Julie to look at, but nothing out of the ordinary given her competitiveness and the fact that she played three sports. It had struck Julie as odd, though, that often Ali seemed fine following the day's practice or game, but would report an injury from that practice or game the next day. Today's seemed to follow the pattern. Even though Julie had seen Ali after her soccer game yesterday - and no injury had been mentioned - Ali had a large bruise on her right forearm today. She asked for some ice, which Julie got for her. Noticing the apparent severity of the bruise, Julie asked Ali about it. Ali reported that an opponent had grabbed her arm forcefully as both went for the ball in the game the previous day.

After wrapping the ice pack on Ali's arm, and chatting with the two girls briefly, Julie left the room to drop some papers in the athletic director's office. As she approached the athletic training room on her return a few minutes later, she heard Ali and Tara arguing. Tara was urging Ali to tell a secret. "You need to tell her!" Tara was saying, but Ali refused. "You need to tell Mrs. Efimba!" Tara insisted. "Tell me what?" Julie asked as she entered the room. Ali looked sheepishly at Julie, and angrily at her friend simultaneously. Julie asked again what was wrong, to which Ali replied, "It's nothing, Mrs. Efimba. I'm fine." Tara disagreed, however, and quickly told Julie that Ali had not hurt her arm in the game. Julie asked Ali if this was true. After a few denials from Ali, Tara told Julie that Ali's dad had caused the injury. Shocked, Julie turned to Ali, in time to see her break down in tears. After Julie finally acquiesced to Ali's demands not to tell anyone, Julie confided that yes, her father had grabbed her arm and caused the bruise. She insisted that he "didn't mean to" hurt her, and that he had grabbed her arm in anger after Ali had argued with him. Julie learned that Ali's younger brother had also been a victim of their father's fits of anger. Julie immediately regretted her promise to not share with others what Ali had confided to her. Julie made Ali promise, in turn, that she report any further "accidents" immediately to Julie. She comforted Ali, and after being assured that it was safe for Ali to go home, allowed Ali to leave with Tara.

The rest of the Julie's week was uneventful, and Julie breathed a sigh of relief when it was over. As the next week started, Ali had not come by the athletic training room since her visit with Tara the prior week, a sign that Julie interpreted as positive. It wasn't until she was called into the principal's office Monday afternoon that Julie discovered how wrong she was. The principal had been contacted after Ali ended up in the hospital over the weekend following a particularly violent outburst by her father. The principal also had learned from Tara's parents that Julie was aware of the alleged abuse prior to this past weekend and wanted to know whether Julie had reported it to the authorities.

Analytical Questions

1. Putting yourself in Julie's shoes, how do you justify your actions to the principal?
2. If you were Julie, how would you have responded to Ali's insistence on keeping her situation secret?
3. Why must athletic trainers be especially diligent regarding potential child abuse situations?
4. What are the legal and moral/ethical obligations of an athletic trainer who suspects or has knowledge of a child being abused?

Application Exercises

1. Role-play the meeting between Julie and her principal with a partner. Take turns playing each role.
2. Research the laws governing the reporting of suspected/reported child abuse in your state and in at least one other state. Report your findings to your class.

TROUBLE AT HOME

by David Edell MEd, ATC, LAT, CSCS

Topic: Child Abuse

Setting: Secondary School

Primary Concept: Moral, ethical & legal obligations

NATA Competencies Addressed: HA-13, HA-17, HA-18, HA-20

Haziz is a first year clinical outreach athletic trainer at Washington High School. He is contracted to visit the school daily beginning at 1 p.m. On a seemingly normal Wednesday, he arrives a bit early. It is District Track Championship day and there is a lot to do before more than 200 athletes arrive. Haziz is in the middle of setting up the hydration stations when Isaiah comes to the Athletic Training Room noticeably limping.

Isaiah is complaining about his left hip hurting and is very concerned because he is entered in four running events, all sprints. He does not want to let the team down as he is the anchor on the 4x100 meter and 4x400 meter relay teams. Haziz performs his assessment and determines that Isaiah is suffering from trochanteric bursitis. When asked what happened, Isaiah is very evasive, and provides an answer that does not quite fit. Normal treatment for an acute bursitis is instituted.

Haziz is still puzzled by Isaiah's answers concerning the mechanism of injury. He continues to prod and probe Isaiah for what really happened. Isaiah's body language and evasive answers raises Haziz's suspicion further. Finally, Isaiah acquiesces, explaining that he and his father had a "knock down drag out fight" last night. "We both got licks in," Isaiah said. "But, my dad got the best of me when he hit me with the baseball bat...two good whacks to my left hip." He then added, "Don't tell no one 'bout this, it'll make my dad go crazy and he carries a gun!"

Haziz was shocked; he had grown up in a small, rural town and was unaccustomed to this type of problem. Washington High School was a mid-sized inner city school in Texas with a low socio-economic background. At this point, Haziz felt "out of his league." Unsure what to do, he instructed Isaiah to resume his warm-up and stretch again as he did earlier. He would check on him later. Haziz then went to seek out his good friend the basketball coach.

Coach Devers was a "grizzled veteran" of 20 years coaching at the high school level. Haziz relayed the story regarding Isaiah to Coach Devers. The coach thought for a while and explained to Haziz that Texas law mandates a secondary school teacher notify Child Protective Services when abuse is suspected. Haziz was unfamiliar with CPS, having moved here from a different state. Coach Devers explained that it was the state Department of Child Protective Services and, their function was to protect children from abusive homes. Coach Devers told Haziz to go to the front office and speak with one of the counselors who would guide him on how to report the suspected abuse.

Haziz found Jilla, the director of the counseling department, in her office. He explained to Jilla the account that Isaiah had related to him. Jilla agreed with Coach Devers that Haziz needed to

contact CPS and would assist him. Haziz was transferred to a person at CPS who took his statement about the alleged abuse. The report given, Haziz returned to the Athletic Training Room to continue preparations for the track meet.

Haziz saw Isaiah not too long after returning to the Athletic Training Room and explained to him that, by law, had to report the alleged child abuse. Isaiah was very upset, muttering, “This ain’t good, this ain’t good” as he stormed out of the Athletic Training Room. Isaiah would not respond to Haziz’s repeated attempts to get him to come back.

About four hours after returning to the track meet, Haziz heard his name being called from the fence around the track. He walked over to the gentlemen calling his name; it was a police officer from the city in full uniform, with his right hand on his pistol. With obvious rage in his tone of voice, the officer said, “I’m Isaiah’s father, what right do you have to accuse me of hitting my kid?” At this point, Haziz was scared; he had never had a confrontation with a police officer. Haziz walked away.

