

Mountain Ridge High School Sports Medicine Volunteer Program



Sports Medicine Volunteer Handbook

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Mission Statement

Athletic Training Program

The health and safety of our student athletes is our priority and we will provide the best possible care for all our student athletes' injuries, returning them to sport participation as quickly as possible. We will do our best to be accessible to every athletic team, athlete and coach whenever possible and to maintain athletic training rooms with the equipment and supplies necessary to provide proper care for athletic injuries. We will do our part in maintaining a safe environment for athletic practice and competition concerning both the condition of the field or venue and weather contingencies. We continuously strive to find new and effective treatments, rehabilitation techniques, conditioning techniques and knowledge related to the needs and goals of our athletic programs. Finally, we want the athletic training room to be a positive environment where each student feels welcome and comfortable.

Sports Medicine Volunteer Program

The Sports Medicine Volunteer Program is designed to create an environment where students are able to observe and experience the field of Sports Medicine first hand. SM Volunteers will gain knowledge pertaining to anatomy and physiology and sport-related injury. Volunteers may assist in immediate care, first aid, rehabilitation of injury, and application of select modalities once skills have been taught, practiced and performed correctly with proper explanation. Sports Medicine Volunteers will have the ability to perform/assist with skills learned under the direct supervision of the Certified Athletic Trainer during games and practices. The objective of the Sports Medicine Volunteer Program is to prepare our students for future educational and professional responsibility.

Athletic Training Room Facility Information

Athletic Training Staff

Kim Rodgers, MS, AT
623-376-3044
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Ashlee Castro, AT
623-376-3044
Ashlee.Castro@dvusd.org

Affiliated Physicians

Dr. Matt Maddox and Gord Hart, PA-C
MVP Orthopedics
4344 W. Bell Road, Suite 102
Glendale, AZ 85308

Main Facilities

Mountain Ridge Athletic Training Room
22800 N. 67th Ave
Glendale, AZ 85310
623-376-3044

Mountain Ridge facilities used by our athletic program and a certified athletic trainer will be available on site during events and most practices. For sports held off campus (practices and home games) the certified athletic trainer is available by phone.

Away sporting events are provided athletic training services by the home school.

Athletic Training Room Hours

Academic Year Hours

Athletic Trainers will be available on normal school days in the athletic training room from 2:15 PM through the end of practices (6:30pm) or until the conclusion of all home competitions. On Saturdays and school holidays the athletic training room is closed, and the certified athletic trainers are available by phone. Certified Athletic Trainers provide coverage to all on campus locations during scheduled practices and competitions to the best of our ability.

Summer Hours

The Athletic Training Room is closed during the summer. Certified Athletic Trainers are available to coaches by phone or email.

Expectations of the Sports Medicine Volunteer

- A student wishing to be a part of this program must read through this handbook and sign the commitment along with a parent or guardian.
- Sports medicine volunteers are expected to commit to 3 days per week after school. This must include at least one scheduled competition (exceptions may apply due to class schedules) A signup calendar is located on the student board in the athletic training room and schedules must be made at least one week in advance by the sports medicine volunteers on a first come first serve basis as we only allow 4 students to schedule during one time.
- Once a season, mandatory meetings will be held to evaluate skills, explain expectations and responsibilities, and possible changes for the upcoming season.
- Sports Medicine Volunteers are expected to be on time after school on days committed, ten minutes after the bell, and will be dressed appropriately (see dress code policy) and ready to work in a professional manner. Sports medicine volunteers must stay until the end of practice or the end of a game to which they have committed themselves. If a game lasts later than 8:30pm or a student has to leave early, the sports medicine volunteer may be dismissed after telling the athletic trainer at the start of the afternoon.
- If a student is going to miss a commitment, they must call the certified athletic trainer before 3:00pm. The student must commit to an additional practice within one week. If no call is made, the student is unexcused and must commit to 2 additional practices within the week.
- Academics will always come first. If a sports medicine volunteer is unable to maintain a minimum C grade in all classes, the sports medicine volunteer will be unable to attend games for 1 week (eligibility cycle).
- A sports medicine volunteer will be excused from athletic training commitment if they are an in-season athlete. During this time, the student will not be acting as a sports medicine volunteer and if they are in the athletic training room for personal reasons, they are not allowed to perform any athletic training responsibilities.
- Sports medicine volunteers take part in the daily and weekly responsibilities and check them off the list on the student board. All daily and weekly tasks must be completed prior to closing the Athletic Training Room for the evening.
- Sports medicine volunteers will complete the proficiencies included later in this handbook. Sports medicine volunteers will only be allowed to practice these skills on athletes once they have been approved by the certified athletic trainer.
- It is imperative that all treatment logs and injury reports are thorough and kept up to date.
- Occasionally, an ATC will oversee treatment performed by a sports medicine volunteer and the sports medicine volunteer may complete the record entry. Sports medicine volunteers are not to modify any athlete's treatment or rehab or do an initial evaluation on an athlete without a certified athletic trainer's permission, instruction, AND this may only be done once the record keeping skill has been completed in the proficiencies packet.

