

SPORTS MEDICINE POLICY GUIDE

2000-01

On behalf of the entire Athletic Department, I would like to welcome you to our Athletic Training Staff. We are extremely appreciative of your efforts to assist us in the care of the Virginia Tech Hokies and we look forward to another great year.

Athletic Training is going through many changes across the country and our goal is to stay ahead of the competition and provide the best quality and most proactive services of anyone in the country. With that in mind I would also like to express our commitment to carry on the compassion and dedication of those that came before us. I hope this manual helps you to navigate through the system and answer any questions that you might have. I also want this manuscript to serve as a rough draft for next years manual. Please feel free to make any suggestions.

Thank You!

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Mission

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

Philosophy

The Virginia Tech Sports Medicine Department is committed to providing you with a Dynamic based protocol for recovery that will focus on flexibility, strength, endurance and sport specific based functional activities.

Introduction

The purpose of this manual is to familiarize the staff, GA and student trainers with the policies and procedures of the Virginia Tech Athletic Training Department. The Athletic Training Department will function more effectively and efficiently, and therefore better serve our athletes, if all members will follow the guidelines listed. The manual is not all encompassing and does not have all the answers. Questions not answered by this manual should be directed to the Dir. of Athletic Training or the Dir. of Sports Medicine.

As a part of this program, you agree to abide by the rules and regulations set forth in this manual. Failure to comply with the polices may result in suspension or separation from the program. This decision will be made by the Dir. of Athletic Training for students and GA's. Full time staff procedures will be in accordance to Athletic Department policies and will be finalized with assistance from the Director of Human Relations and the Athletic Director.

As a student or GA member you have certain responsibilities for which you are personally held accountable. Your decisions should be an extension of the staff. However, the staff trainers and Team Physicians are ultimately responsible for the health and well-being of the athletes and the operation of the training room.

Personal Qualities

There are several qualities that will make you a success in the profession of athletic training. The first and most important of these is dependability. It is essential that the sports medicine staff depend upon students and GA's. Being dependable includes: being punctual, following directions, completing tasks as assigned, enforcing the rules of the department, asking for help if needed, showing initiative and most importantly - Giving the athlete what they need, not what they want! Simply put this means doing everything in your power to get the best possible care for each and every athlete regardless of their sport, position or station in life.

Another important quality is dedication. You must be dedicated to the success of the entire athletic program. The role of our staff is crucial to this success; however it often goes unrecognized. You must be dedicated to helping each athlete without needing praise or credit.

There will be no tolerance for any student or GA caught using or in possession of illegal drugs, nor will there be any consumption of alcoholic beverages while on duty in the training room or while working with athletic teams. You will also be asked to leave your post if you have the smell of alcohol on your breath.

Sincerity, honesty, loyalty, and integrity are also critical to our success. We work in an environment governed by many rules. As a student or graduate athletic trainer you are in a very precarious position. Your role is to assist the student athlete, not become their personal communication is paramount if we are to meet the needs of the student athlete.

Professionalism

Please keep in mind that you are a representative of the Virginia Tech Athletic Department. Your words and actions will have a direct reflection upon the entire program. You are expected to act as a professional while at work. Excessive socializing, flirting and unprofessional behavior will not be tolerated. You are expected to act in a mature and responsible manner while away from work. Your words and actions in the community will also reflect upon the program. Never discuss our staff or the condition of any of our athletes with people out in the community.

Punctuality

Lateness will not be tolerated. You will be on time for work, practices, games, meetings and travel. Never make a team wait on you for anything. If you find yourself in a situation that will cause you to be late for either training room hours, practices or games, you should let one of the staff trainers know immediately. As a general rule, you should plan to be in the Training room one hour prior to practice and allow ample time for treatment and taping. The amount of time prior to and after a contest will depend on the needs of the sport you are working.

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Virginia Tech Sports Medicine Student Trainer Orientation Checklist

- _____ NATA Video
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- _____ Cleaning Duties
- _____ Answering Phones
- _____ Filing Information
- _____ Chain of Command
- _____ Clinical Experiences
- _____ Record Keeping
- _____ Emergency Phone Numbers
- _____ Personnel File
- _____ Whirlpools
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- _____ Electric Stimulation
- _____ Hydroculator
- _____ Cryotherapy
- _____ Paraffin bath
- _____ Vibrator
- _____ OSHA Regulations
- _____ Computer Regulations
- _____ Pager/Cell Phone/ Email
- _____ SOAP notes
- _____ Abbreviations

Incoming Student Trainer

Date

Reviewing Student Trainer

Date

Certified Athletic Trainer

Date

Head Athletic Trainer

Date

Virginia Tech Athletic Department Staff Athletic Trainer Standards and Requirements

Responsibilities :

1. Administration of first aid to injured athletes with appropriate referrals.
2. Proficiency in CPR, transport of injured athletes and reactions to emergency situations.
3. Application of injury prevention devices.
4. Treatment and rehabilitation of injuries, as instructed by the team physician and/or supervising trainer.
5. Communication of injuries and a cooperative relationship with supervising trainer, team physician and coaching staff.
6. Maintenance of clean and orderly training rooms.

Guidelines:

1. Do not reveal a diagnosis to an injured athlete.
2. Never discuss an injury with anyone outside the Sports Medicine Staff.
3. Do not discuss injuries with coaches unless assigned to the sport.

Duties:

1. Work areas should be clean-floor, tables, benches, counters, whirlpools, hydroculator unit/covers and modalities.
2. Coverage of assigned sports.
3. Insure training room is staffed during operational hours.
4. Stock tape areas after each usage.
5. Check kits daily to insure it is adequately stocked. If you borrow something from someone else's kit, replace it as soon as possible.
6. Dress neatly. Work conduct and appearance represents our department as well as our profession. Look and act first class.
 - a. Morning attire: dress cloths or sports medicine attire
 - b. Afternoon attire: sports medicine clothing.
 - c. Travel attire: Dress cloths (regardless of what the athletes are wearing).
7. Complete inventory as assigned.
8. Clean table tops, sinks, counter tops and whirlpools daily.

9. Return dirty towels and wraps to the equipment room.
10. Maintain up to date injury reports.
11. Learn all emergency policies for events at home and on the road.
12. Be aware of game duties and always carry them out.
13. Be prompt or be early!
14. Follow all procedures and policies.

Virginia Tech Athletic Department Student-Trainer Standards and Requirements

This position, although considered volunteer, accords responsibility and requires maturity, competence, knowledge and understanding. You will learn a great deal from working with the trainers and other student-trainers. It is a great opportunity that can help shape and prepare you for the future and possibly, a career in sports medicine or athletic training.

Requirements:

- *QCA of 2.5
- *CPR/ Standard First Aid Certification
- *Be in Good Health
- *Be a member of the National Athletic Trainers Association

Standards:

1. Maintain neat attire during work in training rooms and playing fields.
Dress will include:
 - Shirt tails should be tucked in
 - VT student trainer shirt or other appropriate VT shirt
 - If hat is worn, it must be a VT hat, and in good condition
 - Appropriate shorts with pockets or pants (no jeans) in school colors
 - Never wear issued clothing out to bars or other inappropriate places.
2. Conversations will be kept professional when dealing with trainer, student trainers and student athletes.
3. Any medical information you are privy to is to remain confidential and not discussed outside the training room. You will be expected to sign a confidentiality agreement.
4. You are not to discuss any cases/examples with the media or on the internet. Refer them to the trainer, coach or Sports Information Director.
5. Do not treat or diagnose any student-athlete on your own. Follow the directions of the trainer implicitly.

In the case of medical emergency, do not render medical assistance beyond your expertise. When working independently of the trainer's guidance, you are not covered by the Athletic Department's insurance; you are legally covered only by the good Samaritan Act as stated in Virginia State Law.

6. Student-trainers will be asked to work a minimum of 10 hours per week-not to exceed 20 hours. It is asked that each student be responsible and schedule their work around classes and exams-so there will be no conflicts or cutting attendance at either.
7. You are expected to arrive on time at the training room. If you are unable to attend your scheduled time, it is your responsibility to notify one of the staff trainers and arrange for a fill in. Student-trainers of the opposite sex are not allowed in student athlete's room after curfew.
8. You will be responsible for learning all information contained in the student-trainer procedure manual.

I, _____, do pledge to abide by the standard list above in order to participate in the VT Student-Trainer Internship Program. I understand to maintain status in the program, I will be required to conduct myself according to these standards. I also understand that if I do not conduct myself according to these standards, I will not be allowed to participate in the program. I will also report to the Trainer gross infractions of these standards by fellow student-trainers.

Signature

Date

Signature of Trainer

Date

Signature of Head Trainer

Date

1.1 Sports Medicine Program

1.1.1 Hours of Operation: M-F 6:30AM-11:30AM, 1:30PM-5:00PM Weekends and holidays will be posted.

No athlete will receive treatment after 9:00 am without prior approval from the Sports Medicine staff.

No athlete will receive treatment in the afternoon if they did not attend the morning session without approval from the Sports Medicine staff.

In case of time conflicts, athletes can make appointments with the Sports Medicine staff to receive their treatments.

During in season some facilities have the option to open at 6:30 a.m. Times will be posted and communicated to each team.