The track meet was over and Haziz was getting ready to go home at 11:00 PM. As he walked to his car, the thought suddenly entered his mind...is Isaiah’s father waiting for me?

Analytical Questions

1. If Haziz had not reported the abuse, what would be the moral and ethical complications?
2. If Haziz had not reported the abuse, what could be the legal ramifications?
3. Do you see a potential problem with the father confronting Haziz at the track meet? Explain why.
4. What are your current state’s requirements in dealing with this scenario?

Application Exercises

1. Designate one person as Haziz and another as Isaiah’s father, through roleplaying develop a better way for Haziz to answer the father’s question.

RELIGION AND SPORT

by Carrie Deisenroth

Topic: Managing different cultural and religious beliefs

Setting: Secondary School

Primary Concept: Nutritional and hydration concerns of athletes who are fasting

Secondary Concept: Educating athletes on proper nutrition/hydration, communication

NATA Competences Addressed: PS-1, PS-4, PS-5, PS-18, PHP-10, PHP-14, PHP-32, PHP-35, PHP-36, CE-1

Mo Allaya was a junior on the boys' varsity soccer team from Oakhurst Regional High School. He and his family had recently moved to this country after living in Somalia his entire life. Life was very difficult in Somalia for his five siblings and parents, living in such unrest. Because of this, his parents made a bold move and chose to face the challenges of leaving the country to bring the family to a safer environment. Their obstacles were many, having to essentially escape and become a family on the run from the government.

As a result of what he and his family had endured over the years, Mo appeared to be an exceptionally motivated student athlete, who saw opportunities in every challenge he faced. He was a friendly, forgiving, helpful and a well-respected member of the school community.

This coming weekend, the soccer team is facing their rival, the Burkettown Brown Bears. As in past years, this was the "game of the season," with fans filling the stands. Both teams were of equal abilities though they were not necessarily the best teams in the league. None-the-less, it was a full spirited game that annually brought two communities together.

As a practicing Muslim, Mo observes Ramadan. This is a daily period of fasting that occurs from sunrise to sunset for the period of one month. This observance is a sacrifice in which one purifies the soul, refocuses the attention to God and practices self-sacrifice. While the Islamic lunar calendar changes each year, this year it falls within the fall season and subsequently, soccer.

Each morning Mo awakens and gets ready for his school day. He sleeps as long as possible, leaving the house without breakfast. He does not drink anything throughout the course of the day. At the end of the academic day, he heads out to the soccer field for practice. He has now fasted for 2 ½ weeks, going without food or beverage until the completion of his practice each day, eating only after he arrives home. By that time the sun has begun to set. When he does eventually eat, he eats a moderately substantial meal along with a few glasses of a beverage.

Dennis Li, the school's full time athletic trainer, is not aware of Mo's fasting practice. The fasting is also not something that Mo has shared with anyone. Dennis knows most of the athletes in the school and although Mo has not been in the athletic training room for any recent concerns, he knows Mo very well.

Dennis has just been called out to the soccer field, being informed that Mo is not feeling well. When Dennis arrived at the field, it was determined that there was no incidence of any injury and Mo denied feeling ill prior to practice. Mo's chief complaints were a headache and dizziness. Dennis begins an evaluation to determine if there are any concerns of a head injury, heat illness or other immediate medical concerns. Dennis also begins to take a comprehensive medical history in the hopes of extracting appropriate information to help determine what might be the underlying concern.

Mo now reveals to Dennis his current religious practices. This religious practice is new to Dennis and he mentions his own Christian religion and what appear to be similar practices between the two. He was unaware of the specifics of the Muslim fasting practice and more so, the length of time that it covers. He realizes that Mo is probably dealing with concerns surrounding dehydration and lack of appropriate nutrition, coupled with the fact that he is a high performing athlete.

Because of this, Dennis finds this important to address and to educate Mo. He discusses the stresses and possible consequences on the body when daily recommendations for proper nutrition and hydration are not met. These would include proper bodily functions, thermoregulatory concerns, proper organ function and how all the bodies systems function together as a whole.

Dennis has Mo go to the bathroom to assess the color and output of his urine. As suspected there was little output and it was a dark yellow in color. They discuss the upcoming game and a plan of care. Dennis is also in touch with the school nurse to inform her of this latest information. At that time, Dennis asks if she might be aware of any other athletes who might also be observing Ramadan. Dennis also calls Mo's parents to address his concerns.

Analytical Questions

1. What could Dennis have done to possibly become better informed of athletes who are practicing religious fasts?
2. How could Dennis address those athletes and their levels of activity during this fasting period?
3. How could Dennis educate all athletes in the importance of informing him of any impending concerns surrounding such religious practices?

Application Exercises

1. Develop a nutritional plan for Mo that he can utilize prior to sunrise and after sunset

EDGAR'S DILEMMA

by Troy Hoehn

Setting: Secondary School

Primary concept: Medication and minors

Secondary concept: Communication with parents, athletes

NATA Competencies Addressed: TI-21, TI-28, TI-30, TI-31

Edgar Gonzalez has been the athletic trainer for Aztec North High School for the past 3 years. It was a typical early fall season week in the Athletic Training Room. Early season camps were over and school had started last week. Edgar was evaluating an injured soccer player when a football player came stumbling into the Athletic Training Room saying that he was having a hard time catching his breath.

Ivan was a new junior transfer at Aztec North and Edgar didn't know him very well. Edgar immediately turned his attention to Ivan and asked him what had happened. Ivan was speaking in shallow breaths, but reported that he was participating in drills at the beginning of practice and it became hard to breathe. Edgar asked Ivan to lie down and instructed him on breathing techniques to help control his respirations. After a few minutes Ivan was doing better and he reported that it was much easier to breathe now.

Edgar asked him if this has ever happened before. Ivan said that he remembered a couple times where his chest felt tight, but his breathing had never been affected like this before. Ivan continued saying that when he first noticed it at practice, a teammate gave him his inhaler to use because it helps him when he has difficulty breathing. Edgar informed Ivan that he should not use other teammate's inhalers because they are prescribed for the individual. Once Ivan felt better he walked him out to practice and informed the coach that they would observe him for today, but he should not practice, and he would contact his parents about seeing a physician to be evaluated.

