

# ATHLETIC TRAINING PROGRAM

*STUDENT HANDBOOK*  
*2017-2018*



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# ***PROGRAM OVERVIEW***

Lindenwood University offers a Bachelor of Science in Athletic Training. The Lindenwood University's Athletic Training Program (ATP) is accredited by the Commission on Accreditation of Athletic Training Education (CAATE). The program is designed to prepare athletic training students to succeed on the Board of Certification (BOC) examination and become a certified athletic trainer (ATC). The student must complete the required coursework and clinical experience rotations with an ATC and/or qualified preceptor. During the students' coursework and clinical rotations, they will successfully complete the National Athletic Trainers' Association's Educational Competencies and Clinical Proficiencies.

Students enrolled in the Athletic Training Program will have their clinical skills continually evaluated throughout the academic program. Clinical skills will be routinely evaluated through simulated and integrated opportunities in lab coursework, as well as Clinical Practicum courses. Students must also successfully complete a comprehensive oral practical examination during their senior year focused on evaluating their clinical skills in injury prevention, recognition, evaluation, and rehabilitation. Students achieving a passing score will be approved by the Program Director to sit for the Board of Certification exam. Lindenwood University's current three-year aggregate BOC first time pass rate (2015-2017) is 80%.

The ATP at Lindenwood University is a competitive program that utilizes a secondary application process to determine acceptance in the program. Applications are submitted annually in the spring semester, and all applicants must have completed (or be in the process of completing) the mandated entrance requirements to apply. This includes both transfer students and current Lindenwood students. Once accepted into the program, students will have a minimum of six semesters before graduation. This rigorous and intense program places specific requirements and demands on the students accepted in the program. All students are required to have a physical exam prior to admittance, and verify they understand and meet the technical standards or believe that, with certain accommodation, they can meet the standards to be accepted into the ATP.

Once accepted, the athletic training students will assist in practice, game and athletic training room coverage. As a sophomore, junior, and senior, the athletic training students will be assigned to a variety of clinical rotations and must remain dedicated to the athletic training clinical schedule provided by the student's supervising athletic trainer. Students may also have the opportunity to travel to events with teams and assist the supervising certified athletic trainer; however, transportation and expenses associated with all off campus clinical rotations will be the responsibility of the student. All in all, with over fifty athletic programs and a diverse network of affiliated sites across the region, athletic training students will obtain extensive experience with student-athletes and other patient populations that is '*Like No Other.*'

# ***PROGRAM TERMINOLOGY***

**BOC:** Board of Certification; incorporated in 1989, the BOC is the responsible for establishing and reviewing the standards for practice in athletic training and continuing education requirements as they provide the only method of certification for athletic trainers

**CAATE:** Commission on Accreditation of Athletic Training Education is the organization that approves all entry-level athletic training educational programs in the country.

**Educational Competencies:** The education content required of entry-level athletic training programs. These competencies were developed by the Professional Education Council (PEC) of the National Athletic Trainers' Association (NATA) and are used to develop the curriculum and educational experiences of students enrolled in a CAATE-accredited entry-level athletic training programs.

**Clinical Experience:** Clinical experiences consist of student rotations at various clinical settings in which students are provided with opportunities to apply what they have learning in authentic situations with real patients.

**Clinical Observation:** Clinical observations describe clinical rotations in which students are not provided with opportunities to have direct contact with the patient. Clinical rotations that only allow observation will be used minimally throughout the curriculum.

**Clinical Education:** Clinical education represents the athletic training students' formal acquisition, development, and overall evaluation of the entry-level Athletic Training Clinical Proficiencies. This is accomplished through classroom, laboratory, and clinical education experiences under the direct supervision of a preceptor. Related to this education is clinical experience, in which students have the opportunity to develop his/her clinical proficiencies under the supervision of an approved preceptor. Clinical education shall occur during a minimum period of three academic years (6 semesters) and are associated with course credit. Courses shall include educational objectives and special clinical proficiency outcomes that can be documented over time.

**Clinical Settings:** A clinical setting is a clinical environment where healthcare services are provided. Clinical settings include, but are not limited to, facilities such as the athletic training rooms, athletic field practices, high schools, physical therapy clinics, and athletic enhancement facilities. An approved preceptor must be on-site at all clinical settings.

**Clinical Practicums:** Clinical experiences provide an opportunity for integration of psychomotor, cognitive and affective skills, as well as clinical proficiencies with the context of direct patient/athlete care. A preceptor must directly supervise formal clinical experiences.

**Domains:** created by the BOC, the domains consist of (5) areas in which athletic trainers are educated, trained, and evaluated in. They consist of the following:

- 1 – Injury and Illness Prevention and Wellness
- 2 – Examination, Assessment, and Diagnosis
- 3 – Immediate and Emergency Care
- 4 – Therapeutic Intervention
- 5 – Healthcare Administration and Professional Responsibility



**Faculty Athletic Trainer:** BOC certified and stated licensed athletic trainer employed by Lindenwood University and teaching in the Athletic Training Program

**NATA:** National Athletic Trainers' Association; founded in 1950, the mission of the NATA is to represent, engage, and foster the continued growth and development of the athletic training profession and athletic trainers as unique health care providers

**Preceptor:** a state credentialed healthcare provider who provides instruction, supervision, and evaluation of students throughout the students' clinical education

# ***MISSION, OUTCOMES, AND ASSESSMENT***

**MISSION:** Through innovative teaching and a diverse clinical education, the athletic training program provides a creative environment of unlimited learning to students who desire to become professional athletic trainers and serve as part of the ever-changing health care field.

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## **I. Program Learning Outcomes**

- A.** Students will have the appropriate knowledge and educational foundation to become a certified athletic trainer.
  - 1. Student Learning Outcomes**
    - a.** The student will demonstrate knowledge of anatomy, physiology, and biomechanics when applying clinical-reasoning skills through the physical examination process in order to assimilate data, select appropriate assessment tests, and formulate a differential diagnosis.
    - b.** The student will demonstrate knowledge and skills in the recognition, evaluation, and immediate management of acute and chronic injuries and illnesses.
    - c.** The student will have the ability to plan, implement, document, and evaluate the efficacy of therapeutic intervention programs, including the use of modalities, therapeutic exercise, and pharmacological agents.
    - d.** The student will have an understanding of the professional responsibilities, avenues of professional development, and national and state regulatory agencies and standards in order to promote athletic training as a professional discipline.
  - 2. Methods of Assessment**
    - a.** BOC First Time Pass Rate
    - b.** ACES Preparatory Workshop Examinations
    - c.** Curriculum Course Performance
- B.** Students will integrate didactic knowledge and psychomotor skills as a clinically proficient entry-level athletic trainer with a diverse set of skills and clinical experiences.
  - 1. Student Learning Outcomes**
    - a.** The student will demonstrate the ability to evaluate and manage acute and chronic injuries and illnesses.
    - b.** The student will demonstrate the ability to design an appropriate therapeutic intervention plan to maximize the patient's health-related quality of life.
    - c.** The student will demonstrate proficiency that represents the synthesis and integration of knowledge, skills, and clinical decision-making into actual patient care.
    - d.** The student will demonstrate competency when working with individuals of different populations.
  - 2. Methods of Assessment**
    - a.** Clinical Evaluation
    - b.** Senior Practical Examination
    - c.** Alumni Survey

- d. Final Practical Examinations (HFS 20600, AT 38000, AT 38100, AT 38200, AT 38600)
  - e. Employer Survey
- C. Students will demonstrate competency in interpreting evidence-based research and improving clinical standards and practice through clinical question development and research methodology.
- 1. Student Learning Outcomes**
    - a. Students will demonstrate the ability to apply evidence-based medicine and critical thinking skills in the diagnosis, treatment, and rehabilitation of patients.
    - b. Students will utilize patient-centered outcome measures to best evaluate and improve patient care.
  - 2. Methods of Assessment**
    - a. Research and Writing Assignments (AT 38500, AT 36000, AT 42800, AT 46000)
    - b. Therapeutic Intervention Plans (AT 42900, AT 46000)
- D. Students will promote and demonstrate acceptable standards of ethical conduct for professional practice.
- 1. Student Learning Outcomes**
    - a. The student will demonstrate the knowledge of the role of an athletic trainer in the health care field.
    - b. The student will demonstrate moral and ethical judgment at all times.
    - c. The student will demonstrate an understanding of cultural differences regarding patient interaction and patient care.
    - d. The student will model appropriate professional behavior at all clinical sites.
  - 2. Methods of Assessment**
    - a. Clinical Evaluation
    - b. Employer Survey
- E. Students will understand the importance of inter-professional relationships, will collaborate with other health care professionals, and will become effective communicators (written, verbal, non-verbal, etc...).
- 1. Student Learning Outcomes**
    - a. The student will demonstrate the knowledge of other health care professionals (non-athletic trainers) in the health care field.
    - b. Students will demonstrate effective communication (verbal, non-verbal, and written) when working with other professionals.
  - 2. Methods of Assessment**
    - a. Employer Survey
    - b. Research/Presentation (AT 42900, AT 46000)
    - c. Clinical Evaluation

## **II. Program Goals**

- A.** To provide the best possible instruction while fulfilling the educational competencies identified by the BOC Role Delineation Study.
- B.** To provide an optimal learning environment while maintaining high academic and professional standards.
- C.** To provide the best possible facilities, equipment, clinical experiences, and professional opportunities available for student development.
- D.** To provide students with a variety of high quality preceptors and clinical education sites.
- E.** To provide an environment that encourages professional discussion and the exchange of ideas among individuals of various professions and backgrounds.
- F.** To establish a culture within clinical education that encourages students to think critically, collaborate on decision-making in patient care, and make ethical decisions that uphold our professional standards and code of conduct.
- G.** To establish a culture within the didactic setting that encourages students to think critically, question current theory in patient care, and explore new research.

### **1. Methods of Assessment**

- a.** Course Evaluation
- b.** Preceptor Evaluation
- c.** Senior Exit Survey
- d.** Graduation Rate
- e.** Retention Rate
- f.** Employment Rate

# ***NATA - CODE OF ETHICS***

The National Athletic Trainers' Association Code of Ethics states the principles of ethical behavior that should be followed in the practice of athletic training. It is intended to establish and maintain high standards and professionalism for the athletic training profession. The principles do not cover every situation encountered by the practicing athletic trainer, but are representative of the spirit with which athletic trainers should make decisions. The principles are written generally; the circumstances of a situation will determine the interpretation and application of a given principle and of the Code as a whole. When a conflict exists between the Code and the law, the law prevails.

**Principle 1:** Members shall practice with compassion, respecting the rights, welfare, and dignity of others.

1.1 Members shall render quality patient care regardless of the patient's race, religion, age, sex, ethnic or national origin, disability, health status, socioeconomic status, sexual orientation, or gender identity.

1.2 Member's duty to the patient is the first concern, and therefore members are obligated to place the welfare and long-term well-being of their patient above other groups and their own self-interest, to provide competent care in all decisions, and advocate for the best medical interest and safety of their patient at all times as delineated by professional statements and best practices.

1.3 Members shall preserve the confidentiality of privileged information and shall not release or otherwise publish in any form, including social media, such information to a third party not involved in the patient's care without a release unless required by law.

**Principle 2:** Members shall comply with the laws and regulations governing the practice of athletic training, National Athletic Trainers' Association (NATA) membership standards, and the NATA Code of Ethics.

2.1 Members shall comply with applicable local, state, federal laws, and any state athletic training practice acts.

2.2 Members shall understand and uphold all NATA Standards and the Code of Ethics.

2.3 Members shall refrain from, and report illegal or unethical practices related to athletic training.

2.4 Members shall cooperate in ethics investigations by the NATA, state professional licensing/regulatory boards, or other professional agencies governing the athletic training profession. Failure to fully cooperate in an ethics investigation is an ethical violation.

2.5 Members must not file, or encourage others to file, a frivolous ethics complaint with any organization or entity governing the athletic training profession such that the complaint is unfounded or willfully ignore facts that would disprove the allegation(s) in the complaint.

2.6 Members shall refrain from substance and alcohol abuse. For any member involved in an ethics proceeding with NATA and who, as part of that proceeding is seeking rehabilitation for substance or alcohol dependency, documentation of the completion of rehabilitation must be provided to the NATA Committee on Professional Ethics as a requisite to complete a NATA membership reinstatement or suspension process.

**Principle 3:** Members shall maintain and promote high standards in their provision of services.

3.1 Members shall not misrepresent, either directly or indirectly, their skills, training, professional credentials, identity, or services.

3.2 Members shall provide only those services for which they are qualified through education or experience and which are allowed by the applicable state athletic training practice acts and other applicable regulations for athletic trainers.

3.3. Members shall provide services, make referrals, and seek compensation only for those services that are necessary and are in the best interest of the patient as delineated by professional statements and best practices.

3.4. Members shall recognize the need for continuing education and participate in educational activities that enhance their skills and knowledge and shall complete such educational requirements necessary to continue to qualify as athletic trainers under the applicable state athletic training practice acts.

3.5. Members shall educate those whom they supervise in the practice of athletic training about the Code of Ethics and stress the importance of adherence.

3.6. Members who are researchers or educators must maintain and promote ethical conduct in research and educational activities.

**Principle 4:** Members shall not engage in conduct that could be construed as a conflict of interest, reflects negatively on the athletic training profession, or jeopardizes a patient's health and well-being.

4.1. Members should conduct themselves personally and professionally in a manner that does not compromise their professional responsibilities or the practice of athletic training.

4.2. All NATA members, whether current or past, shall not use the NATA logo in the endorsement of products or services, or exploit their affiliation with the NATA in a manner that reflects badly upon the profession.

4.3. Members shall not place financial gain above the patient's welfare and shall not participate in any arrangement that exploits the patient.

4.4. Members shall not, through direct or indirect means, use information obtained in the course of the practice of athletic training to try and influence the score or outcome of an athletic event, or attempt to induce financial gain through gambling.

4.5. Members shall not provide or publish false or misleading information, photography, or any other communications in any media format, including on any social media platform, related to athletic training that negatively reflects the profession, other members of the NATA, NATA officers, and the NATA office.

***ATHLETIC TRAINING MAJOR  
ACADEMIC REQUIREMENTS***

# ***ATHLETIC TRAINING COURSES (2014-2015)***

**The Bachelor of Science in Athletic Training requires the completion of the following courses:**

AT 28000	Introduction to Athletic Training Lab
AT 28300	Clinical Experience I
AT 28500	Introduction to Athletic Training
AT 30000	Principles of Rehabilitation
AT 30100	Therapeutic Exercise and Rehabilitation of Athletic Injuries
AT 30200	Assessment of Athletic Injuries-Lower Body
AT 30300	Assessment of Athletic Injuries-Upper Body
AT 30400	Therapeutic Modalities
AT 38000	Therapeutic Exercise and Rehabilitation of Athletic Injuries Lab
AT 38100	Assessment of Athletic Injuries-Lower Body Lab
AT 38200	Assessment of Athletic Injuries-Upper Body Lab
AT 38300	Clinical Experience II
AT 38400	Clinical Experience III
AT 38500	Clinical Experience IV
AT 38600	Therapeutic Modalities Lab
AT 38700	Football Experience
AT 42800	Clinical Experience V
AT 42900	Clinical Experience VI
AT 43100	Organization and Administration of Athletic Training
AT 43200	Pharmacology
AT 43300	Pathology of Non-Orthopedic Injuries and Illness
AT 43800	Senior Seminar
AT 43900	Athletic Training Integrating Experience

## **Additional requirements include:**

*BSC 10000	Concepts in Biology	HFS 31000	Kinesiology of Physical Education
*BSC 12100	Nutrition	MTH 14100	Basic Statistics
CHM 10000	Concepts in Chemistry	MTH 12100	Introduction to Contemp. Math. (3) (or higher)
EXS 26000	Concepts in Conditioning	PE 12000	Weight Lifting I
EXS 31500	Physiology of Exercise	PE 12100	Weight Lifting II
EXS 31600	Physiology of Exercise Lab	PE 33000	Psychological Aspects of PE
HFS 16000	First Aid/CPR	PSY 10000	Principles of Psychology
HFS 20000	Health and Nutrition		
	<b>One of the following:</b>		<b>One of the following:</b>
*BSC 22700	Human Anatomy and Physiology I	*BSC 22800	Human Anatomy and Physiology II
EXS 28000	Applied Anatomy	EXS 28500	Applied Physiology

\*The Biology department at the Belleville campus uses the prefix BIO, as compared to the BSC prefix used on the St. Charles campus.



# ***ATHLETIC TRAINING COURSES (2015-2016)***

**The Bachelor of Science in Athletic Training requires the completion of the following courses:**

AT 28000	Introduction to Athletic Training Lab
AT 28300	Clinical Experience I
AT 28500	Introduction to Athletic Training
AT 30000	Principles of Rehabilitation
AT 30100	Therapeutic Exercise and Rehabilitation of Athletic Injuries
AT 30200	Assessment of Athletic Injuries-Lower Body
AT 30300	Assessment of Athletic Injuries-Upper Body
AT 30400	Therapeutic Modalities
AT 38000	Therapeutic Exercise and Rehabilitation of Athletic Injuries Lab
AT 38100	Assessment of Athletic Injuries-Lower Body Lab
AT 38200	Assessment of Athletic Injuries-Upper Body Lab
AT 38300	Clinical Experience II
AT 38400	Clinical Experience III
AT 38500	Clinical Experience IV
AT 38600	Therapeutic Modalities Lab
AT 42800	Clinical Experience V
AT 42900	Clinical Experience VI
AT 43100	Organization and Administration of Athletic Training
AT 43200	Pharmacology
AT 43300	Pathology of Non-Orthopedic Injuries and Illness
AT 43800	Senior Seminar
AT 43900	Athletic Training Integrating Experience

## **Additional requirements include:**

*BSC 10000	Concepts in Biology	HFS 20400	Care and Prevention
*BSC 12100	Nutrition	HFS 20600	Care and Prevention Lab
CHM 10000	Concepts in Chemistry	HFS 31000	Kinesiology of Physical Education
EXS 26000	Concepts in Conditioning	MTH 14100	Basic Statistics
EXS 31500	Physiology of Exercise	MTH 12100	Introduction to Contemp. Math. (3) (or higher)
EXS 31600	Physiology of Exercise Lab	PE 33000	Psychological Aspects of PE
HFS 20000	Health and Nutrition	PSY 10000	Principles of Psychology

### **One of the following:**

*BSC 22700	Human Anatomy and Physiology I
EXS 28000	Applied Anatomy

### **One of the following:**

*BSC 22800	Human Anatomy and Physiology II
EXS 28500	Applied Physiology

\*The Biology department at the Belleville campus uses the prefix BIO, as compared to the BSC prefix used on the St. Charles campus.

# ***CATALOG AMENDMENT STATEMENT***

## ***(2015-2016)***

As a student applying for admission into the athletic training program, I understand there have been several changes to the existing catalog that will affect my course requirements. If admitted into the program for the fall semester of 2016, I understand and accept the following changes:

1. PE 12000 (Weightlifting I) and PE 12100 (Weightlifting II) will no longer be required. In place of these two courses, I will be required to take EXS 26000 (Concepts in Conditioning).
2. HFS 16000 (First Aid, CPR, and Sports Injuries) will no longer be required. In place of this course, I will be required to take HFS 20400 (Care and Prevention) and HFS 20600 (Care and Prevention Lab).
3. HFS 20000 (Health and Nutrition) will no longer be offered after the fall 2016 semester. If I do not complete this course requirement prior to its removal from the catalog, I will be required to take HFS 20500 (Concepts of Health) and EXS 24000 (Nutrition Thru the Life Cycle).
4. I will be required to take EXS 28000 (Applied Anatomy) or BSC 22700 (Human Anatomy and Physiology I) prior to the fall semester of 2016. I understand this is a prerequisite for several courses that I will be enrolled in during the 2016 fall semester.
5. I will no longer be required to take AT 37900 (Current Topics in Athletic Training).
6. I will be required to take AT 30000 (Principles of Rehabilitation).

# ***ATHLETIC TRAINING COURSES (2016-2017)***

**The Bachelor of Science in Athletic Training requires the completion of the following courses:**

AT 22100	Medical Terminology
AT 25000	Clinical Practicum I
AT 26000	Clinical Practicum II
AT 28000	Introduction to Athletic Training Lab
AT 28500	Introduction to Athletic Training
AT 30000	Principles of Rehabilitation
AT 30100	Therapeutic Exercise and Rehabilitation of Athletic Injuries
AT 30200	Assessment of Athletic Injuries-Lower Body
AT 30300	Assessment of Athletic Injuries-Upper Body
AT 30400	Therapeutic Modalities
AT 35000	Clinical Practicum III
AT 36000	Clinical Practicum IV
AT 38000	Therapeutic Exercise and Rehabilitation of Athletic Injuries Lab
AT 38100	Assessment of Athletic Injuries-Lower Body Lab
AT 38200	Assessment of Athletic Injuries-Upper Body Lab
AT 38600	Therapeutic Modalities Lab
AT 43100	Organization and Administration of Athletic Training
AT 43200	Pharmacology
AT 43300	Pathology of Non-Orthopedic Injuries and Illness
AT 43800	Senior Seminar
AT 45000	Clinical Practicum V
AT 46000	Clinical Practicum VI

## **Additional requirements include:**

*BSC 10000	Concepts in Biology	HFS 20500	Health Concepts
CHM 10000	Concepts in Chemistry	HFS 20600	Care and Prevention Lab
EXS 24000	Nutrition throughout the Lifecycle	MTH 14100	Basic Statistics
EXS 26000	Concepts in Conditioning	MTH 12100	Introduction to Contemp. Math. (or higher)
EXS 31500	Physiology of Exercise	PE 33000	Psychological Aspects of PE
EXS 31600	Physiology of Exercise Lab	PE 35600	Theory & Methods of Coaching Weight Training
EXS 34000	Nutrition for Performance	PSY 10000	Principles of Psychology
HFS 20400	Care and Prevention		

### **One of the following:**

HFS 31000	Kinesiology of Physical Education
EXS 32500	Biomechanics

### **One of the following:**

*BSC 22700	Human Anatomy and Physiology I
EXS 28000	Applied Anatomy

### **One of the following:**

*BSC 22800	Human Anatomy and Physiology II
EXS 28500	Applied Physiology

\*The Biology department at the Belleville campus uses the prefix BIO, as compared to the BSC prefix used on the St. Charles campus.