1.1.2 Training Room Rules

All injuries and illnesses should be reported to the Sports Medicine staff before 9:00 am. All illnesses should be seen in the morning.

No athletic equipment allowed in the training room. Please remove them in the hallway (ex. helmets, cleats, bats, balls).

No horseplay or profanity.

Never take supplies without permission from one of the Sports Medicine staff.

No one is allowed to operate the equipment without proper supervision by one of the Sports Medicine staff.

No over the counter medications will be given during activity without consent from one of the Certified Staff Members.

Training room policies should be read and posted for each team.

Coaches are responsible for sanction against an athlete if policies are not adhered to.

1.1.3 Pre-participation Screening

All new students must complete the Preparticipation Physical Evaluation (blue) and complete a physical from one of our Team Physicians

All returning athletes must complete Preparticipation Physical Evaluation for Returnees (pink) or Physical Exemption Form (green) and if applicable receive a physical from one of our Team Physicians.

New athletes participating in walk-on tryouts must show proof of insurance and complete the Tryout Health History Form (purple).

1.1.4 Medical Expenses and Insurance

Please see NCAA Manual 16.4 Medical Expenses

1.1.5 Athletic Injury Procedures

A member of the Sports Medicine staff should be notified of all injuries as soon as the injury occurs.

When necessary, a member of the Sports Medicine Staff will handle all injury referrals. The Athletic Department is not financially responsible for any charges incurred without the written permission from one of the Full Time Sports Medicine staff.

All coaches should be certified in First Aid and CPR.

In case of an emergency when no athletic trainer is present, the coaches should call 911 as soon as possible.

No athlete will be allowed to return back to competition following an injury without permission from the Sports Medicine Staff on hand.

The athletic department is only responsible for athletic related injuries. The athletic department is not responsible for payment of non-athletic related injuries.

1.1.6 Medical Records

Record keeping is a very important role of the athletic trainer. It is your responsibility to learn the necessary forms and the proper way to complete each form. The following is a list of the types of records that will be required in the training room.

1. Daily treatment record- a checklist of all treatments received in the training room.
2. Rehabilitation report- a record of all rehabilitation exercises performed by an athlete.
3. Injury report- a report of an injury that occurs that will require follow-up care.

The Athletic Training Department participates in the University's Records Storage Program. Records will be catalogued and shipped to the University storage facility for storage. Records are classified, retained and destroyed according to procedures dictated by University policy, according to State of Virginia statute.

When a student tries out of a team; physical and insurance information is collected before the tryout. The insurance information is passed to the training room for that sport. The physical information goes to the physician's office in Merryman. The training room should create a file for each athlete trying out.

If the student athlete does not make the team:

1. File remains in trainers office
2. Physical information remains in Physician's office (Physician's records storage is responsible of Student Health Service).

If the student athlete makes the team:

1. Physician creates file in Merryman office
2. Training room maintains file with insurance information, drug test receipts injury reports, treatment records and any other pertinent information collected during the athlete's training room file

Athletic department database:

The records coordinator will maintain a database of all record sent to storage. This database will allow for retrieval of records and show the status of records sent to storage.

In year storage of purged records:

1. Storage boxes will be kept in the physician's suite for the storage of purged records during the fiscal year.
2. There will be a labeled box for each type of record.
3. Records can be added to each box during the year as they are purged.
4. Records should be prepared accordingly before they are added to boxes
5. Drug test results are to be kept in the Drug Test Coordinator's office until time to be purged.

Types of separation from Athletic Department:

1. Cut or quits from tryouts and does not make team roster and is not injured requiring treatment from the athletic trainer.
2. Cut of quits from tryouts and does not make team roster but is injured and requires treatment from athletic trainer.
3. Quits, graduates, cut, or transfers after being on team roster

Date of separation (DOS):

This is determined by the athletic trainer for the sport. The date when the file is purged and readied for storage

Fiscal year for records begins August 1 and ends July 31.

Records management classifications of athletic training records:

1. GS 111-104.c Student Trainer Record

A student who is on a sport roster and has a file created in training room

DOS: When it is determined athlete is no longer on active roster

Stored for 10 years from date of separation then shredded

2. GS 11-104.d Trainer Administrative Record

A student who tries out but does not make a sport roster.

DOS: When it is determined athlete is not on active roster

Stored for 5 years from date of separation then shredded

3. GA 111-104.e Athletic Insurance Claims Record

A student who has a file created by insurance coordinator for outside care
DOS: Date of injury that required outside medical care.
Stored for 6 years from date of separation the shredded.

When to purge records:

1. Records shall be pulled when the athletic trainer is reasonably sure the athlete is no longer on an active sport roster
2. Records can be pulled at any time during the year.
3. Records should be sent to the warehouse at the same time each year
4. All records for a particular year will come due for shredding at the same time each year
5. Records can be added to a stored box at the warehouse
6. Records processed by records coordinator between May 1 and July 31 of each summer

Preparing records for storage:

1. GS 111-104.c Student Trainer Record

- A Trainer pulls file
- B Marks jacket with last name, first name, date of separation on tab
- C Indicate on jacket, record type
- D Sort records alphabetically
- E Transfer to storage box in physician's suite
- F Records are entered into database and transferred to storage by record's coordinator

3. GS 111-104.e Athletic Insurance Claims Record

- A When insurance coordinator is reasonably sure all claims have been satisfied record is placed in athletic department storage
- B Records are stored in athletic department alphabetically by date of injury
- C When insurance coordinator is reasonably sure all claims for a particular year are complete and there are no other claims to be made, records are catalogued and prepared for shipment to storage

4. GS 111-127 Drug Test Results

- A At the end of fiscal year all drug test records from that year shall be supplied to the records coordination for cataloging and preparation for shipment to storage.

Requesting stored records:

- 1 Any record already stored can be requested to be returned
- 2 Records can be returned either temporally to permanently
- 3 Requests must be made through the records coordinator
- 4 All requests from attorneys should go to university counsel before any records are pulled, university counsel should send records and coordinate responses.

Adding records to storage:

If a record needs to be added to a box already stored, the record should be given to the records coordinator for processing and shipment

Notification of intent to shred records

- 1 At the time of pre participation the athlete shall be notified of the possible shelf life of his or her records. This should be done by a disclaimer on the medical forms to be signed by the athlete
- 2 Each year the records management office will send a notification to shred documents that are due for destruction
- 3 The athletic department should run a notice in the alumni magazine each spring to alert individual that records are set to be destroyed

1.1.7 Sports Medicine Coverage

All home athletic events (practice/games) will be covered by a member of the Sports Medicine Staff. Every attempt will be made to cover away games with a member of the Sports Medicine Staff. It is the responsibility of the sport to secure proper funding (housing, food, transportation) for the athletic trainer during coverage. Any alteration to a practice or game schedule should be conveyed to the trainer 48 hours prior to the event unless due to inclement weather.

1.1.8 Visiting Team Privileges

All visiting teams will be provided with coverage by a member of the Sports Medicine Staff. Water as well as ice will also be provided.

Informational letters will be sent out to each visiting team outlining the services that we will be providing. Visiting teams will be notified of the Virginia Tech Sports Medicine website that will consist of staffing facilities, emergency procedures, phone access, and other pertinent information.

The Sports Medicine Staff can not perform any treatments consisting of electrical modalities without a written prescription or plan of care from a Physician or Athletic Trainer.

1.1.9 Emergencies

In case of an emergency 911 should be called immediately and directed to the appropriate site. A member of the Athletic Department should be sent to the nearest entrance to meet the EMS personnel. Some type of communication device should be on hand for all athletic events. Before the start of any activity the communication device should be identified to athletic personnel.

Following the emergency, the Head Trainer and Team Physician should be notified of the situation.

Please see www.hokiesportsinfo.com/trainers/ for the complete Emergency Action Plan.

1.1.10 Pregnancy Policy

Please see the NCAA Sports Medicine Handbook Guideline 3B.

1.1.11 AIDS Policy

Please see the Virginia Tech Student Handbook AIDS Policy.
Please see the NCAA Sports Medicine Handbook Guideline 2H

1.1.12 Environmental Considerations

An athletic activity can be suspended at the discretion of the Certified Athletic Trainer. If a danger exists that could endanger any or all of the participants of that activity. (ex. lightning, heat, cold exposure) Refer to NCAA Guidelines and NATA Lightning Position Statement. Refer to 1.1.34

Coaches should encourage the use of weight charts during pre-season to monitor the athletes weight. Any significant findings (3%-5%) should be identified to the Sports Medicine staff. Refer to the NCAA Fluid Replacement Position Statement.

During the month of August, multiple daily readings will take place using a sling psychrometer and the WBGT Index. If at any time the conditions fall in the emergency category, the head coaches involved will be notified and the practice will be terminated.

1.1.13 Equipment Usage

Coolers to be issued only by staff trainers. Coolers should be returned promptly and in clean condition.

Equipment issued to athletes must be returned at the end of each playing season. If not, the athletes name will be turned over to the Business Office for collection.

No student trainer is allowed to prescribe or use any electrical modality without the permission of one of the staff athletic trainers.

1.1.14 Student Trainers

Any problems concerning the performance of a student athletic trainer should be directed to the Head Athletic Trainer.