- Sports medicine volunteers will abide by and enforce all Athletic Training Room rules and behave in a professional manner. Remember, you are representing the entire Mountain Ridge High School Sports Medicine department and the Mountain Ridge Athletic Department.
- CPR/AED certification is strongly encouraged for sports medicine volunteers to maintain.
- Expectations and education of the sports medicine volunteers are guided by the NATA Official Statement on Proper Supervision of Secondary School Student Aides (see attached document).

Dress Code/Appearance for Sports Medicine Volunteers

As a student athletic training aide, you are representing the entire Mountain Ridge Sports Medicine Department, Mountain Ridge Athletic Department and our team physicians. It is important to be professional and this includes your attire.

- In order to identify yourself as a sports medicine volunteer, you need to wear a Mountain Ridge Sports Medicine T-shirt or polo whenever acting as a sports medicine volunteer at games.
- When in the athletic training room you must follow MRHS dress code
- Absolutely no skirts or dresses.
- No flip flops, high heels, or open toed shoes. You need to be able to run.
- Hair needs to be kept neat and pulled back in a functional manner.
- No tank tops
- No ripped jeans or khakis.
- Absolutely no jeans for competitions. Khaki pants or shorts. Weather appropriate clothing will be allowed.
- No short shorts. If you think they might be too short, they are.
- Finger nails need to be kept neat, clean and no longer than the tip of your finger.
- No dangly jewelry that can get caught or in the way.

Other Attributes of Professional Behavior

- No use of cell phones in the athletic training room or on the field. Pay attention.
- Address physicians, coaches, athletic directors, and officials respectfully. No first names.
- Keep the gossip to a minimum and maintain professional behavior with athletes.
- All medical information is confidential and may not be discussed with anyone outside of the sports medicine staff under any circumstances.



NATIONAL ATHLETIC TRAINERS' ASSOCIATION: OFFICIAL STATEMENT ON PROPER SUPERVISION OF SECONDARY SCHOOL STUDENT AIDES

Introduction:

This Official Statement of the National Athletic Trainers' Association provides support and guidance to school administrators and athletic trainers in the education and supervision of secondary school students enrolled in sports medicine courses or volunteering in secondary school athletic training programs. The goal of this statement is to continue to foster a positive, safe learning environment where students benefit from the instruction and observation of qualified health care professionals.

Official Statement:

The NATA recognizes that allowing secondary school students the opportunity to observe the daily professional duties and responsibilities of an athletic trainer can be a valuable educational experience. This unique experience may expose students to the foundations of various health related careers as well as provide them with important life skills. Regardless of practice setting, it is understood that all athletic trainers must comply with their state practice acts, BOC Standards of Practice when certified, and the NATA Code of Ethics when a member. These legal and ethical parameters apply and limit the incorporation of student aides outside of the classroom and within the activities of athletic programs.

Student aides must only observe the licensed/certified athletic trainer outside of the educational environment. Coaches and school administrators must not allow or expect student aides to assist or act independently with regard to the evaluation, assessment, treatment and rehabilitation of injuries. Additionally, it is paramount that student aides not be expected, asked or permitted to make "return to play" decisions.

