



**Duval County Public Schools**

**Licensed Athletic Trainer Name:** \_\_\_\_\_

School Name: \_\_\_\_\_

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

City: \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Volunteer Team Physician:** \_\_\_\_\_

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, re-evaluation and differential diagnosis
- Emergency/acute care and stabilization of injuries and illnesses as appropriate

- Treatment and rehabilitation of first degree and second degree injuries not requiring further referral

The athletic trainer named above may use the following modalities and/or therapeutic techniques:

- Cold and Heat Packs
- Cold Water Immersion for treatment of Heat Stroke
- Ultrasound
- Electric Stimulation of any variety and waveform
- Iontophoresis via verbal or written order
- Phonophoresis
- Manual mobilization and distraction
- The reduction of dislocations of the following joints:
  - \_\_\_\_\_
  - Temporary splinting and strapping as indicated
  - Application of casts as ordered
  - Manufacture and fitting of braces, splints, and other 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, and other appropriate methods
  - Prevention of possible injuries via programs to improve strength, flexibility and cardiovascular components as well as sports/activity specific skills where appropriate

## 5. Special Situations

Head injuries demonstrating signs or symptoms of a concussion with or without loss of consciousness must be cleared by a physician prior to return to participation. The athlete should be removed from the activity and provided instruction to be further evaluated by his/her physician. A written note signed by the treating physician is to be filed prior returning the athlete to participation. A gradual return to participation is preferred after the clearance note is received.

Heat stroke prevention: Athletic trainer will monitor environmental conditions with WBGT for the prevention of heat related emergency. This objective data should be provided to the coaches and Athletic Director to discuss appropriate modifications as conditions warrant. A rectal thermometer can be used to diagnose heat stroke, when appropriate and policy dictates. Cold water immersion should begin as soon as available for victims of heat stroke.

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 all 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 Florida Department of Health and the Board of Athletic Training.

**9. Exceptions**

The following are areas and duties added or deleted:

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Team Physician Signature:

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Printed Name: \_\_\_\_\_

License #: \_\_\_\_\_ Date: \_\_\_\_\_

School: \_\_\_\_\_ Coverage Period (dates) \_\_\_\_\_

Licensed Athletic Trainer Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

License #: \_\_\_\_\_ Date: \_\_\_\_\_