

KES 4303 Athletic Training I Fall 2021

Billy Ray Laxton, M.Ed, LAT, ATC - Lecturer - Kinesiology

Office: Gallegos 103

Phone: 432/837-8241 office

Email: billy.laxton@sulross.edu

Office Hours: Tuesday and Thursday- 830AM 11 am or **By appointment**

Textbooks:

Principles of Athletic Training: a Guide to Evidence Based Clinical Practice by William Prentice (14th to 16th ed)

Physical Examination of the Spine and Extremities Stanley Hoppenfeld

Class Meeting: M, W, F @ 8AM to 8:50 AM

Course Description

An advanced study of the care and prevention of athletic injuries with a focus of assessment and evaluation of common athletic injuries of the lower body, Prerequisite: PE 1306, Safety and First Aid, (KES 3303 Care and Prevention of Athletic Injuries (3-0)).

Style of Teaching

The objectives of this course will be met through an integrated teaching style that will include discussion, use of pop quizzes and PowerPoint presentations. Students will be encouraged to remain actively involved in class discussions and will be responsible for reading all assigned material for this class.

Program Learning Outcomes

The purpose of this course is to provide an in-depth study of the principles of injury detection in the lower body of the athlete. The student will be able to identify common injuries and be able to do an evaluation. The student will be apply skills learned in the class and be prepared for real life scenarios on and off the field.

Learning Objectives

Athletic Training Competencies

CLINICAL ASSESSMENT

1. Normal anatomical structures of the human body including the musculoskeletal (including articulations), nervous (central and peripheral), cardiovascular, respiratory, digestive, urogenital, and special sensory systems.
2. Normal physiological functions of the human body including those of the musculoskeletal, nervous (central and peripheral), cardiovascular, respiratory, digestive, urogenital, and special sensory systems.
3. Anatomical and physiological growth and development characteristics as related to the pre-adolescent, adolescent, and adult athlete.
4. Principles and concepts of body movement including functional classifications of joints, joint biomechanics, typical ranges of joint motion, joint action terminology, muscular structures responsible for joint actions (prime movers, assistant movers), skeletal muscle contraction, and kinesthesia / proprioception.
5. Common injuries to each major body part as indicated by contemporary epidemiological studies of injuries in various competitive sports.
6. Characteristic pathology of all common closed soft tissue injuries (sprains, strains, contusions, dislocations) open wounds (abrasions, lacerations, incisions, punctures), and fractures.
7. The human body's normal immediate and delayed physiological response to trauma (hemostasis, inflammation).
8. Common etiological factors contributing to injury including congenital and acquired structural and functional abnormalities, inherent anatomical and biomechanical characteristics, common injury mechanisms, and adverse environmental conditions.
9. Relationships between typical symptoms and clinical signs and injury / illness pathologies.
10. Typical symptoms and common clinical signs associated with athletic injuries / illnesses including those associated with local tissue inflammation (cellulitis) and systemic infection (lymphadenitis, bacteremia).
11. Commonly accepted techniques and procedures for clinical evaluation of common athletic injuries / illnesses including (a) history, (b) inspection, (c) palpation, (d) functional testing (range of motion testing, ligamentous / capsular stress testing, manual muscle testing, sensory and motor neurological testing), and (e) special evaluation techniques.
12. Role and function of various medical / paramedical specialists and their respective areas of expertise in the definitive treatment of sports related injuries / illnesses.
13. Medical, legal, and ethical protocol governing the referral of injured / ill athletes for medical services.
14. Standard nomenclature of athletic injuries and communication of identified clinical signs and symptoms to medical personnel using commonly accepted medical terminology.
15. Construction and phrasing of questions appropriate to obtaining a medical history of an injured / ill athlete including a past history and history of the present injury / illness.
16. Identification of observable clinical signs typically associated with common athletic injuries / illness including structural deformities, edema, and ecchymosis.
17. Location and palpation of anatomical structures commonly involved in injury pathology including bony landmarks, ligamentous / capsular tissues, musculo-tendinous structures, and abdominal regions.
18. Administration of active and passive range of motion tests for all major joints of the body including the use of goniometric measurements.
19. Use of manual muscle testing techniques including application of the principles of muscle / muscle group isolation, segmental stabilization, resistance / pressure, and grading.
20. Administration of appropriate stress tests for ligamentous / capsular instability including application of the principles of joint positioning, segmental stabilization, and pressure.
21. Administration of appropriate sensory and motor neurological tests for intracranial injuries (conscious and unconscious athlete) and injuries to the spinal cord, nerve roots, plexuses, peripheral nerves.
22. Administration of commonly used tests for evaluation of athletic injuries to various anatomical areas (Thompson test, apprehension test, etc).