# ***ATHLETIC TRAINING COURSES (2017-2018)***

**The Bachelor of Science in Athletic Training requires the completion of the following courses:**

AT 22000	Medical Terminology
AT 25000	Clinical Practicum I
AT 26000	Clinical Practicum II
AT 28000	Introduction to Athletic Training Lab
AT 28500	Introduction to Athletic Training
AT 30000	Principles of Rehabilitation
AT 30100	Therapeutic Exercise and Rehabilitation of Athletic Injuries
AT 30200	Assessment of Athletic Injuries-Lower Body
AT 30300	Assessment of Athletic Injuries-Upper Body
AT 30400	Therapeutic Modalities
AT 35000	Clinical Practicum III
AT 36000	Clinical Practicum IV
AT 38000	Therapeutic Exercise and Rehabilitation of Athletic Injuries Lab
AT 38100	Assessment of Athletic Injuries-Lower Body Lab
AT 38200	Assessment of Athletic Injuries-Upper Body Lab
AT 38600	Therapeutic Modalities Lab
AT 43100	Organization and Administration of Athletic Training
AT 43200	Pharmacology
AT 43300	Pathology of Non-Orthopedic Injuries and Illness
AT 43800	Senior Seminar
AT 45000	Clinical Practicum V
AT 46000	Clinical Practicum VI

## **Additional requirements include:**

*BSC 10000	Concepts in Biology	HFS 20500	Health Concepts
CHM 10000	Concepts in Chemistry	HFS 20600	Care and Prevention Lab
EXS 24000	Nutrition throughout the Lifecycle	MTH 14100	Basic Statistics
EXS 26000	Concepts in Conditioning	MTH 15100	College Algebra
EXS 31500	Physiology of Exercise	PE 33000	Psychological Aspects of PE
EXS 31600	Physiology of Exercise Lab	PE 35600	Theory & Methods of Coaching
EXS 34000	Nutrition for Performance		Weight Training
HFS 20400	Care and Prevention	PSY 10000	Principles of Psychology
	<b>One of the following:</b>		<b>One of the following:</b>
EXS 32500	Biomechanics	*BSC 22800	Human Anatomy and Physiology II
	<b>One of the following:</b>		
*BSC 22700	Human Anatomy and Physiology I		

\*The Biology department at the Belleville campus uses the prefix BIO, as compared to the BSC prefix used on the St. Charles campus.

# ADVISING FORM

## Application/Program Requirements:

1. Application process for the Athletic Training Program occurs each Spring semester
  - Candidates must achieve a grade of C or better in the following courses: BSC 22700, AT 22000; AT 28000; AT 28500
  - Candidates must have a cumulative GPA of 2.75 or higher for all courses and a cumulative GPA of 3.0 or higher for all curriculum courses
2. Athletic training students must achieve a grade of C or better in all athletic training curriculum courses

\*Classes in red are both a general education requirement and a class within the athletic training curriculum.

## General Education Requirements (46 credit hours)

General Education Requirements (46 credit hours)						
Orientation						
Freshman Orient.	LNO	1				Not Identified as a Gen Ed Credit
Core		Hrs	Semester	Trans	Grade	General Education Designation
Composition	ENGL 15000 Strategies for University Writing	3				
Composition	ENGL 17000 Research and Argumentation	3				
Math	MTH 12100 or Higher	3	Complete this data below in the AT Curriculum section.			GE-Math
US History & Government		3				GE-Human Culture: US History/Government
Natural & Social Science/Math						
Social Science	PSY 10000 Principles of Psychology	3	Complete this data below in the AT Curriculum section.			GE-Social Science
Natural Science with Lab	CHM 10000 Concepts of Chemistry	4				GE-Natural Science Lab
Social or Natural Science Elective	BSC 10000 Concepts of Biology	4				GE-Social Science, GE-Natural Science, GE-Natural Science Lab
Social Science, Natural Science, or Math Elective	BSC 22700 Anatomy and Physiology	4				
Human Culture						
Arts		3				GE-Human Culture: Arts
Literature		3				GE-Human Culture: Literature
Non-Literature, Non-Arts Elective		3				GE-Human Culture: US Government, World History, Foreign Language/Culture, Religion, Philosophy
Human Cultures Elective		3				GE-Human Culture
Electives						
GE - Elective	*MTH 14100 Basic Statistics	3	Complete this data below in the AT Curriculum section.			GE-Math *Required
GE - Elective	*EXS 24000 Nutrition Throughout the Life Cycle	3				GE-Natural Science *Required
Human Diversity – 6 credit hours must be designated in the Human Diversity category						

The following classes are from the Human Culture category and also fulfill the Human Diversity requirements. It would be advantageous to use these courses to meet both requirements. REL 15000 World Religions, HIST 16200 World History since 15000, GEO 10100 World Regional Geography, GEO 10200 Concepts of Geography, GEO 10300 Human Geography, REC 21400 Cultural Tourism, DAN 17100 Dance as an Art, ENGL 20100 World Literature I, and any Foreign Language Courses.

# ***ATHLETIC TRAINING CURRICULUM***

Required Classes (not specific to a certain year in program)	Hrs	Semester Completed	Trans	Grade	Notes/Prerequisites
CHM 10000 Concepts of Chemistry	4				May alternate CHM 23000 *Must be completed before the spring semester of second year
EXS 24000 Nutrition Throughout the Life Cycle	3				Recommend taking during first or second year.
MTH 12100 (or higher) – specify below	3				Recommend taking during the first year.
MTH 14100 – Basic Statistics	3				Recommend taking during the second year.
PSY 10000 Principles of Psychology	3				
HFS 20500 Concepts of Health	4				Recommend taking during first year.
EXS 26000 Concepts in Conditioning	3				Must take during first or second year.
PE 35600 Theory & Methods of Coaching Weight Training	3				Must take during first or second year. Prerequisites: HFS 20400 or AT 28500 or PE 15000 or EXS 25000
EXS 34000 Nutrition for Performance	3				Prerequisite: EXS 24000
PE 33000 Psychological Aspects of Physical Education	3				Prerequisite: PSY10000
First Year – Required Classes	Hrs	Semester Completed	Trans	Grade	Notes/Prerequisites
BSC 10000 Concepts of Biology	4	FA -			May alternate BSC 24400
AT 22000 Medical Terminology	2	FA -			
BSC 22700 Anatomy and Physiology I	4	SP -			Prerequisites: BSC 10000 or BSC 24400
AT 28000 Introduction to Athletic Training Lab	1	SP -			
AT 28500 Introduction to Athletic Training	3	FA/SP -			
Second Year – Required Classes	Hrs	Semester Completed	Trans	Grade	Notes/Prerequisites
HFS 204000 Care and Prevention	3	FA -			Taken in conjunction with HFS 20600 Prerequisites: BSC 22700
HFS 20600 Care and Prevention Lab	1	FA -			Taken in conjunction with HFS 20400
EXS 32500 Biomechanics	3	FA -			Prerequisites: BSC 22700
AT 25000 Clinical Practicum I	2	FA -			Admittance into the Athletic Training Program
BSC 22800 Anatomy and Physiology II	4	SP -			Prerequisites: BSC 22700 and CHM 10000 or CHM 23000
AT 30200 Assessment of Athletic Injuries - Lower Body	3	SP -			Taken in conjunction with AT 38100 Prerequisites: BSC 22700 and EXS 325000 and AT 25000
AT 38100 Assessment of Athletic Injuries - Lower Body Lab	2	SP -			Taken in conjunction with AT 30200 Prerequisites: BSC 22700 and EXS 325000 and AT 25000
AT 26000 Clinical Practicum II	2	SP -			AT 25000

<b>Third Year – Required Classes</b>	<b>Hrs</b>	<b>Semester Completed</b>	<b>Trans</b>	<b>Grade</b>	<b>Notes/Prerequisites</b>
AT 30300 Assessment of Athletic Injuries - Upper Body	3	FA -			Taken in conjunction with AT 38200 Prerequisites: AT 30200 and AT 38100
AT 38200 Assessment of Athletic Injuries - Upper Body Lab	2	FA -			Taken in conjunction with AT 30300 Prerequisites: AT 30200 and AT 38100
EXS 31500 Physiology of Exercise	3	FA -			BSC 22800
EXS 31600 Physiology of Exercise Lab	1	FA -			Taken in conjunction with EXS 31500
AT 30000 Principles of Rehabilitation	3	FA -			BSC 22800 and EXS 32500
AT 35000 Clinical Practicum III	2	FA -			AT 26000 and AT 30200 and AT 38100
AT 30400 Therapeutic Modalities	3	SP -			Taken in conjunction with AT 38600 Prerequisites: BSC 22800
AT 38600 Therapeutic Modalities Lab	1	SP -			Taken in conjunction with AT 30400 Prerequisites: BSC 22800
AT 30100 Therapeutic Exercise and Rehabilitation of Athletic Injuries	3	SP -			Taken in conjunction with AT 38000 Prerequisites: BSC 2280 and AT 30000 and PE 35600
AT 38000 Therapeutic Exercise and Rehabilitation of Athletic Injuries Lab	2	SP -			Taken in conjunction with AT 30100 Prerequisites: AT 30000 and EXS 31500 and PE 35600
AT 36000 Clinical Practicum IV	2	SP -			AT 35000 and AT 30300 and AT 38200
<b>Fourth Year – Required Classes</b>	<b>Hrs</b>	<b>Semester Completed</b>	<b>Trans</b>	<b>Grade</b>	<b>Notes/Prerequisites</b>
AT 43100 Organization and Administration of Athletic Training	3	FA -			Senior standing in Athletic Training Program
AT 43200 Pharmacology	3	FA -			Senior standing in Athletic Training Program Prerequisites: BSC 22800
AT 43300 Non-Orthopedic Assessment	3	FA -			Senior standing in Athletic Training Program Prerequisites: BSC 22800
AT 45000 Clinical Practicum V	2	FA -			AT 30100 and AT 36000 and AT 38000
AT 43800 Senior Seminar	1	SP -			Senior standing in Athletic Training Program
AT 46000 Clinical Practicum VI	2	SP -			AT 45000
<b>(A) GE Credit Hours [45 + 1 (LNO)]</b>	<b>46</b>				
<b>(B) AT (Non-GE) Credit Hours</b>	<b>80</b>				
<b>(C) AT Curriculum Hours</b>	<b>104</b>				
<b>Total Hours for BS Degree in AT (A + B)</b>	<b>126</b>				

# ***ENTRANCE REQUIREMENTS***



# ***ATHLETIC TRAINING PROGRAM APPLICATION CRITERIA***

The athletic training program at Lindenwood University has a secondary application process for prospective students that is in addition to the University's application for general admission. The program accepts applications from current Lindenwood University students as well as prospective transfer students. Once accepted into the program, students will have three years of coursework and clinical rotations at Lindenwood University. The following information guides the application and selection process for both type of students.

## **APPLICATION PROCESS:**

- **Lindenwood University Students**

- Students attending Lindenwood University will complete all the program's application requirements during their first year, including:
  - Application Forms/Documents
    - Application Letter
    - \*Personal Information Form
    - \*Recommendation Form
    - \*Clinical Observations
    - \*Physical Examination Form
    - Immunization Records
    - \*Hepatitis B Form
    - \*Communicable Disease Policy
    - \*Technical Standards Form
    - \*Confidentiality Agreement
    - \*Bloodborne Pathogen Policy
    - \*Student Handbook/Student Policies
    - \*CAATE – Release of Information Form
    - \*Stopping Out Form
    - \*Clinical Participation Statement
    - \*Concussion Form
  - Completion of (or current enrollment in) the following:
    - AT 22000 (Medical Terminology)
    - AT 28000 (Introduction to Athletic Training Lab)
    - AT 28500 (Introduction to Athletic Training)
    - BSC 22700 (Anatomy and Physiology I)
  - Observation hours
    - Athletic training program candidates are required to have 50 documented observation hours with an athletic trainer. Students are also encouraged to shadow/observe other health care professionals to gain a better understanding of the professions, the responsibilities of various health care employees, and the relationship between health care professionals
- Students will access and submit all Application Form/Documents through the learning management system, Canvas.
- Applications must be submitted by March 31<sup>st</sup>. Applications are accepted after the deadline, but due to enrollment limitations, they are not guaranteed to be included in the reviewing process.
- Students meeting the application criteria will be contacted in April to schedule an interview with the athletic training faculty/staff.
- Once transcripts and final grades are reviewed, acceptance and non-acceptance letters will be mailed out to each applicant no later than June 15<sup>th</sup>.

- **Transfer Students**

- Transfer students can complete all the program’s application requirements prior to attending, including:
  - Application Forms/Documents
    - Application Letter
    - \*Personal Information Form
    - \*Recommendation Form
    - \*Clinical Observations
    - \*Physical Examination Form
    - Immunization Records
    - \*Hepatitis B Form
    - \*Communicable Disease Policy
    - \*Technical Standards Form
    - \*Confidentiality Agreement
    - \*Bloodborne Pathogen Policy
    - \*Student Handbook/Student Policies
    - \*CAATE – Release of Information Form
    - \*Stopping Out Form
    - \*Clinical Participation Statement
    - \*Concussion Form
  - (\*Form is located in Appendix A)
  - Completion of (or current enrollment in) the following:
    - AT 22000 (Medical Terminology)
    - AT 28000 (Introduction to Athletic Training Lab)
    - AT 28500 (Introduction to Athletic Training)
    - BSC 22700 (Anatomy and Physiology I)
  - Observation hours
    - Athletic training program candidates are required to have 50 documented observation hours with an athletic trainer. Students are also encouraged to shadow/observe other health care professionals to gain a better understanding of the professions, the responsibilities of various health care employees, and the relationship between health care professionals
- Students will need to download all application documents and submit them directly to the Program Director.
  - Hard copies can be delivered to 209 S. Kingshighway, St. Charles, MO (Attn: Tom Godar).
  - Electronic documents can be submitted directly to the Program Director at [tgodar@lindenwood.edu](mailto:tgodar@lindenwood.edu).
  - All forms required as part of the application process are available with instructions through the Athletic Training Program website under ‘Resources for Prospective Students.’
- Students are recommended to submit all parts of the applications by March 31<sup>st</sup>. This is the application deadline for students currently enrolled at Lindenwood University. Applications are accepted after the deadline, but due to enrollment limitations, they are not guaranteed to be included in the reviewing process.
- Students meeting the application criteria will be contacted to schedule an interview with the athletic training faculty/staff.
- Acceptance and non-acceptance letters will be mailed out to each applicant after completing the interview and submitting all final transcripts.

# ***CANDIDATE REVIEWING PROCESS***

- Completion of Application (5 points)
  - 5 points for a completed application
  - 0 points for an incomplete application
- Application Letter (10 points)
  - Evaluated for clarity, grammar, punctuation, and overall content
- Cumulative Grade Point Average (15 points)
  - 3.90-4.00 – 15
  - 3.8-3.89 – 14
  - 3.7-3.79 – 13
  - 3.6-3.69 – 12
  - 3.5-3.59 – 11
  - 3.4-3.49 – 10
  - 3.3-3.39 – 9
  - 3.2-3.29 – 8
  - 3.1-3.19 – 7
  - 3.0-3.09 – 6
  - 2.9-2.99 – 5
  - 2.8-2.89 – 4
  - 2.70-2.79 – 3
  - 2.60-2.69 – 2
  - < 2.59 – 1
- Performance in Required Coursework (15 points)
  - BSC 22700 (or BIO 22700): A = 6; B = 5; C = 4
  - AT 28000: A = 3; B = 2; C = 1
  - AT 28500: A = 3; B = 2; C = 1
  - AT 22000: A = 3; B = 2; C = 1

\*Failure to achieve a 'C' or better in any of the above courses will result in a dismissed application
- Documented History of Observation/Interaction (5 points)
  - Athletic training program candidates are required to have 50 documented observation hours with an athletic trainer. Students are also encouraged to shadow/observe other health care professionals to gain a better understanding of the professions, the responsibilities of various health care employees, and the relationship between health care professionals.
- Interview (10 points)
- Letters of Recommendation (5 points)

# ***RETENTION CRITERIA***

## ***Grade Point Average (G.P.A.)***

Athletic training students are required to maintain a minimum cumulative GPA of 2.75 for all courses and a minimum cumulative GPA of 3.0 for all curriculum courses.

## ***Athletic Training Curriculum Course Performance***

No grade of D or F will be accepted in any athletic training curriculum course. Disciplinary action will result if a student receives more than one deficient grade in his/her athletic training curriculum courses in one semester.

## ***Clinical Practicum Course Performance***

Athletic training students must complete a minimum number of hours as identified in the description of all Clinical Practicum courses. Students will receive a grade for the Clinical Practicum class and will also receive personal performance evaluations from the supervising certified athletic trainer. Students who fail to act in accordance with clinical guidelines and student policies will be provided written disciplinary notices which may affect student status in the athletic training program. See 'Clinical Guidelines and Disciplinary Code' for additional information.

# ***ACADEMIC DISCIPLINARY CODE***

## ***Academic Probation***

An athletic training student will be placed on probation for not meeting any of the retention criteria listed above. The student will be allowed to continue the normal progression of classroom and clinical education with no restrictions.

## ***Academic Suspension***

If the student is unable to meet the retention criteria following one semester on probation, he/she will be placed on academic suspension. Or, if the athletic training student receives two grades of (D) or (F) in athletic training core classes in one semester, he/she will be automatically placed on suspension.

The student will **not** be allowed to advance in the athletic training curriculum and classroom progression will cease. To regain normal student status in the Athletic Training Program, the athletic training student must meet all the retention criteria and submit a letter to the Program Director applying for re-admittance into the Athletic Training Program.

If a student is on probation for a deficient GPA, the student will be allowed to continue on probation and will not be suspended **if** they received a term GPA above 3.0 in the subsequent term following being placed on probation.

***CLINICAL  
EXPERIENCES***

# ***CLINICAL PROGRESSION AND SUPERVISION POLICY***

The ATP maintains a low ratio of clinical preceptors to athletic training students. Currently, Lindenwood University has more than twenty-five certified athletic trainers employed on its campuses. It is the policy of the Lindenwood University ATP and all affiliated sites to directly supervise all athletic training students. Direct supervision is defined by CAATE as being physically present and having the ability to intervene on behalf of the athletic training student and the patient-athlete.

**Pre-Professional Student:** student enrolled in pre-requisite coursework and completing the application process for the Athletic Training Program (ATP).

**Athletic Training Student (ATS):** student formally admitted into the Lindenwood University ATP after fulfilling all application requirements.

## **Clinical Practicum Progression:**

### *Pre-Professional Student:*

Clinical observation begins prior to the student's formal acceptance into the Athletic Training Program. All program applicants are required to document 50 hours of observation with an athletic trainer, and these observations can occur in a variety of professional settings. There are no clinical proficiencies required for the observation student. Furthermore, pre-professional athletic training students are not allowed to provide athletic training services to student-athletes at Lindenwood University, including, but not limited to, taping, bandaging, and therapeutic modalities. Students at this level are not evaluated on any athletic training skills in the clinical setting.

### *1<sup>st</sup> Year Professional Student:*

Fall Semester: First year ATS's are required to complete Clinical Practicum I during the fall semester. During this time, first year ATS's will be assigned to a clinical rotation throughout the semester with opportunities to demonstrate proficiency in athletic training skills previously learned in Introduction to Athletic Training Lab (Taping, Wrapping, and Bracing).

Spring Semester: Following a successful fall semester in the program, students will be enrolled in Clinical Practicum II. During this time, the student will be assigned to a clinical rotation throughout the semester with opportunities to demonstrate proficiency in athletic training skills previously learned in Care and Prevention Lab (Acute Care and Emergency Management).

### *2<sup>nd</sup> Year Professional Student:*

Fall Semester: Following a successful first year in the program, second year students are required to complete Clinical Practicum III during the fall semester. During this time, the student will be assigned to a clinical rotation throughout the semester with opportunities to demonstrate proficiency in athletic training skills previously learned in Assessment of Athletic Injuries Lab – Lower Body (Clinical Examination and Diagnosis).

Spring Semester: Following a successful fall semester in the program, students will be enrolled in Clinical Practicum IV. During this time, the student will be assigned to a clinical rotation throughout the semester with opportunities to demonstrate proficiency in

athletic training skills previously learned in Assessment of Athletic Injuries Lab – Upper Body (Clinical Examination and Diagnosis).

*3<sup>rd</sup> Year Professional Student:*

Fall Semester: Following a successful first year in the program, second year students are required to complete Clinical Practicum V during the fall semester. During this time, the student will be assigned to a clinical rotation throughout the semester with opportunities to demonstrate proficiency in athletic training skills previously learned in Therapeutic Modalities Lab (Therapeutic Interventions).

Spring Semester: Following a successful fall semester in the program, students will be enrolled in Clinical Practicum IV. During this time, the student will be assigned to a clinical rotation throughout the semester with opportunities to demonstrate proficiency in athletic training skills previously learned in Therapeutic Exercise and Rehabilitation Lab and Psychological Aspects of Physical Education (Therapeutic Interventions and Psychosocial Strategies).