1.1.15 Referrals

All referrals are to be made by a Certified Athletic Trainer. Every attempt should be made to handle all conditions in-house first (i.e. orthotics, rehab, etc...).

All athletes who are injured or ill and cannot practice must report to the training room by 9:00 am. At this time a decision will be made concerning their participation status and their need for a referral.

VT reserves the right to deny any un-referred medical claims.

Referral to Outside Providers:

It is important to implement and maintain a procedure for referring student athletes to medical providers outside the University provided services. The team physicians and athletic trainers must work together to insure communication regarding the care of student athletes. This procedure will provide for a systematic flow of information regarding medical referrals from the physicians and athletic trainers to the student athlete and the coaching staff. This will also allow medical insurers to be notified in advance of the procedure date.

All referrals for medical care that cannot be provided by the Athletic Department and Student Health must be made by the Team Physicians.

Procedure:

1. The Physician will notify the staff Athletic trainer of the need to a referral.
2. The athletic trainer will arrange the necessary appointments and complete the **Computer Based Referral Form**. The athletic trainer will also contact student athlete's insurance company to verify coverage and arrange any necessary pre-certification items.
3. The form along with the student athlete's insurance form will accompany the student athlete to his/her first appointment. This will serve as a verification of insurance coverage by the athletics department to the provider.

4. The sports medicine secretary will provide the referring team physician, staff trainer and insurance coordinator with a printed copy of the completed **Referral Form**.

5. The sports medicine secretary will fax a copy of the **Referral Form** and any medical orders required to the provider in advance of the appointment.

1.1.16 Taping

Taping and bracing is encouraged. The Sports Medicine staff reserves the right to discontinue tape usage if an athlete is not adhering to their assigned rehabilitation schedule.

1.1.17 Physical Therapy Services

Physical Therapy services will be available to all members of the Varsity Athletics that possess a valid prescription from a Physician. Mark Piechoski, ATC, PT will be available M-F 7:00-8:30 a.m. Appointments can also be made by calling (540) 552-5100.

Mark Piechoski, ATC,PT Pager: (540) 953-7461
Home: (540) 552-6517

1.1.18 Chiropractic Services

Chiropractic services will be available to all members of the Varsity Athletics that possess a referral from their ATC or Team M.D. Dr. Tilley will be available on Wednesday afternoons. Appointments can be made by calling Dr. Greg Tilley at (540) 951-1183.

1.1.19 Optometry Services

Optometry services will be available to all members of the Varsity Athletics that possess a referral from a staff Athletic Trainer. Dr. Jacobs will see patients by appointment only by calling (540) 953-0136. The athletic department is only responsible for a six month supply of contact lenses. We will no longer be responsible for exams.

1.1.20 Dental Services

Dental services will be available to all members of the Varsity Athletics that possess a referral from the Sports Medicine Staff. Dr. Kyle will see patients by appointment only by calling 951-8383. It is the responsibility of the athlete to secure appointments for custom mouth guards.

1.1.21 Orthopedic Services

Orthopedic services will be available to all members of the Varsity Athletics that possess a referral from their ATC or Team M.D. Dr. Siegel will be available Monday and Wednesday mornings & Tuesday and Thursday afternoons. Dr. Siegel will also see people by appointment by calling 552-3601.

1.1.22 Counseling Services

Counseling services will be available to all members of the Varsity Athletics that possess a referral from their ATC or Team M.D. Athletes can self refer without the knowledge of the ATC or Team M.D. Appointments can be made by calling the Cook Counseling Center at 231-6557.

1.1.23 Student Health Services

All student athletes are encouraged to use the Physicians during the morning hours at the student health center. All patients are to set an appointment by calling (540) 231-.6444. Student Health Services provides a Team Physician for Athletics. The hours for the physician in the Merryman Center are 10:00am-12:00 noon and 1:00pm-5:30pm. Athletes must have a referral and appointment from the Athletic Training Staff to see the Team Physician.

1.1.24 Biohazardous Waste

Regulated medical waste (RMW) is generated on campus by many departments (e.g., Veterinary Medicine and Student Health Services). Proper packaging and labeling for disposal of RMW is required by the Department of Environmental Quality. The following gives Step by step directions on how to properly package it.

Step 1: Gather materials you will need (All materials are supplied by EHSS at no cost):

- Red biohazard bags
- Biohazard boxes
- Sharps containers (available in 1 quart, 1 gallon, and 5 gallon)
- Clear packaging tape
- Labels

Step 2: Packaging of Biohazard Bags:

- All sharp objects must FIRST be put in sharps containers and then into red biohazard bags.
- Blunt materials such as gloves and swabs may be put directly in the red biohazard bags.
- Once waste is in red biohazard bags, the bags are then sealed in biohazard boxes.

Step 3: Packaging of Biohazard Box:

1. Open box so that bottom is up and fold the flaps together.
2. Tape the middle seam 3 times and opposite edges once with clear packaging tape.
3. Line the box with two red biohazard bags so that you can use the box as a RMW wastebasket.
4. When the box becomes 4/5 full, tape the inner bag first and then the outer bag.
5. If you already have waste, just make sure that the waste is double-bagged and taped at the top.
6. Close flaps and tape middle seam once.
7. Complete the self-sticking label by filling in the required fields.
8. Put label on area marked “generator”(left bottom corner of side of box).
9. Call 231-3220 to request a pickup.

1.1.25 Prescription Drug Policy

The Athletic Department can provide medications to student athletes for conditions related to athletic participation. All prescription medications must be approved by a team physician or staff athletic trainer. The department will try to offset prescription costs by filing claims to the student athlete’s medical insurance.

How prescriptions are filled:

1. Student athlete has prescription filled and pays for it out of pocket.
2. Prescription is filled at Rite Aid pharmacy in Blacksburg.
 - A. Cost will be paid by the Athletic Department.
 - B. Cost will be paid by the Special Assistance fund.

Student athlete out of pocket expense:

1. The student athlete should provide the Insurance Coordinator with the receipt and proof of payment.
2. Insurance coordinator approves that charge is related to athletic participation.
3. Student athlete is reimbursed through state system for actual expense.

Charge at Rite Aid in Blacksburg:

1. Athletic injury related:

- A. The prescription should be stamped with “Ath. Dept. Charge.”
Physicians and athletic all have stamps.
- B. Student athlete should take insurance information to pharmacy or athletic trainer can fax information to pharmacy.

2. Special Assistance Fund:

- A. Student athlete must receive permission from Compliance office before having prescription filled.
- B. Compliance office will notify pharmacy of Special Assistance Fund eligibility.

Over the Counter purchases:

We can use the Rite Aid pharmacy to purchase items that are not normally in our inventory .

1. Purchase must be made at the pharmacy counter to charge to Athletic Department account.
2. Purchases can be made by staff, graduate assistant, or student trainers. For non staff trainers, it’s a good idea to send a business card for identification at the pharmacy.

Compliance at Rite Aide:

The pharmacy has been instructed to not charge items to the department account unless they are sure it is a legitimate charge. In the past, there have been charges made that are in violation of department policy and NCAA rules. As a result there may be instances when individuals are questioned, please be patient and report any difficulties to the Insurance coordinator.

Computer database:

A database of individual charges will be maintained by the Insurance coordinator.

Payment of Rite Aid Bill:

1. The bill comes to the insurance coordinator.
2. Bill is divided into three parts: prescriptions to be paid by department, over the counter charges, and special assistance fund charges.
3. Charges are entered into database.
4. Bill is copied and sent to compliance office to process special assistance fund charges.
5. Insurance coordinator processes bill for payment:
 - A. Prescription charges to Medical Providers 655253 12340
 - B. Over the Counter to Operational Supplies 655206 13740

Reimbursement from secondary insurance:

When charges are related to a condition that falls under the department’s secondary insurance policy, the charge is submitted to the Team Physician for consideration.

1.1.26 Drug Testing Program

revised 9/17/01

Refer to drug testing policy in the Virginia Tech Student Athlete Handbook

Selection process for testing:

1. A team may be tested at the request of the coach, team physician or athletic administration.
2. Weekly random test will be performed. The director of athletic training or the director of drug testing will; receive a random list provided by the drug test laboratory (Aegis Labs) on Monday of each week.

Notification of individuals selected:

1. In-season athletes: The designated trainer will be given a list and notification cards listing date time and place of the test for each of his/her assigned sports. It is their responsibility to deliver the cards and have the notification list signed and returned to the director of athletic training or the director of drug testing prior to the test.
2. Out-of-season athletes: The head coach or his/her designate will be given a list and notification cards listing date, time and place of the test for his/her sport. It is their responsibility to deliver the cards and have the notification list signed and returned to the director of athletic training or the director of drug testing prior to the test.