Later that week, the football team was preparing for their first game. Ivan was still out since they could not get into his physician until next week. During the first half Aztec's running back Sam had suffered a minor MCL sprain in the first half. At halftime Sam was cleared to return to the game and he asked Edgar for some Ibuprofen to help with his pain. Edgar informed him that he was not allowed to dispense medication to him, but if his parents were at the game he could get some from them. Sam was upset because his parents could not make it to this game. Edgar apologized but informed Sam that because he can't dispense medication he does not have any with him.

Sam was able to finish the game, and came into the Athletic Training Room for ice, but was still upset about not being able to access any medication. Edgar again apologized and explained the legal aspects as to why he couldn't dispense medication. Edgar went into the school for Saturday morning treatments and Sam's mother was waiting at the Athletic Training Room door.

She was thankful for Edgar's help with Sam, but Sam had told her that Edgar wouldn't give him any ibuprofen. Edgar informed her that he explained to Sam why he couldn't give him the ibuprofen. She said that Sam didn't tell her all of that information, and although she still was confused, she understood. Edgar realized that he did not have any protocols in place for these types of situations and thought it was ironic that he had two situations in the same week.

Analytical questions

1. What documents does the NATA have in place to help Edgar with this scenario?
2. What could have Edgar done to help prevent this situation for both Ivan and Sam?
3. Under which content area(s) of the Athletic Training Education Competencies would this story fall under?
4. List the circumstances (if any) that Edgar would have been allowed to dispense medication to Sam.
5. What potential problems could have occurred with Ivan when he used his teammate's inhaler?

Application Exercises

1. Develop a "medication for minors" protocol for a high school using your state regulations.

WHO ARE YOU AGAIN?

by John Reynolds

Topic: Psychosocial Strategies and Referral

Setting: Secondary School

Primary concept: Referral

Secondary concept: Effective communication with other medical professionals

NATA competencies addressed: PS-2, PS-9, PS-13

“Boy this game is a real snoozer,” Phil thought to himself. As the athletic trainer at Northwest High School, Phil Murphy was used to covering mid-week contests, but tonight’s JV basketball game was exceedingly boring. His team was trailing by 20 points in the second quarter and all Phil wanted to do was go eat his dinner at halftime.

As time expires, Phil checks the water for each team and heads to the athletic training room to eat. He sits down at his desk and is two bites into his sandwich when an assistant coach comes running into the office. “Come quick- James fell and hit his head!” the coach cries as he turns and heads back to the gym.

Phil walks into the gym and sees James lying on the ground under the basket while the rest of the team huddles near the bench. The head coach is crouched next to James, an anxious expression on his face. “He’s breathing, but he won’t say anything to me. I already called 911 and they should be here soon” the coach explains.

Phil begins talking to James but quickly realizes he is unresponsive. He moves to his head and begins stabilizing James’ neck. “What happened?” Phil asks. “We had just come out of the locker room and started doing lay-up lines. James went up to shoot and got bumped by another player waiting for the rebound. He basically got undercut and came down hard on the back of his head,” the coach explains.

Phil maintains spinal stabilization and begins reviewing in his mind the spine boarding procedure. While it’s been a while since he’s practiced the skills, he’s confident everything will work out just fine. Just then, the gym doors open and the paramedics walk over towards Phil. “I’m Phil Murphy, athletic trainer at Northwest. James apparently fell and hit his head on the floor. He is breathing but has been unresponsive,” Phil reports.

“Thank you,” the lead paramedic replies. “Can you please move out of the way? We’ll take things from here.”

“What?” Phil exclaims, “I’m maintaining spinal stabilization. I’m not going to move.”

“Sir, we will be taking over and managing the scene from here on out. Move now or we will have you removed from the premises,” the paramedic replies. At that moment, Phil feels pressure on his right side and notices another paramedic has knelt beside him and is slowing

nudging him out of the way. The paramedic slides his hands on top of Phil's and says "I've got this."

Unsure of what to do, Phil reluctantly relinquishes his position and stands to the side. He watches as the paramedics evaluate James and place him on the backboard. Phil is growing increasingly embarrassed and angry. "How could they do this to me? Don't they know who I am?" he thinks.

As James is lifted onto the stretcher, the teams re-take the court and resume warming up for the second half. Unfortunately, Phil grows angrier by the second and as the paramedics wheel James out of the gym, Phil sees one of the paramedics packing up some equipment by the door.

"Who do you guys think you are?" Phil asks, barely able to control his anger. "Couldn't you see I had everything under control? Why did you push me out of the way?" he asks.

"Who are you again?" the paramedic asks. "What is your job here?"

"I'm the athletic trainer. I'm a medical professional who is trained to manage these types of situations," Phil responds.

"Have we met before? How are we to know who you are or what you do? When we arrive on scene, we take control because we don't know who might be standing around trying to help- you could be the janitor for all we know," the paramedic replies. "Now if you'll excuse me, I need to get back to the ambulance."

Phil quietly watches him leave the gym, unsure of how he feels. While still embarrassed at how this situation unfolded, he is no longer angry. As the buzzer ending halftime sounds, Phil heads back to his chair in the corner of the gym, lost in thought.

"How do we know who you are or what you do?" the paramedic had said. Phil found himself repeating that phrase over and over in his mind as the second half began and slowly he began to view the situation in a whole new light. Perhaps, he thought, his anger towards the paramedics should have been directed towards himself...

Analytical Questions

1. What could Phil have done to prevent this situation from occurring?
2. Do you agree with the paramedic's rationale for not allowing Phil to help?
3. Explain who you believe was "wrong" in this situation.
4. Would you have relinquished control to the paramedics as Phil did? Why or Why not?

5. What do you think would have happened had Phil insisted on staying at the students head?

Application Exercises

1. Develop an outline for an in-service or training session that would help outside medical professionals, especially paramedics and EMTs, better understand the qualifications and abilities of the certified athletic trainer.

EMERGENCY MEDICATION

by Ronnie Harper

Topic: Emergency medicine mishandled

Setting: Secondary School

Primary concept: Concept: Determine Use of Metered Dose Inhaler

Secondary concept: Medication administration with minors

NATA Competencies Addressed: AC-1, AC-32, AC-33, AC-36I

Jodie Purdy has been a clinic athletic trainer for five years providing athletic training services for three high schools. She enjoys her job, especially working at Okolona High School. It is the largest of her three schools. She is always welcomed by the administration, coaches and athletes. The local community hospital that employs her, gives Jodie a lot of freedom to choose where she should spend her time. Jodie often does not have to report to work until 11:30 a.m. each morning as she rotates between her three schools. Okolona High School has their athletic physical education class (football strength and conditioning workouts) before lunch each day.