# ***CLINICAL ROTATIONS ROLES & RESPONSIBILITIES***

## **CLINICAL HOUR REQUIREMENTS/RESTRICTIONS**

All athletic training students will be required to complete a minimum of 150 hours each semester as a part of their respective Clinical Practicum course (or 150 hours for a Clinical Practicum course). Preceptors will collaborate with their assigned students to develop a schedule that provides opportunities for the student to learn in a variety of settings, including within the athletic training rooms, as well as on-site for athletic practices and events. Students may also be provided with opportunities to travel with various athletic teams during their clinical rotation.

At times, the student's preceptor may be traveling with a team or out of the office, and during these times, the preceptor will help develop a schedule that will ensure the hour requirements are being met on campus while he/she is unavailable. This will typically include clinical hours in the athletic training room(s) or attending other athletic events under the supervision of another preceptor.

In addition to these minimum requirements, students will not be allowed to complete more than 30 hours in a given week, and all students must have at least one day removed from their assigned clinical site each week. Students will be required to maintain their own weekly hour logs and have them signed by their assigned preceptor each week. It will also be the responsibility of the student to submit these signed hour logs to their Clinical Practicum instructor.

## **FIRST-YEAR UNDERGRADUATE:**

1. The athletic training student will enroll in AT 25000, EXS 28500 or BSC 22800, HFS 20400, HFS 20600, HFS 31000 or EXS 32500, AT 30200, AT 38100, AT 26000, AT 30400, and AT 38600.
2. The athletic training student will be assigned to a fall and spring season sport under the direction of a preceptor and will be responsible for the following duties:
  - A. Assisting in mentoring the observation-level and first-year athletic training students
  - B. Attending all designated practices and home games
  - C. Assisting with pre-practice/game taping and wrapping
  - D. Transporting medical equipment to and from practices/games
  - E. Maintaining appropriate records for each athlete, injury, treatment, etc...
  - F. Reporting all injuries to the supervising certified athletic trainer
  - G. Assisting the supervising certified athletic trainer with pre-season physicals
  - H. Assisting in cleaning and restocking the Athletic Training Room each day
3. The athletic training student will also be assigned to spring football under the supervision of the head football athletic trainer while also assisting with the sports coverage of his/her assigned spring season sport.
4. The athletic training student will become familiar with all athletic training room records, such as physical forms, SOAP notes, etc., and the location and usage of all supplies and equipment.
5. The athletic training student, under the supervision of a certified athletic trainer, may utilize therapeutic modalities and perform taping techniques after demonstrating proficiency with the specific procedures.

6. The athletic training student will record hours each day and have the appropriate form signed by his/her preceptor at the end of each week. The hour sheet will then be presented to the Clinical Practicum course instructor during the scheduled weekly meeting. The instructor will review the hour sheet and sign. Hour sheets will be maintained by the student until the end of the semester when the course packet is submitted to the course instructor.

## **SECOND-YEAR UNDERGRADUATE:**

1. The athletic training student will enroll in AT 35000, AT 30300, AT 38200, EXS 31500, EXS 31600, AT 30000, AT 36000, AT 30100, and AT 38000.
2. The athletic training student will report to school early for pre-season; and he/she will be assigned to work with the university's football team, or he/she will be placed in a high school setting with an approved clinical preceptor. During this clinical rotation, the students will be responsible for the following duties:
  - A. Assisting in mentoring the observation-level and first-year athletic training students
  - B. Assisting the head football certified athletic trainer with pre-season physicals
  - C. Attending all designated practices including pre-season workouts
  - D. Assisting the head football athletic trainer with all designated events including travel coverage
  - E. Assisting with pre-practice/game treatments, taping, wrapping, and rehabilitation programs
  - F. Transporting medical equipment to and from practices/games
  - G. Maintaining appropriate records for each athlete, injury, treatment, etc...
  - H. Reporting all injuries to the head football athletic trainer
  - I. Assisting with morning rehabilitation and treatment appointments in the athletic training room
  - J. Assisting with post-practice rehabilitation programs and treatments
  - K. Assisting in cleaning and restocking the athletic training room each day
3. The athletic training student will be assigned to a spring sport or a local high school under the direction of a preceptor. During this clinical rotation, the student will be responsible for the following duties:
  - A. Assisting in mentoring the observation-level and first-year athletic training students
  - B. Assisting the supervising certified athletic trainer in organizing and conducting team physicals
  - C. Attending all designated team practices and games (including away games)
  - D. Assisting with pre-practice/game treatments, taping, wrapping, and rehabilitation programs
  - E. Transporting medical equipment to and from practices/games
  - F. Maintaining appropriate records for each athlete, injury, treatment, etc...
  - G. Reporting all injuries to the supervising certified athletic trainer
  - H. Assisting with post-practice rehabilitation programs and treatments
  - I. Assisting in cleaning and restocking the athletic training room each day
  - J. Assisting with the rehabilitation programs and evaluating the progress of all injured athletes of assigned team
  - K. Assisting in maintaining daily communication with the coaching staff regarding various injuries sustained by athletes and their current status
  - L. Assisting in cleaning and restocking of the athletic training room each day
4. The athletic training student will become more familiar with all athletic training room records, such as physical forms, SOAP notes, etc., electronic medical records, and the location and usage of all supplies and equipment.

5. The athletic training student will continue to learn the application procedures for various therapeutic modalities and taping techniques.
6. The athletic training student will help in mentoring the observation-level and first-year athletic training students.
7. The athletic training student will record hours each day and have the appropriate form signed by his/her preceptor at the end of each week. The hour sheet will then be presented to the Clinical Practicum course instructor during the scheduled weekly meeting. The instructor will review the hour sheet and sign. Hour sheets will be maintained by the student until the end of the semester when the course packet is submitted to the course instructor.

### **THIRD-YEAR UNDERGRADUATE:**

1. The athletic training student will enroll in AT 43100, AT 43800, AT 45000, AT 43300, AT 43200, AT and 46000.
2. The athletic training student will be placed in two clinical rotations throughout the school. All students will participated in one rotation at a physical therapy clinic during this time. During the remainder of the year, the student will be placed in a rotation on campus, at a local high school, or at another affiliated site. Students will also gain experience observing in a general medical setting (i.e. family physician's office, student health center, etc...). During these rotations, the athletic training student will be responsible for the following duties:
  - A. Mentoring and scheduling observation-level, first-year, and second-year athletic training students
  - B. Attending all designated team practices and games (including away games)
  - C. Organizing an appropriate clinical schedule for athletic training students to ensure appropriate coverage for all practices/games
  - D. Assisting the supervising athletic trainer in organizing and conducting team physicals
  - E. Consulting with coaches concerning the pre-season conditioning programs
  - F. Assisting the supervising athletic trainer with collecting all appropriate medical information and creating medical files for each athlete
  - G. Providing preventative care to all athletes and provide medical support for all practices and games
  - H. Transporting medical equipment to and from practices/games
  - I. Providing immediate care for all injuries under the supervision of a preceptor
  - J. Establishing treatment protocols for injured athletes under the direction of his/her preceptor
  - K. Establishing rehabilitation programs for injured athletes under the direction of his/her preceptor
  - L. Maintaining appropriate records for each athlete, injury, treatment, etc...
  - M. Communicating with members of the coaching staff regarding various injuries sustained by athletes and their current status
  - N. Assisting in cleaning and restocking the athletic training room each day
3. The athletic training student will help in mentoring the observation-level, first-year, and second-year athletic training students.
4. The athletic training student will record hours each day and have the appropriate form signed by his/her preceptor at the end of each week. The hour sheet will then be presented to the Clinical Practicum course instructor during the scheduled weekly meeting. The instructor will review the hour sheet and sign. Hour sheets will be maintained by the student until the end of the semester when the course packet is submitted to the course instructor.

# ***DRESS CODE***

## **FOR COVERING DAILY ACTIVITIES**

### **A. Pants/Shorts**

1. Pants must be khaki, gray, navy blue, or black dress pants.
  - a. Team-colored nylon pants are acceptable if covering outdoor events, but will not be acceptable for daily wear in the athletic training room.
  - b. All pants must be free of any holes, rips, tears, stains etc.
2. Shorts must be khaki, gray, navy blue, or black. Shorts must be at least thigh length (ie. no more than 3 inches above the kneecap) and free of any holes, rips, tears, stains, etc. All shorts must also have a hemmed edge.
  - a. Team-colored athletic shorts are acceptable if covering outdoor events, but will not be acceptable for daily wear in the athletic training room.
3. Jeans, yoga pants, stretch pants, sweatpants, and cut-off's are unacceptable.

### **B. Shirt**

1. Shirts must represent Lindenwood University; or be solid print and team-colored. Shirts should be clean and tucked in at all times.

### **C. Shoes**

1. Closed toe shoes with socks must be worn in the athletic training room and in all other clinical settings. Appropriate shoes would include running/tennis shoes or other such functional shoes that are good in appearance and condition. Inappropriate shoes would include sandals, high heels, opened-toe or opened-heel shoes, or work boots.

### **D. Hats**

1. Hats may only be worn during outdoor activities and must represent Lindenwood University.

## **FOR COVERING INDOOR COMPETITIONS**

### **A. Pants**

1. Khaki, navy blue, black, or gray dress pants; or dresses that in length are past the knees.

### **B. Shirts**

1. Collared shirt, dress shirt, or sweater.

### **C. Shoes**

1. Appropriate shoes as stated above.

### **D. Hats**

1. Not allowed for any indoor activities

## **FOR COVERING OUTDOOR COMPETITIONS**

### **A. Pants/Shorts**

1. Dress pants are the same as stated in the indoor competition. However, shorts may be appropriate if they meet the requirements explained above.

### **B. Shirts**

1. Collared shirt, or other Lindenwood issued apparel (i.e. Lindenwood fleece), as approved by the preceptor.

### **C. Shoes**

1. Appropriate shoes as stated above.

### **D. Hats**

1. Hats may only be worn during outdoor activities and must represent Lindenwood University.

# ***CLINICAL GUIDELINES AND DISCIPLINARY CODE***

As aspiring athletic training professionals, it is imperative to seek and maintain high standards of conduct. Although not exclusive, the following list serves as a guideline to maintaining a professional conduct.

1. The athletic training student will report promptly when scheduled. This includes treatments, practices, games, meetings, in-services, and any other activity deemed essential by the administrative athletic training staff. When ill or unable to be present at the assigned time, notify the supervising certified athletic trainer by phone. Athletic training students who wish to be absent from an assignment must provide two weeks of notice to the supervising certified athletic trainer and find a suitable replacement.
2. The athletic training student will dress in the appropriate attire when representing the athletic training program (Refer to *Dress Code*). Professional appearance is expected at all times.
3. The athletic training student is responsible for assisting in the maintenance of the athletic training facility whether on or off duty. It is extremely important the athletic training facilities are maintained to provide a professional atmosphere and to decrease the risk of infection and spread of disease.
4. The athletic training student will be held accountable and responsible for their actions whether on or off duty. As a representative of the Athletic Training Program and Lindenwood University, it is imperative that a positive and professional attitude be maintained at all times.
5. The athletic training student is expected to arrange his/her academic schedules as to allow reasonable scheduling of field experiences.
6. The athletic training student will place professional responsibility and their educational pursuit as an athletic trainer as a priority.
7. The athletic training student will schedule any part time jobs or extra-curricular activities secondary to their athletic training responsibilities.
8. The athletic training student is expected to be attentive to the safety of all athletes with whom they come in contact. The athletic training student must be aware of any treatments or other activities occurring in or out of the athletic training facility and must know the proper emergency protocols.
9. The athletic training student must recognize his/her personal and professional limitations. It is the responsibility of the student to improve upon and strive to gain the necessary knowledge to become the best athletic trainer he/she can be.
10. The athletic training student should accept personal praise and criticism with a professional attitude. Discuss any disagreements with the proper administrator in the appropriate setting.
11. The athletic training student will be exposed to a variety of experiences. This is done to provide the student with a comprehensive background in athletic injuries, treatments, and rehabilitation programs. The student must accept these assignments as a necessary entity in his/her development as an athletic trainer.
12. The athletic training student will not discuss any injury or other information that is deemed confidential, with anyone not associated with the athletic training staff.
13. The athletic training student will maintain up to date CPR certifications. It is the student's responsibility to update these or any other certifications that are deemed essential by the administrative athletic training staff.
14. The reputation of the athletic training student is based on respect, responsibility, and maturity. Athletic training students should be professional in their work habits and in their relationships with those involved in the intercollegiate athletic programs. It is expected that friendships developed will never interfere with the objectivity needed in this profession.

Furthermore, at NO TIME while completing clinical hours shall an athletic training student be:

1. Under the influence of any mind altering substances (i.e. alcoholic beverages, drug, etc.). Will result in immediate dismissal.
2. Acting in any way harmful to oneself, participants, or any other person. Athletic training students will act in a professional manner at ALL times.
3. Involved in an amorous or sexual relationship with any current athlete for whom the student provides athletic training services or for any athlete whom the athletic training student may have a future chance of providing athletic training services.
4. Performing actions and procedures that are not described in the *Clinical Rotations, Roles, and Responsibilities*.
5. Failing to comply with the Emergency Action Plan and Procedures.
6. Failing to abide by the instructions of the supervising athletic trainer. Athletic training students with any suggestions, comments, complaints, criticism, or other questionable remarks should wait for an appropriate time alone with the supervisor to make such remarks.
7. Failing to give complete attention to the event being covered (i.e. playing around, leaving early without prior consent).
8. Involved in any other actions deemed inappropriate by the supervising athletic trainer.

If any athletic training student has difficulty maintaining the high level of professionalism expected while completing his/her field experience, disciplinary action will be taken. All offenses will be kept on record. Following any disciplinary notice, the student can submit a formal letter of appeal to the Program Director which will be reviewed by the ATP faculty and staff to help ensure the appropriate course of action has occurred. Depending on the seriousness of the offense, the following actions will take place:

**1. FIRST OFFENSE:**

A written reprimand will be prepared by the supervising athletic trainer.

**2. SECOND OFFENSE:**

A written reprimand will be prepared by the supervising athletic trainer. The athletic training student will be required to meet with the supervising athletic trainer as well as other faculty members of the Athletic Training Program to discuss the individual's current status in the Athletic Training Program.

**3. THIRD OFFENSE:**

The athletic training student will be dismissed from the Athletic Training Program. At this time, the student will be unable to participate in any clinical rotation. To regain normal student status in the Athletic Training Program, the athletic training student must meet all the retention criteria and submit a letter of application to the Program Director requesting re-admittance into the Athletic Training Program.

# ***ATHLETIC TRAINING ROOM RULES AND REGULATIONS***

1. The athletic training staff, including athletic training students, is committed to providing our intercollegiate student-athletes with the best possible healthcare.  
Please treat the entire staff in a professional, courteous, and respectful manner.
2. No one is permitted in the athletic training room without the supervision or permission of a staff athletic trainer.
3. It is the sole responsibility of the student-athlete to report all injuries and illnesses to a member of the athletic training staff to ensure proper and expedient care.
4. All student-athletes should check-in with their supervising athletic trainer upon entering the athletic training room.
5. No loitering or lounging. All athletes should leave the facility after the conclusion of their required treatment or rehabilitation.
6. Absolutely no tobacco products are permitted in the athletic training room.
7. Absolutely no food or beverages are allowed in the athletic training room.
8. This is a co-ed facility. Proper dress is required.
9. No cleats or turf shoes are permitted in the athletic training room.  
In addition, no shoes are allowed on the treatment tables.
10. Please turn off all cell phones and other electrical devices upon entering the athletic training room.
11. Profanity and other derogatory/abusive language will not be tolerated.
12. Please keep talking to a minimum. Appropriate behavior and conduct will be enforced by all members of the athletic training staff.
13. Only authorized personnel are allowed in the storage cabinet(s), storage closet, and hydrotherapy room.  
If you wish to borrow supplies, (coolers, water bottles, tubing, etc.), you must first get approval from a member of the athletic training staff.
14. The athletic training department is not responsible for any personal items brought into and/or left in the athletic training room.

**\*Failure to comply with the above rules and regulations will result in removal from the athletic training room and suspension of athletic training facility privileges.**

# ***THERAPEUTIC EQUIPMENT AND MAINTENANCE POLICY***

All therapeutic equipment will be maintained and applied in a safe manner. No athletic training student will be allowed to operate any therapeutic equipment until completion of the proficiencies specific to the therapeutic equipment being used. The athletic training student may only operate the equipment under the direct supervision of a clinical preceptor. Each piece of equipment will have a safety check and calibration performed on an annual basis. However, more frequent safety and calibration checks may be required and performed pending the manufacturer's recommendations and specific federal, state, and local ordinances.



***EMERGENCY ACTION PLANS  
ST. CHARLES CAMPUS***

# ***EMERGENCY PLAN***

**I.** The Lindenwood University Emergency Team consists of team physicians, certified athletic trainers, athletic training students, coaches, paramedics, and hospitals. The Emergency Team must first provide immediate care by: determining that there is an emergency, providing first aid, and administering CPR when necessary. The most qualified person covering the event will provide immediate care. Secondly, the Emergency Team will retrieve and utilize proper medical equipment necessary for an emergency. All athletic trainers, certified and student, are in charge of the medical equipment at an event. Thirdly, the Emergency Medical System must be activated when needed by the Emergency Team of Lindenwood University. All members of the Emergency Team are qualified to make the 9-1-1 call. Finally, the Emergency Team will be responsible for directing the EMT's to the accident site and providing patient information. Absolutely no information should be given to anyone regarding the victim or the incident except by the certified athletic trainer or Athletic Director.

**II.** Communication regarding the emergency is of vital importance. St. Joseph's Hospital's Ambulance Service will have a symbolized facility map to decrease confusion and aid in arrival time. Phone locations and all relevant numbers are also listed below. At the time of an emergency, the certified athletic trainer will designate different people of the Emergency Team to perform specific tasks to assist with the situation and the arrival of EMS.

**III.** Emergency equipment will be stored in the athletic training storage rooms and Athletic Training Rooms in the Hyland Performance Arena, Field House, and Harlen C. Hunter Student Athlete Center and Stadium. Spine board, scoop stretcher, vacuum splints, crutches, radios, etc. will be provided at each game/practice depending on the contact definition of the sport. Equipment not on site, however, will be available in one of the Athletic Training Rooms.

## **PHONE NUMBERS:**

All Emergencies – Dial 9-1-1

Non-Emergencies – Contact your immediate supervisor

Campus Security (St. Charles) - (636) 949-4911

# ***EMERGENCY ACTION PROCEDURES***

**I.** An emergency is defined as, “An unforeseen combination of circumstances and resulting state that calls for immediate action.” Any injury that is life threatening (respiratory distress, cardiac distress, possible head, neck, or back injury, heat stroke, etc...) should be directed to St. Joseph’s Hospital. Call the ambulance, 9-1-1, and alert the head certified athletic trainer of what has happened immediately. Also, any gross deformities (compound fractures, dislocations) should be directed to St. Joseph’s Hospital.

The primary assessment refers to inspection and evaluation given as soon as possible after the occurrence of any injury. Upon evaluation, the following vital signs should be observed and recorded periodically: pulse, skin color, skin and body temperature, state of consciousness, abnormal nerve response, respirations, blood pressure, pupils, and body movement.

## **II. Protocol for Emergency at Lindenwood University**

- A. First, check the ABC’s (airway, breathing, circulation) of life support; if any are impaired, provide appropriate first-aid immediately.
- B. Designate one individual to call 9-1-1 for an ambulance. This individual must know the details surrounding the situation and the severity of the injury, as well as the location and best possible entrance for the ambulance. This person will then report back to the certified athletic trainer on the scene.
- C. Designate another individual to meet the ambulance at the entrance to the field, park, arena, etc. This person should be able to provide situational information regarding the emergency and be equipped with any keys needed to unlock doors, gates, or buildings.
- D. Assist the Emergency Medical Team upon their arrival.
- E. Notify all necessary individuals, including immediate family members, team physicians, supervising athletic trainers, and other school officials directly involved or associated with the athletic department who must be aware of the current situation.
- F. Record all the events surrounding the emergency situation in the form of a S.O.A.P. note and file all documents with the supervising athletic trainer for further reference.

## **III. Emergency Medical Team**

Once an ambulance has been called and the EMTs arrive, they assume the responsibility for the care of the victim/athlete. The role of the Athletic Trainer becomes one of assisting the EMT. If a procedure is being done that is not correct, it is the ethical and legal responsibility of the Athletic Trainer to inform the EMT. It is not the responsibility of the Athletic Trainer to enforce. Both party’s primary concern is the healthcare and well-being of the athlete.

# ***HUNTER STADIUM***

## **Emergency Personnel:**

Certified athletic trainers, athletic training students, coaches, facility managers, event staff managers, physician (if on site for the event), and EMS

## **Emergency Communications:**

All Emergencies: 9-1-1

Student Athlete Center Athletic Training Room: (636) 949-4799

Security/Maintenance: (636) 949-4922

Security/Maintenance (after 5:00 p.m.): (636) 262-4622

## **Emergency Equipment:**

**Student Athlete Center Athletic Training Room:** Athletic training kit, crutches, spine boards, cervical collar, immobilizers, stretcher, biohazard container

**AED:** (1) Located on the sideline during events at Hunter Stadium

(2) Located in the hallway outside the athletic training room

## **Emergency Procedure:**

- 1) Perform emergency CPR, rescue breathing, first aid, and stabilization of the injured athlete
- 2) Instruct assisting athletic trainer or coach to call 9-1-1 and accompany you
  - a. Provide the following information:
    - i. **Who** you are
    - ii. **What** the injury and/or situation is; number of individuals in need of care
    - iii. **Where** you are (name, address, phone number, and specific directions to where you are)

*Take First Capitol right (west) and enter the Lindenwood University campus at the stop light at First Capitol and Kingshighway. Take the second right on John Webster Drive and continue down the hill until reaching Hunter Stadium on the right. Turn right onto the paved entrance.*

- iv. Give any additional information that may be helpful
  - v. Stay with the athlete and remain on the phone until instructed to hang up
- 3) Delegate specific roles to emergency personnel
  - a. Retrieve necessary supplies / equipment
  - b. Position an individual on the sidewalk in front of Hunter Stadium directing the paramedics to the appropriate entrance to the stadium.
  - c. Position an individual at the gates leading into Hunter Stadium to ensure access and assist with crowd control.