Specimen Collection:

1. Reporting for test: The student-athlete is expected to report on time or early to the designated location, usually the second physicians office in Merryman. He/she is expected to wait patiently until their name is called. The attending trainer should supply a cooler of water and cups in the waiting area.
2. The athlete will not be allowed to leave the test site until they have given an acceptable sample. (See below)
3. Proper attire must be worn – no hats, coats, excessive clothing, book-bags or other items will be allowed while the specimen is collected.
4. Procedure:
 - a. The collector will prepare the "Forensic Drug Testing Custody and Control Form" (the form)
 - i. Complete section C – by entering the donors Social Security Number
 - ii. Complete section D - by selecting "random"
 - iii. Complete section G – by checking the appropriate profile(s) Our normal profile is Profile 4.
 - b. The athlete selects an un-opened supply box and is escorted to the rest room by an collector.
 - i. Once in the rest room, in view of the collector; the athlete will open the box, and take out the supply bag. Open the plastic bag, and remove the collection cup and the specimen bag.
 - ii. The specimen bag can be handed to the collector or left on the sink. The outer plastic should be disposed of in the trash. The cardboard box should be saved.
 - iii. The athlete will remove the collection cup and lid. **AT NO TIME SHOULD THE COLLECTOR HANDLE AN UNSEALED COLLECTION CUP.**
 - iv. The athlete will provide a urine sample in the collection cup. For standard testing at least 25 ml is needed, for steroid testing a minimum of 50 ml is required.
 - v. **THE COLLECTOR SHOULD NEVER ALLOW THE ATHLETE TO GIVE AN UNOBSERVED SAMPLE.**
 - vi. The athlete should place the lid on the collection cup and screw the lid tightly closed. Turn it upside down to make sure there is no leakage. The athlete will show the collector the collection cup... to check the temperature of the specimen which should be between 90 –100 degrees F.
 - vii. The athlete or collector should collect the specimen bag and return to the processing area, still escorted by the collector.

- viii. The collector will complete Step 2 on the form after returning the to processing area.
- ix. Complete Step 3 on the form by:
 - The athlete will date and initial the seals on the bottom of the form
 - The athlete will remove one of the seals and seal the collection cup.
 - The collector will place the sealed cup in the specimen bag (large pocket with moisture absorber) and seal the bag, removing excess air from the bag, leaving the small pocket open
- x. The athlete then completes STEP 5 on the form.
- xi. The collector will complete step 4...by signing the form, noting time and date.
- xii. Collector separates the form and places Copy 1 in the outside pocket of the specimen bag. The sealed bag is then returned to the small Aegis box for shipment.
- xiii. The athlete should be asked to observe until his/her sample is completely processed. Copy 5 of the form should be given to the student-athlete. Copy 2 is placed in the log book ,Copy 3 is placed in the student/athletes training room file , Copy 4 will be retained by the Director of Sports Medicine.
- xiv. The collector will input testing info in the Virginia Tech Sports Medicine Drug Testing database.

5. Shipping Preparation

Seal processed collection boxes in a shipping box with biohazard tape. Place a lab-provided courier call tag from Fed X and notify courier for pick-up. The shippers copy of the Fed X bill should be placed in the drug log book.

Receiving results from laboratory:

1. Director of Athletic Training or Drug Testing will receive the results. The results will be received by the automated phone system and by mail. Paper copies of the results will be retained by the Director of Athletic Training
2. Director of Athletic Training or Drug Testing will enter the results in the Virginia Tech Sports Medicine drug-testing database.
3. All members of the Substance Abuse Committee will be notified in writing of any positive.
4. Any student-athlete with positive results will be handled as noted in the Virginia Tech Student athlete Handbook

1.1.27 Bracing

Prophylactic:

Bracing for the prevention of injury will be encouraged for all sports. Every attempt should be made to get the sport in question to access their budget.

Post Injury:

Bracing for athletes following surgery or injury will be based on physician recommendations. Every attempt should be made to access the student athletes primary insurance for payment with a valid prescription from the physician. If the case is catastrophic in nature, we will also access the secondary insurance on the athlete.

Knee Bracing:

We currently have blanket orders for both DonJoy and Breg. Anytime braces are ordered, make sure that you contact the insurance coordinator as well as the company representative if you need assistance in fitting the athlete. We currently are authorized to measure for DonJoy custom braces and have all the necessary equipment.

Reconditioning:

Be sure to check with your athletes that are braced in the off-season to evaluate whether the brace needs to be reconditioned. If so, you should check with your representative on the proper procedure for completing the process.

1.1.28 Purchasing

No purchase will be made without the permission of the Director of Athletic Training. Before any purchases are made, a verbal or written request should be made with a justification for the purchase included. Once approval has been granted a SPO will be issued for the purchase. Once the product has been ordered and received, the SPO along with the invoice should be taken to the program support technician for processing.

1.1.29 Bidding

The process of bidding will be completed on a yearly basis no later than mid June. All staff members are encouraged to present items for bid. The bidding process will be handled by the purchasing department according to state regulations.

1.1.30 Inventory

The process of inventorying existing stock will be done bi-annually and will include all of the athletic training facilities as well as trunks and kits used for the coverage of sports. Following the first year, minimal levels for each items will be set. If at anytime the inventory of certain items fall below the minimum levels, please notify the Director of Athletic Training or Keith Doolan.

1.1.31 Department Vehicles

All members of the staff are permitted to use the golf carts and Gators as long as they act responsible and abide by all campus policies concerning such vehicles. Students are not to sit in any non-approved seats during transportation. If students or GA's are found in violation of this policy they will be prohibited from using the vehicles.

Only approved staff members are allowed to use the Pick-up and must see the Dir. of Athletic Training for the keys.

All supplies should be removed from the golf cart or Gator on a daily basis. Do not leave cups, coolers, tape, towels, etc.. in the carts.

1.1.32 Fieldhouse Usage

With the addition of the Rector Field House Training Room it has become increasingly important for us to do our part in helping to maintain a first rate facility. It is also our responsibility to assist with the concerns for security and liability within the facility as identified by the athletic department administration in charge of the facility.

1. When the athletic trainer is the last to be in the facility, it is their responsibility to check all of the entrances and exits to make sure the building is secure and shut off all lights including the restrooms. This policy includes locking the doors closest

to the training room entrance when leaving for lunch or to run errands, however it is not necessary to shut off all the lights or check the other doors at that time.

2. Designated parking for the athletic training department is in the rear of the facility. Parking in the front of the facility is reserved for loading and unloading only.
3. Make every attempt to stay off the turf when coming in and out of the facility.
4. The athletic trainer on duty is responsible for picking up any items within the facility that relates to the activity that they are covering (i.e. cups, tape, ice bags, water bottles, etc...) This policy goes for all events covered regardless the facility or venue.
5. Isotonic beverages should be kept in the training room rather than placed out in the facility. Athletes using isotonic beverages during activities should have them in Gatorade bottles rather than a cup. Every effort should be made to use bottles rather than cups.
6. Problems relating to the field house should be documented and submitted to the Facility Manager with a copy going to the Dir. of Athletic Training.
7. Any requests for utilization of space outside of the training room should be in writing and sent to the Facility Manager with a copy going to the Dir. of Athletic Training.
8. When the facility is closed with the exception of the training room, it is the responsibility of the athletic trainer on duty to enforce facility rules and regulations within normal limits.

1.1.33 Autoclave Instructions

1. Wash instruments with soap in the sink.
2. Place the instruments on a towel to dry.
3. Separate instruments into the appropriate categories.

Suture Kit: straight hemostats, curved hemostats, needle holders, adsons forceps, straight scissors.
4. Place instruments into the appropriate sized packet with the curved components facing the plastic and the handles at the opposite end of the adhesive seal.
5. Place all packets into the autoclave unit with the plastic side facing down.
6. Place the test strip into the top rack of the autoclave unit.
7. Follow the autoclave unit instructions that are posted on the unit.

1.1.34 Lightning Safety Policy for VT Athletics

The first preventative measure to mitigate the lightning hazard is for the coaching/athletic training staff to check the weather report each day before practice or event. The second preventative measure is to know the location of the closest shelter to the athletic site and how long it takes to reach that shelter. A shelter is defined as any sturdy building that has metal plumbing or wiring, or both, to electrically ground the structure, (i.e. not a shed or a shack). In the absence of a sturdy building as described above, any vehicle with a hard metal roof, ie not a convertible or a golf cart, with the windows rolled up. The third preventative measure is to know how close lightning is occurring. The most convenient way to estimate how far away lightning activity is the “flash-to-bang” method. Simply stated, count the seconds between seeing the lightning “flash” and hearing the clap of thunder “bang”. Divide this number by five to determine how far away (in miles) lightning is occurring.

1. If the “flash-to-bang” interval is decreasing rapidly, and the storm is approaching your location, or if the “flash-to-bang” count approaches thirty (30) seconds, all outdoor activities must cease. All persons must immediately leave the athletic site and seek safe shelter. The locker room shower and plumbing facilities do not provide safe shelter and should not be used during this time.
2. Locate shelter as quickly as possible.
3. Stay away from tall or individual trees, lone objects (ie, light or flag poles), metal objects (ie, metal fences or bleachers), standing pools of water, and open fields. Avoid being the tallest object on a field. Do not take shelter under a single tree.
4. If there is no safe shelter within reasonable distance, crouch in a thick grove of small trees surrounded by taller trees or in a dry ditch. Crouching with only your feet touching the ground and keeping your feet close together, wrap your arms around your knees and lower your head to minimize your body surface area. Do not lie flat!
5. If you feel your hair stand on end or your skin tingle or hear crackling noises, immediately crouch to minimize your body surface area.
6. Allow 30 minutes to pass after the last sound of thunder or flash of lightning before resuming any intercollegiate athletic activity.
7. Do not use the telephone unless there is an emergency.
8. Lightning strike victims do not carry an electrical charge. CPR is safe for the responder and has been shown to be effective in reviving lightning strike victims.
9. Pay much more attention to the lightning threat than to the rain. It need not be raining for lightning to strike; lightning can strike far from the rainshaft.