Specifically, licensed/certified athletic trainers, coaches and administrators must not ask athletic training student aides to engage in any of the following activities:

- (1) Interpreting referrals from other healthcare providers
- (2) Performing evaluations on a patient
- (3) Making decisions about treatments, procedures or activities
- (4) Planning patient care
- (5) Independently providing athletic training services during team travel

National Athletic Trainers' Association 5/2014

[BOC Standards of Practice](#)

Supplies and Med Kits

Part of the responsibility of the sports medicine volunteers is to help maintain fully stocked taping drawers and help with distributing travel med kits for each team. This is intended to help familiarize students with the types of medical supplies used in the athletic training room. Each student will also have a small kit of their own to carry on the field and it is their responsibility to keep this stocked. A certified athletic trainer will go over these supplies with all students at the beginning of the year. Students may use this list as a guide.

TAPING DRAWERS

1 ½" linen tape	Heel and lace pads
2" lightplast stretch	Pre-wrap
3" Elastikon	Scissors
Tuf-Skin tape adherent	

PERSONAL KIT

Gloves	Cotton tipped applicators
Gauze	1 ½" linen tape
Bandaid assortment, non-adherent pads	2 or 3" stretch tape
Triple Antibiotic foil packets	Pre-wrap
Hydrogen peroxide	Ice bags (handy for multiple uses)
Noseplugs	Purel or alcohol sanitizing wipes

TRAVEL MED KITS

Gloves	2 or 3" stretch tape
Gauze	Noseplugs
Bandaid assortment, non-adherent pads	Purel or alcohol sanitizing wipes
Triple Antibiotic foil packets	Small ace wrap
Pre-wrap	Biohazard bag
1 ½" linen tape	Tuf-Skin

Number of Kits Per Season

Fall	Winter	Spring
Badminton-1	Boys basketball-3	Baseball-3
Cheer-1	Girls basketball-3	Boys volleyball-1 softside
Cross Country-1 ziplock	Soccer-2	Softball-3
Pom-1	Wrestling-3	Sand volleyball-1
Swim-1		Tennis-2
Volleyball-1		Track-1
Golf-2 ziplock		
Football-3		

Set Up for Practices

Practice procedures will always be subject to change depending on number of games, number of teams, and weather conditions. Always check with an ATC to modify if necessary. The following is a list of common water setups at practices that are least likely to change.

Fall:

Varsity Football Practice AM

3-10 gallons water	AED
1-7 gallon Gatorade	Drill bag
2 racks water bottles	Athletic Trainer's Kit/Fanny Pack
Injury ice-chest cooler with ice bags	Crutch Bag
Ice towels	

Fr/JV Football Practice PM

3-10 gallons water per field	AED
1-7 gallon Gatorade per field	Drill Bag
2 racks water bottles per field	Athletic Trainer's Kit/Fanny Pack
Injury ice-chest cooler with ice bags	Crutch Bag
Ice towels	

Swim

1-10 gallon water if requested	1-7 gallon ice/bags if requested
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Winter:

Soccer

1-10 gallon water-Boys	1-7 gallon water-Girls
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Spring:

Baseball

1-10 gallon water-Varsity	1-10 gallon water-Fr/JV
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Softball

1-7 gallon water-Varsity	1-7 gallon water-Fr/JV
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Tennis

2-7 gallons water	
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Track

2-10 gallons water	1-7 gallon water-Throwers
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Set Up for Game Days

Game day procedures will always be subject to change depending on number of games, number of teams, and weather conditions. Always check with an ATC to modify if necessary. The following is a list of common water setups at events that are least likely to change. In addition to the water and ice, a radio will always be placed at the Administrator on site. If an ATC or sports medicine volunteer is not going to be present on the field, always make sure that coaches have their assigned med kit

Fall:

Football Game: 4-10 gallon ice/water on each side; roll cooler w/ice/bags home, 5 gallon ice visitor. Mrs. Rodgers/Athletic trainer's kit, AED, Crutch Bag, Fanny Pack, Black bag with Drill, 7 gallon Gatorade, 4 racks of bottles, treatment table (V only)

Indoor Sports: 2-7 gallon ice/water on silver cart with cups, floor towels and trash can. 1-5 gallon injury ice with bags. ATCs med kit, crutch bag, AED

Cross Country Meet (off campus): 3-4 10 gallons ice/water depending on temperature. Water bottles/cups, injury ice/bags, ATCs med kit, crutch bag, AED

