



Duval County Public Schools

Licensed Athletic Trainer Name : _____

License #: _____ Certification #: _____

School Name: _____

School Address: _____

City: _____ ST _____ Zip _____

Phone: _____ Fax: _____

Supervising Physician: _____

License #: _____ Med Specialty: _____

Address: _____

City: _____ ST _____ Zip _____

Phone: _____ Fax: _____

Standard Operating Procedures

1. Requiring Authority

Athletic Trainers Practice Act – Florida Statue 468

2. Patient Population

Athletes of scholastic, amateur, collegiate and professional athletic teams and associations; people participating in special athletic type events covered by JSMP and its affiliates as well as those events; patients referred by this physician with written orders for treatment.

3. Methods of Contacting Supervising Physician

Physician shall be available by listed phone numbers including pager and cellular.

4. Patient Assessment and Treatment

- patient evaluation and differential diagnosis
- emergency/acute care and stabilization of injuries and illnesses as appropriate
- Treatment and rehabilitation of injuries as outlined in scope of practice under the practice act.

The following modalities and/or therapeutic techniques may be used by the trainer names above:

- cold and heat modalities
- electrical stimulation
- iontophoresis via verbal or written order
- phonophoresis via verbal or written order
- manual mobilization and distraction
- splinting and strapping as indicated
- manufacture and fitting of braces, splints and appropriate orthoses as ordered
- rehabilitation and reconditioning of patients regarding functional activities for strength, flexibility, cardiovascular components as well as appropriate sports activity skills
- massage as appropriate
- water; including but not limited to whirlpool, aqua therapy, etc.
- prevention of injury via programs to improve, including but not limited to, strength, flexibility, and cardiovascular components as well as sports/activity specific skills where appropriate.

5. Special problems

All head injuries involving loss of consciousness and/or memory shall be cleared by a physician prior to return to participation.

Brachial Plexus injuries of a repetitive nature and of excessive duration are to be cleared by a physician prior to return to participation.

6. Emergency Facility and EMS Activation

Any acute medical emergency shall be handled with the utmost care and prudence. EMS shall be activated when indicated, and emergency contact notified as soon as practical. Any such incident shall be conveyed to the supervising physician as soon as practical; also "911" shall be used whenever indicated and without hesitation as soon as the situation dictates.

7. Records and Notification

Accurate records shall be maintained at all times. These shall include, but not limited to, initial injury reports, SOAP notes, initial evaluations, change of status notes, discharge notes and treatments. Notification of status and injuries shall be conveyed to physician as often as practical.

8. Other

Any other duties and responsibilities as described in the scope of practice as defined by the Department of Health and the Board of Athletic Training.

9. Exceptions

The following are areas and duties added or deleted:

Physician Signature: _____

Printed Name: _____

License #: _____ Date: _____

School: _____ Coverage Period (dates) _____