\*An ambulance will be present at the main entrance for all home football games\*

- 4) Show urgency in resuming the game, but do not succumb to pressure.

## **Follow-up:**

- 1) If possible, follow up with the injured athlete and head coach on the status and future care of the athlete prior to the end of the evening.
- 2) Instruct the athlete to meet with the supervising athletic trainer in the Athletic Training Room on his/her first day returning to school for a follow-up evaluation and to develop a treatment and rehabilitation program.

**\*Lindenwood University Athletic Training Emergency Action Plan 2017-2018\***

# ***HYLAND PERFORMANCE ARENA***

## **Emergency Personnel:**

Certified athletic trainers, athletic training students, coaches, facility managers, event staff managers, physicians (if on site for the event), and EMS

## **Emergency Communications:**

All Emergencies: 9-1-1

Hyland Performance Arena Athletic Training Room: (636) 949-4302

Security/Maintenance: (636) 949-4922

Security/Maintenance (after 5:00 p.m.): (636) 262-4622

## **Emergency Equipment:**

**Hyland Arena Athletic Training Room:** Athletic training kit, crutches, spine boards, cervical collar, immobilizers, stretcher, biohazard container

**AED:** located on wall next to the Athletic Training Room

## **Emergency Procedure:**

- 1) Perform emergency CPR, rescue breathing, first aid, and stabilization of the injured athlete
- 2) Instruct assisting athletic trainer or coach to call 9-1-1 and accompany you
  - a. Provide the following information:
    - i. **Who** you are
    - ii. **What** the injury and/or situation is; number of individuals in need of care
    - iii. **Where** you are (name, address, phone number, and specific directions to where you are)

*From First Capitol, enter the Lindenwood University campus at the intersection of First Capitol and Kingshighway. Take the second right on John Weber Drive and continue down the hill to the Hyland Arena. Turn right at the 'T-intersection' and make an immediate left, traveling up the wide sidewalk to the front entrance on the 1<sup>st</sup> floor.*

- iv. Give any additional information that may be helpful
  - v. Stay with the athlete and remain on the phone until instructed to hang up
- 3) Delegate specific roles to emergency personnel
  - a. Retrieve necessary supplies / equipment
  - b. Position an individual on the sidewalk in front of the Hyland Arena directing the paramedics to the appropriate venue (wrestling room, basketball/volleyball courts, gymnastics floor).
- 4) Show urgency in resuming the game, but do not succumb to pressure.

## **Follow Up:**

- 1) If possible, follow up with the injured athlete and head coach on the status and future care of the athlete prior to the end of the evening.
- 2) Instruct the athlete to meet with the supervising athletic trainer in the Athletic Training Room on his/her first day returning to school for a follow-up evaluation and to develop a treatment and rehabilitation program.

**\*Lindenwood University Athletic Training Emergency Action Plan 2017-2018\***

# ***LOU BROCK SPORTS COMPLEX - BASEBALL***

## **Emergency Personnel:**

Certified athletic trainers, athletic training students, coaches, facility managers, event staff managers, physicians (if on site for the event), and EMS

## **Emergency Communications:**

All Emergencies: 9-1-1

Security/Maintenance: (636) 949-4922

Security/Maintenance (after 5:00 p.m.): (636) 262-4622

## **Emergency Equipment:**

**Lindenwood University Baseball/Softball Athletic Training Room:** Athletic training kit, crutches, cervical collar, immobilizers, biohazard container

**AED:** located in the Lindenwood Baseball dugout

## **Emergency Procedure:**

- 1) Perform emergency CPR, rescue breathing, first aid, and stabilization of the injured athlete
- 2) Instruct assisting athletic trainer or coach to call 9-1-1 and accompany you
  - a. Provide the following information:
    - i. **Who** you are
    - ii. **What** the injury and/or situation is; number of individuals in need of care
    - iii. **Where** you are (name, address, phone number, and specific directions to where you are)  
  

*From First Capitol, enter the Lindenwood University campus at the intersection of First Capitol and Kingshighway. Take the second right on John Weber Drive and continue down the hill to the Hyland Arena. Turn left at the 'T-intersection' and continue straight and make a left at the second stop sign. Turn right up the long driveway going in to left field.*
  - iv. Give any additional information that may be helpful
  - v. Stay with the athlete and remain on the phone until instructed to hang up
- 3) Delegate specific roles to emergency personnel
  - a. Retrieve necessary supplies / equipment
  - b. Position an individual on the sidewalk in front of the left field driveway directing the paramedics to the field.
- 4) Show urgency in resuming the game, but do not succumb to pressure.

## **Follow Up:**

- 1) If possible, follow up with the injured athlete and head coach on the status and future care of the athlete prior to the end of the evening.
- 2) Instruct the athlete to meet with the supervising athletic trainer in the Athletic Training Room on his/her first day returning to school for a follow-up evaluation and to develop a treatment and rehabilitation program.

**\*Lindenwood University Athletic Training Emergency Action Plan 2017-2018\***

# ***LOU BROCK SPORTS COMPLEX - SOFTBALL***

## **Emergency Personnel:**

Certified athletic trainers, athletic training students, coaches, facility managers, event staff managers, physicians (if on site for the event), and EMS

## **Emergency Communications:**

All Emergencies: 9-1-1

Security/Maintenance: (636) 949-4922

Security/Maintenance (after 5:00 p.m.): (636) 262-4622

## **Emergency Equipment:**

**Lindenwood University Baseball/Softball Athletic Training Room:** Athletic training kit, crutches, cervical collar, immobilizers, biohazard container

**AED:** located in the Lindenwood dugout

## **Emergency Procedure:**

- 1) Perform emergency CPR, rescue breathing, first aid, and stabilization of the injured athlete
- 2) Instruct assisting athletic trainer or coach to call 9-1-1 and accompany you
  - a. Provide the following information:
    - i. **Who** you are
    - ii. **What** the injury and/or situation is; number of individuals in need of care
    - iii. **Where** you are (name, address, phone number, and specific directions to where you are)

*From First Capitol, enter the Lindenwood University campus at the intersection of First Capitol and Kingshighway. Take the second right on John Weber Drive and continue down the hill to the Hyland Arena. Turn left at the 'T-intersection' and then right at the front of Lou Brock Sports Complex, continue up the hill until paved driveway that leads to right field of softball field.*

- iv. Give any additional information that may be helpful
  - v. Stay with the athlete and remain on the phone until instructed to hang up
- 3) Delegate specific roles to emergency personnel
  - a. Retrieve necessary supplies / equipment
  - b. Position an individual on the sidewalk in front of the complex to direct the paramedics past the field.
  - c. Position an individual at the gate in right field directing the paramedics to the field.
- 4) Show urgency in resuming the game, but do not succumb to pressure.

## **Follow Up:**

- 1) If possible, follow up with the injured athlete and head coach on the status and future care of the athlete prior to the end of the evening.
- 2) Instruct the athlete to meet with the supervising athletic trainer in the Athletic Training Room on his/her first day returning to school for a follow-up evaluation and to develop a treatment and rehabilitation program.

**\*Lindenwood University Athletic Training Emergency Action Plan 2017-2018\***

# ***TRACK AND FIELD***

## **Emergency Personnel:**

Certified athletic trainers, athletic training students, coaches, facility managers, and EMS

## **Emergency Communications:**

All Emergencies: 9-1-1  
Hyland Arena Athletic Training Room 636-949-4302  
Security/Maintenance 636-949-4922

## **Emergency Equipment:**

Athletic training kit, AED, CPR mask, crutches, spine boards, immobilizers, splints, biohazard container

## **Emergency Procedure:**

- 1) Perform emergency CPR, rescue breathing, first aid, and stabilization of the injured athlete
- 2) Instruct assisting athletic trainer or coach to call 9-1-1 and accompany you
  - a. Provide the following information:
    - i. **Who** you are
    - ii. **What** the injury and/or situation is; number of individuals in need of care
    - iii. **Where** you are (name, address, phone number, and specific directions to where you are)

*Take First Capitol Drive (West) and enter Lindenwood University at the intersection of First Capitol and Kingshighway. Take the second right onto John Webster Drive and continue to the bottom of the hill. Turn left at the stop sign and continue in front of the Evans Commons. At the next stop sign, turn right and continue to the top parking lot. The main entrance to the track is located in the northwest corner of the parking lot.*

- iv. Give any additional information that may be helpful
  - v. Stay with the athlete and remain on the phone until instructed to hang up
- 3) Delegate specific roles to emergency personnel
  - a. Retrieve necessary supplies / equipment
  - b. Position an individual in the Hyland Arena parking lot near the sand volleyball courts to direct the paramedics toward the track and field.
  - c. Position an individual on the paved ramp leading to the track and field.
- 4) Show urgency in resuming the game, but do not succumb to pressure

## **Follow Up:**

- 1) If possible, follow up with the injured athlete and head coach on the status and future care of the athlete prior to the end of the evening.
- 2) Instruct the athlete to meet with the supervising athletic trainer in the Athletic Training Room on his/her first day returning to school for a follow-up evaluation and to develop a treatment and rehabilitation program.

**\*Lindenwood University Athletic Training Emergency Action Plan 2017-2018\***



# *TENNIS COURTS*

## **Emergency Personnel:**

Certified athletic trainers, athletic training students, coaches, facility managers, event staff managers, physicians (if on site for the event), and EMS

## **Emergency Communications:**

All Emergencies: 9-1-1

Security/Maintenance: (636) 949-4922

Security/Maintenance (after 5:00 p.m.): (636) 262-4622

## **Emergency Equipment:**

**Lindenwood University Hyland Arena Athletic Training Room:** Athletic training kit, crutches, cervical collar, immobilizers, biohazard container

**AED:** located with the athletic trainer covering the event

## **Emergency Procedure:**

- 1) Perform emergency CPR, rescue breathing, first aid, and stabilization of the injured athlete
- 2) Instruct assisting athletic trainer or coach to call 9-1-1 and accompany you
  - a. Provide the following information:
    - i. **Who** you are
    - ii. **What** the injury and/or situation is; number of individuals in need of care
    - iii. **Where** you are (name, address, phone number, and specific directions to where you are)

*From First Capitol, enter the Lindenwood University campus at the intersection of First Capitol and Kingshighway. Take the second right on John Weber Drive and continue down the hill to the Hyland Arena. Turn left at the 'T-intersection' and then right at the front of Lou Brock Sports Complex, continue up the hill until in front of tennis courts on the right.*

- iv. Give any additional information that may be helpful
  - v. Stay with the athlete and remain on the phone until instructed to hang up
- 3) Delegate specific roles to emergency personnel
  - a. Retrieve necessary supplies / equipment
  - b. Position an individual on the sidewalk in front of the tennis courts to direct up hill and another at the appropriate gate of the involved court to direct the paramedics to the field.
- 4) Show urgency in resuming the game, but do not succumb to pressure

## **Follow Up:**

- 1) If possible, follow up with the injured athlete and head coach on the status and future care of the athlete prior to the end of the evening.
- 2) Instruct the athlete to meet with the supervising athletic trainer in the Athletic Training Room on his/her first day returning to school for a follow-up evaluation and to develop a treatment and rehabilitation program.

**\*Lindenwood University Athletic Training Emergency Action Plan 2017-2018\***

# ***FITNESS CENTER***

## **Emergency Personnel:**

Certified athletic trainers, athletic training students, strength and conditioning personnel, coaches, facility managers, event staff managers, physician (if on site for the event), and EMS

## **Emergency Communications:**

All Emergencies: 9-1-1

Fitness Center: 636-441-6448

Field House Athletic Training Rooms: (636) 949-4819

Security/Maintenance: (636) 949-4922

Security/Maintenance (after 5:00 p.m.): (636) 262-4622

## **Emergency Equipment:**

**Field House Athletic Training Room:** Athletic training kit, crutches, spine boards, cervical collar, immobilizers, stretcher, biohazard container

**AED:** Located on the wall of the Fitness Center

## **Emergency Procedure:**

- 1) Perform emergency CPR, rescue breathing, first aid, and stabilization of the injured athlete
- 2) Instruct assisting athletic trainer or coach to call 9-1-1 and accompany you
  - a. Provide the following information:
    - i. **Who** you are
    - ii. **What** the injury and/or situation is; number of individuals in need of care
    - iii. **Where** you are (name, address, phone number, and specific directions to where you are)

*Take First Capitol right (west) and enter the Lindenwood University campus at the stop light at First Capitol and Kingshighway. Take the second right on John Webster Drive and continue down the hill. The Fitness Center will be on the left side of John Webster Drive next to the Field House. EMS should be instructed to pull into the parking lot next to John Webster Drive behind the Field House.*

- iv. Give any additional information that may be helpful
  - v. Stay with the athlete and remain on the phone until instructed to hang up
- 3) Delegate specific roles to emergency personnel
  - a. Retrieve necessary supplies / equipment
  - b. Position an individual on the sidewalk in front of the Field House directing the paramedics to the appropriate entrance and location inside the gym.
- 4) Show urgency in resuming the game, but do not succumb to pressure

## **Follow up:**

- 1) If possible, follow up with the injured athlete and head coach on the status and future care of the athlete prior to the end of the evening.
- 2) Instruct the athlete to meet with the supervising athletic trainer in the Athletic Training Room on his/her first day returning to school for a follow-up evaluation and to develop a treatment and rehabilitation program.

**\*Lindenwood University Athletic Training Emergency Action Plan 2017-2018\***

# ***LINDENWOOD ICE ARENA***

## **Emergency Personnel:**

Certified athletic trainers, athletic training students, coaches, facility managers, and EMS

## **Emergency Communications:**

All Emergencies: 9-1-1

## **Emergency Equipment:**

**Lindenwood Ice Arena Supplies:** Athletic training kit, AED, crutches, spine boards, immobilizers, biohazard container

## **Emergency Procedure:**

- 1) Perform emergency CPR, rescue breathing, first aid, and stabilization of the injured athlete
- 2) Instruct assisting athletic trainer or coach to call 9-1-1 and accompany you
  - a. Provide the following information:
    - i. **Who** you are
    - ii. **What** the injury and/or situation is; number of individuals in need of care
    - iii. **Where** you are (name, address, phone number, and specific directions to where you are)  
  

*Take Hwy. 40/61 to Wentzville Pkwy exit. Turn left onto Wentzville Pkwy. Turn left onto N US-61 Business Route. Turn right onto Main Plaza Dr. Pull to front of building at drop off location.*
    - iv. Give any additional information that may be helpful
    - v. Stay with the athlete and remain on the phone until instructed to hang up
- 3) Delegate specific roles to emergency personnel
  - a. Retrieve necessary supplies / equipment
  - b. Position an individual on the sidewalk in front of the ice arena to direct the paramedics to the appropriate entrance and location inside.
- 4) Show urgency in resuming the game, but do not succumb to pressure

## **Follow Up:**

- 1) If possible, follow up with the injured athlete and head coach on the status and future care of the athlete prior to the end of the evening.
- 2) Instruct the athlete to meet with the supervising athletic trainer in the Athletic Training Room on his/her first day returning to school for a follow-up evaluation and to develop a treatment and rehabilitation program.

**\*Lindenwood University Athletic Training Emergency Action Plan 2017-2018\***

# ***GYMQUARTERS***

## **Emergency Personnel:**

Certified athletic trainers, athletic training students, coaches, facility managers, event staff managers, physicians (if on site for event), and EMS

## **Emergency Communications:**

All Emergencies: 9-1-1

Gym Owner- Scott Cusimano: (314) 306-2224

## **Emergency Equipment:**

**GymQuarters Emergency Supplies:** Athletic training kit, crutches, cervical collar, immobilizers, biohazard container, AED

## **Emergency Procedure:**

- 1) Perform emergency CPR, rescue breathing, first aid, and stabilization of the injured athlete
- 2) Instruct assisting athletic trainer or coach to call 9-1-1 and accompany you
  - a. Provide the following information:
    - i. **Who** you are
    - ii. **What** the injury and/or situation is; number of individuals in need of care
    - iii. **Where** you are (name, address, phone number, and specific directions to where you are)

**From I-40/64:** Exit to Highway K and turn right at the light. At the first stop light, turn left onto Technology Dr. Continue for approximately 1.5 miles. Turn right onto Weldon Spring Drive and take the first right onto Hubble Drive. GymQuarters is located on the left hand side. Enter through the front door.

**From Progress West Health Center:** Turn onto Technology Drive and continue for approximately 1.5 miles. Turn right onto Weldon Spring Drive and take the first right onto Hubble Drive. GymQuarters is located on the left hand side. Enter through the front door.

- iv. Give any additional information that may be helpful
    - v. Stay with the athlete and remain on the phone until instructed to hang up
- 3) Delegate specific roles to emergency personnel
  - a. Retrieve necessary supplies / equipment
  - b. Position an individual on the sidewalk in front of GymQuarters directing the paramedics to the appropriate entrance and location inside the gym.
- 4) Show urgency in resuming the game, but do not succumb to pressure

## **Follow Up:**

- 1) If possible, follow up with the injured athlete and head coach on the status and future care of the athlete prior to the end of the evening.
- 2) Instruct the athlete to meet with the supervising athletic trainer in the Athletic Training Room on his/her first day returning to school for a follow-up evaluation and to develop a treatment and rehabilitation program.

**\*Lindenwood University Athletic Training Emergency Action Plan 2017-2018\***

***EMERGENCY ACTION PLANS  
BELLEVILLE CAMPUS***

# ***EMERGENCY PLAN***

**I.** The Lindenwood University Emergency Team consists of team physicians, certified athletic trainers, athletic training students, coaches, paramedics, and hospitals. The Emergency Team must first provide immediate care by: determining that there is an emergency, providing first aid, and administering CPR when necessary. The most qualified person covering the event will provide immediate care. Secondly, the Emergency Team will retrieve and utilize proper medical equipment necessary for an emergency. All athletic trainers, certified and student, are in charge of the medical equipment at an event. Thirdly, the Emergency Medical System must be activated when needed by the Emergency Team of Lindenwood University. All members of the Emergency Team are qualified to make the 9-1-1 call. Finally, the Emergency Team will be responsible for directing the EMT's to the accident site and providing patient information. Absolutely no information should be given to anyone regarding the victim or the incident except by the certified athletic trainer or Athletic Director.

**II.** Communication regarding the emergency is of vital importance. Medstar Ambulance Service will have a symbolized facility map to decrease confusion and aid in arrival time. Phone locations and all relevant numbers are also listed below. At the time of an emergency, the certified athletic trainer will designate different people of the Emergency Team to perform specific tasks to assist with the situation and the arrival of EMS.

**III.** Emergency equipment will be stored in the athletic training storage rooms and Athletic Training Rooms in the Lynx Arena and G Building. Spine boards, vacuum splints, crutches, radios, etc. will be provided at each game/practice depending on the contact definition of the sport. Equipment not on site, however, will be available in one of the Athletic Training Rooms.

## **PHONE NUMBERS:**

All Emergencies – Dial 9-1-1

## **OTHER NUMBERS:**

1. Lynx Arena Athletic Training Room - (618) 239-6109
2. G Building Athletic Training Room - (618) 239 6222
3. Campus Security - (618) 239-6081 / (618) 978-9797 / (618) 978-7253

# ***EMERGENCY ACTION PROCEDURES***

I. An emergency is defined as, “An unforeseen combination of circumstances and resulting state that calls for immediate action.” Any injury that is life threatening (respiratory distress, cardiac distress, possible head, neck, or back injury, heat stroke, etc...) should be directed to St. Joseph’s Hospital. Call the ambulance, 9-1-1, and alert the head certified athletic trainer of what has happened immediately. Also, any gross deformities (compound fractures, dislocations) should be directed to St. Joseph’s Hospital.

The primary assessment refers to inspection and evaluation given as soon as possible after the occurrence of any injury. Upon evaluation, the following vital signs should be observed and recorded periodically: pulse, skin color, skin and body temperature, state of consciousness, abnormal nerve response, respirations, blood pressure, pupils, and body movement.

## **II. Protocol for Emergency at Lindenwood University**

- A. First, check the ABC’s (airway, breathing, circulation) of life support; if any are impaired, provide appropriate first-aid immediately.
- B. Designate one individual to call 9-1-1 for an ambulance. This individual must know the details surrounding the situation and the severity of the injury, as well as the location and best possible entrance for the ambulance. This person will then report back to the certified athletic trainer on the scene.
- C. Designate another individual to meet the ambulance at the entrance to the field, park, arena, etc. This person should be able to provide situational information regarding the emergency and be equipped with any keys needed to unlock doors, gates, or buildings.
- D. Assist the Emergency Medical Team upon their arrival.
- E. Notify all necessary individuals, including immediate family members, team physicians, supervising athletic trainers, and other school officials directly involved or associated with the athletic department who must be aware of the current situation.
- F. Record all the events surrounding the emergency situation in the form of a S.O.A.P. note and file all documents with the supervising athletic trainer for further reference.