* It is imperative to begin and sustain CPR as soon as possible following a lightning strike. In triage situations this task becomes formidable, because first responders are trained to treat the “loving” and leave the “dead” alone. In lightning trauma, the opposite is true. Studies have recorded patient revival following prolonged lack of pulse and apnea. First aid to the victims who appear dead can reverse cardiopulmonary arrest. Athletes who are struck by lightning and are unconscious have fixed and dilated pupils, cold extremities, and absent pulses and breath sounds; they must have CPR administered immediately, because these signs are common to victims who recover fully. An athletic trainer must also always consider possible cervical spine trauma when treating unconscious victims. Even though

lightning strike victims do not carry an electrical charge, the rescuer should be concerned with the possibility of a second strike in the immediate area.

* The decision to remove a team or individuals from an athletic site in the event of dangerous and imminent lightning activity is up to the coach supervising the activity. The safety of any team or student-athlete ultimately rests with that coach. Whenever possible, the full time certified athletic training staff will advise the coach supervising the activity as to the danger and proximity of the lightning threat. However, the responsibility still remains with supervising coaches to remove their teams or individuals from a field or event site.

1.1.35 Orthotic Fabrication

Oven

The circulating heat of the convection oven provides for a moldable product to heat quickly and evenly.

1. Place the flat grate in the middle.
2. Set the oven on convection.
3. Set the temperature to 250 degrees.

Pillows

The molding pillows are complete from the bottom up containing: rigid foam, firm blue foam, and soft pink foam.

Molding Custom Blanks

1. Size blank to foot or removable insole.
2. Place in pre-heated oven bottom side up. *Heating time is approximately 4 minutes.* The blanks are heated until the core is flexible. *
3. Center heated blanks on both left and right sides of pillows.
4. Patient places one foot at a time on to the heated blank. The technician directs the patient and will physically place each foot on the pillow system. (the spacing to the heel of the blank should be approximately a thumb nail)
5. As the patient settles into the foam, support the foot into a neutral or balanced position.
6. Alternate hands under the top pillow and lift up into the arch area of each foot.
7. The blank is molded and complete in one minute!!!!
8. Post as needed for correction and support.
9. Fit orthotic to shoe.

*Please note: Ultrahyde 2000 retains heat longer. Make sure your patient is wearing socks and allow a few moments for the top covers to cool before the patient stands on them.

Cork Add-Ons

Cork add-ons are available in five sizes and three thicknesses: 4mm, 6mm (most common), and 8mm.

1. Select size of add-on from size chart below.
2. Pre-heat convection oven to 250 degrees.
3. Glue both orthotic blank and cork add-on.
4. Heat cork for 15 seconds.
5. Apply cork to orthotic blank.
6. Cut and grind as you normally would.

If you need any further assistance please don't hesitate to contact Glenn Cumberland at 1-800-351-FOOT.

1.1.36 Procedures for Emergency Situations
Refer to www.hokiesportsinfo.com/trainers/

To be followed by VT Sports Medicine Department Athletic Trainers

1. Give immediate first aid. Maintain adequate respiration, control bleeding, treat for shock, ice, wrap, elevate.
2. Transportation (Home Events)

Blacksburg/ VT EMS: 911

Montgomery Regional Hospital: 951-1111

3. If serious, notify: Dr. Duane Lagan Office Merryman: (540) 231-5983
SHC: (540) 231-5671
Pager: (540) 953-7567

Mike Goforth, ATC Office: (540) 231-6410
Pager: (540) 557-0625

4. If on a road trip, seek the home team trainer (medical staff), use the home team's health center or a local hospital emergency room, if required. Have insurance information available.
5. Seek the coach's assistance if you need help.
6. Care for fractures: Use extreme caution with any suspected neck or back fracture. Get a doctor's advice and help. Move the athlete as a unit. Immobilize all fractures before transporting.
7. All head injuries are to be seen by a doctor who will hospitalize or refer to the Health Center a necessary. On the road, seek the home team physician's advice.
8. Parent notification is to be done by Dr. Lagan, Mike Goforth or a full-time staff member.
9. When on the road it is recommended you telephone the head team physician and head athletic trainer with any major injury or illness which causes you concern.

1.1.37 Procedure for Contacting EMS

1. Identify yourself as a member of the Virginia Tech Sports Medicine Staff.
2. Give your location.
3. Give the telephone number that you are calling from.
4. Explain the exact problem.
5. Give the athletes approximate age.
6. State whether the athlete is conscious or unconscious.

7. State whether or not the athlete is breathing.
8. Request BLS or ALS as needed.
9. Inform them if a Virginia Tech physician is present.
10. Be sure to mention if the situation is a water emergency.
11. Let EMS hang up first!

1.138 Media

Because of your close working relationship with the athletes, you may be confronted by media personnel for information. You are not to give any information. Be particularly cautious when working on the sidelines of a contest. Direct all questions to the staff athletic trainer on duty.

1. Media Statements that staff can provide:
 - a. athlete's name
 - b. athlete's sport
 - c. region of the injury
 - d. athletes practice status
2. Media Statements that we should not provide:
 - a. projected laboratory testing.
 - b. interpretation of x-rays, tests, etc.
 - c. projected period of disability.

1.1.39 Travel Policy

One of the benefits of being assigned to work with a specific team is the opportunity to travel to an away contest. Keep in mind that you are representing the university, the athletic department and most importantly the Sports Medicine Staff and you should act accordingly. While traveling with the team you are to follow the accepted dress code as outlined in this manual and also follow any additional policies as directed by the coach in charge of your sport.

It is your responsibility to make arrangements with your professors for any class time missed. It is prudent to explain your responsibility early in the semester to your teachers, so any potential conflicts can be addressed early. Any problems should be reported to the Dir. of Athletic Training immediately.

You are required to carry a kit, emergency numbers and insurance information at all times on all away trips. You may also take a bag with extra supplies. Check with the staff athletic trainer for guidance on what extra equipment you should take.

If an athlete is transported to another medical provider for further evaluation, you should accompany the athlete. Be sure to take the athlete's insurance information with you and request copies of all doctors visits, emergency room discharge papers and x-ray/lab results.

1.1.40 Non-enrolled Freshmen

It is against NCAA by 13.2.7 for any prospect who is not currently enrolled to receive medical services from the athletic department.

1.1.41 Surgical Procedures

1. Discuss options with patient. Let patient talk with other surgical patients.
2. Relay options to parents, coaches, strength and conditioning.
3. Develop a timeline considering the following:
 - Length of debilitaion
 - Length of rehab
 - Time of season
 - Vacations/Holidays
 - Strength and conditioning activities
 - School/class projects
4. Notify patient, parents, physician and athletic department staff of the plan and approximate timetable.
5. Arrange for pre-op care:
 - Insurance verification-Discuss procedures with parents
 - Equipment verification
 - Crutches, immobilizers, cryo-cuff, CPM, pain buster
6. Develop formal plan of care with ATC, PT, MD, Strength and conditioning
7. Day of surgery
 - Insure all equipment is ready
 - Secure medication
 - Arrange for staff viewing
 - Meeting with parents in waiting room/suit
 - Have an important numbers list
 - Head coach
 - Parents (if not at surgery)
 - Position coach
8. Post surgery
 - Find out discharge time
 - Arrange for any transportation
 - Follow-up visit to see if the need anything
 - Call important numbers with following information:
 - Room number
 - Discharge time
 - Surgical results
 - Arrange for follow-up visits by staff/friends
 - Schedule next follow-up visit to the training room

1.1.42 Standard Issue Keys for Sports Medicine

Staff	Merryman Center TR	116-# (not 116-T-#)
	Merryman Center Entrance	
	Fieldhouse	
	Fieldhouse TR	

Cassell TR
Cassell Storage
Doctor's waiting/reception area
Elaine's Office
Gate Key
War Pool

GA's

Merryman Center TR
Merryman Center Entrance
Fieldhouse
Fieldhouse TR
Cassell TR
Cassell Storage
Gate Key

1.1.43 Confidentiality Forms

CONFIDENTIALITY OF PATIENT INFORMATION

I understand that any information about a patient is kept confidential by all persons unless otherwise authorized. Sharing of information is restricted to those persons directly or indirectly responsible for the patient's care or by special written authorization.

It is also understood that failure to adhere to this policy could result in legal action against me or the university, as well as other disciplinary action which could include dismissal.

I have read the above, understand the content, and agree to comply fully.

SIGNED: _____
DATE: _____

APPROVED BY: _____
DATE: _____

1.1.44 Directions to Offices

To Montgomery Regional Hospital (3700 South Main Street):

From the Merryman Athletic Center, take Spring Road to Southgate Drive. Turn right onto Southgate Drive going towards Route 460. Turn left onto Route 460 East towards Christiansburg. At second stoplight turn right. Hospital is straight ahead on the right.