Jodie is usually very busy as soon as she arrives, with a line of athletes waiting to be evaluated. Shin splints, low back spasms and patella tendonitis seem to be the trend the past few weeks. She begins her treatment plans for each athlete and then heads to the weight room to communicate with Benny Saia, the head football coach, about each athlete. She struggles with the limited amount of time she has to perform a proper evaluation and develop a treatment plan for each patient. Every day the class period seems to fly by faster. She locates Coach Saia in the weight room who is barking out orders to the other 45 athletes as they lift weights. He is always glad to see Jodie and teases her about waking up late each morning. Jodie reminds him that she has two little boys and many errands to run. She enjoys visiting with Coach Saia so much she almost forgets to give the report about the athletes in the athletic training room.

As Jodie exits the weight room and walks down the hall back toward the athletic training room, Coach Saia hollers for Jodie to return back to the weight room. His voice sounds urgent and she responds very quickly. Benny disappeared back into the weight room to assist two other athletes, who are helping another athlete, Caleb Street, out of the weight room and onto a gym bench. Caleb is a senior wide receiver. Caleb was pale, weak and having a difficult time breathing. He was wheezing and he had a look of fear on his face. Jodie has seen that look all too often as she had a brother that struggled with asthma. As Caleb sat on the bench just outside the weight room, Jodie confirmed that Caleb was having an asthma attack. Caleb reported that he did not take his medication that morning. Jodie inquired about his metered-dose inhaler and Caleb reminded her that he gave it to her back during football season, two months ago. Jodie was frantically trying to remember if Caleb had actually given her his inhaler because she had no memory of it. Should she stay with Caleb or go and try to find his inhaler in the athletic training room office? This was all that was racing through her mind. The assistant football coach, Mark Kavanaugh, who was assisting Coach Saia in the weight room called the front office to summon the assistance of the school nurse. As Jodie was contemplating what she should do, school Nurse Shannon Farrar, arrived and began to ask Caleb if he had his inhaler with him. He struggled to say that he gave Jodie his inhaler back during football season. Jodie then disappeared without saying a word and quickly returned back to the athletic trainer's office, praying she would find

Caleb's inhaler. As she scrambled through the desk drawer, she found an emergency meter-dosed inhaler that she assumed belonged to Caleb. It did not have his name on it but she brought it anyway. Jodie quickly returned back to Caleb and handed him the emergency inhaler. He took it from Jodie, shook it and took two quick puffs. Ranell had already contacted the local EMS unit to respond. Caleb was hoping to see an instant relief after taking the medicine like he usually does but this time it had no response. Caleb then began to panic. He slumped against the school nurse and passed out as the local EMS unit arrived through the gym doors. They began to administer oxygen and take vital signs. Caleb was quickly loaded into their unit and drove away. Jodie sat down on the bench and tried to hold back the tears.

Analytical Questions

1. What are the local, state or national guidelines for administering medication to minors that would guide Jodie in managing this scenario?
2. What is your opinion about Jodie giving Caleb the meter-dosed inhaler she found in the athletic trainer's desk drawer? Did she do the right thing? Why or why not?
3. What role does Ranell, the school nurse, have in relationship to helping Caleb manage his asthma and how does that overlap with Jodie's role as the school's athletic trainer?
4. If Caleb were to die or suffer any damage as a result of his asthma attack, do you believe Jodie could be found liable for her management of this episode? Why or why not?
5. If something happened to the athletes that Jodie was treating in the athletic training room during her care for Caleb would she be responsible for them as well. Who is responsible for supervising those athletes if not Jodie?

Application Exercises

1. Outline the steps that Jodie should do to make sure that she follows the proper protocol for managing medication with minors. Reference each step on a local, state or national guideline.

FELIPE VS. CHERYL

by Steve Taylor

Topic: Hierarchy of School Administration, Conflict Resolution

Setting: Secondary School

Primary Concept: Dealing with personality differences

NATA Competencies Addressed: HA – 2, HA - 3

Felipe is the athletic trainer at Marysville high school. He was unsure of what to expect as he sat in the principal's office at his school. A week prior, Felipe had received a note from the activities director, Cheryl, stating that a meeting was set in the principal's office with Cheryl and Marysville High School principal, David. When Felipe had pressed Cheryl for information about the nature of the meeting, she was evasive, just saying that she had some concerns she wanted to address.

Cheryl was truly an "activities" director not an athletic director. She had no athletic experience, neither as a player or coach, prior to being hired as an AD. She was an assistant principal before being named as the activities director. Her experience with extracurricular activities was as a debate coach. Also, nobody at the school, including Cheryl, had ever evaluated Felipe as an athletic trainer.

Felipe and Cheryl had a tumultuous relationship from the very start. Felipe had a very strong personality and was often unwilling to compromise. He felt as though he knew how the job should be done and worked very hard to get things done the "right way." Felipe was straight out of graduate school and came from a Division I college. As a graduate assistant, Felipe dealt primarily with the strong personalities of Division I football. He was a little cocky, but worked very hard. He believed himself to be a "tell it like it is" type of person, no matter if it offended someone. The two had several arguments both public and private in regards to a multitude of subjects. Felipe had approached Cheryl regarding several different issues through the years, but invariably they were dismissed and then shuffled on to either the principal of the building, or to the district athletic director.

Felipe had been at Marysville North for 11 years. He was hired as a teacher and athletic trainer. As a teacher he was expected to teach a full load of classes, plus fulfill his AT duties. During his first three years he routinely worked 12 to 14 hour days, five to six days a week. He had worked diligently to improve his situation and position. After his third year of tireless work and several proposals for help, the district decided he did need some help and hired a second athletic trainer in each of the two high schools in the district. However, the district was decidedly against decreasing the teaching workload of either athletic trainer. In the district's opinion, an athletic trainer was no different than a coach or other teacher. They did not view the athletic trainer as a healthcare professional. It felt as if they were treated as a coach, who knew how to tape.

Felipe was extremely frustrated and decided to take matters into his own hands. He sat down at his computer and composed a long email explaining his stance. He explained in great detail everything about becoming an athletic trainer, from educational competencies, to the change

from internship programs to curriculum programs. His opinion was that very few people would be willing to perform two full-time jobs similar to that of a teacher and athletic trainer. Furthermore, with the comprehensive educational requirements met by athletic trainers, having an additional degree in education is difficult to acquire in four years. He stated very emphatically that the district needed to quit looking at the athletic trainers as a coach who knew a little about injuries and start treating them as healthcare providers. To Felipe, it was just another written proposal. He forwarded his opinions to all of the building principals and the assistant superintendent of human resources. He copied his fellow athletic trainers in the district, to keep them abreast of his stance. His fellow athletic trainers applauded his efforts, thanking him for writing the email. There was no immediate response from the administrators to his message.