Winter

Indoor Sports: 2-10 gallon (2-7 gallon for girls sports) ice/water on silver cart with cups/bottles, floor towels and trash can. 1-5 gallon injury ice with bags. ATCs med kit, crutch bag, AED

Soccer: 2-3 10 gallon cooler ice/water on home side; injury ice/bags home. Mrs. Rodgers/Athletic trainer's kit, AED, Crutch Bag, Fanny Pack,

Spring

Baseball/Softball (each field used per game): 1-10 gallon (7 gallon for softball) ice/water per dugout; 1-5 gallon injury ice/bags in home dug out, cups or bottles both dug outs, team med kits. ATC kits, AED, Crutch bag on Gator.

Track: on table south end zone: 3-10 gallons ice/water, cups, treatment table, roll cooler injury ice/bags, ATC kits, AED, crutch bag. North end zone: table or stand 2-10 gallon water, 1-7 gallon water at throwers

Indoor Sports: 1-10 gallon ice/water on silver cart per team with cups, floor towels and trash can. 1-5 gallon injury ice with bags. ATCs med kit, crutch bag, AED

Sand Volleyball (off campus): **TBD**

Daily Athletic Training Room Responsibilities

Part of making sure our athletes are healthy is maintaining a clean and organized athletic training room. The following needs to be done or checked at the end of every day. A checklist will be kept on the student board in the Athletic Training Room.

- Make sure rehab equipment is put away neatly and organized.
- Wipe down treatment tables and surfaces with antibacterial/antiviral solution.
- All coolers and lids are washed, dried, and stored away.
- Bottles and lids are washed and placed on towels on counter to dry.
- Empty ice bath if necessary.
- Make sure all radios are accounted for and charging.
- Restock taping drawers and bandage jars.
- Add water to the hydrocollater as necessary.
- Make heel and lace pads as necessary. Recruit a helper; it'll go a lot faster.
- Make ice cups as necessary.
- Alert a certified athletic trainer if you notice anything that needs repair or if there is a large item that needs to be restocked.

Weekly Responsibilities

- Wednesday: Stock all kits/fanny packs prior to game start
- Thursday: Wash towels
- Friday: Fold and stock towels. Drain, disinfect, and rinse whirlpool prior to game start.

General Athletic Training Room Rules

As a Sports medicine volunteer, one of your responsibilities is to enforce Athletic Training Room procedures and rules.

You also need to follow them.

- Sign in upon entrance. No treatment or evaluation will be provided until you have signed in. This includes self-serve ice and ice bath.
- No tape or treatment will be provided for existing injuries unless you have performing prescribed exercises
- No cleats or spikes inside.
- Football, leave your shoulder pads and helmets outside. They smell.
- Leave your bags and equipment at the door, out of the way.
- Ask for equipment and supplies, don't just take things.
- There is limited space in this room. If you are just socializing, take it outside.
- Respect your athletic trainers and respect your peers.
- The use of this room and its services are a privilege. Clean up after yourself or your privilege will be revoked.
- Office area is for certified staff use only. No student use of computers.
- No athletes may drive or ride in the gator or golf cart unless injured.

Emergency Action Procedures

In the event of a catastrophic injury or condition, an emergency action plan will be activated. This is defined as any condition in which a person's life is threatened or the person risks permanent impairment. Examples include but are not limited to, respiratory or cardiac arrest, spine injuries and possible fractures.

- During any Mountain Ridge competition or practice, a CPR and AED certified staff member will be on location. Traveling AED is located with the Athletic Trainer during practice/competition.
- To the best of our ability, a certified athletic trainer will be present. If not present, ATC will be reachable by radio, phone and/or a student AT aide will be present.
- Emergency information forms for all student athletes will be carried by the head coach of each team and should be referenced for pertinent information.

EMERGENCY ACTION TEAM

ATCs, Student AT Aides, team physicians (when present), coaches, officials, and EMS are all members of the Emergency Action Team.

The role of the emergency action team is the following:

FIRST RESPONDER

- 1) If no ATC is present, call immediately on the radio.
- 2) Assess the situation and condition of the athlete. Do not move the victim.
- 3) If deemed necessary, designate a second responder to call EMS and begin CPR if able. If not able to perform CPR, remain with the victim and monitor condition.
- 4) Always remain at the head of the athlete and designate others to help.

