

# **Yeshiva University Athletic Training Manual**

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## **Introduction**

This manual is a compilation of policies and procedures for Yeshiva University Athletic Training program. This document is intended to educate the Certified Athletic Trainer of the operational standards of the Yeshiva University Athletic Training program. For questions or comments please contact the following supervisors:

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Southwest Baptist University  
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East Stroudsburg University

## **Mission Statement**

The Yeshiva University Athletic Training Staff shall provide the highest quality of care within the domains of prevention, treatment and rehabilitation to all student athletes. The athletic training staff will strive for the education of all its' members, and become leaders within the Yeshiva University Athletics and Physical Education department.

## **Purpose**

The purpose of the Yeshiva University Athletic Training Staff is:

1. To deliver injury services to Yeshiva University student athletes during practice and home competitions.
2. To care for physical, mental and emotional trauma.
3. To deliver first aid services to any visiting team and spectator during competition.
4. Encourage healthy living for student athletes through physical activity.
5. To open up lines of communication and maintain professional relationships with the athletic teams.

## **Values**

In combination with the National Athletic Trainers Association and Yeshiva University Athletics and Physical Education department the Athletic Training department will strive to maintain professionalism, the fair and equal treatment of student athletes and embrace the principles of healthy lifestyles

## **Key Terms**

### **Sports Medicine Team:**

This team involves a group of individuals, each of whom performs specific functions to care for injured athletes. Primary individuals on the sports medicine team consist of the Certified Athletic Trainer, Athletic Training Students and team physician.

### **Certified Athletic Trainer:**

This individual is a Certified Athletic Trainer who is hired by Yeshiva University. They are NATABOC certified and must hold a New York state license in order to practice athletic training. The Certified Athletic Trainer is responsible for the well being and care of all the student athletes.

### **Team Physician:**

Is a member of the sports medicine team that the Certified Athletic Trainer works directly under. They are responsible for directing the total health care of the athlete. The team physician should have absolute authority in determining return to sports participation for a club sport athlete depending on their health status.

### **Student Athlete:**

This person is an active member on a current club sports team.

### **Yeshiva University Health Center:**

This is an organization at Yeshiva University that provides health services and wellness education. Student athletes may be referred here for illnesses that occur.

### **Athletic Training Room:**

Facility located at either 245 Lexington Ave, New York, NY on the 11<sup>th</sup> floor or 500 West 185<sup>th</sup> Street, New York, NY. It is used for the prevention and care of sports injuries that occur to Yeshiva University athletes.

### **National Athletic Trainers Association:**

This is a professional membership association for certified athletic trainers and others who support the athletic training profession.

## **Job Duties**

The following are the job duties and responsibilities of the Yeshiva University Certified Athletic Trainer:

1. Provide athletic injury prevention, evaluation, treatment and rehabilitation to all student athletes (under the direction of a team physician)
2. Provide coverage for sports that are assigned by the Athletic Director
3. To work in conjunction with local Emergency Medical Services and Yeshiva University Security when needed.
4. Communicate with injured athletes and when warranted coaches.
5. Communicate with other members of the sports medicine team which include but may not be limited to: team physician
6. Maintain inventory and procure the purchase of equipment and supplies necessary for daily operations.
7. Review and maintain medical records and documentation of injury evaluation, treatment, rehabilitation and physician referrals.
8. Maintain an Emergency Action Plan and Athletic Training manual.
9. Aid with the distribution and collection of all pre-participation forms.
10. Check the field of play before practices and games.
11. Implement risk management procedures

## **Standards of Conduct**

The following are examples of professional behavior the Certified Athletic Trainer is expected to follow:

1. No horseplay, inappropriate language, disrespectful behavior
2. Appropriate attire should be worn and includes khaki pants/capris/shorts, collard polo/shirt, sneakers and belt.
3. Please arrive on time for practices and game.



## **Confidentiality**

1. The purpose is to protect the confidentiality of information of the Yeshiva University student-athlete.
2. No medical files shall be removed from the athletic training facilities.
3. No one shall have access to the medical files unless approved by an ATC (Athletic Trainer Certified).
4. Any injury or illness, however minor, will not be discussed with anyone. This includes friends, peers, fans, or other athletes. Each athlete will be encouraged to sign a release of information authorization form at the beginning of his or her eligibility. This release allows communication of the athlete's injury or illness to coaches, other athletic trainers, medical specialists, and their parents at the discretion of the certified athletic trainer.
5. No person is permitted access to the medical record for any patient without a legitimate athletic training reason.
6. All patient information will be kept out of view by other patients in the treatment areas.
7. All medical records shall be maintained in locked file cabinets/offices of the athletic training facilities

## **Hours of Operation and Sports Coverage**

1. The athletic training staff will cover all home games and practice for in-season sports
2. Home games will be given priority over practices and office hours
3. Office hours will be set each week but are subject to change as seasons begin and end. The schedule will be posted on the athletic training room doors.
4. If a Yeshiva University Athletic Trainer can not cover a home competition they are responsible for finding another Certified Athletic Trainer to cover for per diem.

## **Physician Referral**

1. Musculoskeletal injuries that occur to a student athlete sport during home/away games and practices will be referred to the team physicians.
2. The certified athletic trainer should make the initial appointment for the student athlete.
3. When making an appointment to the team doctors office please have ready the athletes name, date of birth, and insurance. A list of current physicians used can be found in the appendix.
4. In addition athletes should be sent to the doctors with a physician referral form.
5. For any student-athlete referred to a physician a Yeshiva University Injury Report and Claim Form need to be filled out.
  - a. Both the Claim Form and the Injury Report must be faxed, scanned or inter-office to the Risk Management Office.
  - b. The claim form must also be sent with the student-athlete to the referred physician's office.
  - c. Both forms can be found in the appendix
6. Athletes can have transportation provided for them to their doctor's appointment. For the numbers to set up a transportation pick please refer to the appendix.

## **Insurance**

1. All athletes who have primary insurance will provide up-to-date information of their insurance on file before they can participate in Yeshiva University athletics.
2. Any athlete that is covered under Yeshiva University student insurance plan needs to be reported to the risk management office.
3. Any international student athlete should fill out the Enrollment form for Optional Intercollegiate Sports insurance.
  - a. This insurance covers all injuries that occur from playing in Yeshiva University athletics.
4. Yeshiva University Athletics Department has a secondary insurance policy that covers athletic injuries that occur to Yeshiva University student athletes only during scheduled practices, conditioning, and games of their designated sport.

5. The Yeshiva University Athletics Department secondary insurance **does not pay/cover the following.**
  - a. **Pre-existing conditions** – means the existence of symptoms which would cause a person to seek diagnosis, care or treatment within one-year period preceding the effective date of the coverage of the Insured Person, or a condition for which medical advice or treatment was recommended by a Physician or received from a Physician within one-year period preceding the effective date of coverage of the Insured Person.
  - b. **Sports Physical**
  - c. **Common illness (colds, flu, allergies, etc.)**
  - d. **Sexually Transmitted Disease (STD's)**
  - e. **Motor vehicle accident**
  - f. **Dentures or false teeth**
  - g. **Pregnancy**  
**\*Any and all other provisions listed in secondary insurance policy contract.**
6. Yeshiva University student-athletes will be responsible for personal payment of medical expenses/bills incurred by injuries or illnesses not covered by Yeshiva University Athletics Department secondary insurance policy.
7. In the event a Yeshiva University student-athlete is injured during a scheduled practice, conditioning, or game, appropriate referral will be made. The athlete's primary insurance will be filed first then Yeshiva University Athletics Department secondary insurance policy will be filed.
  - a. Student-athletes need to send their medical statements/bills or Explanation of Benefits (EOB's) to Yeshiva University Risk Management or fax to (212) 960-5429
  - b. Claim forms will also be completed, signed by the athlete and athletic trainer, scanned and sent to risk management after any injury that is referred to a physician. Different forms are used for domestic students and international students.
8. All insurance forms used may be found in the appendix

## **Documentation**

1. Student athletes must fill out the pre-season forms currently found on the Yeshiva University athletics website. First year student athletes need to fill out the first year student forms and must have a physical with in the last six months before the official season begins.
  - a. Pre-existing Condition: If a significant pre-existing condition is noted by the athletic training staff the injury should be recorded and referred as necessary for a follow-up.
2. Injury evaluation and progress note forms should be filled out and kept on file and periodically updated on the student athletes' status.
3. Any student athlete removed from participation by a physician needs to have a note from the same physician stating the student athlete may return to athletic participation.
4. All current forms used may be found in the appendix.

## **Inventory and Maintenance of Supplies**

1. Inventory should be taken at the beginning, middle and end of each year.
2. Inventory should be logged onto Excel and should build off of previous years.
3. Send quote to the office secretary they will put the final order in for the Athletic Trainer.
4. When the order is received check that nothing has been back ordered.
5. Label all supplies using the current year.
6. All electronic supplies such as hydroculator, e-stim and ultrasound machine, and whirlpool should be calibrated annually.

### Automatic External Defibrillator (AED):

1. The AED should be kept in room temperature in a secure location when not being used.
2. The battery for the AED needs to be replaced every 4 years
3. The AED pads need to be replaced every 2 years.

## Whirlpools

1. Never operate a whirlpool without water level being at least half way up on the agitator shaft.
2. All whirlpools should be sterilized after the last athlete has been treated or following any treatment of an athlete with any open wounds and/or infections.  
Ex: Athlete's foot, staff infection, or other skin disorders.
3. All whirlpools are grounded and breakers should be checked periodically for working condition.
4. When cleaning stainless steel, never use any abrasives. (Ex: Steelwool or wire brush)

# **Standards of Practice**

## **Infectious disease**

The following policies and procedures are to be adhered to, to insure the safety of the sports medicine staff as well as the student-athletes.