To Dr. Kyle (611 South Main Street):

From the Merryman Athletic Center, take Spring Road to Washington Street. Turn right onto Washington Street. Follow Washington Street to Main Street. Turn right onto South Main Street. Office is just past the middle school on the left.

To Dr. Jacobs (620 North Main Street):

From the Merryman Athletic Center, take Spring Road to Washington Street. Turn right onto Washington Street. Follow Washington Street to Main Street. Turn left onto Main Street. Go through the downtown area. Office is on the right under Bogen's Restaurant.

To Rite Aid Pharmacy (850 University City Blvd):

From the Merryman Athletic Center, take Spring Road to Washington Street. Turn left onto Washington Street. Make the first right onto West Campus Drive. Follow this through campus to the stoplight. Turn left at the stoplight onto Prices Fork Road. Make the first right at the stoplight onto University City Boulevard. Pharmacy is approximately 1/4 mile on your right.

To Dr. Tilley (2001 South Main Street):

From the Merryman Athletic Center, take Spring Road to Washington Street. Turn right onto Washington Street. Follow Washington Street to Main Street. Turn right onto South Main Street. Follow South Main Street through 4 light. Office is located in Colony Park on the left past the 4th light.

To Dr. Siegel (120 Professional Park Drive, Suite 7):

From the Merryman Athletic Center, take Spring Road to Washington Street. Turn right onto Washington Street. Follow Washington Street to Main Street. Turn right onto South Main Street. Follow South Main Street through five lights. Turn left onto Professional Park Drive.

To University Physical Therapy, Blacksburg (210 Professional Park Drive, Suite 9):

From the Merryman Athletic Center, take Spring Road to Washington Street. Turn right onto Washington Street. Follow Washington Street to Main Street. Turn right onto South Main Street. Follow South Main Street through five lights. Turn left onto Professional Park Drive. Office is the second building on the right.

To University Physical Therapy, Christiansburg (1566 North Franklin Street):

From the Merryman Athletic Center, take Spring Road to Southgate Drive. Turn right onto Southgate Drive. Take Southgate Drive to Route 460. Turn left onto Route 460 East. Follow Route 460 East through Christiansburg towards Interstate 81. Route 460 will turn into North Franklin Street. Cross the railroad tracks. Office is located on the right in the Food Lion Plaza.

1.1.45 Drug Test Protocol

1.2 Student Trainer Program

1.2.1 Class Schedules

Student trainers must turn in a class schedule at the beginning of each semester.

Any changes made to the schedule must be reported as soon as possible.

1.2.2 Hours of Supervised Experience

All hours worked by a student trainer must be documented on the appropriate form. Hour sheets will be turned in the first Monday of each month. Late hours will not count. A minimum of 750 hours must come from a contact/collision sport. Late hours will not count. You are allowed to count a maximum of 500 hours in a clinical setting. Travel time to and from an athletic event will not count towards your hours. Hours towards certification can only be counted if a Certified Athletic Trainer is on site.

1.2.4 Work Study

All work hours must be documented on the appropriate form.

Work study time sheets will be turned in according to the schedule issued by the Financial Aid Office. Your time sheet should be turned into the appropriate staff member by 12:00 noon the day before the deadline.

Incomplete or inaccurate documents will not be accepted.

1.2.5 Resumes

You are responsible for turning in an updated resume at the beginning of each year

1.2.6 Liability Insurance

All graduate assistance must purchase a liability insurance policy.

Liability insurance will be made available to all student trainers. We strongly encourage you to purchase the policy.

1.2.7 Phone Usage

All phones located in the Sports Medicine Department are for professional uses. Please limit your personal calls!

1.2.8 Computer Usage

The computer located in the office is for professional uses (business and educational). It is not to be used as a means of playing games or killing time.

1.2.9 Sports Medicine Resources

All resource materials are available for you to utilize. NO material is to be taken unless it has been checked out to you by one of the full-time certified staff members.

1.2.10 Office

The staff offices are not to be used as a student lounge. If you have a legitimate need to speak to one of the staff trainers, please feel free to do so, but do not come to the office because you are bored (unless you want something to do).

1.2.11 Pagers

All staff members and GAs are required to utilize their pagers to the fullest.

In case of an emergency, you should try to contact the staff member first by phone, then by means of pager service.

1.2.12 Scheduling

Students are required to attend all scheduled work assignments.

If you are unable to attend a scheduled assignment, it is your responsibility to notify one of the staff trainers well in advance and also arrange for a replacement.

When you are scheduled you should remain in that area until you are released to leave. (i.e. if you are scheduled to be in the training room do not be wandering the campus)

1.2.13 Evaluations

Student trainers will be evaluated at the end of the fall and spring semesters. This evaluation will be conducted by the supervising ATC and forwarded to the Director of Athletic Training for comment. Once completed, the student will have the opportunity to review the evaluation and meet with the supervising ATC or Director of Athletic Training.

1.2.14 Clothing

Students will be responsible for paying a \$50 clothing fee that will partially cover the cost of 3 T-shirts, 2 Polo shirts and a hat. These items should be worn in accordance with each room's clothing schedule so that each student is dressed alike. Khaki shorts, pants or appropriate maroon or black wind pants should be worn - no jeans! Cold weather clothing will be ordered and charged to each student as needed.

1.2.15 Weight Room/ Fitness Room Policy

Students are allowed to utilize the Jamerson Center weight room once approved by a member of the strength and conditioning staff. The fitness room in Cassell Coliseum is also available for your usage. The combination to the fitness room is

1.2.16 Inservices

Inservices will be scheduled randomly throughout the year. Your attendance and participation is expected.

1.2.17 Study Hall

Study hall is available for all student trainers. If a staff athletic trainer or GA feels necessary, they may require you to attend.

1.2.18 Lettering Criteria

All student trainers are eligible for lettering.

1 st year	400 hours supervised experience, recommendation of supervised ATC.
2 nd year	800 hours
3 rd year	1200 hours
4 th year	1500 hours

1.2.19 Hepatitis B. Vaccinations

Hepatitis B. vaccinations will be made available to all student trainers through the office of Health and Safety Services. Students must meet the requirements by following the educational guidelines as identified by the Office of Health and Safety Services.

1.2.20 First Aid & CPR Certification

First Aid and CPR certification is mandatory for all student trainers. Education will be provided by the staff athletic trainers.

IV

Virginia Tech Student Trainer Code of Conduct

1. Adhere to the dress code standards when working as a student trainer.
2. Student trainers must maintain a 2.5 GPA.
3. When you are scheduled for a time should show up on time and dressed ready for work. You should notify the shift leader as well as one of the full time trainers if you are going to be late or unable to attend. Three absences and/or five tardies will result in a suspension from the program. Any additional absences and/or tardies will result in additional suspensions and possible dismissal from the program.
4. Penalty imposed upon a student trainer will be done so in writing.

5. As a VT student trainer you are expected to act responsible and courteous to all VT staff and community members. Mis-behavior and disrespect in the classroom will not be tolerated.
6. Never break training room regulations to please an athlete or coach. Report all problems to one of the full time trainers.
7. Never take any item out of the training room without permission from one of the full time trainers.
8. Use supplies wisely, do not waste any supplies.
10. If you have a problem with any member of the athletic staff at VT whether an athlete student, or coach, please report the problem to one of the full time athletic trainers.

You are encouraged to be as professional as possible at all times. Being a student trainer at VT is a privilege and you should treat it that way. The program will be as good as you make it!

VT Student Trainer Dress Code

Athletic Training students are expected to adhere to the following dress code. If the student trainer is not properly dressed, that student will be excused from the clinical setting or practice area.

1. Dress should be clean, neat, and functional.
2. Practice good hygiene. Hands should be clean and fingernails short. Use discretion in make-up, perfume, cologne, hair, jewelry, etc.
3. Hair should be collar length for males and groomed neatly.
4. Shorts and pants should be of appropriate length and not have any visible holes, patches, or frayed bottoms. Casual pants and nice sweat pants are acceptable, jeans are not allowed! Pants and shorts should be equipped with pockets and be khaki, black, or maroon.
5. VT shirts should be worn while working. If unavailable, a nice polo type or button down shirt will be acceptable. It will be the responsibility of each room to identify a clothing schedule to insure each student is dressed alike.
6. The following attire is unacceptable:
 - a. cut-offs and gym shorts.
 - b. sandals, clogs, heels, or other non-functional footwear.
 - c. ragged or inappropriate T-shirts
 - d. skirts or dresses (unless for games)
 - e. hats or bandannas.
7. Ties will be mandatory for all male student workers covering indoor games. Check with supervising trainer on proper game attire.

You are encouraged to build your work wardrobe geared around the maroon and orange school colors.

VII

Modality and Machine Usage

A) Cryotherapy

Cryotherapy is a modality using some form of cold application. It is used as a primary treatment for acute and overuse injuries and as a follow-up treatment.