SECOND RESPONDER, if no second responder, this is the role of the first responder

- 5) Activate EMS (9-1-1) and retrieve the nearest AED if cardiac emergency has occurred.
- 6) Remain on the phone with EMS and answer all questions, providing the following information:

- Name, address, telephone number of caller
- nature of emergency
- number of victims and condition
- first aid treatment initiated by first responder/ATC
- specific direction for best entrance to emergency scene (outlined below for each location)
- other information as requested by dispatcher

- 7) If no third responder, assist first responder as needed EMS is activated.

THIRD RESPONDER

- 8) Follow any direction of first responder and assist with CPR if needed.
- 9) Control crowd and direct traffic, direct EMS to scene upon arrival. Best entrances for EMS are outlined on next page.

π*Once EMS arrives, the first responder should remain at the head of the athlete and all members of the Emergency Action Team should follow directions of EMS, providing all pertinent information. Directions for EMS
(See MRHS Emergency Plan)

Confidentiality Agreement

HIPAA Confidentiality Agreement

HIPAA is the federal **Health Insurance Portability and Accountability Act** of 1996. The primary goal of the law is to protect patients' medical records and other health information provided to health plans, doctors, hospitals, and other health care providers.

Student Aides and Interns will have access to confidential information, both written and oral, in the course of their service to the Athletic Training Room. It is **imperative** that this information is not discussed with any unauthorized individuals to maintain the integrity of the student athlete or patient information. Student Aides/Interns may not release any students' information. Student Aides/Interns may not share information about students he/she may have learned during their volunteer experience. An **unauthorized individual would be any person who is not currently an Athletic Trainer, sports medicine volunteer, or team doctor at Mountain Ridge High School.**

FERPA Confidentiality Agreement

FERPA is the federal **Family Educational Rights and Privacy Act** of 1974. The primary goal of the law is to protect the privacy of students' personal identifiable information and students' educational records.

Student Aides/Interns will have access to confidential information, both written and oral, in the course of their service to the Athletic Training Room. It is **imperative** that this information is not discussed with any unauthorized individuals to maintain the integrity of the student. Student Aides/Interns may not release any students' information. Student Aides/Interns may not share information about students he/she may have learned during their volunteer experience. An **unauthorized individual would be any person who is not currently an Athletic Trainer, sports medicine volunteer, or coach at Mountain Ridge High School.**

References

Glossary of Medical Terms

Abduction: movement of a body part away from the midline of the body

Abrasion: a type of open wound from scraping or rubbing

Adduction: movement of a body part toward the midline of the body

Accident: occurring by chance or without intention

Ambulation: move or walk from place to place

Amnesia: loss of memory

Acute: sudden onset and short duration

Anorexia: lack or loss of appetite; aversion to eating

Anorexia Nervosa: eating disorder characterized by a distorted body image and aversion to eating

Anterior: before or in front of

Anteroposterior: refers to position or movement of front to back

Anxiety: a feeling of uncertainty or apprehension

Apophysis: attachment site of muscle to bone, usually a slightly raised outgrowth of bone

Apophysitis: inflammation at an apophysis caused by repetitive stress

Arthroscopic: describes viewing the interior of a joint utilizing a small camera lens and a non-invasive surgical technique

Articulation: a joint, site where two or more bones move on one another

Assumption of risk: an individual, through expressed or implied agreement, assumes that some risk or danger will be involved in a particular undertaking

Asymmetry: lack of symmetry, noted difference on one side of the body

Atrophic Necrosis: death or wasting away of an area of the body due to nerve damage

Atrophy: diminution of size; wasting away due to lack of nutrition or nervous stimulation

Avascular Necrosis: death of a tissue or bone due to lack of blood supply

Avulsion: tearing away, usually muscle from bone

Bandage: a strip of cloth or other material used to hold a dressing in place

Bilateral: pertaining to both sides of a body

Biomechanics: branch of study that applies the laws of mechanics and motion to living organism and biological tissues

Bulimia: eating disorder characterized by distorted body image and binge-purge eating habit

Bursa: a fibrous sac acting as a protective cushion between certain tendons and bone, allowing smooth movement during muscle pattern

Bursitis: inflammation of a bursa, can be acute or chronic

Catastrophic injury: any injury or condition with a potential permanent loss or damage; usually refers to cardiac or spinal injury

Chondromalacia: a degeneration of a joint's articular surface, leading to softening

Chronic: long onset and long duration

Circumduct: act of moving a limb such as the arm or hip in a circular motion

Closed fracture: any fracture that does not penetrate the superficial tissue

Communicable disease: a disease that is transmitted directly or indirectly from one individual to another

Concentric muscle contraction: contraction of a muscle by shortening

Concussion: an injury to the brain or spinal cord due to jarring from a blow or fall

Conduction: transfer of temperature thermal energy by direct contact with a medium

Contact sport: any sport involving regular physical contact

Contrecoup brain injury: after head is struck, brain continues to move within the skull and becomes injured on the side opposite the force

Contusion: a bruise

Convection: transfer of thermal energy indirectly through another medium such as air or liquid

Conversion: transfer of thermal energy by other forms of energy such as electricity

Convulsion: paroxysm of involuntary muscular contraction and relaxation

Crepitation: a crackling sound heard during movement of body part or joint; related to inflammation or fractured bone

Debride: remove dirt and dead tissue from a wound; smooth or clean damaged tissue

Degeneration: deterioration of tissue

Diaphragm: a musculomembranous wall separating the abdomen from the thoracic cavity

Diastolic blood pressure: the residual pressure when the heart is relaxed (in between beats)

Distal: furthest away from the point of reference or midline of the body

Dorsiflexion: bending toward the dorsum or rear, opposite of plantar flexion

Dressing: a material, such as gauze, applied to a wound (held in place with a bandage)

Duration: length of time

Eccentric: muscle contraction by lengthening of the muscle

Ecchymosis: skin discoloration due to hemorrhage

Ectopic: located in an abnormal place

Edema: swelling; collection of fluid as result

Electrolyte: solution that is a conductor of electricity; important to proper hydration (i.e. sodium and potassium)

Electrotherapy: treating a disease by electrical devices

Endurance: ability to undergo prolonged physical demand

Epiphysis: the cartilaginous growth region of a bone

Etiology: pertaining to the cause or origin of a condition

Eversion: (of the ankle) to abduct the foot, stressing medial tissues of the ankle

Fascia: fibrous membrane that covers, supports, and separates muscles

Fasciitis: inflammation of the fascia

Frequency: number of times (i.e. twice per week)

Genu recurvatus: hyperextension of the knee

Genu valgum: knock knees

Genu varum: bow legs

Heat exhaustion: a condition characterized by faintness, rapid pulse, nausea, profuse sweating, cool skin, and collapse, caused by prolonged exposure to heat accompanied by loss of adequate fluid and salt from the body

Heat stroke: a disturbance of the temperature-regulating mechanisms of the body caused by overexposure to excessive heat, resulting in fever, hot and dry skin, and rapid pulse, sometimes progressing to delirium and coma

Hematoma: blood tumor or mass

Hemoglobin: oxygen carrying pigment of red blood cells; give blood its red color

Hemophilia: a hereditary blood disease in which coagulation is greatly prolonged

Hemorrhage: discharge of blood

Hemothorax: bloody fluid in the pleural cavity

Hyperextension: stretching of a joint beyond its normal extension

Hyperflexibility: soft tissue flexibility beyond a joint's normal range without force

Hypermobility: mobility or instability of a joint involving insufficient soft tissue or bony support

Hyperthermia: abnormally high body temperature Hypertension: high blood pressure; abnormally high tension

Hypertrophy: enlargement of a tissue caused by increased cell size

Hyperventilation: abnormally rapid and deep breathing that cannot be controlled; causes a decrease in carbon dioxide, fall in blood pressure and fainting

Hypoallergenic: produces lower amount of allergens

Hypotension: low blood pressure

Hypothermia: abnormally low body temperature

Hypoxia: lack of an adequate amount of oxygen

Injury: an action that causes damage or pain

Innervation: nerve distribution throughout a body part

Intensity: magnitude of energy or force; workload

Interosseous membrane: connective tissue membrane between two parallel bones

Intervertebral: between two vertebrae

Intramuscular bleeding: bleeding within a muscle

Intravenous: describes a method of administering substances via a vein

Inversion: (of the foot and ankle) adduction of the foot stressing the tissues on the lateral side of the ankle