## **III. Emergency Medical Team**

Once an ambulance has been called and the EMTs arrive, they assume the responsibility for the care of the victim/athlete. The role of the Athletic Trainer becomes one of assisting the EMT. If a procedure is being done that is not correct, it is the ethical and legal responsibility of the Athletic Trainer to inform the EMT. It is not the responsibility of the Athletic Trainer to enforce. Both party’s primary concern is the healthcare and well-being of the athlete.

# ***LONGACRE BASEBALL COMPLEX***

## **Emergency Personnel:**

Certified athletic trainers, athletic training students, coaches, facility managers, event staff managers, physician (if on site for the event), and EMS

## **Emergency Communications:**

All Emergencies: 9-1-1

Lynx Arena Athletic Training Room: (618) 239-6109

Security/Maintenance: (618) 239-6081 / (618) 978-9797 / (618) 978-7253

Security/Maintenance (after 5:00 p.m.): (618) 239-6081 / (618) 978-9797 / (618) 978-7253

## **Emergency Equipment:**

**Lynx Arena Athletic Training Room:** Athletic training kit, crutches, spine boards, cervical collar, immobilizers, stretcher, biohazard container

**AED:** (1) Located with supervising athletic trainer on site.

## **Emergency Procedure:**

- 1) Perform emergency CPR, rescue breathing, first aid, and stabilization of the injured athlete
- 2) Instruct assisting athletic trainer or coach to call 9-1-1 and accompany you
  - a. Provide the following information:
    - i. **Who** you are
    - ii. **What** the injury and/or situation is; number of individuals in need of care
    - iii. **Where** you are (name, address, phone number, and specific directions to where you are)

*Take Longacre Drive, turn onto South Ruby Lane, make 1st left, then make next left. Go past softball field on left. There is an ambulance gate located near left field.*

- iv. Give any additional information that may be helpful
    - v. Stay with the athlete and remain on the phone until instructed to hang up
- 3) Delegate specific roles to emergency personnel
  - a. Retrieve necessary supplies / equipment
  - b. Position an individual at the corner of the left field ambulance entrance
- 4) Show urgency in resuming the game, but do not succumb to pressure

## **Follow Up:**

- 1) If possible, follow up with the injured athlete and head coach on the status and future care of the athlete prior to the end of the evening.
- 2) Instruct the athlete to meet with the supervising athletic trainer in the Athletic Training Room on his/her first day returning to school for a follow-up evaluation and to develop a treatment and rehabilitation program.

**\*Lindenwood University Belleville Athletic Training Emergency Action Plan 2017-2018\***



# ***LYNX SOFTBALL COMPLEX***

## **Emergency Personnel:**

Certified athletic trainers, athletic training students, coaches, facility managers, event staff managers, physician (if on site for the event), and EMS

## **Emergency Communications:**

All Emergencies: 9-1-1

Lynx Arena Athletic Training Room: (618) 239-6109

Security/Maintenance: (618) 239-6081 / (618) 978-9797 / (618) 978-7253

Security/Maintenance (after 5:00 p.m.): (618) 239-6081 / (618) 978-9797 / (618) 978-7253

## **Emergency Equipment:**

**Lynx Arena Athletic Training Room:** Athletic training kit, crutches, spine boards, cervical collar, immobilizers, stretcher, biohazard container

**AED:** (1) Located with supervising athletic trainer on site.

## **Emergency Procedure:**

- 1) Perform emergency CPR, rescue breathing, first aid, and stabilization of the injured athlete
- 2) Instruct assisting athletic trainer or coach to call 9-1-1 and accompany you
  - a. Provide the following information:
    - i. **Who** you are
    - ii. **What** the injury and/or situation is; number of individuals in need of care
    - iii. **Where** you are (name, address, phone number, and specific directions to where you are)

*Take Longacre Drive, turn onto South Ruby Lane, make 1st left, then make next left. There is an ambulance gate along the 1st base line in right field.*

- iv. Give any additional information that may be helpful
  - v. Stay with the athlete and remain on the phone until instructed to hang up
- 3) Delegate specific roles to emergency personnel
  - a. Retrieve necessary supplies / equipment
  - b. Position an individual at the ambulance entrance gate along the first base line in right field
- 4) Show urgency in resuming the game, but do not succumb to pressure

## **Follow Up:**

- 1) If possible, follow up with the injured athlete and head coach on the status and future care of the athlete prior to the end of the evening.
- 2) Instruct the athlete to meet with the supervising athletic trainer in the Athletic Training Room on his/her first day returning to school for a follow-up evaluation and to develop a treatment and rehabilitation program.

**\*Lindenwood University Belleville Athletic Training Emergency Action Plan 2017-2018\***

# ***LYNX ARENA***

## **Emergency Personnel:**

Certified athletic trainers, athletic training students, coaches, facility managers, event staff managers, physician (if on site for the event), and EMS

## **Emergency Communications:**

All Emergencies: 9-1-1

Lynx Arena Athletic Training Room: (618) 239-6109

Security/Maintenance: (618) 239-6081 / (618) 978-9797 / (618) 978-7253

Security/Maintenance (after 5:00 p.m.): (618) 239-6081 / (618) 978-9797 / (618) 978-7253

## **Emergency Equipment:**

**Lynx Arena Athletic Training Room:** Athletic training kit, crutches, spine boards, cervical collar, immobilizers, stretcher, biohazard container

**AED:** (1) Located on the west entrance wall at all times in the Lynx Arena

(2) Located in the Lynx Arena and G Building athletic training room

## **Emergency Procedure:**

- 1) Perform emergency CPR, rescue breathing, first aid, and stabilization of the injured athlete
- 2) Instruct assisting athletic trainer or coach to call 9-1-1 and accompany you
  - a. Provide the following information:
    - i. **Who** you are
    - ii. **What** the injury and/or situation is; number of individuals in need of care
    - iii. **Where** you are (name, address, phone number, and specific directions to where you are)  
  

*Take West Main St turn into parking lot on northwest side of tennis courts (Schumacher Lot), enter north doors of Lynx Arena building.*
    - iv. Give any additional information that may be helpful
    - v. Stay with the athlete and remain on the phone until instructed to hang up
- 3) Delegate specific roles to emergency personnel
  - a. Retrieve necessary supplies / equipment
  - b. Position an individual at Schumacher Lot near entrance to Lynx Arena
  - c. Position an individual at the stairs if necessary for any downstairs emergency
- 4) Show urgency in resuming the game, but do not succumb to pressure

## **Follow Up:**

- 1) If possible, follow up with the injured athlete and head coach on the status and future care of the athlete prior to the end of the evening.
- 2) Instruct the athlete to meet with the supervising athletic trainer in the Athletic Training Room on his/her first day returning to school for a follow-up evaluation and to develop a treatment and rehabilitation program.

**\*Lindenwood University Belleville Athletic Training Emergency Action Plan 2017-2018\***

# ***LYNX ARENA ATHLETIC TRAINING ROOM***

## **Emergency Personnel:**

Certified athletic trainers, athletic training students, coaches, facility managers, event staff managers, physician (if on site for the event), and EMS

## **Emergency Communications:**

All Emergencies: 9-1-1

Lynx Arena Athletic Training Room: (618) 239-6109

Security/Maintenance: (618) 239-6081 / (618) 978-9797 / (618) 978-7253

Security/Maintenance (after 5:00 p.m.): (618) 239-6081 / (618) 978-9797 / (618) 978-7253

## **Emergency Equipment:**

**Lynx Arena Athletic Training Room:** Athletic training kit, crutches, spine boards, cervical collar, immobilizers, stretcher, biohazard container

**AED:** (1) Located in the Lynx Arena and G Building athletic training room

## **Emergency Procedure:**

- 1) Perform emergency CPR, rescue breathing, first aid, and stabilization of the injured athlete
- 2) Instruct assisting athletic trainer or coach to call 9-1-1 and accompany you
  - a. Provide the following information:
    - i. **Who** you are
    - ii. **What** the injury and/or situation is; number of individuals in need of care
    - iii. **Where** you are (name, address, phone number, and specific directions to where you are)  
  

*Take West Main St turn into parking lot on northwest side of tennis courts (Schumacher Lot), enter north doors of Lynx Arena building 8 on map below, go down stairs to Room 113*
    - iv. Give any additional information that may be helpful
    - v. Stay with the athlete and remain on the phone until instructed to hang up
- 3) Delegate specific roles to emergency personnel
  - a. Retrieve necessary supplies / equipment
  - b. Position an individual at Schumacher Lot near entrance to Lynx Arena
  - c. Position an individual at the stairs to guide EMS to the athletic training room

## **Follow Up:**

- 1) If possible, follow up with the injured athlete and head coach on the status and future care of the athlete prior to the end of the evening.
- 2) Instruct the athlete to meet with the supervising athletic trainer in the Athletic Training Room on his/her first day returning to school for a follow-up evaluation and to develop a treatment and rehabilitation program.

**\*Lindenwood University Belleville Athletic Training Emergency Action Plan 2017-2018\***

# ***G BUILDING ATHLETIC TRAINING ROOM***

## **Emergency Personnel:**

Certified athletic trainers, athletic training students, coaches, facility managers, event staff managers, physician (if on site for the event), and EMS

## **Emergency Communications:**

All Emergencies: 9-1-1

G Building Athletic Training Room: (618) 239-6222

Lynx Arena Athletic Training Room: (618) 239-6109

Security/Maintenance: (618) 239-6081 / (618) 978-9797 / (618) 978-7253

Security/Maintenance (after 5:00 p.m.): (618) 239-6081 / (618) 978-9797 / (618) 978-7253

## **Emergency Equipment:**

**Lynx Arena Athletic Training Room:** Athletic training kit, crutches, spine boards, cervical collar, immobilizers, stretcher, biohazard container

**AED:** (1) Located in the G Building athletic training room and on the outside wall of the weight room near the east entrance.

## **Emergency Procedure:**

- 1) Perform emergency CPR, rescue breathing, first aid, and stabilization of the injured athlete
- 2) Instruct assisting athletic trainer or coach to call 9-1-1 and accompany you
  - a. Provide the following information:
    - i. **Who** you are
    - ii. **What** the injury and/or situation is; number of individuals in need of care
    - iii. **Where** you are (name, address, phone number, and specific directions to where you are)  
  

*Take West Main St turn into parking lot on northwest side of tennis courts (Schumacher Lot), go to Girls gym building 10 on map below, enter door on Northwest side of building. Enter First door on Right.*
    - iv. Give any additional information that may be helpful
    - v. Stay with the athlete and remain on the phone until instructed to hang up
- 3) Delegate specific roles to emergency personnel
  - a. Retrieve necessary supplies / equipment
  - b. Position an individual in the Schumacher Lot near the entrance to the G building to ensure the door into the G building is unlocked and open.

## **Follow Up:**

- 1) If possible, follow up with the injured athlete and head coach on the status and future care of the athlete prior to the end of the evening.
- 2) Instruct the athlete to meet with the supervising athletic trainer in the Athletic Training Room on his/her first day returning to school for a follow-up evaluation and to develop a treatment and rehabilitation program.

**\*Lindenwood University Belleville Athletic Training Emergency Action Plan 2017-2018\***

# ***LYNX WRESTLING GYM***

## **Emergency Personnel:**

Certified athletic trainers, athletic training students, coaches, facility managers, event staff managers, physician (if on site for the event), and EMS

## **Emergency Communications:**

All Emergencies: 9-1-1

Lynx Arena Athletic Training Room: (618) 239-6109

Security/Maintenance: (618) 239-6081 / (618) 978-9797 / (618) 978-7253

Security/Maintenance (after 5:00 p.m.): (618) 239-6081 / (618) 978-9797 / (618) 978-7253

## **Emergency Equipment:**

**Lynx Arena Athletic Training Room:** Athletic training kit, crutches, spine boards, cervical collar, immobilizers, stretcher, biohazard container

**AED:** (1) Located with the supervising athletic training

(2) Located in the Lynx Arena and G Building athletic training room

## **Emergency Procedure:**

- 1) Perform emergency CPR, rescue breathing, first aid, and stabilization of the injured athlete
- 2) Instruct assisting athletic trainer or coach to call 9-1-1 and accompany you
  - a. Provide the following information:
    - i. **Who** you are
    - ii. **What** the injury and/or situation is; number of individuals in need of care
    - iii. **Where** you are (name, address, phone number, and specific directions to where you are)

*Take West Main St turn into parking lot on northwest side of tennis courts (Schumacher Lot), go to G building 10 on map below, enter door on Northwest side of building. Go straight down the hall, at end of the hall make a Right and go up the stairs. At top of stairs make a left and go right at first door*

- iv. Give any additional information that may be helpful
    - v. Stay with the athlete and remain on the phone until instructed to hang up
- 3) Delegate specific roles to emergency personnel
  - a. Retrieve necessary supplies / equipment
  - b. Position an individual in the Schumacher Lot near the entrance to the G building to ensure the door into the G building is unlocked and open.
  - c. Position and individual at the bottom of the stairs to escort EMS to the upstairs wrestling gym
- 4) Show urgency in resuming the match, but do not succumb to pressure

## **Follow Up:**

- 1) If possible, follow up with the injured athlete and head coach on the status and future care of the athlete prior to the end of the evening.
- 2) Instruct the athlete to meet with the supervising athletic trainer in the Athletic Training Room on his/her first day returning to school for a follow-up evaluation and to develop a treatment and rehabilitation program.

**\*Lindenwood University Belleville Athletic Training Emergency Action Plan 2017-2018\***

# ***LYNX FOOTBALL STADIUM***

## **Emergency Personnel:**

Certified athletic trainers, athletic training students, coaches, facility managers, event staff managers, physician (if on site for the event), and EMS

## **Emergency Communications:**

All Emergencies: 9-1-1

Lynx Arena Athletic Training Room: (618) 239-6109

Security/Maintenance: (618) 239-6081 / (618) 978-9797 / (618) 978-7253

Security/Maintenance (after 5:00 p.m.): (618) 239-6081 / (618) 978-9797 / (618) 978-7253

## **Emergency Equipment:**

**Lynx Arena Athletic Training Room:** Athletic training kit, crutches, spine boards, cervical collar, immobilizers, stretcher, biohazard container

**AED:** (1) Located on the sideline during events at the stadium

(2) Located in the Lynx Arena and G Building athletic training room

## **Emergency Procedure:**

- 1) Perform emergency CPR, rescue breathing, first aid, and stabilization of the injured athlete
- 2) Instruct assisting athletic trainer or coach to call 9-1-1 and accompany you
  - a. Provide the following information:
    - i. **Who** you are
    - ii. **What** the injury and/or situation is; number of individuals in need of care
    - iii. **Where** you are (name, address, phone number, and specific directions to where you are)

*Take West Main St to South 23rd St, take Right into Shultenbrand Lot, drive on South side of stadium to SW Gate.*

- iv. Give any additional information that may be helpful
    - v. Stay with the athlete and remain on the phone until instructed to hang up
- 3) Delegate specific roles to emergency personnel
  - a. Retrieve necessary supplies / equipment
  - b. Position an individual at the corner of the Schumacher Lot near the soccer stadium entrance
  - c. Position an individual by the South West Gate entrance to Lynx Football Stadium and ensure no equipment is in the way

*\*An ambulance will be present at the SouthWest Gate for all home football games\**

- 4) Show urgency in resuming the game, but do not succumb to pressure

## **Follow Up:**

- 1) If possible, follow up with the injured athlete and head coach on the status and future care of the athlete prior to the end of the evening.
- 2) Instruct the athlete to meet with the supervising athletic trainer in the Athletic Training Room on his/her first day returning to school for a follow-up evaluation and to develop a treatment and rehabilitation program.

**\*Lindenwood University Belleville Athletic Training Emergency Action Plan 2017-2018\***

# ***LYNX SOCCER STADIUM***

## **Emergency Personnel:**

Certified athletic trainers, athletic training students, coaches, facility managers, event staff managers, physician (if on site for the event), and EMS

## **Emergency Communications:**

All Emergencies: 9-1-1

Lynx Arena Athletic Training Room: (618) 239-6109

Security/Maintenance: (618) 239-6081 / (618) 978-9797 / (618) 978-7253

Security/Maintenance (after 5:00 p.m.): (618) 239-6081 / (618) 978-9797 / (618) 978-7253

## **Emergency Equipment:**

**Lynx Arena Athletic Training Room:** Athletic training kit, crutches, spine boards, cervical collar, immobilizers, stretcher, biohazard container

**AED:** (1) Located on the sideline during events at the stadium

(2) Located in the Lynx Arena and G Building athletic training room

## **Emergency Procedure:**

- 1) Perform emergency CPR, rescue breathing, first aid, and stabilization of the injured athlete
- 2) Instruct assisting athletic trainer or coach to call 9-1-1 and accompany you
  - a. Provide the following information:
    - i. **Who** you are
    - ii. **What** the injury and/or situation is; number of individuals in need of care
    - iii. **Where** you are (name, address, phone number, and specific directions to where you are)

*Take West Main St to South 23rd St, take Right into Shultenbrand Lot, drive on South side of stadium to SW Gate, enter field through South gate.*

- iv. Give any additional information that may be helpful
    - v. Stay with the athlete and remain on the phone until instructed to hang up
- 3) Delegate specific roles to emergency personnel
  - a. Retrieve necessary supplies / equipment
  - b. Position an individual at the corner of the Shultenbrand Lot and direct ambulance to the South Gate.
- 4) Show urgency in resuming the game, but do not succumb to pressure

## **Follow Up:**

- 1) If possible, follow up with the injured athlete and head coach on the status and future care of the athlete prior to the end of the evening.
- 2) Instruct the athlete to meet with the supervising athletic trainer in the Athletic Training Room on his/her first day returning to school for a follow-up evaluation and to develop a treatment and rehabilitation program.

**\*Lindenwood University Belleville Athletic Training Emergency Action Plan 2017-2018\***

# ***LYNX TENNIS COMPLEX***

## **Emergency Personnel:**

Certified athletic trainers, athletic training students, coaches, facility managers, event staff managers, physician (if on site for the event), and EMS

## **Emergency Communications:**

All Emergencies: 9-1-1

Lynx Arena Athletic Training Room: (618) 239-6109

Security/Maintenance: (618) 239-6081 / (618) 978-9797 / (618) 978-7253

Security/Maintenance (after 5:00 p.m.): (618) 239-6081 / (618) 978-9797 / (618) 978-7253

## **Emergency Equipment:**

**Lynx Arena Athletic Training Room:** Athletic training kit, crutches, spine boards, cervical collar, immobilizers, stretcher, biohazard container

**AED:** (1) Located on the sideline during events at the complex

(2) Located in the Lynx Arena and G Building athletic training room

## **Emergency Procedure:**

- 1) Perform emergency CPR, rescue breathing, first aid, and stabilization of the injured athlete
- 2) Instruct assisting athletic trainer or coach to call 9-1-1 and accompany you
  - a. Provide the following information:
    - i. **Who** you are
    - ii. **What** the injury and/or situation is; number of individuals in need of care
    - iii. **Where** you are (name, address, phone number, and specific directions to where you are)  
  

*Take West Main St turn into parking lot on northwest side of courts (Schumacher Lot).*
    - iv. Give any additional information that may be helpful
    - v. Stay with the athlete and remain on the phone until instructed to hang up
- 3) Delegate specific roles to emergency personnel
  - a. Retrieve necessary supplies / equipment
  - b. Position an individual in the Schumacher Lot to guide ambulance to correct court.
- 4) Show urgency in resuming the game, but do not succumb to pressure

## **Follow Up:**

- 1) If possible, follow up with the injured athlete and head coach on the status and future care of the athlete prior to the end of the evening.
- 2) Instruct the athlete to meet with the supervising athletic trainer in the Athletic Training Room on his/her first day returning to school for a follow-up evaluation and to develop a treatment and rehabilitation program.

**\*Lindenwood University Belleville Athletic Training Emergency Action Plan 2017-2018\***



# ***GCS BASEBALL COMPLEX***

## **Emergency Personnel:**

Certified athletic trainers, athletic training students, coaches, facility managers, event staff managers, physician (if on site for the event), and EMS

## **Emergency Communications:**

All Emergencies: 9-1-1

Lynx Arena Athletic Training Room: (618) 239-6109

Security/Maintenance: (618) 239-6081 / (618) 978-9797 / (618) 978-7253

Security/Maintenance (after 5:00 p.m.): (618) 239-6081 / (618) 978-9797 / (618) 978-7253

## **Emergency Equipment:**

**Lynx Arena Athletic Training Room:** Athletic training kit, crutches, spine boards, cervical collar, immobilizers, stretcher, biohazard container

**AED:** (1) Located with supervising athletic trainer on site.

## **Emergency Procedure:**

- 1) Perform emergency CPR, rescue breathing, first aid, and stabilization of the injured athlete
- 2) Instruct assisting athletic trainer or coach to call 9-1-1 and accompany you
  - a. Provide the following information:
    - i. **Who** you are
    - ii. **What** the injury and/or situation is; number of individuals in need of care
    - iii. **Where** you are (name, address, phone number, and specific directions to where you are)
      - From the North: I-255 South to exit #15 (Mousette Lane). Turn Left onto Goose Lake Road. Turn Right onto Grizzlie Bear Boulevard. Stadium is on left.*
      - On Field Emergencies: Direct ambulance to the center field gate*
      - Concourse Emergencies: Direct ambulance to nearest gate*
    - iv. Give any additional information that may be helpful
    - v. Stay with the athlete and remain on the phone until instructed to hang up
- 3) Delegate specific roles to emergency personnel
  - a. Retrieve necessary supplies / equipment
  - b. Position an individual at the center field entrance and get GCS personnel to unlock and open gate.
- 4) Show urgency in resuming the game, but do not succumb to pressure

## **Follow Up:**

- 1) If possible, follow up with the injured athlete and head coach on the status and future care of the athlete prior to the end of the evening.
- 2) Instruct the athlete to meet with the supervising athletic trainer in the Athletic Training Room on his/her first day returning to school for a follow-up evaluation and to develop a treatment and rehabilitation program.