At present, Katie is the second assistant athletic trainer Felipe has worked with at the school. He and Michelle, the first assistant, had worked together for six years. The two of them had a great working relationship at first, but it started to disintegrate during Michelle's last couple of years. Michelle was having significant problems in her personal life. Michelle did, however, remain on staff as a full time teacher. Even though they no longer worked together in the athletic training room, they remained friends. Katie is in her second year at the school. She does not have a teaching degree, but is taking classes in order to receive her teaching credential. She received additional compensation from the school by serving as a study hall monitor during the school day.

Felipe is at a loss as to why he is presently sitting in the principal's office, feeling like a high school student rather than an 11 year veteran of the district. As the meeting begins, the activities director presents multiple pages of notes. She starts by addressing district human resource policies and quoting specific numbers. "Policy 4-3 says ..." "you have violated this policy because..." Her biggest complaint was that his recent email to the principals and the assistant superintendent did not follow the proper chain of command. The activities director feels as if she was completely out of the loop. Felipe attempts to defend himself by explaining that over the years, whenever he has brought a problem to her, she dismisses him or passes him off to someone else. She, in turn, states that he "will not take no for an answer." She continues with other grievances that regard proper communication and being a little gruff with the students. At one point she quotes a student that said "all he cares about is football and the varsity athletes." There is also mention of a disagreement about how much injury information should be shared with administration and what should be kept confidential from them. Felipe feels that this meeting has become an opportunity for Cheryl to air a laundry list of his shortcomings in front of the principal.

Furthermore, Cheryl makes it personal and goes on to say that Felipe is the reason Michelle quit. The activities director also stated that assistant athletic trainer, Katie, "feels as if she is an underling." This personal attack completely enrages Felipe and he begins to fight back. He makes a few sarcastic remarks about how often he sees Cheryl at sporting events and even stated that she no idea what he does as an athletic trainer.

The principal finally interjects and calls an end to the meeting. Felipe feels betrayed and ambushed by Cheryl. He is anxious as to what will happen next.

Analytical Questions

1. What could Felipe have done differently to prevent this situation?
2. What could the AD have done differently in this situation?
3. Is this a moral, ethically, legal, or control issue? Defend your opinion.
4. After a conflict of this sort, where do Felipe and Cheryl go from here? What will have to happen to allow them to have a better working relationship? What could each person do to compromise in this situation?
5. Where can Felipe or Cheryl appeal to next? What is the proper chain of command that should be followed within a typical school district?
6. Who should be evaluating the athletic trainer? Why?
7. What content area(s) of the Athletic Training Education Competencies would this case fall under?
8. What would you do if you were Katie?

Application Exercises

1. Develop a chain of command for a local HS athletic trainer up through his/her Board of Education.

LIGHTNING STRIKES

by Dan Quigley

Topic: Lightning Policies

Setting: Secondary School

Primary Concept: Lightning Safety

Secondary Concept: Communication, legal liability

NATA Competencies Addressed: PHP-12, PHP-13, PHP, 18

It was another busy afternoon at Kennedy High School. All of the fields were brimming with activity. There were soccer and field hockey games, as well as football and cross country practices. Athletic trainer, Richard James, noticed that the weather was looking ominous. Checking the weather report, he recognized the chance of thunderstorms would increase as the afternoon progressed. Before the games began, James spoke with all of the officials, informing them of the approaching storms and the school's policy on lightning. He also talked with the football and cross country coaches. The football practice field was located about a half mile from the school building. The cross country team set out on a training run that would take them off campus for part of their run.

As the afternoon progressed, the sky became darker and the rumbles of approaching storms could be heard. Although the thunder was getting louder and more frequent, no one had seen any lightning. James was keeping a wary eye on the sky. Suddenly a large bolt of lightning hit nearby. James ran onto the soccer field to stop the game. He got the officials attention and they blew their whistles to halt play. James instructed both teams to get into the school building as quickly as possible. He then drove the Gator to the field hockey game to clear that field. As he began to clear the field, one official told him that the official was the only person who could stop a game once it had started. James explained that it was more important to get the athletes to safety. James then drove to football practice to clear that field. The coach first said he did not see any lightning and felt that James was overreacting to the thunder. No sooner had the coach uttered those words, when another bolt came out of the sky. The coach told all of his players to start running back to the school building. A majority of the football players could not run all the way due to the distance. James found the cross country coach and urged him to return his team to the building quickly. The coach explained to James that there were still a few athletes out on their training run. As the lightning increased in intensity and frequency, there were still athletes and coaches attempting to reach shelter.

While inside, James reminded the coaches and officials of the rules regarding return to activity after lightning. He would let them know the progress of the storm and when they could resume outside activity. Even though thunder could be heard while in the building the coaches kept asking when they could get back to their practices and games. James kept one eye on the weather and one on the coaches. The athletic director arrived to check on the situation. After discussing the weather with the athletic director, the decision was made to delay the games until the storm had passed. After an hour had passed the cross country coach decided to send his athletes home. The football coach was going to resume practice as soon as he was given the "green light."

The next day the athletic director received several phone calls and emails regarding the storm the previous day. Even though no one was hurt, the parents expressed concern as to how the situation was handled. The coaches were upset that valuable practice time was lost and that the games were delayed.

Analytical Questions

1. What are the local, state, and national guidelines regarding lightning safety?
2. What steps should be taken by the athletic staff to enhance communication when severe weather threatens?
3. What, if any, precautions can be taken when severe weather is forecast?
4. What resources does the NATA have regarding lightning?
5. What NATA educational competency does this fall under?

Application Exercises

1. Create a protocol for lightning safety with consideration to multiple events and venues.

REHABILITATION WITH LIMITED STAFF AND RESOURCES

by Dominic L. Di Manna, M. Ed, M.S., A.T.C

Topic: Rehabilitation with limited staff and resources

Setting: Secondary School

Primary concept: Injury evaluation and rehabilitation

Secondary concept: PPE, adequate medical HX and screening, legal liability, policy and procedure development.

NATA Competencies Addressed: CE-13, 14, 19

Mikala was recently hired as the head athletic trainer for Golden High School. She had previously worked for the physical therapy clinic that provided athletic training coverage for local high schools. Mikala knew that as the head athletic trainer, she would be the one that would direct the patients' evaluation, care, rehabilitation and return-to-play program.