Methods of application:

Ice Pack:

Ice packs are made by filling some form of plastic or rubber bags with ice. These packs can also be made out of towels or other suitable fabrics. There are currently several types of commercial cold packs that are stored in a freezer for usage. At VT, all of the previous methods are utilized. If the trainer wishes, chemical ice packs that have to be activated are available for their kits. If the chemical ice bags are used, care must be taken not to burst the contents of the bag. As with every form of cryotherapy. If any complications do arise the treatment should be discontinued or something additional should be placed between the patient and the form of cryotherapy. Treatment time is between 10 and 20 minutes.

Ice Massage:

Ice massage is executed by feeling a paper cup 3/4 of the way full of water and frozen in the freezer. Once frozen, the cup is then peeled back to expose the ice while still leaving enough paper for the user to grasp the cup. The user then rubs the affected area vigorously until the desired effect is accomplished. This type of cryotherapy is usually done conjunction with active range of motion exercises. Ice massage is the preferred treatment for muscle strains. Treatment time is between 10 and 15 minutes.

Cold Whirlpool:

Cold whirlpool treatments are accomplished by filling a whirlpool full of water at a temperature of approximately 60 degrees F. The injured extremity is then placed in the water and the unit is turned on. Care should be taken not to point the water pressure directly on the injury. Care should also be taken not to let an athlete in the whirlpool with the appropriate disinfectant. Following the treatment the whirlpool should again be cleaned before anyone else is allowed to use it. The cold whirlpool can be used as a medium for non-weight bearing active range of motion exercises. Cold whirlpool treatments are the preferred treatments for acute and overuse injuries and also to relieve some of the suffering following workouts. Treatment time is between 10 and 20 minutes.

Chemical Cold Spray:

Chemical cold spray is a refrigerant that is used as a first aid treatment for the minor musculoskeletal injuries. This type of treatment is only temporary and is not meant to be a replacement for the other forms of cryotherapy. Chemical cold sprays are the preferred treatments for athletes that have to go back into activity immediately.

Ice Immersion:

Ice immersion is accomplished by filling up some type of water receptacle with ice and water. Receptacles that can be used are buckets, tanks, and other objects that can hold water. Then injured athlete immerses their affected body part in the ice water and leaves it for the duration of the treatment. Care should be taken to prevent frostbite from over exposure to the cold. Ice immersion is the preferred treatment for the acute extremity injuries. Treatment time is between 10 and 20 minutes.

** Contraindications of cryotherapy:

- 1) Hypersensitivity to cold.
- 2) Cold Allergies.

- 3) Circulatory Disorders.
- 4) Raynaud's Syndrome.
- 5) Rheumatoid Arthritis.
- 6) Prolonged use around bony prominence.
- 7) Prolonged use around superficial nerves.

B) Electrotherapy

Electrical stimulation is a form of treatment that utilizes a unipolar technique with a low voltage alternating current stimulation unit or a high voltage galvanic/direct current stimulation unit. The electrical stimulation can either be used during or following cryotherapy or thermotherapy.

Methods of Application:

1) With two electrodes: The two electrodes are prepared for usage according to the trainers discretion and type of machine being utilized. The pads are then placed firmly to the area to be treated in one of the following manners:

- a) Anode/red pad placed on the origin of the muscle and the cathode/black pad placed on the insertion of the muscle.
- b) Anode/red pad placed proximal to the injured site and the cathode/black pad placed distal to the injury site.
- c) Anode/red pad placed on the muscles trigger point and the cathode/black pad placed distal to the injury.

The dial's intensity dial should be placed on zero during the pad placement. Following the pad placement, the appropriate settings should be selected and the intensity/output dial should slowly be turned up to the desired intensity. Treatment time is between 10 and 20 minutes.

Following the treatment the electrodes should be taken off and cleaned with the appropriate disinfectant.

2) Motor point stimulation: The large 4" dispersal pad is prepared along with the probe attachment by wetting their slip on covers. The dispersal pad is then placed under the thigh or on the back of the patient. The dials are then set approximately with the intensity/output dial on zero. With the muscle to be treated in a relaxed position the trigger point is then located and the intensity is then increased until the desired contraction is accomplished. The treatment time may be divided between two or more muscles in the area. If the athlete feels pain upon the muscle contraction, the intensity should be decreased. Treatment time is between 5 and 20 minutes.

3) With two electrodes and a dispersal pad: The two electrodes are prepared and placed on the injury any one of the placement techniques listed above. The large 4" dispersal pad is then placed on the thigh or low back of the patient. The appropriate settings are then selected and the intensity is then set to the desired point. Treatment time is between 10 and 20 minutes.

**** Contradictions of Electrotherapy:**

- 1) Patients with implants.
- 2) Pregnancy
- 3) Cancerous lesions
- 4) Stimulation over the heart
- 5) Stimulation over the carotid sinus

Iontophoresis

- 1). Make sure the skin has no defects (cuts, abrasions, rashes, etc.). Fresh shaven skin may cause an increased irritation.
- 2). Prep the skin with an alcohol pad. Be sure to prep both treatment the site and the area for the dispersal pad.
- 3). Open the electrode packets and remove the backing.
- 4). Measure out the correct dosage of medicine with the syringe and carefully saturate the treatment pad. (Based on the size of the electrode pad)
- 5). Place the treatment pad over the affected area.
- 6). Place the dispersive pad on an area either proximal or distal to the treatment area.
- 7). Connect the leads to the pads. If using a negatively charged solution such as dexamethosone, put the black (active) lead on the treatment pad and the red (dispersive) lead on the dispersive pad.
- 8). From this point follow the directions for the unit.
- 9). Select a dosage: usually 40ma/min. (fair skinned people may need lower dosages)
- 10). Select the current level: usually 4.0 ma)

* Treatments should only be done once a day and should be done every other day.

C) Thermotherapy

Thermotherapy is a modality using some form of heat application. It is used as a follow-up treatment for acute and overuse injuries.

Methods of application:

Hydrotherapy:

Warm whirl pool treatments are accomplished by filling a whirlpool full of water at a temperature of approximately 100-108 degrees F. The injured extremity is then placed in the water pressure directly on the injury. Care should also be taken not to let an athlete in the whirlpool with an open skin lesion without first cleaning the whirlpool should again be cleaned before anyone is allowed to use it. In some cases the injured athlete may have a hip, thigh, or low back injury which may require the body to be immersed into the whirlpool. This is an acceptable treatment, but the patient should be closely monitored and the water level should never be higher than the athletes chest. The warm whirlpool may be used as a medium for activity range of motion exercises and active resistance exercises. Treatment time is between 5 and 30 minutes.

**Contradictions of hydrotherapy:

- 1) Acute injuries
- 2) Subacute injuries
- 3) Hemorrhaging
- 4) Increased swelling
- 5) Impaired circulation, sensation or pain
- 6) Thermoregulatory disorders

Hydroculator pads:

Moist heat pack treatments can be accomplished by using the canvas sacks filled with silicon gel, and pre-soaked in water at approximately 160 degrees F. The pad is wrapped in a terrycloth cover and secured shut with velcro. The pad is then applied to the injured site of the athlete. The moist heat pack treatments are the preferred treatments for the pre-workout patient who has an injured body part that would be to inconvenient to place in the whirlpool. Treatment time is between 8 and 20 minutes.

Contradictions for hydroculator pads.

** Same as hydrotherapy

Ultrasound:

Ultrasound is a treatment modality using ultrasonic sound vibrations to produce heat in tissues. Ultrasound waves cannot travel through the air so a couple agent must be used as a medium for the waves to pass from one point to another. After applying an appropriate coupling agent to the skin, the sound head is applied to the area to be treated. The appropriate settings are then selected and the intensity level is set according to level of penetration desired. Once the unit is turned on, the sound head should be moved in slow circular patterns or stroked slowly to avoid overheating in one certain area. At no time during the treatment should the sound head be lifted off of the contact area, this can cause a malfunction in the unit and could possibly damage the crystal. Once the treatment is complete the ultrasound head and the patient should be wiped off and the unit turned off. In addition to the standard ultrasound technique, another method called phonophoreses can be used. This technique is primarily used for localized inflammation. This type of treatment calls for a medicated coupling agent, usually hydrocortisone ointment 1% USP. The standard technique of ultrasound is then carried out. Treatment time for both methods is between 3 and 5 minutes. If pulsed ultrasound is used the treatment time can be extended and the ultrasound head does not have to be moved as much as the conventional method. If the athlete encounters any discomfort during the treatment, the intensity should be lowered.

Methods of application:

- 1) Using conventional coupling agent/ i.e., Gel, lotion
- 2) Under water
- 3) Over a water filled balloon

Intensities : Watts per centimeter squared (pulsed, continuous)

Low: 0.5 to 1.3
Medium: 1.3 to 2.0
High: 2.0 to 4.0

**Contradictions of ultrasound:

- 1) Same as hydrotherapy
- 2) Over bony prominence
- 3) Over superficial nerves
- 4) Over body cavities
- 5) Over the spinal cord
- 6) Over epiphysis

Chemical ointments:

Chemical ointments used for thermotherapy are primarily analgesic balms and liniments. They consist of an active ingredient, usually methyl salicylate are used in conjunction with massage. The chemical ointment application with massage is the preferred treatment for subacute muscle strains.

This type of treatment can be used during activity by covering the site with a gauze pad and applying an elastic wrap over the area.

****Contradictions of the ointments:**

- 1) Athletes with fair complexions
- 2) Near mucous membranes
- 3) Care should be taken no to cover the stronger balms
- 4) Care should be taken not to apply the ointments following other forms of thermotherapy

D) Mechanical Therapeutic Modalities

Extremity pump:

An extremity pump is a device used to apply intermittently pumping air through an inflatable bladder or sleeve that is applied over the injured extremity. Prior to treatment the patients skin integrity, pressure sensation, and girth measurements should be assessed. The patients blood pressure should also be taken and recorded. The patient is then positioned in elevation and the device is applied. The pressure should then be increased to the patients tolerance. Care should be taken not to exceed the extremity and 60mm for the lower extremity will be appropriate. If the pain, numbness, or any tingling occurs the intensity of the pressure should be decreased. During the exhaust phase of the treatment cycle the patient should be instructed to exercise their fingers or toes to encourage blood flow. Following the treatment conserve the positive effects of the treatment. Treatment time should be at least 2 hours out of 24 hours. An example would be 3 sets of 45 minutes.

****Contradictions of the extremity pump:**

- 1) Acute inflammation or trauma
- 2) Infections
- 3) Presence of thrombi
- 4) Edema secondary to cardiac or kidney dysfunction
- 5) Obstruction lymphatic drainage

Electric vibrator:

The electric vibrator is a mechanical device used to massage a particular group of muscles. The vibrator treatment is usually used in conjunction with some form of chemical heat. A plastic bag should be placed over the vibrator head and removed after every use. Treatment time is between 5 and 10 minutes.

****Contradictions of the electric vibrator:**

- 1) Acute and subacute injuries
- 2) Open wounds
- 3) Hematomas/ contusions

Traction:

Traction is a mechanical device used for the reduction of pressure surrounding the spinal nerves in the cervical region. The patient is placed in the chair and the halter is applied on the head of the athlete and then to the unit. The tension is set according to patients comfort or a desired setting as instructed by a physician. Usually 15-30 pounds is sufficient to decrease the pressure in the cervical region. Intermittent pressure or static pressure can be obtained using the machine, depending on the needs of the athlete. During the treatment the athlete should have access to a kill switch at all times. Treatment times last between 10 and 20 minutes.

****Contraindications of traction:**

- 1) Usage without prescription of a physician.

Combined Treatments

Contrast Baths:

Contrast treatments are treatments that are used following the acute stage of an injury. The contrast treatments utilize both the warm whirlpool and the cold whirlpool. With the whirlpools filled at the normal temperatures the athlete immerses the injured extremity for a series of several rotating cycles. An example of a cycle would be 2 minutes in cold and 1 minute in warm or just the opposite depending on which effect you are trying to accomplish. Each set would be repeated enough times to substantiate a treatment time. Treatment times are between 15 and 30 minutes.

****Contradictions of contrast baths:**

- 1) Same as cryotherapy and hydrotherapy depending on the stage of the injury.

Rehabilitation and Therapeutic exercise

Goals for Rehabilitation:

Our goal for rehabilitation is to utilize proven techniques and equipment to help the athlete recondition their affected body part to a point that it is at least equal to what it was prior to their injury. Our goal is to have bilateral:

- | | |
|-----------------------|-----------------------------|
| 1) Range of motion | 6) Cardiovascular endurance |
| 2) Strength | 7) Speed |
| 3) Flexibility | 8) Balance/Proprioception |
| 4) Muscular Endurance | 9) Agility |
| 5) Power | 10) Skill level |

Types of Exercises:

Passive exercises:

The patient is in a relaxed state and remains passive throughout the duration of the exercises. The desired movement is brought about by the trainer manipulating the injured body part.

Active Exercises:

The patient controls the desired movements by contracting and relaxing the involved body parts. These exercises are done without assistance from the trainer.

Active resistance exercises: Once the patient can perform active exercises throughout the full range of motion, some form of resistance may be applied to the movement. These exercises are done to increase strength in the injured body part. Resistance can be in the form of water, manual resistance, weights, or any other device made to safely provide resistance.

Range of motion exercises: The patient moves the involved body part throughout its full pattern of movement by contracting and relaxing the surrounding musculature.

Flexibility exercises: Muscle groups are stretched statically as far as possible to reduce contractures and reduce muscle shortening.

Isometric exercises: The patient applies a force through the contraction of muscles to an immovable object. A muscle contraction is obtained without any actual lengthening or shortening of the muscle(s) itself. Some people refer to isometric exercises as muscle setting.

Isotonic exercises: These exercises are performed by applying a force to a resistance and the muscle is either lengthened or shortened during the execution of the movement. These exercises are usually done throughout the muscles full range of motion.

Isokinetic exercises: These exercises are active movements caused by the actions of the muscles wherein the resistance can be adjusted according to the force and speed of the contraction.

Phases of Rehabilitation:

Rehabilitation at Virginia Tech usually begins immediately after the initial treatment or surgery, as prescribed by the physician.

Rehabilitation progresses into three general phases. Progression from one phase to the next depends on daily evaluation by the trainer and/or physician.

Phase I:

- a) Treatment with modalities.
- b) Isometric exercises.
- c) Massage.
- d) Active or passive range of motion exercises.
- e) Ice treatment.

Phase II:

- a) Treatment with modalities.
- b) Range of motion exercises.
- c) Active and/or resistive exercises (PRE's).
- d) Stretching exercises.
- e) Conditioning exercises.
- f) Ice treatments.

Phase III:

- a) Treatment with modalities.
- b) Stretching exercises.
- c) Active and/or resistive exercises (PRE's).
- d) Conditioning exercises.
- e) Sport specific agility's.
- f) Ice treatments.

Return to Activity:

The athlete may be returned to activity once he/she has regained near normal levels of the components mentioned earlier (i.e. strength, flexibility, power, etc.) and a joint decision between the trainer, coach, and team physician has been met that the athlete is ready to return to activity. Supportive and/or protective devices may be applied in order to reduce the risk of further injury or reinjury. In most cases the athlete will be instructed to continue some form of rehabilitation program.

The above exercise and phases are only general guidelines and should not be substituted for a comprehensive, well constructed individualized rehabilitation program.

VIII Illness Procedures

1. Cold/Sore throat

- A. Question for presence and duration of symptoms:
1. Head and/or nasal congestion
 2. Ear congestion vs. ear ache
Observe with otoscope:
 - a. redness of external auditory canal?
 - b. fluid behind tympanic membrane.
 3. History of allergies.
 4. Chest congestion
 5. Cough.
 - a. dry or productive?
 - b. phlegm color? (green/brown = refer to MD)
 6. Sore throat.
 - a. redness?
 - b. swelling of tonsils?
 - c. sinus drainage on posterior pharyngeal wall?
 - d. pustules/exudate. If either present, refer to MD.
 7. Headache.
 8. Nausea
 9. Vomiting. (number of episodes)
 10. Diarrhea. (number of episodes)
 11. Temperature. (sweats/chills)
 12. Anterior/posterior cervical lymph nodes. (swollen/tender)
- B. Refer to MD any severe, prolonged symptoms, elevated temperature, throat pustules or exudate, green/brown phlegm, swollen lymph glands.
- C. Record the athlete's campus phone number on the injury report.

2. Gastrointestinal Disorder

- A. Question for presence and duration of symptoms:
1. Nausea.
 2. Vomiting.
 3. History of problems.
 4. Diarrhea. Stool color.
 - a. weight loss, if long duration.
 5. Eat anything unusual?
 6. Stomach pain:
 - a. location?
 - b. palpate for tenderness, rebound pain.
 - c. cramping associated with diarrhea?
 - d. blow to area?
 - e. menstrual difficulties?
 - f. Kehr's sign
 7. Temperature.
 8. Current medications.
- B. Refer to MD any intense, inexplicable stomach pain, increased temperature, persistent symptoms especially with significant weight loss.

3. Symptomatic Treatment

- A. Nasal/ear congestion
 - 1. Sudafed
 - 2. Afrin
 - 3. Actifed - may cause drowsiness
- B. Cough
 - 1. Benylin
 - 2. If non-productive, recommend hot, steamy shower and humidify room and/or Robitussin Expectorant
- C. Sore throat
 - 1. throat lozenges
 - 2. Sip-n-Rinse
 - 3. tylenol
- D. Body aches, headache, fever
 - 1. tylenol
- E. Nausea/vomiting
 - 1. Maalox
 - 2. Clear fluids
 - 3. No extremes of temperature
 - 4. Bland diet - B.R.A.T. (bananas, rice, applesauce, toast)
 - 5. No caffeine
- F. Diarrhea
 - 1. Kaopectate
 - 2. Rehydrate
 - 3. Avoid dairy products
- G. Emphasize rest, diet, and fluids
- H. "Come back if symptoms persist."

IX Wound Care

- 1. Minor Lacerations/Abrasions
 - A. Have the athlete shower.
 - B. Clean the area with betadine or Hydrogen Peroxide.
 - C. Gently scrub the area with a sterile pad.
 - D. Wash the area clean with saline solution.
 - E. Apply antibiotic ointment
 - F. Apply the necessary dressing, closure strip or bandage.
- * When in doubt of the severity of the laceration - always refer!

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