23. Assessment of blood pressure with a sphygmomanometer and stethoscope and evaluation of pulse rate, strength, and regularity.
24. Incorporation of appropriate examination techniques and procedures into an effective, systematic scheme of clinical evaluation.
25. Acceptance of the professional, ethical, and legal parameters, which define the proper role of the licensed athletic trainer in the evaluation of athletic injuries / illnesses and medical referral.
26. Appreciation of the practical importance of thoroughness in the initial clinical evaluation of the athlete's injury / illness.
27. Respect for the injured athlete as an individual deserving of quality professional health care.
28. Acceptance of the injured athlete's physical complaints without personal bias or prejudice.

ETHICAL and PROFESSIONAL RESPONSIBILITY

1. Acceptance of the responsibility to interpret and promote athletic training as a professional discipline among allied professional groups and the public.

Attendance

Attendance for class is mandatory.

GRADING POLICIES/TESTING/ASSIGNMENTS/ATTENDANCE/EXPECTATIONS

Grade calculation	Grade (Points)	Grading Scale	
Class attendance/Participation/Pop Quizzes/Labs/Discussions	30%	90 and Above	A
Practical exams	30%	79 to 89%	B
Exams – Mid-term / Final	40%	69 to 79%	C
		59 to 69%	D
Total percentage of grade	100%	59% and Below	F

No Late Assignments Will Be Accepted.

Accidents & Injuries

In the case of bodily or personal property damage, the Kinesiology Department will not be held responsible. The student must report any field experience related injury or illness to the Instructor immediately. Any expense incurred due to injury or illness will be the student's responsibility.

Academic Integrity Statement

Academic integrity represents the choice to uphold ethical responsibility for one's learning within the academic community, regardless of audience or situation.

Academic Civility Statement

Students are expected to interact with professors and peers in a respectful manner that enhances the learning environment. Professors may require a student who deviates from this expectation to leave the face-to-face (or virtual) classroom learning environment for that particular class session (and potentially subsequent class sessions) for a specific amount of time. In addition, the professor might consider the university disciplinary process (for Academic Affairs/Student Life) for egregious or continued disruptive behavior.

Academic Affairs Service Statement

Sul Ross faculty, staff, and students are expected to model responsible citizenship through service activities that promote personal and academic growth while enhancing the university, local, regional, national, and global communities. These activities will foster a culture of academic/public engagement that contributes to the achievement of the university's mission and core values.

Academic Excellence Statement

Sul Ross holds high expectations for students to assume responsibility for their own individual learning. Students are also expected to achieve academic excellence by:

- Honoring the core values of Sul Ross.
- Upholding high standards of habit and behavior.
- Maintaining excellence through class attendance and punctuality.
- Preparing for active participation in all learning experiences.
- Putting forth their best individual effort.
- Continually improving as independent learners.
- Engaging in extracurricular opportunities that encourage personal and academic growth.
- Reflecting critically upon feedback and applying these lessons to meet future challenges.

ADA Statement

SRSU Disability Services. Sul Ross State University (SRSU) is committed to equal access in compliance with Americans with Disabilities Act of 1973. It is SRSU policy to provide reasonable accommodations to students with documented disabilities. It is the student's responsibility to initiate a request each semester for each class. Students seeking accessibility/accommodations services must contact Rebecca Greathouse Wren, LPC-S, SRSU's Accessibility Services Coordinator at 432-837-8203 (please leave a message and we'll get back to you as soon as we can during working hours), or email rebecca.wren@sulross.edu. Our office

is located on the first floor of Ferguson Hall (Suite 112), and our mailing address is P.O. Box C-122, Sul Ross State University, Alpine, Texas, 79832.

Class Schedule

Week	Monday	Wednesday	Friday	Subjects
Week 1	23-Aug	25-Aug	27-Aug	HIPS/HOPS; Anatomical Descripts;
Week 2	8/30	1-Sep	3-Sep	Off the field; Be a good Detective;
Week 3	6-Sep – no Class	8Sep	9/10	Foot
Week 4	13-Sep	15-Sep	9/17-Sep	Foot
Week 5	20-Sep	22-Sep	24-Sep	Ankle/lower Leg
Week 6	27-Sep	29-Oct	10/1	Ankle /lower leg
Week 7	4-Oct	6-Oct	8-Oct	Ankle/Lower leg
Week 8	11-Oct	13-Oct	10/15	knee
Week 9	18-Oct	20-Oct	22-Oct	knee
Week 10	25-Oct	27-Oct	10/29	knee
Week 11	1-Nov	3-Nov	11/5	knee
Week 12	11/8	10-Nov	12-Nov	Thigh, Hip,
Week 13	15-Nov	17-Nov	19-Nov	Thigh, Hip Practicals
Week 14	22-Nov	11/24 Thanksgiving	11/26 Thanksgiving	Review
Week 15	11/29 – no class	1-Dec	12/3, 12/6-8	Finals