Ischemia: local anemia

Isokinetic: describes muscle contraction with a resistance depending on the magnitude of force applied by the athlete and speed remaining constant

Isometric: describes contraction with no change in muscle length

Isotonic: describes contraction that shortens and lengthens the muscle

Joint: articulation of two or more bones

Joint capsule: saclike structure that encloses the articulating ends of bones and some related soft tissue structures

Keloid: an overgrowth of collagenous scar tissue

Kyphosis: exaggeration of the normal curve of the thoracic spine

Laceration: a rough, jagged tear of the skin

Lateral: point of reference away from the sagittal midline of the body

Liability: the legal responsibility to perform an act in a reasonable and prudent manner

Ligament: connective tissue with no contractile qualities that connects bone to bone and acts as a support against excessive joint motion

Lordosis: Abnormal exaggerated curve of the lumbar spine.

Medial: point of reference closest to the sagittal midline of the body.

Muscle: tissue that, when stimulated, contracts and produces motion around a joint

Muscle contracture: abnormal shortening of a muscle in which there is great resistance toward passive stretch

Muscular endurance: ability to perform repetitive muscular contractions against some resistance

Muscular strength: maximum force that can be produced by a muscle during a single contraction

Musculoskeletal: pertaining to muscles and the skeleton

Necrosis: death of tissue

Negligence: failure to use ordinary or reasonable care or perform a standard, necessary action

Nerve entrapment: a nerve that is compressed between bone or soft tissue

Neuroma: a tumor formed of nerve tissue

Non-contact sport: any sport that does not place athletes in regular physical contact

Nystagmus: a constant involuntary movement of the eyeball up and down or back and forth

Open fracture: any fracture that involves penetration of bone through superficial tissues

Orthosis: an appliance or apparatus used to support, align, prevent, or correct deformities, or to improve function of a movable body part

Osgood Schlatter's Disease: apophysitis at the insertion of the quadriceps tendon on the Tibia

Palpate: to use hands or fingers to examine

Paraplegia: paralysis of lower portion of the body and both legs

Parathesia: abnormal sensation such as numbness, prickling, tingling

Pathology: study of the nature and cause of disease

Periosteum: fibrous covering of bone

Plantarflexion: movement in which the forepart of the foot is depressed relative to the ankle

Plyometric: (exercise) used in workouts to maximize the stretch-contract reflex of the muscles, increasing speed and agility

Pneumothorax: a collapse of a lung due to air in the pleural cavity

Posterior: toward the back or rear

Power: ability to accelerate a load, depending on the level of strength and velocity of a muscle contraction

Primary assessment: Initial first aid evaluation

Prone: refers to a position with anterior side facing down; laying on stomach

Pronate: movement (as with hands or feet) of palmar or plantar side to face posterior or away from midline

Proprioceptive Neuromuscular Facilitation: stretching techniques that involve alternating contraction and passive stretches

Proprioceptors: organs within the body that provide the athlete with an awareness of where the body is in space

Proximal: nearest to the point of reference

Quadriplegia: paralysis affecting all four limbs

Referred pain: pain that is felt at a point of the body other than the source

Regeneration: repair, regrowth, or restoration of a part such as tissue

Residual: that which remains; often used to describe a permanent condition resulting from an injury or disease

Rotation: turning around an axis in an angular motion

Sciatica: inflammatory condition of the sciatic nerve; commonly associated with peripheral nerve root compression

Scoliosis: a lateral deviation curve of the spine

Secondary assessment: follow up examination, more detailed

Seizure: sudden attack

Sever's Disease: apophysitis at the insertion of the Achilles tendon on the calcaneus

Spasm: a sudden, involuntary muscle contraction

Spica: a figure-8 formed bracing technique

Spondylolisthesis: forward slipping of a vertebral body

Spondylolysis: a degeneration of the vertebrae and a defect in the articulating process of the vertebra

Sprain: a stretch or tear of a ligament

Strain: a stretch or tear of a muscle

Static stretching: passively stretching a muscle by placing it in maximal stretch and maintaining constant stretch

Stress: the positive and negative forces that can disrupt the body's normal equilibrium