**\*Lindenwood University Belleville Athletic Training Emergency Action Plan 2017-2018\***

# ***G-BUILDING FITNESS CENTER***

## **Emergency Personnel:**

Certified athletic trainers, athletic training students, coaches, facility managers, event staff managers, physician (if on site for the event), and EMS

## **Emergency Communications:**

All Emergencies: 9-1-1

Lynx Arena Athletic Training Room: (618) 239-6109

Security/Maintenance: (618) 239-6081 / (618) 978-9797 / (618) 978-7253

Security/Maintenance (after 5:00 p.m.): (618) 239-6081 / (618) 978-9797 / (618) 978-7253

## **Emergency Equipment:**

**Lynx Arena Athletic Training Room:** Athletic training kit, crutches, spine boards, cervical collar, immobilizers, stretcher, biohazard container

**AED:** (1) Located on the east entrance wall

(2) Located in the Lynx Arena and G Building athletic training room

## **Emergency Procedure:**

- 1) Perform emergency CPR, rescue breathing, first aid, and stabilization of the injured athlete
- 2) Instruct assisting athletic trainer or coach to call 9-1-1 and accompany you
  - a. Provide the following information:
    - i. **Who** you are
    - ii. **What** the injury and/or situation is; number of individuals in need of care
    - iii. **Where** you are (name, address, phone number, and specific directions to where you are)

*Take West Main St turn into parking lot on northwest side of tennis courts (Schumacher Lot), go to Girls gym building 10 on map below, enter door on Northwest side of building. Go straight down the hall, at end of the hall make a Right and go up the stairs. At top of stairs make a left and go right at first door*

- iv. Give any additional information that may be helpful
    - v. Stay with the athlete and remain on the phone until instructed to hang up
- 3) Delegate specific roles to emergency personnel
  - a. Retrieve necessary supplies / equipment
  - b. Position an individual in the Schumacher Lot near the entrance to the G building to ensure the door into the G building is unlocked and open.

## **Follow Up:**

- 1) If possible, follow up with the injured athlete and head coach on the status and future care of the athlete prior to the end of the evening.
- 2) Instruct the athlete to meet with the supervising athletic trainer in the Athletic Training Room on his/her first day returning to school for a follow-up evaluation and to develop a treatment and rehabilitation program.

**\*Lindenwood University Belleville Athletic Training Emergency Action Plan 2017-2018\***

***ST. CHARLES CAMPUS MAPS  
AND DIRECTIONS***

# ***STUDENT-ATHLETE TRANSPORTATION***

**I.** At times, it may be necessary for a member of the Lindenwood University Athletic Training Program to assist with transporting a student-athlete to a medical facility. During these times, the driver will assume responsibility for the safety of the athlete. When any questions arise, contact the supervising certified athletic trainer. If there is ANY risk of further injury to the athlete by taking him/her by car, call an ambulance.

# ST. CHARLES CAMPUS MAP

## Lindenwood University Campus Map



- 1 Stumberg Hall
  - 2 Warner Hall
  - 3 Memorial Arts Building
  - 4 Eastlick Hall
  - 5 Young Hall
  - 6 Butler Library
  - 7 Roemer Hall
  - 8 Harmon Hall
  - 9 Butler Hall
  - 10 Ayres Hall
  - 11 Ayres Suites
  - 12 Sibley Hall
  - 13 Niccolls Hall
  - 14 Parker Hall
  - 15 Cobbs Hall
  - 16 Irwin Hall
  - 17 McCluer Hall
  - 18 Spellmann Campus Center
  - 19 Fitness Center
  - 20 Field House
  - 21 Harlen C. Hunter Stadium
  - 22 Hyland Arena
  - 23 LU Commons
  - 24 Flowers Hall
  - 25 Mathews Hall
  - 26 Guffey Hall
  - 27 Calvert Rogers Hall
  - 28 Rauch Memorial Hall
  - 29 Blanton Hall
  - 30 Welcome Center
  - 31 Spirit Shoppe  
Corporate Service Center  
Business Service Center
  - 32 J. Scheidegger Center
  - 33 Linden Terrace Residential
  - 34 Glenco Residential
  - 35 Lindenwood House
  - 36 Lou Brock Sports Complex
  - 37 Dorm G
  - 38 Pfremer Hall
  - 39 Track and Field
  - 40 Powell Terrace Residential
  - 41 First Capitol Residential
  - 42 YMCA House
  - 43 Studio West
  - 44 Studio East
  - 45 Alumni House
  - 46 Institutional Advancement Office
  - 47 Elm Street Classrooms
  - 48 ROTC Building
  - 49 Cultural Center (LUCC)
  - 50 Gamble House
- Entrances**
- A Patma Gate
  - B West Clay Gate
  - C Spirit Shoppe Gate
  - D First Capitol Gate
  - E Main Gate
  - F Houston Gate
  - G Watson Gate

NORTH  
Spring  
10-11

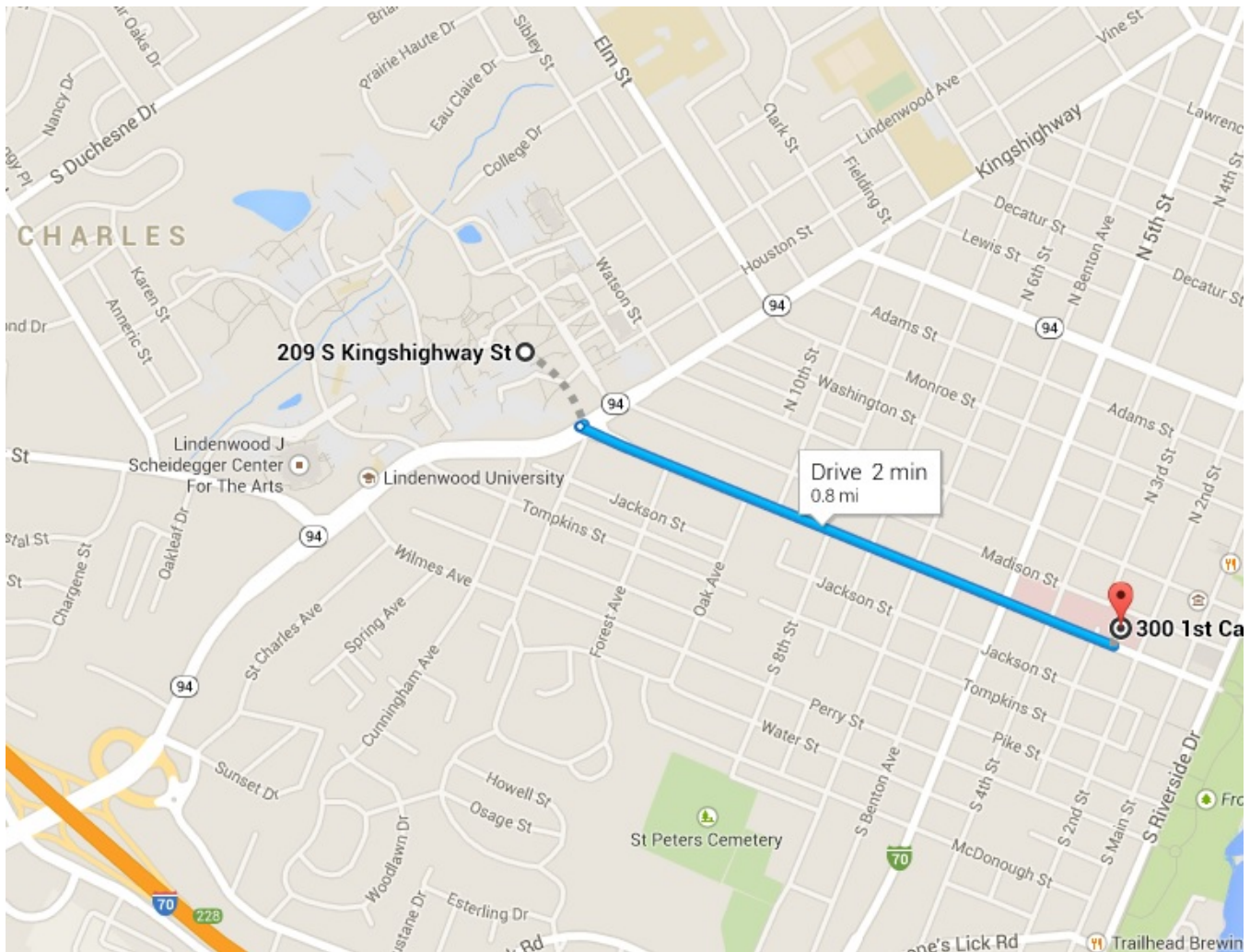
# ***SSM - ST. JOSEPH'S HOSPITAL EMERGENCY ROOM***

**PHONE:** 636-947-5088

**ADDRESS:** 300 First Capitol Drive,  
St. Charles, MO 63301

## **DIRECTIONS:**

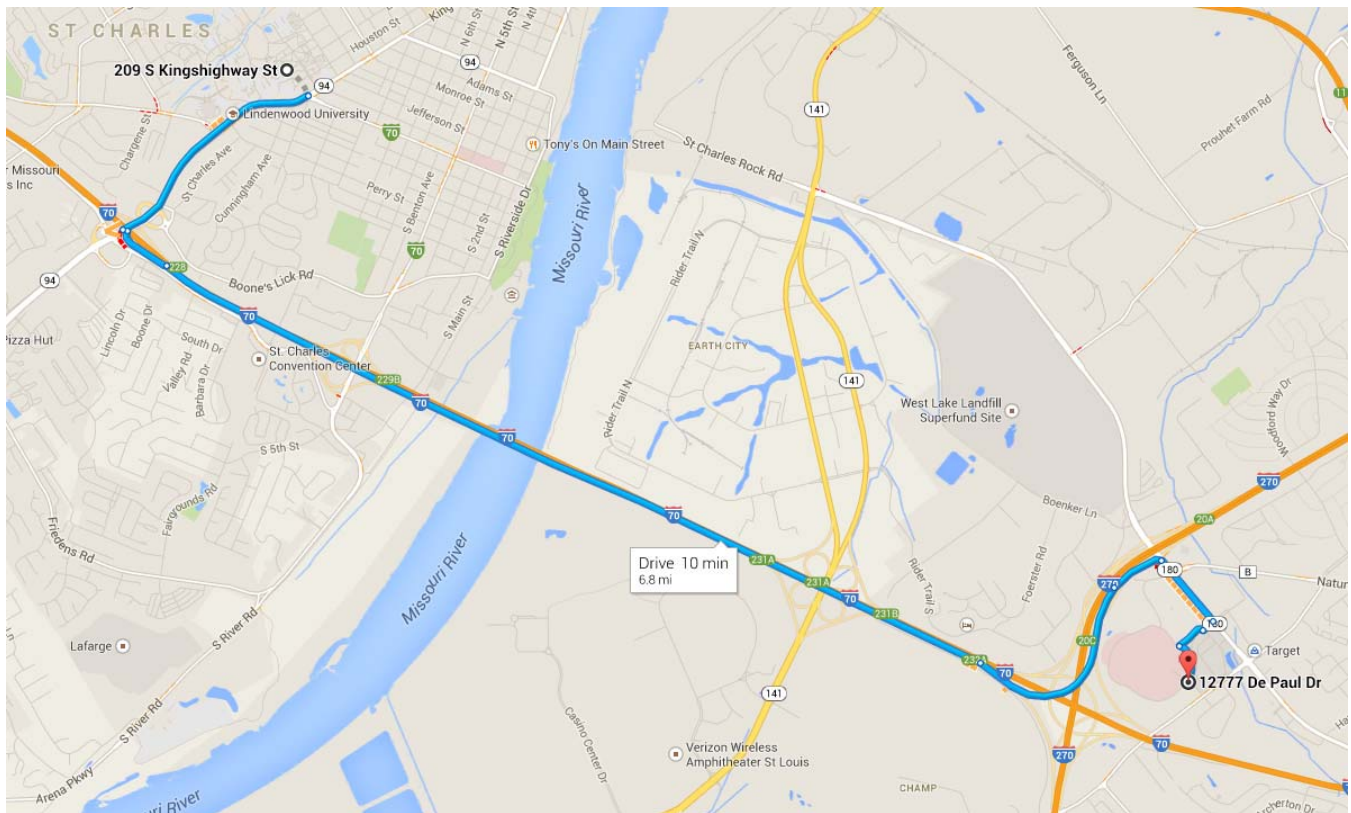
- 1 – Exit campus through the entrance of First Capitol Dr. and Kingshighway
- 2 – Turn right onto First Capitol Dr. and merge into the left lane
- 3 – Make an immediate U-turn on First Capitol Dr.
- 4 – Turn right at the stoplight to continue on First Capitol Dr.
- 5 – Continue on First Capitol Dr. to the intersection of Fifth St. and First Capitol Dr.
- 6 – Turn left after the Fifth St. intersection into the St. Joseph's parking lot



# SSM ORTHOPEDICS – DEPAUL HOSPITAL

## DIRECTIONS:

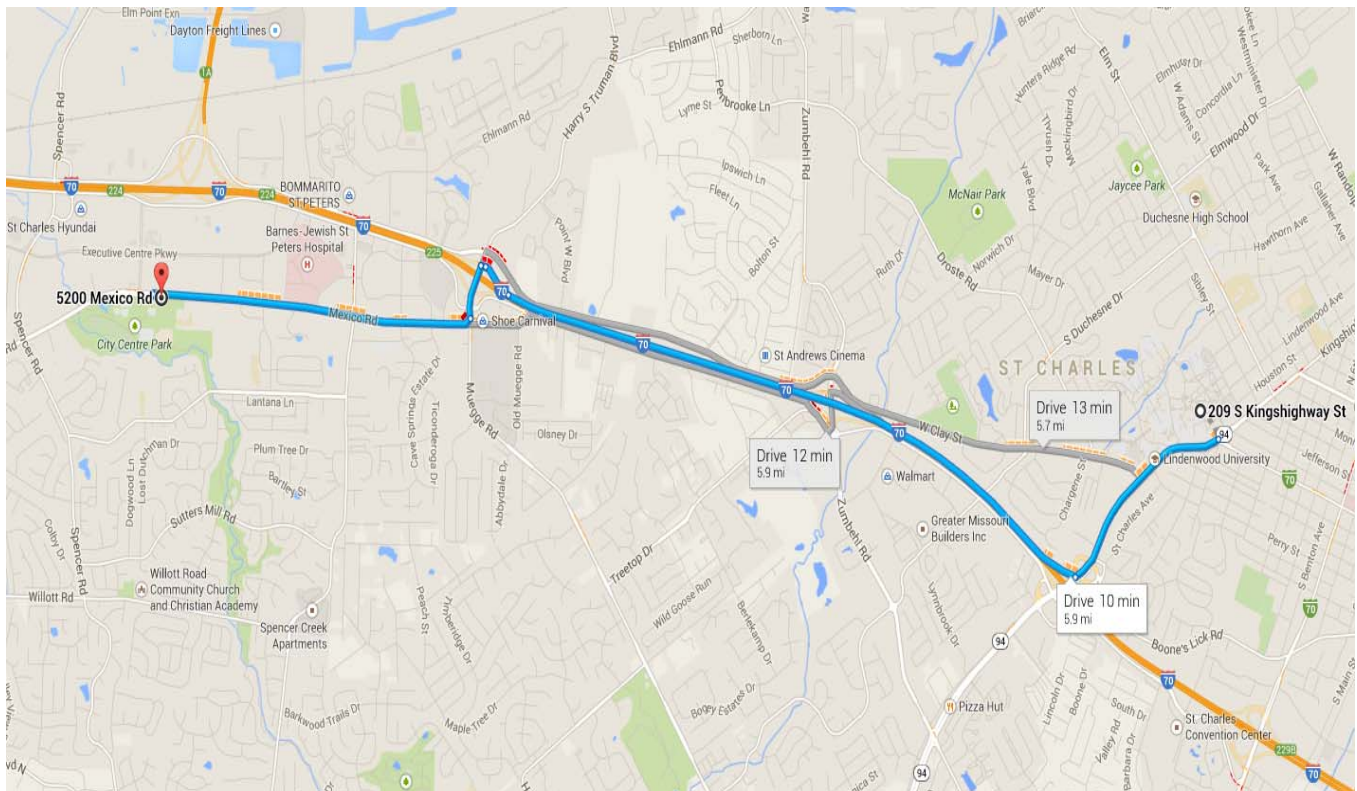
- 1 – Exit campus at the intersection of First Capitol Dr. and Kingshighway
- 2 – Turn right on First Capitol Dr.
- 3 – Continue on First Capitol Dr. for 1 mile
- 4 – Exit left on Interstate 70 East
- 5 – Continue on I-70 East for 4 miles
- 6 – Exit right at Exit 232, Interstate 270 North
- 7 – Remain in the right lane to exit onto St. Charles Rock Rd.
- 8 – Turn right onto St. Charles Rock Rd.
- 9 – Continue on St. Charles Rock Rd. for .1 miles
- 10 – Turn right onto DePaul Ln.
- 11 – Follow signs directing traffic to the DePaul Medical Office Buildings
- 12 – Office is located in the East Medical Building, Room 220



# REC PLEX

## DIRECTIONS:

- 1 – Exit campus at the intersection of First Capitol Dr. and Kingshighway
- 2 – Turn right on First Capitol Dr.
- 3 – Continue on First Capitol Dr. for 1 mile
- 4 – Exit right on Interstate 70 West
- 5 – Continue on I-70 West for 3 miles
- 6 – Exit right at Exit 225, Cave Springs
- 7 – Turn left on Cave Springs Rd.
- 8 – Continue on Cave Springs Rd. for .2 miles
- 9 – Turn right on Mexico Rd.
- 10 – Continue on Mexico Rd. for 1.4 miles
- 11 – Turn left 5200 Mexico Rd.