### **Hand Washing**

Purpose: To prevent the spread or development of infectious disease among student athletes and sports medicine staff.

Description: Hand washing is looked upon as an important means of preventing the spread of infection. A 10 second scrub is appropriate between patients. Hands must be washed before and after the use of gloves. Acceptable on the field hand and in the athletic training room washing includes germicidal hand rinses and alcohol rinses.

Procedure:

1. Stand away from the sink to keep clothing from touching the sink area. This may include tucking any loose clothing such as shirts.
2. Turn the water on and keep it running during the entire procedure. Water should be at a warm temperature.
3. Wet hands
4. Apply liquid soap liberally
5. Wash the palms and the back of hands, as well as the fingers and web spaces.
6. Wash wrists and three or four inches above the wrist
7. Make sure to wash under any rings.
8. Rinse, running the water from wrist to fingers.
9. Dry hands with a paper towel from wrist to fingers
10. Use the paper towel to turn off the faucet, and discard the towel in the trash.

### **Exposure to Communicable Disease**

Purpose: To ensure the rapid detection and treatment of communicable disease among athletes and the sports medicine team and to facilitate appropriate epidemiological follow-up activities after exposure to a communicable disease.

Description: Communicable disease refers to any infectious disease that can be transmitted to another person by direct and/or indirect contact or airborne routes resulting

in the onset of acute disease. Diseases include but are not limited to tuberculosis, hepatitis A and B, meningococcal disease, and childhood viral diseases.

Policy:

1. All sports medicine staff are responsible for reporting suspected or known exposure to a communicable disease to their immediate supervisor.
2. The Athletic Trainer is responsible for ensuring that the individuals are referred to a physician for disposition and documentation of the disease and treatment.
3. The Athletic Director will also be informed of the exposure.

The referred physician is responsible for the diagnosis and prescription of medications for treatment, further referral, and restricting the individual from athletic training services or sports performance until they are non-infectious.

**Universal Precautions and Infection Control**

Purpose: To reduce the risk of spreading infection. Universal precautions and infection control includes the knowledge of blood-borne pathogens, personal protective equipment, and health care responsibilities to sports participants before, during and after a contest or practice.

Blood-Born Pathogens

Description: Blood-borne pathogens are disease causing microorganisms that may be present in human blood or fluids. They may be transmitted with any exposure to blood or other body fluids. Two most significant pathogens are HBV and HIV. All human blood and certain body fluids should be treated as if they are known to contain HIV, HBV or other blood-borne pathogens.

Materials that require Universal Precautions are the following:

<ul style="list-style-type: none"><li>• Blood</li><li>• Any body fluid with visible blood</li><li>• Any unidentified body fluid</li><li>• Saliva from dental procedure or injury</li></ul>	<ul style="list-style-type: none"><li>• Semen</li><li>• Vaginal secretions</li><li>• Cerebrospinal fluids</li><li>• Pleural fluids</li></ul>
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### Personal Protective Equipment

Personal protective equipment (PPE) should be used when handling any of the above materials. PPE's includes the use of gloves, protective eye wear and mask if projectile blood or fluids are present.

- The equipment should be worn until the wound care or procedure is over and/or the wound is bandaged.
- Gloves should be changed after treating each athlete.
- To change gloves grab the glove at the wrist and flip it inside out, and with the exposed hand grab the opposite glove at the wrist and flip it inside out and over the initial glove to conceal both gloves in one glove.
- After glove removal, hands should be washed.
- Equipment and supplies that should be used include gloves, disinfectant bleach, antiseptics, and designated biohazard containers and sharps containers.

### Wound Care Responsibilities

- Pre-event preparation includes proper care for wounds, abrasions, cuts or weeping wounds that may serve either a source of bleeding or as a port of entry for blood-borne pathogens. These wounds should be covered with an occlusive dressing that will withstand the demands of competition. Care providers with healing wounds or dermatitis should have these areas adequately covered to prevent transmission to or from participant.
- When a student athlete is bleeding, the bleeding must be stopped and the open wound covered with a dressing sturdy enough to withstand the demands of activity before the student-athlete may continue participation in practice or competition.
- Current policy mandates the immediate and aggressive treatment of open wounds or skin lesions that are deemed potential risks for transmission of disease. Participants with active bleeding should be removed from the event as soon as practical. Return to play is determined by appropriate medical staff personal.

- Any participant, whose uniform is saturated with blood regardless of the source, must have that uniform evaluated by appropriate medical personal for potential infectivity and changed if necessary before return to participation.
- Any surface contaminated with spilled blood should be cleaned with gloves on and confined to as small of area as possible. After the blood is removed, the surface should be cleaned with appropriate cleaning solvent.
- Any equipment or uniforms soiled with blood should be bagged and laundered in accordance with hygienic methods normally used for treatment of any soiled equipment or clothing before subsequent use.

### Disposal of Materials

Procedure:

1. If a bandage with blood or body fluids is saturated to the point of dripping or would drip if compressed, or if the items is “caked with dried blood” and it could be reasonably be expected the blood to flake off in handling, the item should be disposed of in a biohazard container.
2. Red Biohazard bags can be found in athletic training supply closet and medical bag.
3. Disposal of Biohazard bags should follow the procedure already set up by Yeshiva University. Contact the Safety & Security Department.

### **HIV and Hepatitis B**

Purpose: To establish guidelines for HIV and Hepatitis B (HBV) and athletic participation.

Policy: Student athletes who request voluntary testing based on personal reasons and risk factors will be assisted in obtaining such services at their own cost.

No routine or mandatory testing for HIV or HBV is allowed, nor is the release of a positive test about a student-athlete to other student-athletes or school officials.

The student-athlete’s physician will make the decision if the athlete can participate in sports. The presence of HIV or HBV does not mandate removal from play. The rate of disease transmission of HIV and HBV in athletics is extremely low. However with in athletics there is a higher transmission of HBV than HIV in close physical contact sports

such as wrestling. Universal precautions will be used by the sports medicine team in an instance involving body fluids regardless of the source.

Only those persons in whom an infected student-athlete chooses to confide have the right to know about HIV or HBV infection status. Confidentiality must be respected in all cases at all times by all college officials, unless the student chooses to make the fact public.

## **Modalities**

A modality is a therapeutic method or agent that involves the physical treatment of an injury.

### **Ice Bag**

Purpose: Pain relief and reduction of localization edema or swelling.

Procedure:

1. Explain the procedure to the patient and answer any following questions. Do not apply ice to area(s) of poor circulation or when area lacks good sensation.
2. Fill appropriate amount of ice in ice bag for area to be placed.
3. Place ice pack directly on the area of treatment.
4. Time should be monitored for 20-30 minutes depending on the area.
5. The area should be checked often to ensure no adverse reactions to the application of the ice.
6. Although chemical ice packs are not recommended, if they are used, place a towel around them to ensure that the athlete will not get a chemical burn if they pack has broken. Do not use any broken chemical ice packs.

### **Ice Massage**

Purpose: Pain relief and reduction of localization edema or swelling

Procedure:

1. Take a small sized paper drinking cup and fill to brim with water.
2. Freeze the cup of water
3. Remove cup from freezer and peel back paper to expose ice
4. Place ice directly onto desired area and move the ice cup in similar strokes

5. Time should be monitored for 7 minutes.
6. The area should be checked often to ensure no adverse reactions to the application of ice.

### **Cryocuff:**

Purpose: Pain relief and reduction of localization edema or swelling.

Procedure:

1. Explain the procedure to the patient. Do not use in area(s) of poor circulation or when area lacks good sensation.
2. Fill appropriate amount of ice and water mix in the Cryocuff cooler as indicated
3. Select and attach the appropriate cryocuff sleeve to patient
4. Fill cryocuff sleeve to patients comfort and set timer for 20 minutes.
5. Caution patient to inform you if treatment becomes uncomfortable. Inspect skin integrity after treatment.

### **Moist Heat Pack**

Purpose: To define the use of ultrasound and moist heat packs as they apply to the health-care of the student-athlete at Yeshiva University. Heat packs are used for superficial thermal effects.

Contraindications:

1. Should not be applied to areas lacking good sensation.
2. Should not be applied in areas with reduced circulation.
3. Should not be used around the eye.
4. Should not be used over the heart or in patients with pacemakers.
5. Should not be used in an acute injury within 48-72 hours as subdermal hemorrhaging may still be present.
6. Should not be used over reproductive organs.
7. Should not be used near a cancerous malignancy.
8. Heat packs should not be used directly on the skin.

Procedure:

1. Heat packs should be placed in the hydrocollater pads and then placed over 2-4 layers of towels.
2. Check patient's comfort frequently.

## **Whirlpool**

### Procedures: *Ice Whirlpools*

1. Ice whirlpools should be utilized whenever cold tapotement massage is called for.
2. If no massage is necessary, and ice bath can be used.
3. Temperature should range from 50-60 degrees.
4. Time will vary depending on the technique being used.
5. Sensations should be reviewed with all athletes.

### Procedures: *Heat Whirlpools*

1. Hot whirlpools should be utilized whenever heat tapotement massage is called for.
2. Hot or warm whirlpools should be used only when all chances of edema have passed.
3. Whirlpools can be used when a general area is being treated and should be discontinued when an localized area is to be treated.
4. **WARM OR HOT WHIRLPOOLS SHOULD NOT BE DONE OVER A GENERAL MUSCLE AREA JUST PRIOR TO PRACTICE. EX: DO NOT WHIRLPOOL THE WHOLE LEG IN ORDER TO GIVE HEAT TO THE ANKLE OR KNEE.**
5. **ELIMINATE HOW WHIRLPOOL TREATMENTS ONE (1) HOUR BEFORE PRACTICE BEGINS BECAUSE HOT WHIRLPOOLS WILL FATIGUE THE MUSCLES.**
6. During whirlpool treatments the water level and agitator should be adjusted to the correct position in order to maximize effects of the modality.

### Procedures: *General Care*

1. Never treat an athlete in the whirlpool until a disinfectant has been added to the water.
2. Insist on all athletes showering before using a whirlpool.
3. Limit full immersion of any athlete into the whirlpool.
4. Temperature range for whirlpool uses should be as follows:

- a. Contrast – 102 degrees (for warm phase) and 55 degrees (for cold phase)
  - b. Low range – 90 degrees
  - c. Mid Range – 102 degrees
  - d. High Range – 108-110 degrees
5. Don't allow athletes to adjust any parts of the whirlpool while being treated.
  6. The trainer is totally responsible for the safe operation of the whirlpools and should instruct athletes to safe usages thereof.
  7. Whirlpool baths may be used in combination with other modalities and caution should be taken.

### **Ultrasound**

Purpose: To define the use of ultrasound and moist heat packs as they apply to the health-care of the student-athlete at Yeshiva University. Ultrasound is used for thermal effects or mechanical effects in biologic tissue. It is most often used for soft-tissue healing and repair, chronic inflammation, bone healing and plantar warts.

Contraindications:

1. Should not be applied to areas lacking good sensation.
2. Should not be applied in areas with reduced circulation.
3. Should not be used around the eye.
4. Should not be used over the heart or in patients with pacemakers.
5. Should not be used in an acute injury within 48-72 hours as subdermal hemorrhaging may still be present.
6. Should not be used over reproductive organs.
7. Should not be used near a cancerous malignancy.
8. Heat packs should not be used directly on the skin.

Procedure:

1. Explain the ultrasound application and reason for usage to the patient.
2. Show unit and all supplies to be used to patient.
3. Determine the treatment area. The treatment area should not be more than 1 ½ times the size of the transducer.
4. Apply ultrasound gel to the treatment area. If using water as a coupling agent,

- make sure the depth of the water is sufficient to cover the treatment area.
5. Set appropriate parameters on the ultrasound unit.
  6. Place the transducer on the treatment area and press start. **DO NOT** lift the transducer off the patient while the intensity is on. This will damage the crystal. Keep the transducer flat to the treatment area. If the treatment area has bony prominence which prevents the transducer from being flat, use the water submersion method.

### **Electrical Modalities**

Purpose: To define electrical modalities as they apply to the athletic training services being provided to Yeshiva University athletes. Electric modalities are used for pain relief, facilitation of muscle re-education, promotion of muscle strength, decreasing muscle spasm, decreasing edema and swelling, promotion of wound healing, and increasing tissue pliability.

Contraindications:

1. Should not be applied to areas lacking good sensation.
2. Should not be applied transthoracically.
3. Should not be used on patients with pacemakers.
4. Should not be used over carotid sinus area.
5. Should not be used transcerebrally.
6. Should not be used over pregnant uterus.
7. Should not be used near a cancerous malignancy.

Procedure:

1. Explain the electrical stimulation unit operation and reason for usage to the patient.
2. Show unit and all supplies to be used to patient.
3. Determine electrode placement.
4. Clean area with rubbing alcohol.
5. Place electrodes on treatment area. If they are not self-adhesive electrodes, prepare electrodes with appropriate gel or wet sponge before placement.
6. Set desired mode of treatment and discuss treatment duration with the patient.
7. Begin treatment and set intensity to patient's tolerance.

8. Check patient's comfort frequently.

### **Iontophoresis**

Purpose: Inflammation reduction through the use of iontophoretic drug therapy.

Contraindications:

1. Iontophoresis should not be used on patients with sensitive supports systems (e.g. pacemakers).
2. Known sensitivity to the drug being administered.
3. Use over damaged skin or recent scar tissue.
4. Use across right or left temporal regions and or orbital surgery.

Procedure:

1. Explain theory and reason for usage to patient.
2. Show unit and all supplies to be used to patient.

Electrode Placement:

1. Determine treatment and electrode sites.
2. Briskly clean areas with alcohol prep. Swabs
3. Using syringe prepare drug electrode with proper amount of medication prescribed.
4. Place drug electrode on the site of inflammation and place dispersive electrode at least 6" away from drug electrode on a major muscle group.
5. DO NOT apply electrodes to damaged skin, ingrown hairs, razor nicks, or old wounds that have not healed
6. DO NOT tape, bind or compress either electrode against the skin during treatment.
7. Connect appropriate lead clips from the iontophoresis unit to the snap drug electrode and the other connector to the snap on dispersive electrode.
8. Instruct patient there will be redness under the electrode sites after the treatment, which will last for a few hours to a few days.
9. Instruct patient to report any undue burning or pain at once during the treatment. Intensity of the treatment should be reduced or stopped.



## Administrating The Phoresor II Auto

### Starting Treatment:

6. Set recommended dosage in mA \* min.
7. Set the current in mA
8. If patient experiences discomfort at the current setting, the current may be decreased by turning the CURRENT knob counterclockwise. Treatment time will automatically increase to achieve set dose.

### After Treatment:

7. Remove electrodes and discard in the wastes basket.
8. Inspect skin integrity.

## **Skin Infections**

Purpose: To prevent the spread or development of skin infections among student athletes and sports medicine staff. Skin infections among athletes present a potentially serious health concern. Due to the nature of athletic competition direct skin-to-skin contact and the potential for existing skin wounds makes athletes particularly susceptible to easily transmitted diseases.

Description: It is recommended that all student athletes take precautions to prevent the transmission of communicable diseases, such as MRSA, impetigo, ringworm, and herpes gladiatorum. In order to prevent the spread of these diseases, the following recommendations put forth by the Center for Disease Control (CDC) and the National Athletic Trainers' Association (NATA) should be followed:

### Procedures:

- Report all open wounds, regardless of nature.
- Cover and secure all open wounds prior to practice or competition
- Shower immediately after practice or competition (unless there is a documented skin lesion/infection).
- Wash hands after using the weight room facility.
- DO NOT SHARE the following items:

○ Towels	○ Equipment/pads
○ Clothing	○ Cups,
○ Razors	○ Water Bottles (if team bottles are used, athletes should not make lip contact with bottle when drinking
○ Bar Soap	

- Wash practice clothing daily and all other gear frequently.
- Use a barrier between skin and equipment that can be washed frequently (weight room benches, shoulder pads, etc).
- No whirlpool or hot tub use if there is an open wound or infection/lesion present.

**The Sports Medicine Team should:**

- Wash hands or use alcohol-based hand sanitizer after working with each student athlete.
- Use an appropriate disinfecting agent to wipe down rehabilitation equipment and tables.
- Conduct skin checks (head, neck, arms, and legs) of team members if two or more athletes present with a similar infectious condition.

**Documented Skin Infection/Lesion Procedures**

In the event of an open skin wound, the student athlete should report it to the Sports Medicine Staff. The wound should be covered with a dry dressing and secured at all times during practice and competition. The signs and symptoms of a possibly infected wound include redness, pain, heat, and drainage or pus production. In the event of a suspicious looking wound, the following recommendations should be followed:

- The student athlete should be removed from competition and referred to a physician for appropriate care.
- The student athlete should produce written documentation proving their ability to return to school/extracurricular activities.
- Athletes with a draining wound should be withheld from athletic participation until 24 hours after drainage has stopped (even if the athlete has been evaluated and placed on antibiotic treatment).
- Infected persons should be educated as to the importance of completing the antibiotic treatment as prescribed.
- If a wound cannot be covered, the athlete should remain out of play.
- In addition to a physician clearance, the athlete must also be cleared to return to play by the Certified Athletic Trainer.

## **Heat Stress and Athletic Participation**

Purpose: To prevent the occurrence of heat illnesses and provide a safe environment for student athletes to practice and compete.

Description: Exercising in extreme temperatures is a danger for all athletes. Practice and game conditions, specifically in the late summer/fall and spring can present potential heat related hazards. As a result, coaches, athletic training students and athletic trainers should be educated in potential “red flags” for heat related illness and also plan practices accordingly. The following are heat related conditions, their symptoms and how to treat them.

## Heat Illness Table

Condition	Signs and Symptoms	Treatment
Heat Rash	<ul style="list-style-type: none"> <li>• Fine, Red rash usually confined to torso , neck, and skin folds</li> </ul>	<ul style="list-style-type: none"> <li>• Thorough drying of skin</li> <li>• Use of talc or baking soda</li> <li>• Wearing loose-fitting clothing</li> </ul>
Heat Cramps	<ul style="list-style-type: none"> <li>• Painful, involuntary muscle spasms.</li> <li>• Usually involves the calf, hamstring and abdominal areas.</li> </ul>	<ul style="list-style-type: none"> <li>• Stretch and massage affected muscle</li> <li>• Give athlete cool water to drink</li> <li>• If cramp persists place ice over the affected muscles.</li> </ul>
Heat Exhaustion	<ul style="list-style-type: none"> <li>• Cool, pale moist skin.</li> <li>• Normal body temp</li> <li>• Headache, nausea, dizziness, weakness</li> </ul>	<ul style="list-style-type: none"> <li>• Rest in a cool place</li> <li>• Rehydration</li> <li>• Fanning</li> <li>• Application of ice to the neck, axillae and groin</li> <li>• Monitor condition</li> </ul>
Heat Stroke	<ul style="list-style-type: none"> <li>• Abrupt onset</li> <li>• Headache, vertigo, fatigue, absence of sweating, flushed dry skin, vomiting</li> <li>• Pulse increase to 160-180, respiration increase</li> </ul>	<ul style="list-style-type: none"> <li>• Transport to hospital as soon as possible-ambulance is preferred</li> <li>• Full body immersion in cold water</li> <li>• Air fan over the body</li> <li>• Take temperature every 10 minutes: Do not allow temperature to fall below 101 degrees</li> </ul>

# **Concussion Management Plan**

## **Education**

All S-As will receive concussion education materials on an annual basis. Written materials will include a fact sheet on concussion signs, symptoms and appropriate management. S-As will attend a mandatory informational session, during which time the following will be addressed: a) baseline testing, b) concussion signs/symptoms, c) diagnosis and management of concussion, d) dangers of repeat concussions, e) post-concussion syndrome, f) Return-to-Learn and Return-to Play protocols, g) support services for S-As diagnosed with concussion. S-As will sign a statement stating they have received education materials on concussion, and that they agree to report concussion symptoms to the sports medicine staff immediately so that proper treatment can be initiated. Coaches will also receive written concussion materials on an annual basis. The Department encourages all coaches to ask questions about concussion diagnosis and management.

### **Baseline Assessment:**

The Department will perform a battery of baseline tests on S-As who participate in collision and/or contact sports, as well as S-As who have a history of concussion prior to entering Yeshiva University. These same assessment tools will be used post-injury at appropriate time intervals to determine the S-As progress and to establish a timeline for Return-to-Learn (RTL) and Return-to-Play (RTP).

#### **A baseline neurocognitive assessment will consist of:**

- SCAT 3
- King-Devick (K-D) test

#### **These tests will be administered to:**

- All incoming first year YU S-As who are participating in sports that have been identified as a contact or collision sport
- Any incoming S-A that has previously suffered a concussion as identified by his/her health history
- Any returning S-A that has suffered a concussion at any time during the previous year

**Contact varsity sports at Yeshiva University include, but are not limited to:** Baseball

- M/W soccer
- M/W basketball
- Softball
- M/W volleyball

**Concussion Assessment and Management:**

The diagnosis of concussion is clinical. There are no laboratory tests, biomarkers, or computerized cognitive tests that make a diagnosis. Concussion diagnosis is based on the clinical presentation of symptoms and signs.

**Immediately after concussion is diagnosed OR suspected, the following will occur:**

- The S-A will not be allowed to return to play the same day of the injury
- The S-A will be monitored until determined clinically stable
- ATC or physician will perform a SCAT-3, K-D Test, Myotome break test, sensory dermatome test and cranial nerve assessment
- The S-A and a roommate/responsible adult will be provided with oral and written home instructions.
- If an immediate referral is not deemed necessary, the S-A will be referred to a physician before return to play protocol can begin.

If an ATC/physician is not present and possible concussion-related symptoms are exhibited by an S-A, he/she must be removed from play immediately and referred to an ATC or physician as soon as possible. Immediate referral to the emergency room should also be considered depending on the severity of the symptoms or presence of the following “red flag” symptoms:

- Deterioration of sensory or motor function
- Decreasing level of consciousness
- Numbness in arms or legs
- Decrease or irregularity in respirations or pulse
- Unequal, dilated or unreactive pupils
- Any signs or symptoms of associated injuries, spine or skull fracture

- Seizure activity
- Repeated vomiting
- Slurred speech
- Worsening symptoms

Post-injury retesting of baseline components will not be the sole diagnostic tool for a concussion. The testing is a supplement to the clinical examination by the physician or his/her designee. The clinical examination may include, but is not limited to, previous injury history, current symptoms, mental status, eye examination, muscle strength testing, motor control, cognitive function and orthopedic examination for other concurrent injury. In cases of prolonged symptoms, multiple concussions or when deemed appropriate, the S-As may be referred to a neurologist or neuropsychologist for further evaluation and treatment. When warranted, further testing may include formal neuropsychological testing, radiographic imaging, or anything else deemed appropriate by the treating physician.

When the S-A presents with a normal clinical exam and the results of post-injury tests return to baseline, and when deemed appropriate by the treating physician or his/her designee, the S-A will engage in a supervised graded program of exertion before medical clearance and full return to-play.

**Return to Learn (RTL):**



**Return to Play (RTP):**

Once the S-A is asymptomatic at rest while performing all activities of daily living (ADLs) and cognitive tasks, has passed neurocognitive testing, and the ATC and physician have deemed it appropriate, he/she must undergo a stepwise progression of increasing activity in order to safely return to competition. The S-A will progress no more than one stage per day; however, recovery from concussion and progression through the RTP stages is individualized and determined on a case-by-case basis by the Sports Medicine staff. Many factors influence the rate of progression, including but not limited to: a) medical history, b) previous concussion history c) duration and 4 type of symptoms, d) age, e) gender/sex and f) sport/activity. The stages of progression are as follows:

Stage	Functional Exercise Or Activity	Objective	Recommended Tests Administered Before Advancing To the Next Step
1. No structured physical or cognitive activity	Only basic activities of daily living (ADLs) as tolerated. Limit visual and auditory stimuli (TV, texting, etc.). When indicated, complete cognitive rest followed by gradual re-introduction of schoolwork	Rest and recovery. Avoidance of overexertion. Complete resolution of symptoms.	Initial post-injury tests battery: - SCAT3 - K-D Test
2, Light aerobic physical activity	Non-impact aerobic activity (i.e. swimming, stationary biking) up to 20 minutes as symptoms allow	Increase heart rate, maintain condition, assess tolerance of activity	symptom checklist
3. Moderate aerobic physical activity and non-contact training drills at half speed	Non-contact sport specific drills at reduced speed; aerobic activity and light resistance training	Begin assimilation into team dynamics, introduce more motion and nonimpact jarring	symptom checklist
4. Non-contact training drills at full	Regular non-contact drills; aerobic	Ensure tolerance of all regular activities	symptom checklist

speed	activity at maximum capacity including sprints; regular weight lifting routine	short of physical contact	
5. Full contact practice	Full contact practice	Assess functional skills by coaching staff, ensure tolerance of contact activities	
6. Return to Play	Regular game competition		

If at any point during this process the S-A becomes symptomatic, he/she will be re-assessed and drop back to the previous asymptomatic level. As mentioned above, minimum time periods for each step may be longer depending on initial presentation and previous history.

# **Emergency Action Plan**

## Emergency Action Plan Yeshiva University Athletic Training Program

### **If a Certified Athletic Trainer is:**

#### **Present**

A member of the sports medicine team will cover most sports events. Typically at every sporting event there will be a Certified Athletic Trainer. If the team physician is also present at a competition, the team physician will be in charge of making all decisions about what will happen to the athlete. However, when there is no team doctor present then the Certified Athletic Trainer will make the decisions about the care and transportation of the athlete. The type of degree of sports medicine coverage for an athletic event may vary.

#### **Not present**

If there is not a Certified Athletic Trainer present at a practice the coaches are responsible for initiating the emergency action plan. He/she will not allow the athlete to move or be moved if a head or neck injury or fracture is suspected. The coach will then contact the athletic trainer using a cell phone. Once the certified athletic trainer had been reached, the coach will report the exact location of the practice or game and how the injury occurred.

#### **Not on Campus**

If the certified athletic trainer is not on campus and an athlete is injured, the coaches must assume responsibility for the appropriate treatment. If a head or neck injury or fracture is suspected, the athlete should not be allowed to move or be moved. It is advised that the coach always use caution when making a decision regarding proper treatment of an injury. If it is determined that the injury required that the athlete be referred to the emergency room, the emergency action plan should be initiated. At this time it will be the coach's responsibility to notify the athletes' parents or guardians of the situation.

## **Cardiopulmonary Resuscitation (CPR) /Automated External Defibrillator (AED) and First Aid Certification**

All members of the sports medicine team should be trained in AED, CPR, first aid, and prevention of disease transmission. All coaches are required to be CPR/AED, first aid certified. The Certified Athletic Trainers are certified in CPR/AED and first aid. Copies of their certifications for coaches are located with the Men's Athletic Trainer.

### **Procedure to Activate EMS**

Making the Call:

- Call 911

Important Information that should be provided:

- name, address, telephone number of caller
- nature of emergency, whether medical or non-medical\*
- number of athletes
- condition of athlete(s)
- first aid treatment initiated by first responder
- specific directions as needed to locate the emergency scene
- other information as requested by dispatcher

**Whenever you are on the phone with the police or emergency dispatcher, always wait for them to hang up first.**

*\*if non-medical, refer to the specific checklist of the emergency action plan*

## **In case of a life threatening situation**

1. Call 911
  - a. Calling for 911 should be done if there are a serious injuries such as cardiac arrest, Loss of Consciousness (LOC), suspected neck or back injury, difficulty or complete stoppage of breathing, heat illness, and uncontrollable breathing.
2. Activating EMS should be done immediately after a situation is classified as an emergency.
  - a. It is critical to make sure EMS is aware of the location of the field the athlete is on.
  - b. The person making the call needs to remain calm, to assure EMS can respond as quickly as possible.
  - c. There should be someone designated to meet the emergency personnel at the entrance of the field and remain on the phone with EMS until they arrive.
3. Anyone on the sports medicine team can go and retrieve the emergency equipment, it is important that this person knows exactly where it will be.
4. Facilities where athletes may be taken should be notified before the season starts so they are aware that in case of an emergency an athlete may be brought in.

## **Follow-up with Athletes**

Any time that an athlete is seen in the emergency room or by a physician for an injury, he/she must have written clearance in order to return to participation. This written message should be given to the Certified Athletic Trainer who will in turn notify the athletes' coach. This policy holds regardless of the severity of the injury or whether the athletic trainer referred the athlete. The purpose of this policy is to prevent the athlete from prematurely returning to participation and to address any special provisions that are required, i.e. taping or bracing. This serves to protect all involved parties from physical or financial harm.

## **Chain of Command**

1. Head Athletic Trainer
2. On site director
3. Coach

This is designed to generally put the most qualified and the most experienced person in charge of the Athletic Training Department and its personnel.

## **Emergency Equipment**

1. The Certified Athletic Training should be in charge of the emergency equipment.
2. All members of the sports medicine team should be certified in using the emergency equipment.
3. The equipment needs to be working properly and should be checked on a regular basis.
4. It is important that all equipment is easily available to the emergency team.
5. There should be equipment at each field that is appropriate for that sport.
6. It is important for all equipment stored properly.

## Automatic External Defibrillator

1. An AED should be present at any venue being covered by a Certified Athletic Trainer.

## **Emergency Communication**

Communication is the key to quick emergency response. Athletic Trainers and emergency medical personnel must work together to provide the best emergency response capable and should have contact information such as telephone tree established as a part of pre-planning for emergency situations.

1. Communication prior to the event is a good way to establish boundaries and to build rapport between both groups of professionals.
2. If emergency medical transportation is not available on site during particular sporting event then direct communication with emergency medical system at the time of injury or illness is necessary.
3. In a life threatening situation 911 is called.
4. The caller needs to be aware of the quickest and easiest way to get onto the field.
  - a. This should be reviewed before each season and for each field on the campus.
5. Someone should be at the entrance to flag down the ambulance.
6. The caller should include type of emergency situation, suspected injury, present condition of the athlete, current assistance being given; location the caller is in, exact location of emergency.
7. And most importantly the caller should be the last to hang up.
8. Access to a working telephone is necessary. The phone should be checked prior to any practice or competition to assure it is working in a proper manner.
  - a. There should be a backup plan established in case the primary method is unavailable.
  - b. It is critical to know the location of the telephone, a cellular phone is ideal to have access to.
9. In addition to EMS good communication should be expressed between the sports medicine team and Yeshiva University Security.



## **Emergency Medical Transportation**

1. In the event that an ambulance is on site, there should be a designated location with rapid access to the site and a cleared route for entering/exiting the venue.
2. In the event of an emergency, campus police will still be utilized for activation emergency transport.
3. In the medical emergency evaluation, the primary surveyor assists in the emergency care provided by identifying emergencies requiring critical intervention and in determining transport decision.
4. In an emergency situation, the athlete should be transported by ambulance, where the necessary staff and equipment is available to deliver appropriate care.
5. Emergency care providers should refrain from transporting unstable athletes in inappropriate vehicles.
6. Any emergency situations where there is impairment in level of consciousness (LOC), airway, breathing, or circulation (ABC) or there is neurovascular compromise should be considered a “load and go” situation and emphasis placed on rapid evaluation, treatment and transportation.
7. Currently the nearest hospital location in case of an emergency is:
  - i. NYU for the Women’s campus
  - ii. Columbia for the Men’s campus
  - a. The athlete will be taken there unless otherwise stated by the athlete (if over the age of 18) or by a parent.

## **Conclusion**

The importance of being properly prepared when athletic emergencies arise cannot be stressed enough. The emergency plan should be reviewed at least once a year with all athletic personnel, along with CPR and first aid refresher training. Through development and implementation of the emergency plan, the athletic association helps ensure that the athlete will have the best care provided when an emergency situation does arise.

## ***Athletics Facility Emergency Medical Plan***

Facility: **Men's and Women's Soccer**

Location: **Votee Park**

Title of Staff member responsible for calling for Emergency Assistance  
**Athletics Administrator or Member of Coaching Staff**

### **1. Call 911**

2. Designate Individual on person to retrieve emergency equipment and another individual to “flag down” EMS and direct to scene. The “flagger” should wait at the parking lot near the soccer fields.
3. Instruct emergency medical services (EMS) personnel to “report for assistance we have an injured student-athlete in need of emergency medical treatment”. Provide the following information:

**Name of Facility:** Votee Park

**Address:** Palisades Avenue, Teaneck, NJ

**Use entrance at:** Palisades Avenue Cross Street\_\_\_\_\_

4. Provide the following necessary information to EMS personnel
  - a. Name, address, telephone number of caller
  - b. Number of victims, condition of victims
  - c. First-aid treatment initiated
  - d. Specific directions as needed to locate scene with in the facility
  - e. Other information as requested by dispatcher
5. Provide appropriate emergency care until arrival of EMS personnel
6. On arrival of EMS personnel, provide pertinent information (method of injury, vital signs, treatment rendered, medical history) and assist with emergency care as needed.
7. The athletic trainer assigned to the event shall ensure that the following actions occur:
  - a. Sports medicine staff member or administrator shall accompany student athlete to hospital
  - b. Notify other sports medicine staff immediately
  - c. Parents should be contacted by sports medicine staff
  - d. Inform coach(es) and administrators
  - e. Provide medical history and insurance information to hospital physician
  - f. Complete appropriate injury reports

## ***Athletics Facility Emergency Medical Plan***

Facility: **Men's Tennis**

Location: **Binghamton Racquet Club (BRC)**

Title of Staff member responsible for calling for Emergency Assistance  
**Athletics Administrator or Member of Coaching Staff**

### **1. Call 911**

2. Designate Individual on person to retrieve emergency equipment and another individual to “flag down” EMS and direct to scene. The “flagger” should wait at the entrance of the tennis courts facing the parking lot.
3. Instruct emergency medical services (EMS) personnel to “report for assistance we have an injured student-athlete in need of emergency medical treatment”. Provide the following information:

**Name of Facility: Binghamton Racquet Club (BRC)**

**Address: 737 River Road, Edgewater, New Jersey**

\* Use the Comfort Inn as a landmark to give to EMS

**Use entrance at: River Road Cross Street \_\_\_\_\_**

3. Provide the following necessary information to EMS personnel
  - a. Name, address, telephone number of caller
  - b. Number of victims, condition of victims
  - c. First-aid treatment initiated
  - d. Specific directions as needed to locate scene with in the facility
  - e. Other information as requested by dispatcher
4. Provide appropriate emergency care until arrival of EMS personnel
5. On arrival of EMS personnel, provide pertinent information (method of injury, vital signs, treatment rendered, medical history) and assist with emergency care as needed.
6. The athletic trainer assigned to the event shall ensure that the following actions occur:
  - a. Sports medicine staff member or administrator shall accompany student-athlete to hospital
  - b. Notify other sports medicine staff immediately
  - c. Parents should be contacted by sports medicine staff
  - d. Inform coach(es) and administrators
  - e. Provide medical history and insurance information to hospital physician
  - f. Complete appropriate injury reports

## ***Athletics Facility Emergency Medical Plan***

Facility: **Women's Basketball, Women's Volleyball**

Location: **Baruch College Gym**

Title of Staff member responsible for calling for Emergency Assistance  
**Athletics Administrator or Member of Coaching Staff**

1. **Call 911** -- In the event of an emergency Baruch's security staff should be located and notified. There is usually one present at all events. If there is not one present there are phones located outside the gym dial extension **3333** for security.
2. Designate Individual on person to retrieve emergency equipment and another individual to "flag down" EMS and direct to scene. The "flagger" should wait at the elevator or stairs on the same floor the gym is located.
3. Instruct emergency medical services (EMS) personnel to "report for assistance we have an injured student-athlete in need of emergency medical treatment". Provide the following information:

**Name of Facility: Baruch College Gym**

**Address: 55 Lexington Ave, New York, NY 10010**

**Use entrance at: Lexington Ave Cross Street: 24<sup>th</sup> Street**

4. Provide the following necessary information to EMS personnel
  - a. Name, address, telephone number of caller
  - b. Number of victims, condition of victims
  - c. First-aid treatment initiated
  - d. Specific directions as needed to locate scene with in the facility
  - e. Other information as requested by dispatcher
5. Provide appropriate emergency care until arrival of EMS personnel
6. On arrival of EMS personnel, provide pertinent information (method of injury, vital signs, treatment rendered, medical history) and assist with emergency care as needed.
7. The athletic trainer assigned to the event shall ensure that the following actions occur:
  - a. Sports medicine staff member or administrator shall accompany student-athlete to hospital
  - b. Notify other sports medicine staff immediately
  - c. Parents should be contacted by sports medicine staff
  - d. Inform coach(es) and administrators
  - e. Provide medical history and insurance information to hospital physician
  - f. Complete appropriate injury reports

## ***Athletics Facility Emergency Medical Plan***

Facility: **Women's Tennis**

Location: **Queens College Indoor Tennis Center**

Title of Staff member responsible for calling for Emergency Assistance  
**Athletics Administrator or Member of Coaching Staff**

### **1. Call 911**

2. Designate Individual on person to retrieve emergency equipment and another individual to “flag down” EMS and direct to scene. The “flagger” should wait at the elevator or stairs on the same floor the gym is located.
3. Instruct emergency medical services (EMS) personnel to “report for assistance we have an injured student-athlete in need of emergency medical treatment”. Provide the following information:

**Name of Facility: Queens College Indoor Tennis Center**

**Address: 65-30 Kissena Boulevard, Queens, New York.**

**Use entrance at: Melborne Ave. Cross Street: 150<sup>th</sup> Street**

4. Provide the following necessary information to EMS personnel
  - a. Name, address, telephone number of caller
  - b. Number of victims, condition of victims
  - c. First-aid treatment initiated
  - d. Specific directions as needed to locate scene with in the facility
  - e. Other information as requested by dispatcher
4. Provide appropriate emergency care until arrival of EMS personnel
5. On arrival of EMS personnel, provide pertinent information (method of injury, vital signs, treatment rendered, medical history) and assist with emergency care as needed.
6. The athletic trainer assigned to the event shall ensure that the following actions occur:
  1. Sports medicine staff member or administrator shall accompany student-athlete to hospital
  2. Notify other sports medicine staff immediately
  3. Parents should be contacted by sports medicine staff
  4. Inform coach(es) and administrators
  5. Provide medical history and insurance information to hospital physician
  6. Complete appropriate injury reports

## ***Athletics Facility Emergency Medical Plan***

Facility: **Baseball**

Location: **Palisades Park Baseball Field**

Title of Staff member responsible for calling for Emergency Assistance  
Athletics Administrator or Member of Coaching Staff

### **1. Call 911**

2. Designate Individual on person to retrieve emergency equipment and another individual to “flag down” EMS and direct to scene. The “flagger” should wait at the entrance of the field.

3. Instruct emergency medical services (EMS) personnel to “report for assistance we have an injured student-athlete in need of emergency medical treatment”. Provide the following information:

**Name of Facility: Palisades Park Baseball Field**

**Address: End of Roosevelt Place Palisades Park, NJ 07650, Baseball fields closes to swimming pools**

**Use entrance at: Roosevelt place in Overpeck County Park (Shoprite on the right and Time Warner on the left) Cross Street: Grand Ave**

4. Provide the following necessary information to EMS personnel
  - a. Name, address, telephone number of caller
  - b. Number of victims, condition of victims
  - c. First-aid treatment initiated
  - d. Specific directions as needed to locate scene with in the facility
  - e. Other information as requested by dispatcher
5. Provide appropriate emergency care until arrival of EMS personnel
6. On arrival of EMS personnel, provide pertinent information (method of injury, vital signs, treatment rendered, medical history) and assist with emergency care as needed.
7. The athletic trainer assigned to the event shall ensure that the following actions occur:
  1. Sports medicine staff member or administrator shall accompany student-athlete to hospital
  2. Notify other sports medicine staff immediately
  3. Parents should be contacted by sports medicine staff
  4. Inform coach(es) and administrators
  5. Provide medical history and insurance information to hospital physician
  6. Complete appropriate injury reports

## ***Athletics Facility Emergency Medical Plan***

Facility: **Women's Fencing**

Location: **11<sup>th</sup> Floor Gym, Stanton hall**

Title of Staff member responsible for calling for Emergency Assistance  
**Athletics Administrator or Member of Coaching Staff**

1. **Call 911** - Security must be contacted at extension **709**, they should direct ambulance and EMS personal to injured athlete.
2. Designate Individual on person to retrieve emergency equipment and another individual to "flag down" EMS and direct to scene. The "flagger" should wait at the entrance of the field.
3. Instruct emergency medical services (EMS) personnel to "report for assistance we have an injured student-athlete in need of emergency medical treatment". Provide the following information:

**Name of Facility: 11<sup>th</sup> Floor Gym**

**Address: 245 Lexington Ave, New York, NY 10016**

**Use entrance at: 245 Lexington Ave Cross Street: Between 34<sup>th</sup> and 35<sup>th</sup> st.**

4. Provide the following necessary information to EMS personnel
  - a. Name, address, telephone number of caller
  - b. Number of victims, condition of victims
  - c. First-aid treatment initiated
  - d. Specific directions as needed to locate scene with in the facility
  - e. Other information as requested by dispatcher
5. Provide appropriate emergency care until arrival of EMS personnel
6. On arrival of EMS personnel, provide pertinent information (method of injury, vital signs, treatment rendered, medical history) and assist with emergency care as needed.
7. The athletic trainer assigned to the event shall ensure that the following actions occur:
  1. Sports medicine staff member or administrator shall accompany student athlete to hospital
  2. Notify other sports medicine staff immediately
  3. Parents should be contacted by sports medicine staff
  4. Inform coach(es) and administrators
  5. Provide medical history and insurance information to hospital physician
  6. Complete appropriate injury reports

## ***Athletics Facility Emergency Medical Plan***

Facility: **Men's Basketball, Volleyball, Fencing**

Location: **Rubin Hall**

Title of Staff member responsible for calling for Emergency Assistance  
**Athletics Administrator or Member of Coaching Staff**

1. **Call Security 200** -they should direct ambulance and EMS personal to injured athlete
2. Designate Individual on person to retrieve emergency equipment and another individual to “flag down” EMS and direct to scene.
3. Instruct emergency medical services (EMS) personnel to “report for assistance we have an injured student-athlete in need of emergency medical treatment”. Provide the following information:

**Name of Facility: Rubin Hall – Max Stern Athletic Center**

**Address: 500 W185th St, New York, NY 10033**

**Use entrance at: Amsterdam Ave Cross Street\_\_\_\_\_**

4. Provide the following necessary information to EMS personnel
  - a. Name, address, telephone number of caller
  - b. Number of victims, condition of victims
  - c. First-aid treatment initiated
  - d. Specific directions as needed to locate scene with in the facility
  - e. Other information as requested by dispatcher
5. Provide appropriate emergency care until arrival of EMS personnel
6. On arrival of EMS personnel, provide pertinent information (method of injury, vital signs, treatment rendered, medical history) and assist with emergency care as needed.
7. The athletic trainer assigned to the event shall ensure that the following actions occur:
  1. Sports medicine staff member or administrator shall accompany student athlete to hospital
  2. Notify other sports medicine staff immediately
  3. Parents should be contacted by sports medicine staff
  4. Inform coach(es) and administrators
  5. Provide medical history and insurance information to hospital physician
  6. Complete appropriate injury reports



## **Severe Weather Conditions/Lightning**

The Yeshiva University will be monitoring severe weather conditions with the following equipment.

Weather Channel- [weather.com](http://weather.com)

### **Prior to Competition**

A member of the Yeshiva University (Athletic Trainers or Facilities Coordinator) will greet officials and explain that a Certified Athletic Trainer will monitor the weather. IF the Athletic Trainer decides that there is an imminent danger from lightning they will notify the officials to suspend play. If the Certified Athletic Trainer is not onsite or immediately available; the authority is given to the administrative staff, official, or the coach to recommend suspension of play. During practice the coach may make the decision not to play due to severe weather conditions/lightning if the certified athletic trainer is not present.

**Anytime that lightning can be seen or thunder heard, the risk is already present, and therefore all personnel, athletes and spectators should evacuate to available safe structures of shelters.**

**Flash to Bang** – This is the method used to assess how far away lightning is striking. It is determined by counting the number of seconds it takes to hear a clap of thunder after witnessing a flash of lightning. The number of seconds is then divided by five to get the distance in miles, to the lightning flash. Generally, a 30-second or less flash-to-bang count suggests removal of the athletes from the field to a safe shelter is advisable. A 30-second flash-to-bang count should correspond to a distance of 6 miles, which should provide ample opportunity to remove any athletes from the playing field, and get them into a safe shelter.

### **Notification Cease of Game/practice**

1. Athletic Training personnel (or other Yeshiva University staff member) will determine if a lightning threat exists and if evacuation is needed.

2. Athletic Training personnel will notify officials/coaches to evacuate and seek proper shelter.
3. Athletic Training personnel will notify events coordinator to advise the people in attendance to seek proper shelter and clear the stands.
4. Athletic Training personnel will monitor the weather and notify officials/coaches of further delays and when it is safe to resume activities.
5. Coaches are responsible for keeping their team organized and properly sheltered until notified that it is safe to resume activities

### **When to Resume Activities**

**Thirty Minute Rule** - Once lightning has been recognized, it is recommended to wait at least 30 minutes after the last flash of lightning is witnessed or thunder is heard. Given the average rates of thunderstorm travel, the storm should move 10-12 miles away from the area. This significantly reduces the risk of local lightning flashes.

Any subsequent lightning or thunder after the beginning of the 30-minute count should reset the clock and another count should begin.

**30-30 Rule** – A combination of the 30-second flash-to-bang count to suspend activity and the 30-minute delay after the last flash to resume activity is commonly referred to as the “30-30 Rule.

*Note: Lightning can reach 6 miles from the point of its origin and does not need to be preceded by thunder or dark skies.*

### **Evacuation of Playing Fields**

Immediately following the announcement of suspension of play, all athletes, coaches, officials, personnel and fans are to evacuate to the nearest grounded structure. Shelters having both electricity and plumbing are properly grounded.

# **Appendix**

# National Athletic Training Association Code Of Ethics

## Preamble

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 respect the rights, welfare and dignity of all.

1.1 Members shall not discriminate against any legally protected class.

1.2 Members shall be committed to providing competent care.

1.3 Members shall preserve the confidentiality of privileged information and shall not release 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.

2.1 Members shall comply with applicable local, state, and federal laws and institutional guidelines.

2.2 Members shall be familiar with and abide by all National Athletic Trainers' Association standards, rules and regulations.

2.3 Members shall report illegal or unethical practices related to athletic training to the appropriate person or authority.

2.4 Members shall avoid substance abuse and, when necessary, seek rehabilitation for chemical dependency.

## 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 their practice acts and other pertinent regulation.

3.3 Members shall provide services, make referrals, and seek compensation only for those services that are necessary.

3.4 Members shall recognize the need for continuing education and participate in educational activities that enhance their skills and knowledge.

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 should 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 or that reflects negatively on the profession.

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 National Athletic Trainers' Association current or past volunteer leaders 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 to influence the score or outcome of an athletic event, or attempt to induce financial gain through gambling.

[www.nata.org/codeofethics/code\\_of\\_ethics.pdf](http://www.nata.org/codeofethics/code_of_ethics.pdf)

## ***New York State Education Law Article 162, Athletic Training***

### **§8350. Introduction.**

This article applies to the profession of athletic training. The general provisions of all professions contained in article one hundred thirty of this chapter shall apply to this article.

### **§8351. Definition.**

As used in this article "athletic trainer" means any person who is duly certified in accordance with this article to perform athletic training under the supervision of a physician and limits his or her practice to secondary schools, institutions of postsecondary education, professional athletic organizations, or a person who, under the supervision of a physician, carries out comparable functions on orthopedic athletic injuries, excluding spinal cord injuries, in a health care organization. Supervision of an athletic trainer by a physician shall be continuous but shall not be construed as requiring the physical presence of the supervising physician at the time and place where such services are performed.

The scope of work described herein shall not be construed as authorizing the reconditioning of neurologic injuries, conditions or disease.

### **§8352. Definition of practice of athletic training.**

The practice of the profession of athletic training is defined as the application of principles, methods and procedures for managing athletic injuries, which shall include the preconditioning, conditioning and reconditioning of an individual who has suffered an athletic injury through the use of appropriate preventative and supportive devices, under the supervision of a physician and recognizing illness and referring to the appropriate medical professional with implementation of treatment pursuant to physician's orders. Athletic training includes instruction to coaches, athletes, parents, medical personnel and communities in the area of care and prevention of athletic injuries.

The scope of work described herein shall not be construed as authorizing the reconditioning of neurologic injuries, conditions or disease.

### **§8353. Use of the title "certified athletic trainer".**

Only a person certified or otherwise authorized under this article shall use the title "certified athletic trainer".

### **§8354. State committee for athletic trainers.**

A state committee for athletic trainers shall be appointed by the board of regents, upon the recommendation of the commissioner and shall assist on matters of certification and professional conduct in accordance with section six thousand five hundred eight of this title. The committee shall consist of five members who are athletic trainers certified in this state. The committee shall assist the state board for medicine in athletic training matters. Nominations and terms of office of the members of the state committee for athletic trainers shall conform to the corresponding provisions relating thereto for state boards under article one hundred thirty of this chapter. Notwithstanding the foregoing, the members of the first committee need not be certified prior to their appointment to the committee.

### **§8355. Requirements and procedure for professional certification.**

For certification as a certified athletic trainer under this article, an applicant shall fulfill the following requirements:

1. Application: file an application with the department;
2. Education: have received an education including a bachelor's, its equivalent or higher degree in accordance with the commissioner's regulations;
3. Experience: have experience in accordance with the commissioner's regulations;
4. Examination: pass an examination in accordance with the commissioner's regulations;
5. Age: be at least twenty-one years of age; and
6. Fees: pay a fee for an initial certificate of one hundred dollars to the department; and a fee of fifty dollars for each triennial registration period.

### **§8356. Special provisions.**

A person shall be certified without examination provided that, within three years from the effective date of regulations implementing the provisions of this article, the individual:

1. files an application and pays the appropriate fees to the department; and
2. meets the requirements of subdivisions two and five of section eight thousand three hundred fifty-five of this article and who in addition:
  - a. has been actively engaged in the profession of athletic training for a minimum of four years during the seven years immediately preceding the effective date of this article; or
  - b. is certified by a United States certifying body acceptable to the department.

**§8357. Non-liability of certified athletic trainers for first aid or emergency treatment.**

Notwithstanding any inconsistent provision of any general, special or local law, any certified athletic trainer who voluntarily and without the expectation of monetary compensation renders first aid or emergency treatment at the scene of an accident or other emergency, outside a hospital, doctor's office or any other place having proper and necessary athletic training equipment, to a person who is unconscious, ill or injured, shall not be liable for damages for injuries alleged to have been sustained by such person or for damages for the death of such person alleged to have occurred by reason of an act or omission in the rendering of such first aid or emergency treatment unless it is established that such injuries were or such death was caused by gross negligence on the part of such athletic trainer. Nothing in this section shall be deemed or construed to relieve a certified athletic trainer from liability for damages for injuries or death caused by an act or omission on the part of an athletic trainer while rendering professional services in the normal and ordinary course of his or her practice.

**§8358. Separability.**

If any section of this article, or part thereof, shall be adjudged by any court of competent jurisdiction to be invalid, such judgment shall not affect, impair or invalidate the remainder of any other section or part thereof.

<http://www.op.nysed.gov/prof/at/article162.htm>



## **Referring Numbers**

### **Current Physicians:**

**Dr. Jonathan Gordon, MD**

Beth Israel Medical Center

Phone: 212-252-6182

Fax: 212-252-6080

Address: 55 East 34<sup>th</sup> Street, 3<sup>rd</sup> floor  
New York, NY 10016

Notes : Office is open on Fridays

## **Insurance Policy**

**Primary Insurance:**

All Student-Athletes must be aware of the department's insurance policy regarding athletic related injuries. The policy is as follows: All Student-Athletes (S-A) must provide proof of primary insurance coverage to their respective Athletic Trainer's. A copy of the S-A's current insurance card must be provided on an annual basis and will be kept in the S-A's medical file. If at any time during the year the S-A has a change in his or her primary insurance carrier, it is the responsibility of the S-A to submit a copy of the new insurance card to their respective Athletic Trainer.

**Secondary Insurance:**

The athletic department insurance plan is SECONDARY to, or in excess of, personal or family medical insurance coverage, and covers only injuries/illness/accidents resulting from the direct participation in a practice or competition of his or her sport. All medical claims must first be submitted to the S-A's primary insurance plan before bills can be submitted to the athletic department's insurance carrier. The S-A may be required to fill out an insurance claim form, that is required for payment to be rendered by the athletic department's insurance carrier. The S-A will be contacted by their respective Athletic Trainer if an insurance claim form is needed.

Any S-A who is injured as a results of participating in his or her sport must IMMEDIATELY report the injury to their respective Athletic Trainer. Costs pertaining to an injury not reported within 14 days of the injury date may be the responsibility of the S-A. If the incident occurs when an Athletic Trainer is not present, an incident report must be filled out and signed by the S-A describing the incident and the emergency medical procedures that were followed.

**Procedures for payment of medical bills:**

Medical bills cannot and will not be paid by Yeshiva University until the S-A's primary insurance has been utilized and an Estimation of Benefits (EOB) has been obtained. It is the responsibility of the S-A to promptly provide their respective Athletic Trainer with outstanding medical bills and the EOB from his or her primary insurance carrier. If payment is denied by the S-A's primary insurance, then the denial letter and medical bills must be promptly submitted to their respective Athletic Trainer.

## **Insurance Forms**



P.O. Box 979  
 Valley Forge, PA 19482  
 610.933.0800  
 Fax: 610.935.2860  
 www.agadministrators.com

### Athletic Accident Claim Form

Please complete and submit to A-G Administrators with itemized medical bills and primary insurance explanation of benefits. For questions, please contact A-G Administrators.

College/University YESHIVA UNIVERSITY - Policy US160752

Athlete's Name \_\_\_\_\_

FIRST NAME MIDDLE INITIAL LAST NAME

Date of Birth \_\_\_\_\_ Sex:  M  F Cell Phone \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

Email Address \_\_\_\_\_

School Address \_\_\_\_\_

STREET CITY STATE ZIP

Home Address \_\_\_\_\_

STREET CITY STATE ZIP

#### ACCIDENT INFORMATION

Sport \_\_\_\_\_ Accident Date \_\_\_\_\_

Circumstance:  Game  Practice  Conditioning Type of Injury:  Intercollegiate  Club Sport  Intramural

Body Part Injured \_\_\_\_\_ Place of Accident \_\_\_\_\_

Nature of Injury — Details of What Happened \_\_\_\_\_

#### INSURANCE INFORMATION

Does the claimant have primary insurance?  Yes  No (Attach separate sheet if necessary.)

Insurance Company Name & Address \_\_\_\_\_

Policy Number \_\_\_\_\_ ID# \_\_\_\_\_

#### AUTHORIZATION

**AFFIDAVIT:** I verify that the statement on other insurance is accurate and complete. I understand that the intentional furnishing of incorrect information via the U.S. Mail may be fraudulent and violate federal laws as well as state laws. I agree that if it is determined at a later date that there are other insurance benefits collectible on this claim I will reimburse A-G Administrators to the extent for which A-G Administrators would not have been liable.

**AUTHORIZATION TO RELEASE INFORMATION:** I authorize any Health Care Provider, Doctor, Medical Professional, Medical Facility, Insurance Company, Person or Organization to release any information regarding medical, dental, mental, alcohol or drug abuse history, treatment or benefits payable, including disability or employment related information concerning the patient, to A-G Administrators and its designees.

**PAYMENT AUTHORIZATION:** I authorize all current and future medical benefits, for services rendered and billed as a result of this claim, to be made payable to the physicians and providers indicated on the invoices.

ATHLETE SIGNATURE (Parent or guardian, if participant is a minor) \_\_\_\_\_ Date \_\_\_\_\_

ATHLETIC DEPT. OFFICIAL SIGNATURE \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_



1867 West Market Street  
Akron, OH 44313  
(800) 331-1096

YESHIVA UNIVERSITY  
INTERCOLLEGIATE SPORTS  
2013-2014

**INTERCOLLEGIATE SPORTS CLAIM FORM**

School Name: YESHIVA UNIVERSITY (Intercollegiate Sports) Policy Number \_\_\_\_\_

1. Athlete Name: \_\_\_\_\_ Social Security Number \_\_\_\_\_

2. Mailing Address: \_\_\_\_\_  
Number Street City State Zip

3. Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Local Phone (\_\_\_\_) \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

4. Athlete Status:  Male  Female  Single  Married

5. Type of Sport \_\_\_\_\_ 6. Date of injury \_\_\_\_\_

7. Description of illness or injury \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Where did the accident occur? \_\_\_\_\_

8. Is Athlete covered for benefits (other than this policy) by any of the following:  
 Yes  No Any Individual, Blanket or Short Term Medical Insurance?  
 Yes  No Group Health Benefits of any kind through an employer, spouse's employer, or parent's employer?  
 Yes  No Coverage of medical care expenses provided through any Federal, State, Provincial, or other Government Agency?  
 If any of the above apply, please complete the following:  
 Through whom is your coverage provided? (i.e. parent, spouse, etc.) \_\_\_\_\_  
Name Relationship

Insurance Co. or Benefit Plan \_\_\_\_\_ Sponsor or Employer \_\_\_\_\_  
 Insurance Co. Address \_\_\_\_\_ Sponsor Address \_\_\_\_\_  
 Telephone (\_\_\_\_) \_\_\_\_\_ Plan/Group Number \_\_\_\_\_ Sponsor Telephone (\_\_\_\_) \_\_\_\_\_

9. Is athlete related to the provider of services?  Yes  No If yes, state the relationship \_\_\_\_\_

10. I hereby authorize any Insurance Company, Organization, Employer, Hospital, Physician, Surgeon, or Pharmacist to release any information requested with respect to this claim.

**I know it is a crime to fill out this form with facts I know are false or leave out facts I know are important. I certify that the information furnished by me in support of this claim is true and correct. I further acknowledge that I am legally obligated to pay for all medical expenses submitted for this claim in the absence of this health insurance plan.**

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Signature of Student \_\_\_\_\_

---

**TO BE COMPLETED BY SCHOOL OFFICIAL ONLY**

I Certify that the above named Athlete was injured while participating in the practice or play of the intercollegiate sport indicated in item # 5.

Signature of Athletic Official \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Athletic Official Title: \_\_\_\_\_ Phone # \_\_\_\_\_



## **Athletic Training Forms**



**Athletic Injury Evaluation**  
**Yeshiva University Athletics**

Name \_\_\_\_\_ Today's Date \_\_\_\_\_ Injury Date \_\_\_\_\_  
Phone Number \_\_\_\_\_ Injured Body Part L R \_\_\_\_\_ Sport \_\_\_\_\_  
List any medical Conditions \_\_\_\_\_  Practice  Game  Away Game

**Subjective:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Objective:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

AROM: \_\_\_\_\_  
\_\_\_\_\_

PROM: \_\_\_\_\_  
\_\_\_\_\_

RROM: \_\_\_\_\_  
\_\_\_\_\_

Neurological \_\_\_\_\_  
\_\_\_\_\_

Special Tests: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Assessment:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Plan:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

No Restrictions    Some restrictions    Discontinued from game or practice  
**Referral:**  No referral at this time    Hospital    Health Center    Orthopedics office  
**Status:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Staff ATC:** \_\_\_\_\_ **Date:** \_\_\_\_\_



# Yeshiva University Athletic Training

## Concussion/Closed Head Injury Evaluation

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_ Date of Injury: \_\_\_\_\_

Sport: \_\_\_\_\_

**Injury Occurred During:** ( ) Practice ( ) Competition ( ) Other

**Nature of Injury:**

- ( ) Concussion ( ) Scalp Injury ( ) Epistaxis ( ) Contusion ( ) Nasal Fx ( ) Orbital Fx  
 ( ) Eye Injury ( ) Dental Injury ( ) Facial Laceration ( ) Mandible/Maxilla ( ) Foreign Body  
 ( ) Cervical Injury

**Previous HX:** \_\_\_\_\_

**Mechanism of Injury:** \_\_\_\_\_

**Level Of Consciousness**

- ( ) Alert ( ) Lethargic ( ) Stuporous ( ) Semi-Conscious ( ) Comatose

**Subjective/Observation (check only if it applies)**

- Headache                       Loss of Consciousness                       Dizziness                       Tinnitus  
 Mental Confusion                       Unequal Pupils                       Slurred Speech                       Blurry Vision                       Stiffness in Neck  
 Diplopia                       Nausea                       Vomiting                       Retrograde Amnesia                       Anterograde Amnesia  
 Hyphema                       Otorrhea  
 Spots Before the Eyes                       Rhinorrhea                       Numbness                       Sleepiness/Fatigue                       Loss of  
 Appetite                       Abnormal Breathing                       Paralysis                       Battle's Sign                       Tremors/Convulsions                        
 Peculiar Eye Movements                       Loss of Muscle Coordination

**Objective Testing**

			Comments
Bony Palpation	( ) Normal	( ) Abnormal	_____
Eye Tracking	( ) Normal	( ) Abnormal	_____
Eye Accomodation	( ) Normal	( ) Abnormal	_____
Pupil Reactivity	( ) Normal	( ) Abnormal	_____
Rhomberg Test	( ) Normal	( ) Abnormal	_____
Finger/Nose Test	( ) Normal	( ) Abnormal	_____
Walk Straight Line	( ) Normal	( ) Abnormal	_____
Three Word Test	( ) Normal	( ) Abnormal	_____
<b>AROM</b>			
Upper Extremity	( ) Normal	( ) Abnormal	_____
Lower Extremity	( ) Normal	( ) Abnormal	_____
Cervical	( ) Normal	( ) Abnormal	_____
<b>MMT</b>			
Upper Extremity	( ) Normal	( ) Abnormal	_____
Lower Extremity	( ) Normal	( ) Abnormal	_____
Cervical	( ) Normal	( ) Abnormal	_____
<b>SENSORY</b>			
Upper Extremity	( ) Normal	( ) Abnormal	_____
Lower Extremity	( ) Normal	( ) Abnormal	_____
Cervical/Face/Head	( ) Normal	( ) Abnormal	_____

**Cranial Nerve Testing**

- I. Olfactory Sense of Smell  Normal  Abnormal
- II. Optic Vision  Normal  Abnormal
- III. Oculomotor Eye Track/Accom  Normal  Abnormal
- IV. Trochlear Eye Mvmts/Proprioception  Normal  Abnormal
- V. Trigeminal Chewing/Head-Face Sensory  Normal  Abnormal
- VI. Abducens Abduction of Eye  Normal  Abnormal
- VII. Facial Facial Expression/Taste  Normal  Abnormal
- VIII. Acoustic/Cochlear Balance/Hearing  Normal  Abnormal
- IX. Glossopharyngeal Swallowing/Taste  Normal  Abnormal
- X. Vagus Voice Production  Normal  Abnormal
- XI. Spinal Accessory Shoulder/Head Mvmts  Normal  Abnormal
- XII. Hypoglossal Tongue Mvmts  Normal  Abnormal

**Reflexes**

- Biceps (C5)  Normal  Diminished  None
- Brachioradialis (C6)  Normal  Diminished  None
- Tricep (C7)  Normal  Diminished  None
- Patella (L4)  Normal  Diminished  None
- Achilles (S1)  Normal  Diminished  None
- Babinski  Normal  Abnormal

**Vital Signs**

Time of Evaluation: \_\_\_\_\_ (am/pm) \_\_\_\_\_ (am/pm) \_\_\_\_\_ (am/pm)  
 Radial Pulse: \_\_\_\_\_  
 Blood Pressure: \_\_\_\_\_  
 Respiration Rate: \_\_\_\_\_  
 Pupil Diameter: \_\_\_\_/\_\_\_\_



23456789/ 23456789

**Comments:** \_\_\_\_\_

**Assessment:** \_\_\_\_\_

**Head Injury Information Sheet Sent Home ( ) Yes ( ) No**

**Treatment Plan:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**ATC's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# Sports Injury Guidelines for Student Athletes

## Head Injury Information

Any head, face or jaw injury has the potential to be dangerous. Take this information home and follow these important guidelines.

**The athlete should be observed for ANY of the following immediately after injury and for the next several days:**

Headache	slurred speech	unequal pupils
Convulsions	difficulty breathing	visual disturbances
Nausea or vomiting	excessive drowsiness	uncoordinated movements
Difficulty concentrating	irritability	sleep disturbances
Amnesia	persistent headaches	lightheadedness

**The athlete should be transported to an emergency facility for ANY onset of any of the below listed conditions. The athlete's condition should be checked every hour for four hours, then every two hours for the next eight hours.**

Decreasing level of consciousness	Increasing confusion	Increasing irritability
Loss of consciousness	numbness in extremities	Unequal pupil size
Repeated vomiting	Seizures	Slurred Speech
Inability to recognize people or places		Worsening Headache

**No aspirin, ibuprofen (Advil) or any other anti-inflammatory medication should be taken until 48 hours after the injury. Only clear liquids should be consumed for four hours after the injury, and then the diet may be progressed as tolerated. NO ALCOHOLIC BEVERAGES SHOULD BE CONSUMED.**

**Second Impact Syndrome: What is it?** Second Impact Syndrome is a dangerous condition that can occur if an athlete returns to sports before full recovery. If you receive a second blow to the head (even a relatively minor one) before symptoms of the initial concussion have cleared, the consequences can be deadly. A second blow to the head after a concussion can cause the brain to lose its ability to regulate blood flow properly. Engorgement of the blood vessels occurs which places excessive pressure on the brain. This pressure can result in rapid respiratory failure, coma and even death. **Prevention:** Don't return to sports after a concussion until your symptoms have completely resolved and you have been cleared by your physician or athletic trainer.

# Yeshiva University Athletic Training

## Rehabilitation Record

NAME \_\_\_\_\_ INJURY DATE \_\_\_\_\_

INJURY \_\_\_\_\_ SURGERY DATE \_\_\_\_\_

<b>DATE</b>												
<b>AT</b>												
<i>Treatment</i>												
<i>Exercises</i>												

**Yeshiva University  
Athletic Training**

MEDICAL REFERRAL

Name \_\_\_\_\_ Date \_\_\_\_\_ Sport \_\_\_\_\_

Condition Occurred During:  Practice  Game  Other \_\_\_\_\_

Athletic Trainer Comments: \_\_\_\_\_

Physician's Diagnosis:  
\_\_\_\_\_  
\_\_\_\_\_

Physician's Recommendations:

\_\_\_ 1. Activity may be without restriction

\_\_\_ 2. Activity may be continued with appropriate therapy and/or protective taping or wrapping:

\_\_\_\_\_

\_\_\_ 3. Referral to specific specialty: \_\_\_\_\_

\_\_\_ 4. No activity other than treatment until seen again by:

\_\_\_\_\_ on \_\_\_\_\_ (Date)

\_\_\_ 5. Other \_\_\_\_\_

Recommendations or prescriptions for medication (if any): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Additional comments or instructions (if any): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