Mikala had been on the job for two months. She had recently referred several players to her team physician. They returned to the school with instructions for the treatment of their various injuries. Mikala had sent one player in particular, a volleyball player named Catherine, to the team physician with a lateral ankle sprain that was not responding to treatment. About a week had passed and Mikala had not heard from Catherine's parents or the team physician regarding her status. Mikala had also noticed that Catherine had not been at practice during this time and a quick check with the coach had indicated that the athlete had not been contacting her coach either.

Just as Mikala had finished her fact finding mission, Catherine came walking into the athletic training room. Catherine had a prescription from the team physician, Dr. Collins that read: "Lateral ankle sprain, please evaluate and treat."

Thinking that this prescription was rather vague, Mikala called Dr. Collins for clarification. Dr. Collins wanted Mikala to thoroughly evaluate and treat Catherine's injury once to twice a day for the next seven days. After seven days, Dr. Collins would reevaluate Catherine in the athletic training room at the school, to determine her status. Through written instructions, Dr. Collins suggested that Mikala use ultrasound, active range of motion exercises, and ankle machine for resistance training. Dr. Collins also suggested the use of a BAPS board and balance boards for proprioception. He also requested that Mikala provide Catherine with a home exercise program.

The amount of individual attention that Dr. Collins was expecting for Catherine was a concern to Mikala. She did not have all the equipment that he was designating, let alone the time to devote to one patient. The athletic training room was poorly equipped with rehabilitation equipment. Even a simple BAPS board was lacking. Providing this type of rehabilitation would have been easy at the clinic but much more difficult here at the school. She would also have to write the home exercise programs and illustrate them by hand, which would take some time. Golden High School was remodeling their weight room at the school and unavailable for use. How was she to find low cost alternative equipment in order to carry out Dr. Collins' directions?

Mikala was feeling the stress of dealing with more than 60 athletes per day with the many distractions and interruptions that were inherent when working at a high school. She was not confident that she could devote enough time to everyone that needed her assistance. She realized that time and resources were becoming an increasing concern and barrier to all that she was trying to accomplish.

Analytical Questions

1. What advice would you give to Mikala to immediately get this situation under control?
2. What steps should Mikala take to make her athletic training room operate in a more efficient manner so that these situations are less difficult? Hint: Hiring an assistant may not be a viable option in all situations.
3. What steps can Mikala take to develop injury rehabilitation procedures that do not compromise athlete safety but save time and resources?
4. What ways can Mikala develop or seek out to assist her in obtaining the equipment and resources that her athletic training room currently lacks.
5. What local, state and/or national guidelines exist that pertain to secondary school medical care as they relate to this scenario?
6. What content area of the athletic training educational competencies does this topic involve?
7. What are the positive and negative issues when receiving an order that states, “Evaluate and Treat.”

Application Exercises

1. Outline the steps to establish a protocol for injury rehabilitation. Provide references for your protocol from local, state and national guidelines. Also include protocols for the involvement of the team physician, coaches and student/intern athletic trainers.

FILLING IN WITHOUT FALLING DOWN

by Stacey J. Ritter, MS, ATC

Topic: Preparing for Substitute Athletic Training Staff

Setting: Secondary School

Primary concept: Planning and organization

Secondary concept: Communication, policies and procedures

NATA Competencies Addressed: HA-3, HA-29, PS-4

Kris is a high school athletic trainer in a small, suburban community. She was excited to learn she was pregnant with her first child, however, she also realized that the timing was not ideal, as her due date is in the middle of the school year.

After discussing her situation and possible options with the athletic director, they agreed that a substitute athletic trainer should be hired for the entirety of the maternity leave. Kris plans on taking the minimum six-week leave, rather than the full twelve weeks allowable in her state.

Very few applicants reply to the job listing for a ‘part-time, temporary high school athletic trainer,’ although a candidate finally submits her resume. Reviewing the application, Kris is apprehensive because she is unfamiliar with the school, references and experience the candidate has listed on her resume. The applicant, Tameka Washington has the proper credentials, but it appears this may be her very first athletic training job.

Tameka is interviewed. Her references are called, and after meeting with Kris and Jaime, the athletic director, they believe she will be a suitable substitute athletic trainer. However, because Tameka has minimal experience, Kris determines that she will need to do extra preparation for her upcoming maternity leave. She has already chosen her last day of work and decides to bring Tameka in a week early, so they can work together to help ease the transition for the athletes and coaches, as well as for the new athletic trainer. Tameka feels much more comfortable with this plan also, as she is nervous for her first job on her own. Kris assures her that she will set Tameka up for success, and their time together will make it much easier.

Two weeks before her planned last day of work, Kris unexpectedly goes into labor, and the baby arrives early. Although she had done some of the set-up she planned for Tameka, she did not get the chance to finish everything. The week of transition did not happen either, and on Tameka’s first day at the high school, she is completely overwhelmed. Not only is this the first time she has been on her own without other certified athletic trainers around, she is completely unfamiliar with the facilities, personnel, students and procedures.

Tameka finds the notes that Kris left, which include names and phone numbers of primary contacts she will work with daily, such as Jaime, the team physician and the school principal. She has keys and a description of where equipment and supplies are stored. She finds a binder with blank forms, sports schedules and some completed injury reports. Other than that, there is little else to guide her.

As the dismissal bell rings, the halls fill with the sounds of teenagers leaving class, and her nervousness increases. The first two students enter the athletic training room, see Tameka, and ask “Where’s Kris?” Tameka answers “She had the baby early, so I will be substituting for her for the next six weeks while she’s on maternity. My name is Miss Washington.” One of the students, a track athlete, says “Oh. Well, never mind,” and turns to leave. Tameka asks “Did you need help with something? I’m an athletic trainer like Kris, I can help you,” but the athlete says “It’s ok. I’ll just have my coach tape me instead.” Tameka isn’t sure whether to be offended or relieved, because she is still trying to overcome her nerves.

Soon the athletic training room is filled with teenagers, all talking at once, making the room seem chaotic and out of control. A soccer player needs to be ImpACT tested from a concussion last week. A swimmer needs her shoulder evaluated. The tennis coach wants to know where the water is for practice. A baseball player is asking whether he should ice his elbow before practice. Four basketball players are waiting to be taped and a tennis player brings a doctor’s note. He is wondering whether he can practice today.

Tameka finally raises her voice and says “Enough! I can’t possibly help you all at the same time! Everyone needs to quiet down, sign in on the clip board, and I will get to you one at a time.” Everyone does become quiet for a moment, but then they each begin again: “But I’m going to be late for practice.” “But I was here first.” “But Kris lets me tape myself.” “But my coach needs to know if I’m playing today.” A few people just walk out, including the athlete with the concussion, and she overhears one girl comment to another “She’s mean! I don’t like her.”

Tameka knows that her next move is extremely critical in gaining acceptance by the athletes and trust from the coaches, but so far, this isn’t going as she had planned. She wants to take control of the situation while creating the right first impression. She wants to be liked but does not want to be a push-over. She wants to establish discipline but also rapport. But most importantly, she wants to take care of each of these athletes as quickly as possible, so she can clear out the athletic training room and catch her breath. She still isn’t even familiar with the facilities, policies and procedures, or even the schedule for the day, let alone the week.

Analytical Questions

1. What actions should Tameka take next to assume control over the current circumstances?
2. How could Tameka have avoided being so overwhelmed on her first day?
3. If you are Kris in this scenario, how would you prepare a substitute to take over for an extended leave? What details would you include?
4. What resources does Tameka have to assist in assimilating to her role?

5. What communication styles should Tameka use with the athletes and with the coaches? What tools will help her communicate best in high pressure situations?
6. What content area of the NATA athletic training education competencies applies to this scenario?

Application Exercises

1. Tameka calls Kris for advice. Play the role of Kris in this conversation, and give Tameka information that will help her be more successful when she goes to work tomorrow.
2. Create a time management chart for the week, including practice and game schedules. What additional elements should be considered?

BRUCE'S STORY

by Brian Robinson

Topic: Liability of personal sports equipment

Setting: Secondary School

Primary concept: Liability

Secondary concept: Equipment fitting

NATA Competencies Addressed: PHP-20, PHP-22, HA-2, HA-3, HA-6, HA-18

Football equipment, including helmets and shoulder pads, are distributed to the sophomores, juniors and seniors at Glenwood High School during the summer shortly after the school year ends. All helmets and shoulder pads are reconditioned each year by an approved recertification company and all helmets older than seven years are discarded regardless of condition.

Glenwood currently uses a mix of Riddell helmets, many of which are only a few years old. However, this year, the coaches expected a larger number of athletes than usual participating in football and as a result, 42 new helmets were purchased. During the fitting process, the players are allowed to choose their own helmets. Shoulder pads are assigned according to the player's size and position. All protective equipment is fitted by the athletic training staff.

In this state, high school football programs are allowed to have 25 days of contact throughout the summer prior to the official start of the season, which is the first full week of August. During the second week of official practice, a player on the sophomore team approaches Arlene, one of the assistant athletic trainers, complaining about his helmet.

"It just doesn't feel right. I've worn it all summer and I just don't like it. Can I get a new one?" Jimmy asks.

"Let's start by checking the fit on this one," Arlene replies. Jimmy puts it on and after a few minutes of inspection, Arlene finds nothing wrong with the helmet.

"Jimmy, this helmet fits well and I don't see anything wrong with it. Let's adjust the air pressure and see how it feels during practice this afternoon," Arlene suggests.

"Ok, I guess," Jimmy says. "But I still think I need a new helmet."

Two days later, Jimmy returns, still complaining about his helmet. This time he approaches Tim, the other assistant athletic trainer, and proceeds to have the same conversation with Tim that he had with Arlene. Tim checks the overall fit of the helmet, double checks for leaks and concludes the helmet fits well and is in good shape.

"Are you sure there's nothing wrong with my helmet?" Jimmy asked. "I really don't like it and I don't think it fits."

“Jimmy, I think your helmet is fine, but we can replace the pads inside the helmet to see if it feels better,” Tim offers. Jimmy agrees and after the pads are replaced, he seems satisfied with the helmet.

On Monday, Jimmy approaches Bruce, the head athletic trainer, and asks him to check the fit of a brand new helmet Jimmy’s father had purchased over the weekend. Surprised, Bruce takes the helmet from Jimmy and looks it over.

“This is a nice helmet, Jimmy. Why did you get it?” Bruce asks.

“Because I don’t like the one you gave me. This is the same kind of helmet the team uses- see, it even has the stickers! I really think this helmet fits perfectly!” Jimmy exclaims, very excited about his helmet.

“That may be true Jimmy, but I don’t think students are allowed to wear their own helmets,” Bruce says. “I’ll have to check to see if this is allowed. For now, you’ll need to wear the helmet we gave you.”

“This isn’t fair. I don’t understand why I can’t have a new helmet,” Jimmy says, clearly frustrated by Bruce’s decision.

“Why don’t you have your parents give me a call so I can explain,” Bruce suggests. Clearly upset, Jimmy nods his head and heads to the locker room to get ready for practice. In the meantime, Bruce checks the inventory sheet and notes that Jimmy has been fitted with a two year old helmet. Bruce then talks with the other athletic trainers to determine what interactions they have had with Jimmy about his helmet. Both athletic trainers relate their experiences with Jimmy, sharing very similar accounts and in the end all three athletic trainers agree that Jimmy’s current helmet is fine.

Two days later, Jimmy’s father calls. Bruce explains the school’s policy towards the purchase of personal equipment such as helmets and shoulder pads. The father asks what he is supposed to do when his son states that he doesn’t feel safe in this “older helmet.” He adds that it is the same type of helmet “all the freshman received.” Bruce tells Jimmy’s father that he is confident that Jimmy’s helmet is in excellent condition and fits him well but offers to discuss his concerns with the school administration.

After the call, Bruce contacts other local athletic trainers asking what their school’s policy is towards the use of personal equipment and all indicate that students may not purchase their own protective equipment. He then meets with Mr. Hale, his athletic director to discuss the situation. After hearing Bruce’s account, Mr. Hale asks for Bruce’s opinion regarding the issue. Bruce explains the policies of the other local high schools. He also indicates that he has reservations about fitting, repairing and recertifying equipment that is not the property of the school. Finally, Bruce wonders about the schools and his own personal liability should Jimmy suffer an injury while wearing his own helmet during a school sponsored athletic event.

The athletic director thanks Bruce for his input and tells him that when he speaks to the father again, to explain that the school will not permit the use of personally purchased football helmets. He also tells Bruce to feel free to have the father contact the athletic director if the father is not satisfied with the answer.

Analytical Questions

1. Finish writing this case study by providing two different outcomes.
2. What do you think is really motivating Jimmy's desire to have a different helmet? Do you think his reasons are valid?
3. Are there any other steps Bruce could or should have done in preparing an answer for Jimmy's dad? Explain why.
4. What are the advantages and disadvantages of not allowing athletes to purchase their own equipment?
5. If Jimmy's dad were to file a lawsuit against the school system, what steps would you suggest Bruce and his staff do to defend themselves?

Application Exercises

1. Develop a policy relating to the purchase of personal protective equipment.
2. What is the role of the athletic trainer in the secondary school setting, pertaining to the purchasing and fitting of protective equipment?

ROBERT'S STORY

by John Reynolds

Topic: The realities of being accountable

Setting: Secondary School

Primary concept: Documentation and record keeping

Secondary concept: Budgeting

NATA Competencies Addressed: HA-6, HA-7, HA-8, HA-9, HA-12

Robert Mills was nearing the end of his tenth year as the head athletic trainer at Wilson High School. Two years ago, Wilson's longtime athletic director, Bill Robinson retired rather suddenly. Bill had hired Robert and the two quickly became good friends, making his departure harder to accept. That summer, the school hired a new AD, Mike Jefferies. Mike was an assistant football coach at Wilson when Robert started working there before leaving to take the AD position at another high school. While Mike and Robert were friendly during Mike's time at the school, Robert was apprehensive because he really didn't know him well. Still, Robert decided to celebrate Mike's hiring with the rest of the staff and push his reservations aside for now.

Soon after taking the AD position, Mike asked to meet with each member of his staff to review the current status of each program. Of particular interest to Mike was an analysis of the total amount of money allocated to each program compared with the total number of students participating. Robert was a creature of habit and throughout his tenure at Wilson had relied on the tried and true paper record keeping system he learned in college. While several athletic trainers working at other schools in the district had recently switched to computer-based record keeping software, Robert had never felt the expense of the software or the time required to learn to use it justified making the switch. Bill had never seemed concerned with Robert's record keeping practices; Mike, on the other hand, was different.

Robert worked diligently over the next week compiling the data Mike had requested. He quickly became frustrated though, as searching through his files was very time consuming. While Robert had years of SOAP notes and treatment logs, nothing was organized in a manner that enabled Robert to find the information Mike requested. He also realized that he had few records related to his budget. Bill always approved any financial expenditures Robert requested and in truth, Robert had only a cursory understanding of how much money his program had spent during his ten years at the school.

Robert's meeting with Mike did not go well. Robert provided Mike with several file folders worth of injury evaluation forms and treatment notes, but admitted he could not answer Mike's primary question related to the number of students Robert served through the athletic training program. And while Robert had no idea how much money had been allocated to his program, Mike did. Robert was surprised to learn that Bill had approved expenditures which, on average, totaled over \$7000 per year for each of the last three years. Mike was very firm in stating that Robert needed to develop a more realistic budget for his program given the current economic climate and that he should keep his consumable expenditures under \$3000 for the coming school

year. Mike also asked Robert to investigate a new record keeping system, one that would allow Robert to more accurately track student visits to the athletic training room. Mike told Robert that he felt it would ultimately be in Robert's and the school's best interest to keep better medical records. Mike concluded the meeting by asking Robert to prepare this information for a follow up meeting in two weeks.

Robert returned to his office angry and embarrassed. Who was this guy to question how he did his job? Robert had been comfortably employed for a decade and not once was a question raised about how he ran his program. Now Mike, the new guy, wants to come in and change everything around. Robert wondered, "How am I ever going to do things the way I always have on \$3000 a year? Why does anyone care about how many kids I treat?"

Robert circled the date of his next meeting with Mike on his calendar, a sinking feeling growing inside him that his future at Wilson High School hung in the balance.

Analytical Questions

1. To what degree do you think Robert's relationship with Bill, his former athletic director, affected his record keeping practices?
2. Do you think Robert's reasons for being angry and frustrated are valid? Why or why not?
3. Identify at least three advantages of computer-based record keeping over pencil and paper methods.
4. Do you agree with Mike's assessment that it would be in the best interests of the school to keep better medical records? Why or why not?
5. How would you feel if your budget had been cut by over 50 percent? What strategies would you employ to maintain a similar level of care given your reduced budget?

Application Exercises

1. Compare at least three different computer-based injury tracking systems for strengths and weaknesses.

JENNA'S REVIEW

by Mike McNicol

Topic: Development of effective policies and procedures

Setting: Secondary School

Primary Concept: Explain strategies for communicating with coaches, athletes, parents, administrators, and other relevant personnel regarding potentially dangerous conditions related to the environment, field, or playing surfaces.

Secondary Concept: Develop comprehensive, venue-specific emergency action plans for the care of acutely injured or ill individuals.

NATA Competencies addressed: PHP-17c, PHP-17h, PHP-18, AC-34, AC-36b, HA-19, HA-21

Jenna Jones had been hired as an athletic trainer at Bayview High School prior to the start of the school year. She had graduated from college the previous spring and was extremely excited to start her new position. She was replacing an athletic trainer who had been at the school for less than one year. There had been four athletic trainers in the past four years at the school. Needless to say, the high school athletic training program had experienced a fair amount of instability over the past four years.

At the end of the year, Jenna had her evaluation with her supervisor. Although it was a positive evaluation, the athletic director brought up multiple concerns/questions that needed to be discussed. The first issue related to a situation that occurred to an injured football player, Randy Snodgrass. Randy was initially evaluated for a concussion in the athletic training room after being injured in practice. Jenna had referred him to his family doctor, who cleared him to participate in football the next day. When Randy reported to the athletic training room prior to practice, she told him she could not allow him to practice because he could only return to participate once he was symptom free and only with a daily increase in the level of activity before participating fully. Consequently, he was going to miss Friday's game against cross town rival Johnstown, which caused Randy, his family and the head coach to become upset. Everyone wanted to know what gave her the right to withhold Randy from participating even though he had been cleared by a physician.

The second situation involved Brenda Jones, a softball player who was hit in the head with a line drive during a game and needed to be transported to the hospital. The problem occurred when a phone call to 911 was initiated by a parent, instead of school personnel. The situation became even more confusing when another bystander, who no one knew, came onto the field to help provide care because Jenna was at the varsity baseball game. The athletic director wanted to know what the department's emergency action plan was, how closely the plan was followed and why she was not at the freshman softball game.

Analytic Questions

1. What could Jenna have done early in the school year to help prevent some of the issues that she has encountered?

2. How should Jenna respond to the athletic director when asked why she was not at the softball game?
3. If Jenna returns to Bayview High School next school year, what should she do differently prior to the start of the fall sports season?

Application Exercises

1. Develop a list of items that should be included in a policy and procedures manual.
2. Take one of the items that you came up with in the above exercise and create an example that could be included in an actual policy and procedures manual.