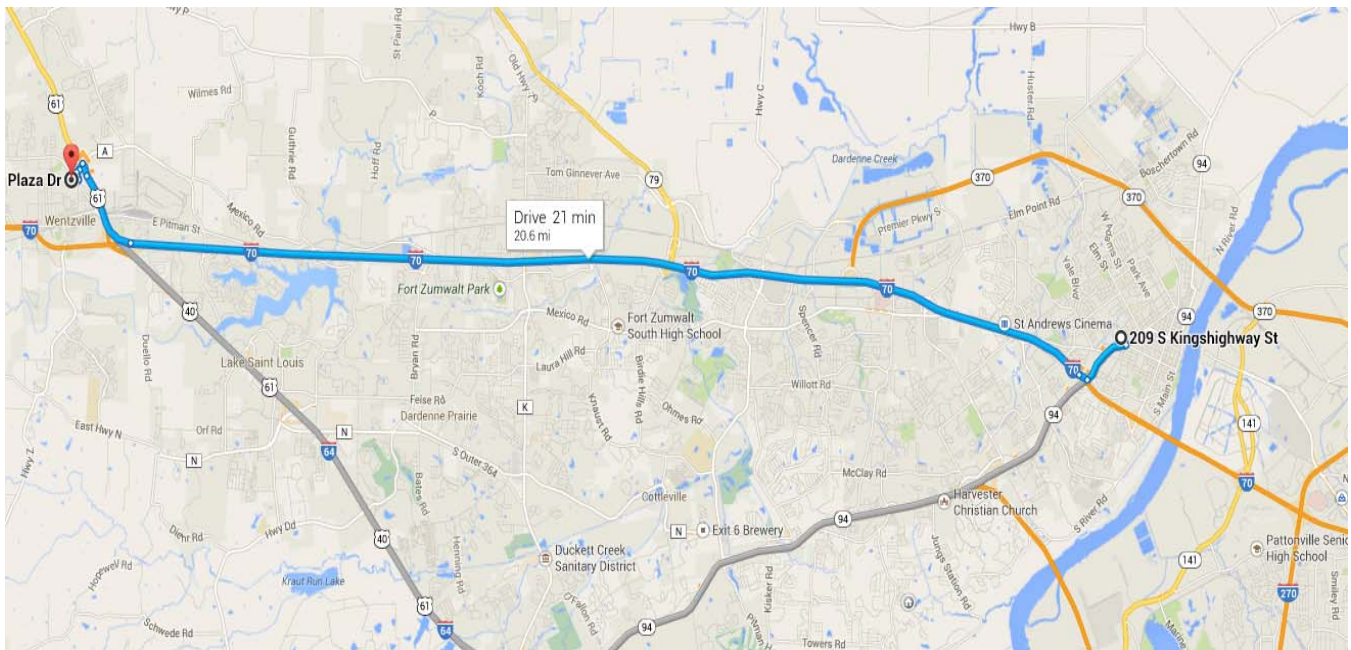




# LINDENWOOD ICE ARENA

## DIRECTIONS:

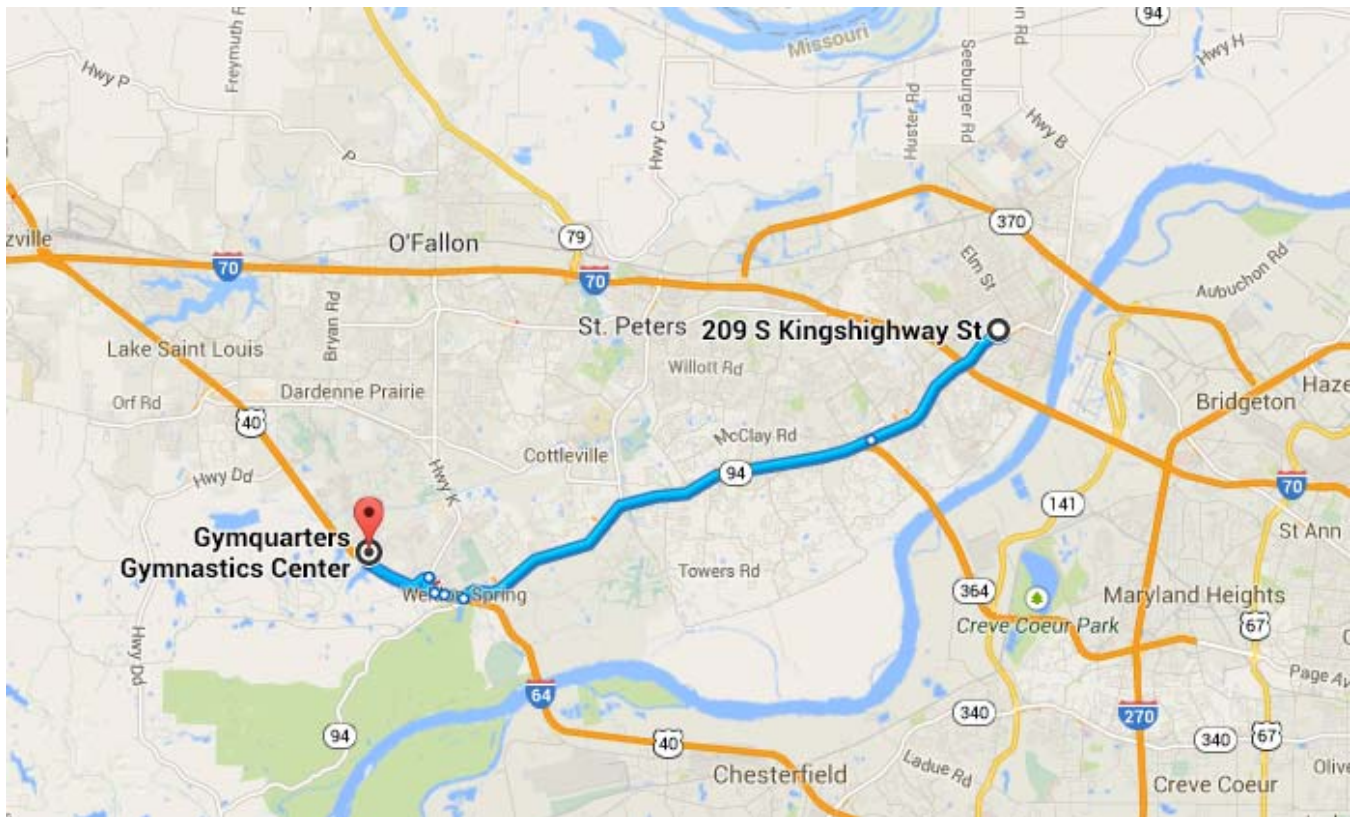
- 1 – Exit campus at the intersection of First Capitol Dr. and Kingshighway
- 2 – Turn right on First Capitol Dr.
- 3 – Continue on First Capitol Dr. for 1 mile
- 4 – Exit right on Interstate 70 West
- 5 – Continue on I-70 West for 18 miles
- 6 – Exit right at Exit 210B, US-61 North
- 7 – Continue on US-61 North for 1.3 miles
- 8 – Exit right on Wentzville Parkway
- 9 – Turn left Wentzville Parkway
- 10 – Turn left onto N US-61-Business Route
- 11 – Turn right onto Main Plaza Drive



# GYMQUARTERS

## DIRECTIONS:

- 1 – Head SW on MO-94 W/1<sup>st</sup> Capital Dr. toward Cunningham Ave.
- 2 – Merge onto MO-364 W/MO-94 W via ramp on left to Weldon Spring
- 3 – Turn right onto ramp to State Hwy K and take State Hwy K ramp
- 4 – Keep right at the fork and follow signs for O'Fallon/Hwy K and merge onto State Hwy K
- 5 – Turn left onto Technology Dr.
- 6 – Turn right onto Ungerboeck Park
- 7 – Turn left onto Hubble

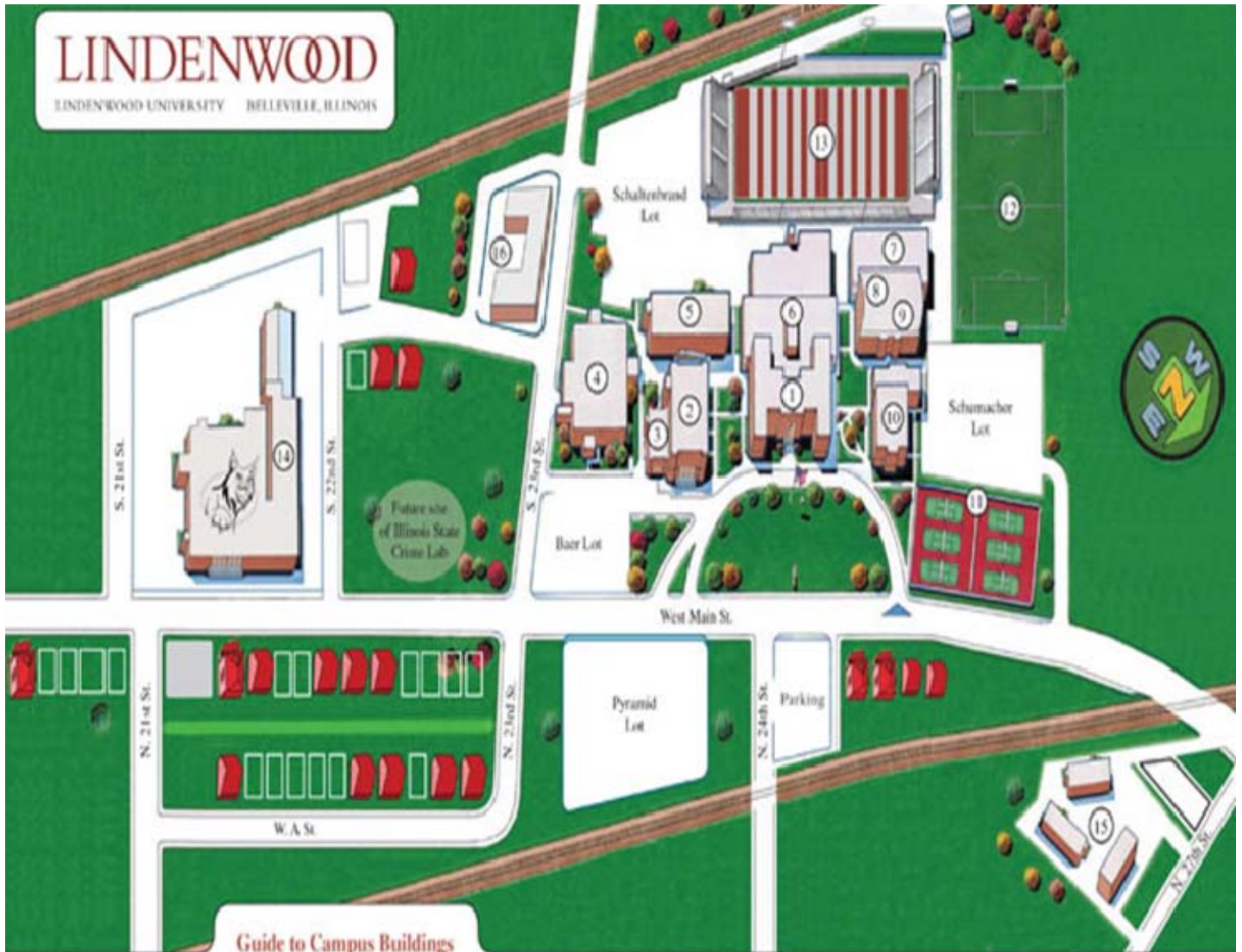


***BELLEVILLE CAMPUS  
MAPS AND DIRECTIONS***

# ***STUDENT-ATHLETE TRANSPORTATION***

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# BELLEVILLE CAMPUS MAP



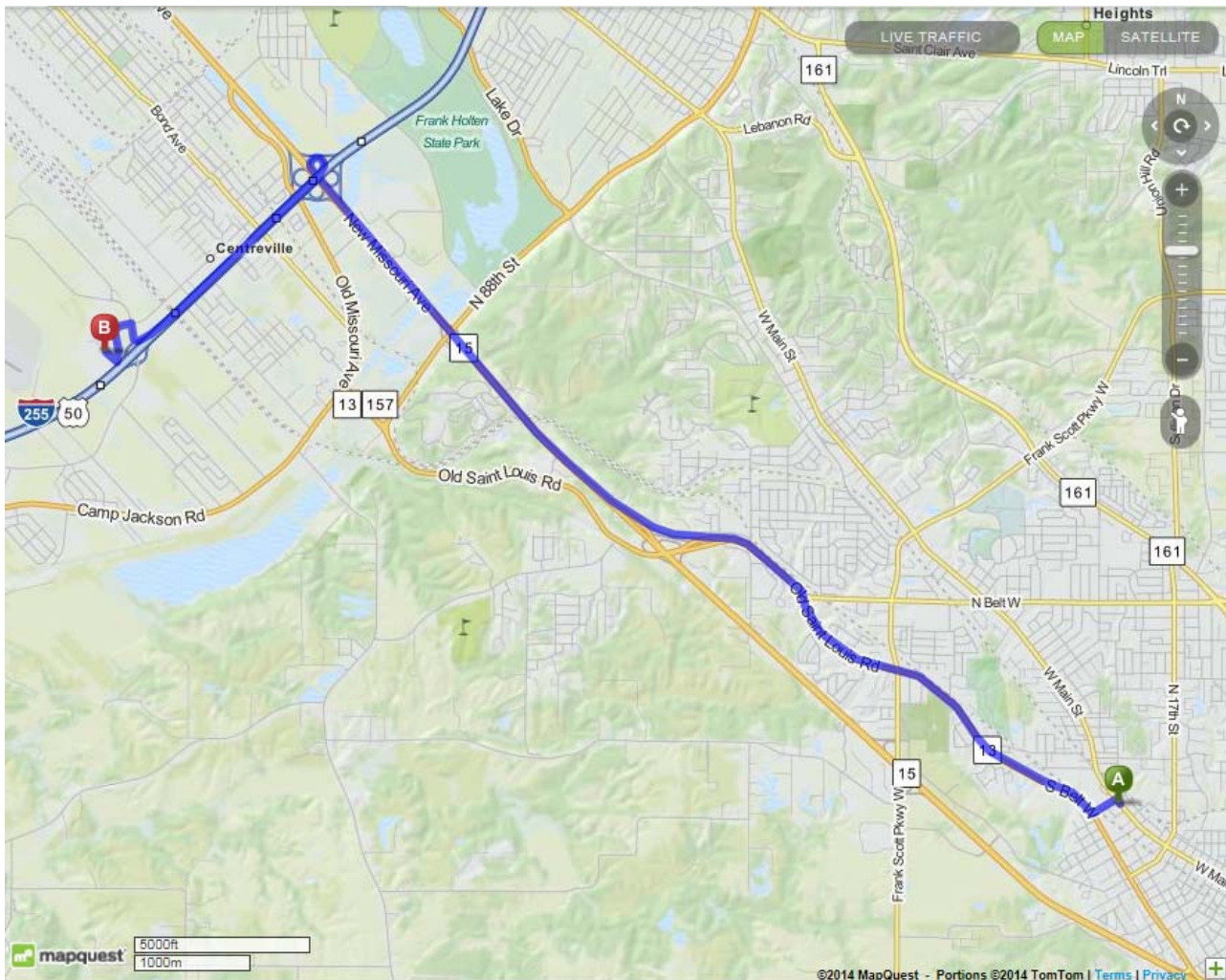
## Guide to Campus Buildings

- |  |                           |                                |                          |
|--|---------------------------|--------------------------------|--------------------------|
| ① Administration Building              | ⑤ LCIE Classroom Building | ⑨ Fitness Center (lower level) | ⑬ Football Stadium       |
| ② Lindenwood Auditorium                | ⑥ Belleville District 201 | ⑩ Girls Gym                    | ⑭ Lynx Lodge             |
| ③ Welcome Center                       | ⑦ Recreation Gyms         | ⑪ Tennis Courts                | ⑮ Lynx Complex           |
| ④ Senator Alan J. Dixon Student Center | ⑧ Lynx Arena              | ⑫ Soccer Field                 | ⑯ Women's Residence Hall |
-  Student Housing

# GCS BASEBALL STADIUM

## DIRECTIONS:

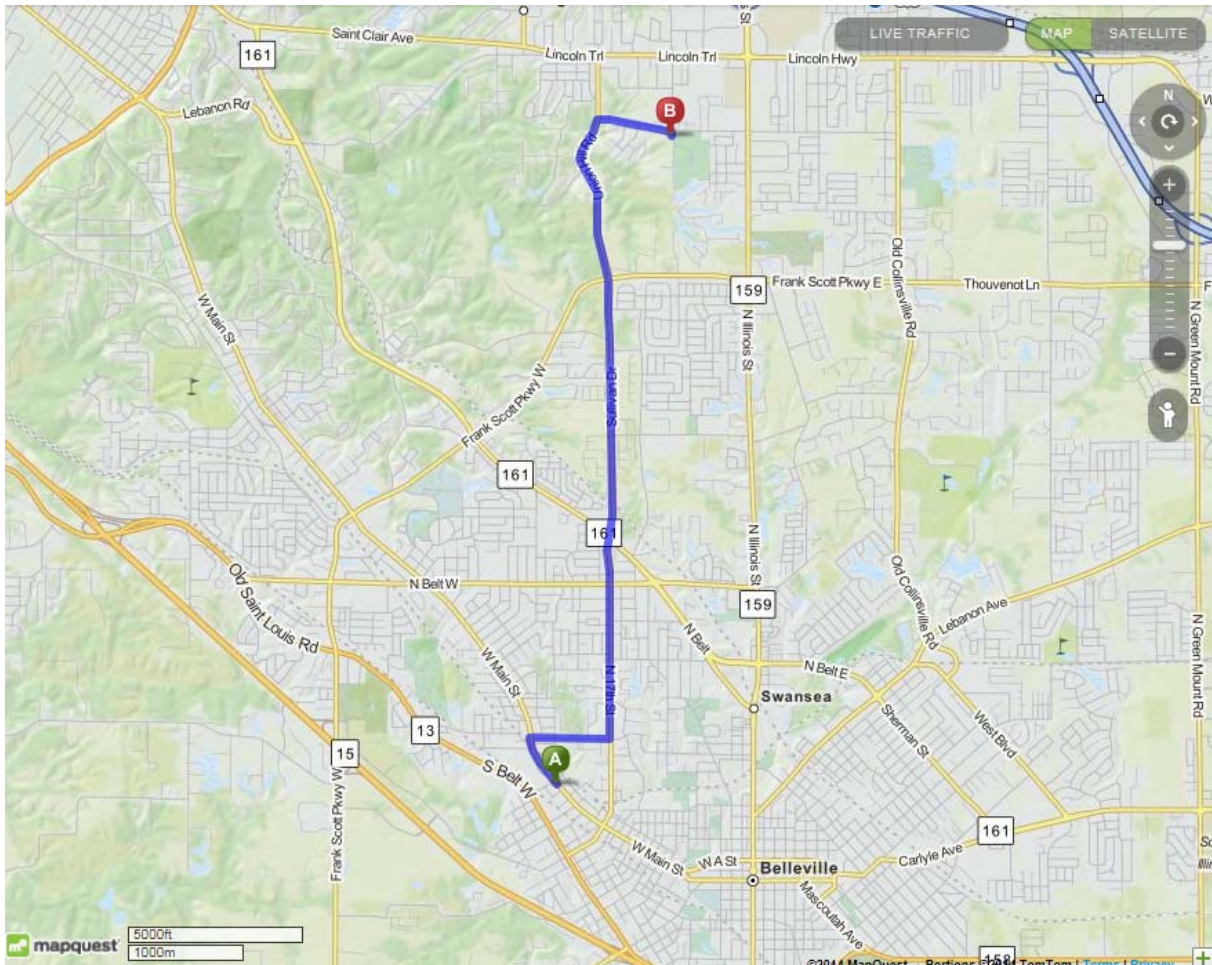
- 1 - Start out going northwest on W Main St toward N 23rd St. (go 0.04 miles)
- 2 - Take the 1st left onto S 23rd St.
- 3 - Turn right onto S Belt W/IL-13. Continue to follow IL-13. (go 3.28 miles)
- 4 - Merge onto IL-15. (go 3.66 miles)
- 5 - Merge onto I-255 S/US-50 W toward Memphis. (go 1.63 miles)
- 6 - Take the Mousette Lane exit, EXIT 15, toward St Louis Downtown Airport/SAUGET IND PKWY.
- 7 - Merge onto Mousette Ln. (go 0.11 miles)
- 8 - Turn left onto Goose Lake Rd.
- 9 - Take the 2nd right onto Grizzlie Bear Blvd.
- 10 - [2399 - 2331] GRIZZLIE BEAR BLVD



# MOODY PARK SOFTBALL FIELD

## DIRECTIONS:

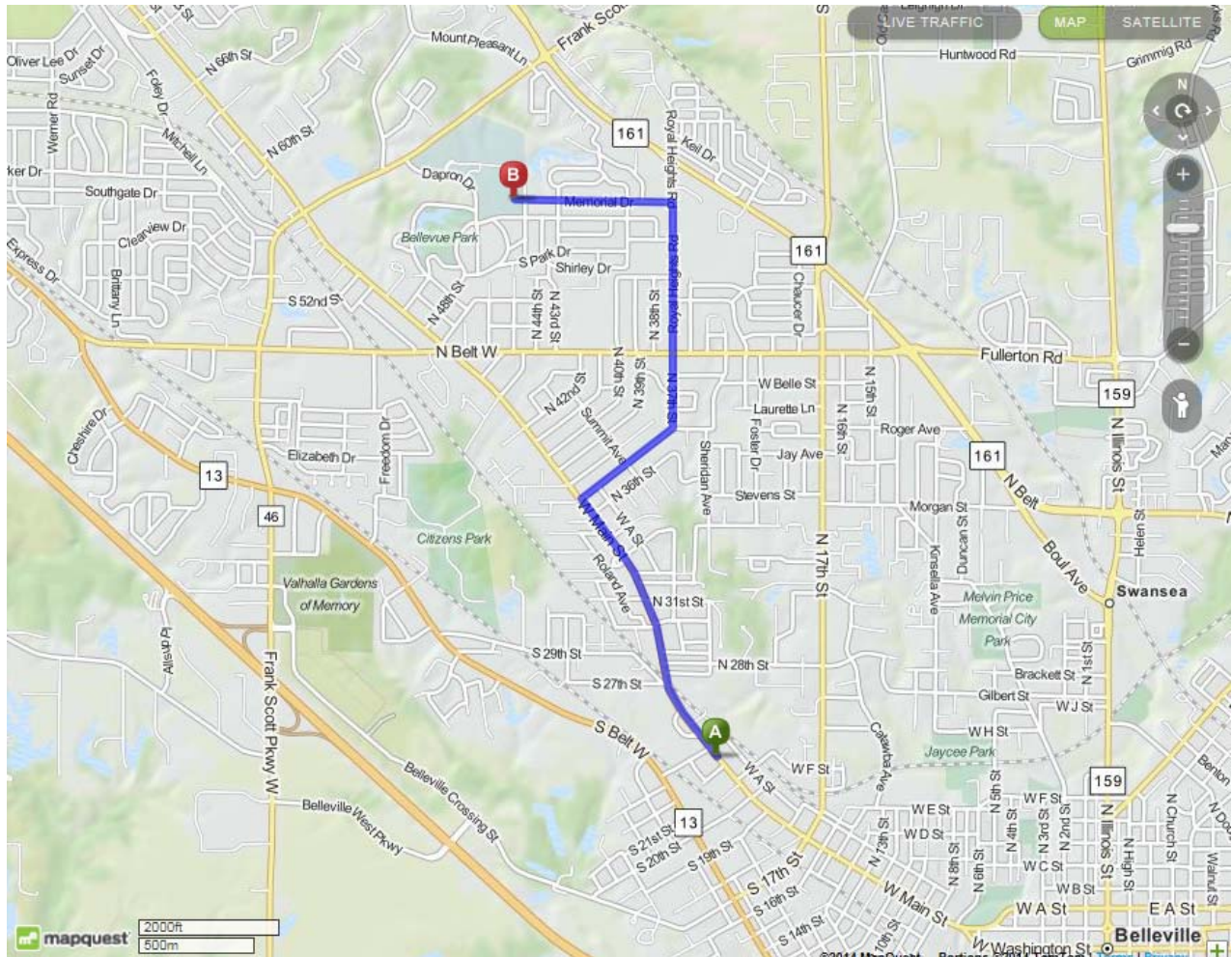
- 1 - Start out going northwest on W Main St toward N 23rd St.
- 2 - Turn right onto N 28th St. N 28th St is just past N 27th St
- 3 - Turn left onto N 17th St. N 17th St is just past Walter St
- 4 - N 17th St becomes Sullivan Dr.
- 5 - Sullivan Dr becomes Union Hill Rd.
- 6 - Turn right onto Long Acre Dr. Long Acre Dr is 0.3 miles past Carbon St
- 7 - Take the 3rd right onto S Ruby Ln. S Ruby Ln is just past Ram Ct
- 8 - 525 S RUBY LN.