Superior: point of reference toward the top or above another

Supine: refers to a position with anterior side facing up; laying on one's back

Supinate: movement (as with the hand or foot) of palmar or plantar side to face anterior or toward

Tendon: connective tissue that attaches muscle to bone; more elastic than ligament but not contractile

Tendonitis: inflammation of a tendon within a synovial sheath

Tenosynovitis: inflammation of the synovial sheath around a tendon

Root words

Arthro-joint

Bio-life

Cardi-heart

Cephalo-head

Cerebro-brain

Cranio-skull

Derma-skin

Gastro-stomach

Genu-knee

Hem, hemat-blood

Prefixes

A or AN-absence of, without

AB-away from

AD-to or near, toward

AMBI-both

ANTE-before

ANTI-against

BI or DI- two

DIS-opposite

DYS-difficult, painful

ENDO-within

EPI-on, upon

HEMI-half

Hydra-water

Myo-muscle

Neuro-nerve

Osteo-bone

Patho-disease

Ped-foot

Phlebo-vein

Septic-poison

Spondyl-vertebrae

Syndes-ligaments and joints

Teno-tendon

HYPER-above, excessive

HYPO-below

INTER-between

INTRA-within

MAL-bad, poor

MED-middle

PARA-two,

PERI-around

POLY-many

POST-after

PRE or PRO-before

PSEUD-false

QUAD-four

SUPRA-above

TRANS-across

Suffixes

ALGIA-pain

ASIS or OSIS-condition, state

ASTHENIA-weakness

ECTOMY-excision, cutting out

EMIA-blood, or its parts

ESTHESIA-feeling, sensation

GENIC-causing, origin

IT IS-inflammation

LOGY-science of, study of

LYSIS-reduction, destruction

OSCOPY-to view

PATHY-disease

PENIA-insufficiency

PLEGIA-paralysis

PLEGIA-breathing

THERMY-heat, use of

TROPHY-growth

ULATION-act of Proficiencies

Proficiencies

Each sports medicine volunteer will be continually challenged with new skills and responsibility. Students will only be allowed to practice these skills on our athletes once they have completed an acceptable amount of practice and displayed knowledge of the skills objective and safety standards. This will be approved by a certified athletic trainer. Following is a list of the skills to be completed at each student's pace. Each skill will be detailed and outlined in a separate document.

CPR certification	Thumb spica
Wound care and blood procedures	Shoulder spica
Blister taping	Ankle sprain
Buddy taping	Achilles tendonitis
Compression wrap with horseshoe for acute ankle sprains	Application of ice bag
Compression wrapping for strains, quadriceps, hamstring, gastrocnemius/soleus	Application and set up for heat pack
Patellar tendonitis/PFPS taping	Set up and procedure for ice bath
Arch taping, simple	Application and set up for Gameready
Arch taping, longitudinal	Application and set up for electric stimulation
Shin splints, simple	Application and set up for ultrasound
Turf toe taping	Daily treatment log entry
Wrist taping for sprains	SOAP note
Elbow hyperextension	HOPS note

Letter to Parents

Dear Parent or guardian,

We are excited to have your son or daughter as a member of our Sports Medicine Club. We feel this is a great opportunity for students to gain exposure to a professional health care setting while creating new friendships and having fun.

It is important to us that you are aware of all that your son or daughter will be involved in as a part of this club both because we want you to know what a great opportunity it is and because of the after school and sometimes late night commitments. It also might be possible for one or two students to travel with us to an away event if they choose to and they have your permission. This will be addressed when those opportunities arise. School vehicles will be driven to these events and the students will always be under our direct supervision.

Please read through this handbook with your son or daughter and if you have any questions, don't hesitate to call us (623-376-3044).

Once you are aware of all that is involved in this program, please sign below and return to Kim Rodgers.

Thank you. We are looking forward to a great year.

Kim Rodgers, MS, AT
Mountain Ridge Sports Medicine

Parent Consent Form

I have read the student handbook and give permission for _____
to participate in the Sports Medicine Club at Mountain Ridge High School.

Parent signature

Date

I have read the student handbook and will abide by all the guidelines, doing my best to complete the requirements but always recognizing that academics are most important. I recognize the importance of teamwork and will do my part, keeping a positive attitude and always having fun.

Student signature

Date