# MEMORIAL HOSPITAL

## DIRECTIONS:

- 1 - Start out going northwest on W Main St toward N 23rd St.
- 2 - Turn right onto N 37th St.
- 3 - N 37th St becomes Royal Heights Rd.
- 4 - Turn left onto Memorial Dr.
- 5 - 4500 MEMORIAL DR is on the left.





***APPENDIX A – APPLICATION  
DOCUMENTS***



## PERSONAL INFORMATION

### PERSONAL INFORMATION

LAST NAME:	<input type="text"/>	FIRST NAME:	<input type="text"/>
STREET ADDRESS:	<input type="text"/>		
CITY:	<input type="text"/>		
STATE:	<input type="text"/>	ZIP CODE:	<input type="text"/>
LINDENWOOD EMAIL ADDRESS:	<input type="text"/>	OTHER E-MAIL ADDRESS:	<input type="text"/>
PHONE NUMBER:	<input type="text"/>		
DATE OF BIRTH:	<input type="text"/>		
CURRENT LINDENWOOD G.P.A. (if applicable)	<input type="text"/>		

### EDUCATION

List your previous schools, including high school and college, beginning with the most recent.

NAME OF SCHOOL:	<input type="text"/>		
STREET ADDRESS:	<input type="text"/>		
CITY:	<input type="text"/>		
STATE:	<input type="text"/>	ZIP CODE:	<input type="text"/>
FIRST ATTENDED:	<input type="text"/>	LAST ATTENDED:	<input type="text"/>
GRADUATED:		G.P.A.:	<input type="text"/>

---

NAME OF SCHOOL:	<input type="text"/>		
STREET ADDRESS:	<input type="text"/>		
CITY:	<input type="text"/>		

STATE:  ZIP CODE:

FIRST ATTENDED:  LAST ATTENDED:

GRADUATED:  G.P.A.:

---

NAME OF SCHOOL:

STREET ADDRESS:

CITY:

STATE:  ZIP CODE:

FIRST ATTENDED:  LAST ATTENDED:

GRADUATED:  G.P.A.:

ACT SCORE:  DATE OF TEST:

---

EDUCATION GOALS:

CAREER GOALS:

---

SPORTS/  
EX. CURRICULAR  
INVOLVEMENT:

INTERESTS:

---



## ATHLETIC TRAINING PROGRAM STUDENT RECOMMENDATION FORM

Provide this form to advisors, teachers, managers, employers, and other professionals that have worked with you in the past. No present LU Athletic Training Staff can serve as a reference. Completed forms must be uploaded by the student with the other application materials prior to February 28th.

Student Applicant:

Name of Reference:

Job Title:

How long have you known the applicant?

What is your relationship to the applicant?

What is your opinion of the applicant's work ethic, personality, and ability to work with others? (Please use additional paper if necessary.)

What is one strength the applicant possesses? What would be one weakness to be aware of?

Briefly describe the applicant's leadership style.

Please indicate the strength of your overall endorsement of this person for the Athletic Training Program, which are characterized by time management, dependability, ability to work well with others, leadership skills, and punctuality:

- Highly Recommended
- Recommend with Reservation
- Not Recommended

Signature of Reference:

Date:



## CLINICAL OBSERVATION HOURS

Candidates for the athletic training program are required to complete a minimum of 50 hours of observation under a certified athletic trainer. Observations can occur in any setting, including a high school, college/university, professional sports teams, or rehabilitation clinic. The athletic training program at Lindenwood University encourages candidates to observe a variety of athletic trainers in different settings. All observation hours must be documented in the below table, and by signing the below document, you affirm the information listed on this table is accurate.

DATE	NAME OF FACILITY/LOCATION	CITY/STATE	NAME OF ATC OBSERVED	TYPE OF SETTING (i.e. clinic, high school)	NUMBER OF HOURS

Signature of Candidate: \_\_\_\_\_ Date: \_\_\_\_\_



**LINDENWOOD UNIVERSITY MEDICAL EXAMINATION FORM**

**ATHLETIC TRAINING STUDENT INFORMATION**

Last Name		First Name		Middle Name
Date of Birth		Gender		Ethnicity (optional)
Home Address				
City		State	Country (if not U.S.)	Zip Code
Primary phone			Email	

**PERSONAL MEDICAL HISTORY**

If answered yes, please describe in the space provided.

Have you ever been hospitalized?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever had surgery?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have any know allergies? (i.e. medicines, insects, foods, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you currently taking any medications? (i.e. prescription, hormones, birth control, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you currently taking supplements?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever had any skin conditions?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you had any problems with your eyes or vision? (i.e. glasses, eye injury	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been diagnosed with asthma?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**GENERAL MEDICAL HISTORY**

Have you **OR ANYONE IN YOUR FAMILY** been diagnosed with the following?

Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No	Rheumatoid Arthritis	<input type="checkbox"/> Yes <input type="checkbox"/> No
Kidney Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ulcerative Colitis/Crohn's Disease	<input type="checkbox"/> Yes <input type="checkbox"/> No
Depression	<input type="checkbox"/> Yes <input type="checkbox"/> No	Irritable Bowel Syndrome	<input type="checkbox"/> Yes <input type="checkbox"/> No
Anxiety	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hyperthyroidism	<input type="checkbox"/> Yes <input type="checkbox"/> No
Eating Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hypothyroidism	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please Describe			

**RESPIRATORY MEDICAL HISTORY**

**During or after exercise**, have you ever experienced any of the following? If yes, please describe in the space provided.

Difficulty breathing	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Wheezing	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Shortness of breath	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Chest tightness	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Persistent cough	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Coughing up blood	<input type="checkbox"/> Yes <input type="checkbox"/> No	

### CARDIOVASCULAR MEDICAL HISTORY

Have you **OR ANYONE IN YOUR FAMILY** been diagnosed with the following? If yes, please describe in the space provided.

History of heart disease	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Marfan's Syndrome	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Heart Defect	<input type="checkbox"/> Yes <input type="checkbox"/> No	
High/Low Blood Pressure	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Pericarditis, Myocarditis, or Endocarditis	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Anemia/Sickle Cell Anemia	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Iron Deficiency	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Peripheral Vascular Disease	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**During or after exercise**, have you ever experienced any of the following? If yes, please describe in the space provided.

Dizzy or light headed	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Passed out or fainted	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Chest pain or discomfort	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Racing, irregular, or skipping heart beat	<input type="checkbox"/> Yes <input type="checkbox"/> No	

### GENTOURINARY/REPRODUCTIVE HISTORY (FEMALE)

In the past 12 months, have you had any of the following?

Heavy menstrual bleeding	<input type="checkbox"/> Yes <input type="checkbox"/> No	Painful Menstruation	<input type="checkbox"/> Yes <input type="checkbox"/> No	Absence of Menstruation	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bleeding between periods	<input type="checkbox"/> Yes <input type="checkbox"/> No	Menstrual cramps	<input type="checkbox"/> Yes <input type="checkbox"/> No	Genital Itching	<input type="checkbox"/> Yes <input type="checkbox"/> No
Irregular Periods	<input type="checkbox"/> Yes <input type="checkbox"/> No	Lumps in breasts	<input type="checkbox"/> Yes <input type="checkbox"/> No	Vaginal Discharge	<input type="checkbox"/> Yes <input type="checkbox"/> No
Frequent Urination	<input type="checkbox"/> Yes <input type="checkbox"/> No	Pain/Burning during urination	<input type="checkbox"/> Yes <input type="checkbox"/> No	Blood in your urine	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please Describe					

### GENTOURINARY/REPRODUCTIVE HISTORY (MALE)

Do you feel pain or burning with urination?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Any blood in your urine?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have problems with frequent urination?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have any problems emptying your bladder?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you noted any discharge from your penis?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Has the force of your urination decreased?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you had any kidney, bladder, or prostate issues in the last 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Any testicular torsion, pain, or swelling?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

### NEUROLOGICAL MEDICAL HISTORY

Do you have any of the following symptoms on a regular basis?

Headaches	<input type="checkbox"/> Yes <input type="checkbox"/> No	“Pressure in the head”	<input type="checkbox"/> Yes <input type="checkbox"/> No	Blurred Vision	<input type="checkbox"/> Yes <input type="checkbox"/> No
Nausea	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ringing in the ears	<input type="checkbox"/> Yes <input type="checkbox"/> No	Double Vision	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dizziness	<input type="checkbox"/> Yes <input type="checkbox"/> No	Tingling in the extremities	<input type="checkbox"/> Yes <input type="checkbox"/> No	Numbness in the extremities	<input type="checkbox"/> Yes <input type="checkbox"/> No
Vomiting	<input type="checkbox"/> Yes <input type="checkbox"/> No	Slurred speech	<input type="checkbox"/> Yes <input type="checkbox"/> No	Difficulty sleeping	<input type="checkbox"/> Yes <input type="checkbox"/> No
Difficulty concentrating	<input type="checkbox"/> Yes <input type="checkbox"/> No	Irritability	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sensitivity to light	<input type="checkbox"/> Yes <input type="checkbox"/> No
“Burner or Stinger”	<input type="checkbox"/> Yes <input type="checkbox"/> No	Migraine headaches	<input type="checkbox"/> Yes <input type="checkbox"/> No	Seizures	<input type="checkbox"/> Yes <input type="checkbox"/> No

### MUSCULOSKELETAL HISTORY

Please indicate if you have sustained any injuries to said body parts. If yes, please describe in the space provided. Also, please note any diagnostic tests performed (i.e. x-ray, MRI).

Head/Neck	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Shoulder	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Upper Arm	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Elbow	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Forearm	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Wrist/Hand	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Chest	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Spine	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Abdomen	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Pelvis/Hip	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Thigh	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Knee	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Lower leg	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Ankle	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Foot	<input type="checkbox"/> Yes <input type="checkbox"/> No	



### MEDICAL EXAMINATION

Must be completed by a **physician, a physician's assistant, or a nurse practitioner.**

Blood Pressure
Pulse
Weight
Height

Body Part	Normal	Explanation of Abnormal Findings
Head, scalp, face	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Eyes	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Ears	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Nose	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Mouth and Throat	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Teeth	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Neck	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Lungs	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Heart	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Breasts	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Abdomen	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Genitalia (Pelvic if needed)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Rectal	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Hernia	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Adenopathy	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Skin	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Reflexes	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Musculoskeletal Examination Findings:</b>  		
<b>Cleared to Fully Participate in Athletic Training Program</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Limitations/Follow-up</b>  

SIGNATURE	DATE
-----------	------



## HEPATITIS B FORM

I have read and understand the information provided to me regarding hepatitis B. I understand both the clinical course of the disease and its risks and hazards, and the vaccination and its usual and most frequent risks and hazards. I have discussed any concerns or questions with my program director. To the best of my knowledge I am not pregnant; if I am pregnant, I have consulted my private physician and obtained written authorization for vaccination (a copy of which is attached to this consent).

I understand there is no guarantee that vaccination will be effective or that my vaccination will be free of side effects. I understand that my participation in the hepatitis B vaccination program is entirely voluntary, although recommended for me, because I participate in a clinical environment at Lindenwood University that presents a reasonable anticipation of my exposure to potentially infectious materials.

---

In reference to the **Hepatitis B** virus vaccination series, I choose to:

- Provide proof of HBV series (submitted with immunizations)
- Attain the HBV series and provide proof prior to August 1st.  
\*I understand that it is my responsibility to locate a clinic/physician capable of administering the vaccine and it will be my financial obligation in funding the vaccine series.
- Reject the HBV series

Signature of Applicant:

Date:



## COMMUNICABLE DISEASE POLICY

In addition to providing immunization records and documentation from a recent physical examination, the athletic training program requires all students to follow the communicable disease policy. This policy is designed to prevent the spread of disease within the clinical setting and allow the necessary time for the student to fully recover from a recent illness.

Athletic training student presenting with common signs of a communicable disease should follow the below protocol and consider themselves excused from their clinical rotation. Common signs and symptoms of a communicable disease may include, but are not limited to, fever, cough, sore throat, vomiting, and diarrhea.

1. Athletic training students presenting with signs or symptoms related to a communicable disease must avoid attending their clinical site and participating in formal clinical experiences.
2. The athletic training student must notify their assigned preceptor regarding their current health status.
3. Athletic training students requiring two or more consecutive absences from their clinical rotation must be evaluated by a health care professional in Student Health Services or seek outside medical attention from their own personal physician.
  - a. Following the examination, the student must request documentation identifying when the student can return to the clinical setting and safely participate with patients and others in the clinical setting.
  - b. Documentation should be provided to the preceptor prior to resuming their clinical rotation.
4. Athletic training students required to miss more than one week of clinical experience should contact the Program Director and/or Clinical Education Coordinator.

I have read and fully understand the communicable disease policy.

Signature of Applicant:

Date:



## **TECHNICAL STANDARDS FOR ADMISSION**

The Athletic Training Program at Lindenwood University is a rigorous and intense program that places specific requirements and demands on the students enrolled in the program. The objective of this program is to prepare graduates to enter a variety of employment settings and to render care to a wide spectrum of individuals engaged in physical activity. The technical standards set forth by the Athletic Training Program establish the essential qualities considered necessary for students admitted to this program to achieve the knowledge, skills, and competencies of an entry-level athletic trainer, as well as meet the expectations of the program's accrediting agency (CAATE). The following abilities and expectations must be met by all students admitted to the Athletic Training Program. In the event a student is unable to fulfill these technical standards, with or without reasonable accommodation, the student will not be admitted into the program.

Compliance with the program's technical standards does not guarantee a student's eligibility for Board of Certification examination.

Candidates for selection to the Athletic Training Program must demonstrate:

1. The mental capacity to acquire, analyze, and apply principles and concepts necessary to problem solve and formulate assessments and action plans related to patient care.
2. Sufficient postural and neuromuscular control, sensory function, and coordination to perform appropriate physical examinations using accepted techniques; and accurately, safely, and efficiently use equipment and materials during the assessment and treatment of patients.
3. The ability to communicate effectively and sensitively with patients and colleagues, including individuals from different cultural and social backgrounds. Students must be able to understand and speak the English language at a level consistent with competent professional practice.
4. The ability to record the results of a physical examination and a treatment plan clearly and accurately.
5. The capacity to maintain composure and continue to function well during periods of high stress.
6. The perseverance, diligence, and commitment to complete the Athletic Training Program as outlined and sequenced.
7. Flexibility and the ability to adjust to changing situations and uncertainty in clinical situations.
8. Effective skills and appropriate demeanor and rapport that relate to professional education and quality patient care.

Candidates for selection to the Athletic Training Program will be required to verify they understand and meet these technical standards or that they believe, with certain accommodations, they can meet the standards.

The Student Academic and Support Services department will evaluate a student who states he/she could meet the program's standards with accommodations and confirm that the stated condition qualifies as a disability under applicable laws.

If a student states he/she can meet the technical standards with accommodation, then the University will determine whether it agrees that the student can meet the technical standards with reasonable accommodations; this includes a review as whether the accommodations requested are reasonable, taking into account whether accommodations would jeopardize clinician/patient safety, or the educational process of the student or the institution, including all coursework, clinical experiences, and internships deemed essential to graduation.

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Read and sign ONLY ONE of the following statements:

- I certify that I have read and understand the technical standards for selection listed above, and I believe to the best of my knowledge that I meet each of these standards without accommodation. I understand that if I am unable to meet these standards I will not be admitted into the program.
- I certify that I have read and understand the technical standards of selection listed above and I believe to the best of my knowledge that I can meet each of these standards with certain accommodations. I will contact the Student Academic and Support Services department to determine what accommodations may be available. I understand that if I am unable to meet these standards with or without accommodations, I will not be admitted into the program.

Signature of Applicant:

Date:



## CONFIDENTIALITY AGREEMENT

As a student in the Athletic Training Program at Lindenwood University, I understand that Lindenwood University and all affiliated sites have the legal and ethical responsibility to safeguard the privacy of all students (and patients) and protect the confidentiality of all student (and patient) information.

- I understand that I may come into the possession of confidential information, and I must comply with all confidentiality requirements provided under, but not limited to, HIPAA, FERPA, the Individuals with Disabilities Education Act, and Section 504 of the Rehabilitation Act of 1973.
- I understand and agree that in the performance of my clinical responsibilities at Lindenwood University and all affiliated sites, I must hold medical, physician, student, and employee information in confidence. This includes any and all information that I may come across in performing my duties regardless of how it is presented to me (printed, written, spoken, computerized, facsimile, etc.).
- I understand and agree that I will only access information that is required to perform my duties or for educational purposes as approved by the site supervisor at Lindenwood University or any affiliated site. I will not remove student, athlete, or patient data/forms from Lindenwood University or sites affiliated with the Athletic Training Program at Lindenwood University.
- I understand and acknowledge that disclosure of patient information, intentional or unintentional, unless authorized by law, may result in disciplinary action including termination from the program and dismissal from the University.
- I understand that I must sign and comply with this Confidentiality Agreement in order to actively participate in the clinical aspect of the program.
- I understand my duty of confidentiality continues indefinitely. I understand that I am required to maintain confidentiality regardless of my continued participation in a clinical rotation or within the Lindenwood University Athletic Training Program.

Signature of Applicant:

Date:



## **BLOODBORNE PATHOGENS POLICY**

I have reviewed the Bloodborne Pathogens Policy, and I understand athletic training students may incur exposure to blood or other potentially infectious material (OPIM) during normal athletic training duties. Tasks or procedures in which exposure to bloodborne pathogens may occur include, but are not limited to, the following:

- A. Wound care
- B. Cleaning body fluid spills
- C. Handling contaminated medical devices
- D. Handling contaminated laundry
- E. Assisting a physician with injections and other procedures provided on campus
- F. General housekeeping duties in the athletic training rooms

I understand the epidemiology, symptoms, and methods of transmission for blood borne pathogen disease; and I understand all athletic training rooms and athletic venues will be considered areas of risk.

I understand the importance of personal protective equipment (PPE's), the location of PPE's in the athletic training facilities, when and how to use PPE's, and how to properly dispose of PPE's or any contaminated items in the appropriately labeled biohazard containers and sharps containers.

I have completed the required blood borne pathogen training.

Signature of Applicant:

Date:



## **STUDENT HANDBOOK & STUDENT POLICIES**

I have been provided with access to the Student Handbook, and I have read and understand the Student Policies of the Lindenwood University Athletic Training Program, including the Retention Criteria, Dress Code, Clinical Guidelines and Disciplinary Code, and Athletic Training Room Rules and Regulations.

I understand that I can access and reference the handbook at any time through the Lindenwood University website.

Signature of Applicant:

Date:





**RELEASE OF INFORMATION TO  
CAATE SITE VISIT TEAM**

By signing this form, I agree to disclose my Athletic Training Program records and file to the Site-Visit Team, on their visit to Lindenwood University.

Signature of Applicant:

Date:



## **STOPPING OUT**

Students who opt to take one or more semesters off from University enrollment are said to “stop out.” Any undergraduate student who has not been enrolled in Lindenwood courses for one or more semesters and who wishes to resume his or her coursework must be readmitted to the university by submitting a new application to the Office of Day Admissions. Students who are readmitted to the university after an absence of one year or more will be subject to the degree requirements outlined under the academic catalog that is current at the time of the student’s return to the university.

Furthermore, students who choose to stop their academic progression within the Athletic Training Program will need to return within two years to retain current academic status.

Due to the evolution of the program and continued change in competencies and standards, I understand that an absence of greater than two years from the program will require the resubmission of all application materials as well as an application interview. Upon re-admittance into the program, I understand I will have a minimum of six semesters to complete all coursework, including AT courses previously completed.

Signature of Applicant:

Date:



## **CLINICAL PARTICIPATION**

(Initial) I understand being an Athletic Training Student at Lindenwood University involves a rigorous combination of academics and clinical experiences. The program requires a commitment to clinical education, and I understand that I will be placed into rotations to guide my clinical development.

(Initial) I understand that I will be involved with a variety of patients and experiences, and my rotations will include experiences on and off campus in different settings with a variety of patient populations.

(Initial) I understand that it is my responsibility to balance and meet all these requirements, as well as providing my own transportation to each clinical rotation.

Signature of Applicant:

Date:



## CONCUSSION STATEMENT

(Initial) I have read and understand the Lindenwood University Concussion Management Plan.

(Initial) I have read and understand the NCAA Concussion Fact Sheet.

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After reading the NCAA Concussion Fact Sheet and reviewing the Lindenwood University Concussion Management Plan, I am aware of the following information:

(Initial) A concussion is a brain injury which athletes should report to the medical staff.

(Initial) A concussion can affect the athlete's ability to perform everyday activities, and affect reaction time, balance, sleep, and classroom performance.

(Initial) You cannot see a concussion, but you might notice some of the symptoms right away. Other symptoms can show up hours or days after the injury.

(Initial) I will not knowingly allow the athlete to return to play in a game or practice if he/she has received a blow to the head or body that results in concussion-related symptoms.

(Initial) If I suspect the athlete has a concussion, it is my responsibility to refer that athlete to the appropriate medical staff.

(Initial) I will encourage the athlete to report any suspected injuries and illnesses to the medical staff, including signs and symptoms of concussions.

(Initial) Following concussion the brain needs time to heal. Concussed athletes are much more likely to have a repeat concussion if they return to play before their symptoms resolve. In rare cases, repeat concussions can cause permanent brain damage, and even death.

(Initial) I am aware that every first-year student-athlete participating on specified Lindenwood University teams must be baseline tested prior to participation in sport. These tests allow for comparison of symptoms and balance if the athlete were to become injured.

(Initial) I am aware that athletes diagnosed with a concussion will be assessed and gradually progress through a return to play protocol following full recovery of neurocognition and balance.

Signature of Applicant:

Date: