



Best Practices in Appropriate Medical Care for Secondary School Aged Athletes

Larry Cooper, MS, LAT, ATC

Penn-Trafford High School

Head Athletic Trainer, Retired

Health, Sports Medicine and Physical
Education Instructor, Retired

Bart Peterson, MSS, ATC

Palo Verde Magnet School

Chair of NATA SSATC

Sports Medicine 1&2 Instructor

Head Athletic Trainer

Objectives

- 1. At the conclusion of the program attendees will be able to illustrate the process used to create the document.
- 2. Attendees will distinguish the 12 standards and sub-standards identified in this process.
- 3. Attendees will analyze and apply the potential uses of the tool in evaluation of their organizations current status.
- 4. Attendees will evaluate their organization and recommend changes to the medical care they provide to secondary school aged athletes.



Disclosures

- ▶ We have no disclosures. This presentation is sponsored by the National Athletic Trainers' Association and we have no financial ties to products or otherwise.



Appropriate Medical Care for Secondary School Aged Athlete 1.0

- In 2001 the National Athletic Trainers' Association (NATA) in cooperation with 16 other medical associations and sports governing bodies began a 2 year process to determine what schools and organizations should provide to students and athletes in middle and high school age athletes.

Appropriate Medical Care for Secondary School Aged Athlete 1.0

- ▶ NATA
- ▶ American Academy of Family Physicians (AAFP)
- ▶ American Academy of Orthopaedic Surgeons (AAOS)
- ▶ American Academy of Pediatrics(AAP)
- ▶ American Medical Society of Sports Medicine (AMSSM)
- ▶ American Orthopaedic Society for Sports Medicine(AOSSM)
- ▶ American Osteopathic Academy of Sports Medicine (AOASM)
- ▶ American Physical Therapy Association (APTA)
- ▶ American Public Health Association (APHA)
- ▶ Emergency Medical Services
- ▶ International Academy for Sports Dentistry (IASD)
- ▶ National Association of School Nurses (NASN)
- ▶ National Association of Secondary School Principals (NASSP)
- ▶ National Federation of State High School Activities Association (NFHS)
- ▶ National Interscholastic Athletic Administrators' Association (NIAAA)
- ▶ National Safety Council
- ▶ The President's Council on Physical Fitness and Sports

Appropriate Medical Care for Secondary School Aged Athlete 1.0

- Athletic Health Care Team
- The athletic health care team may be comprised of appropriate health care professionals in consultation with administrators, coaches, parents, and participants. Appropriate health care professionals could be: certified athletic trainers*, team physicians**, consulting physicians, school nurses, physical therapists, emergency medical services (EMS) personnel, dentists and other allied health care professionals.

Appropriate Medical Care for Secondary School Aged Athlete 1.0

- The group determined that appropriate medical care consisted of 11 characteristics that the athletic health care team and a designated health care provider must be educated and qualified to:
 - 1. Determine the individual's readiness to participate.
 - 2. Promote safe and appropriate practice, competition and treatment facilities.
 - 3. Advise on the selection, fit, function and maintenance of athletic equipment.
 - 4. Develop and implement a comprehensive emergency action plan.
 - 5. Establish protocols regarding environmental conditions.

Appropriate Medical Care for Secondary School Aged Athlete 1.0

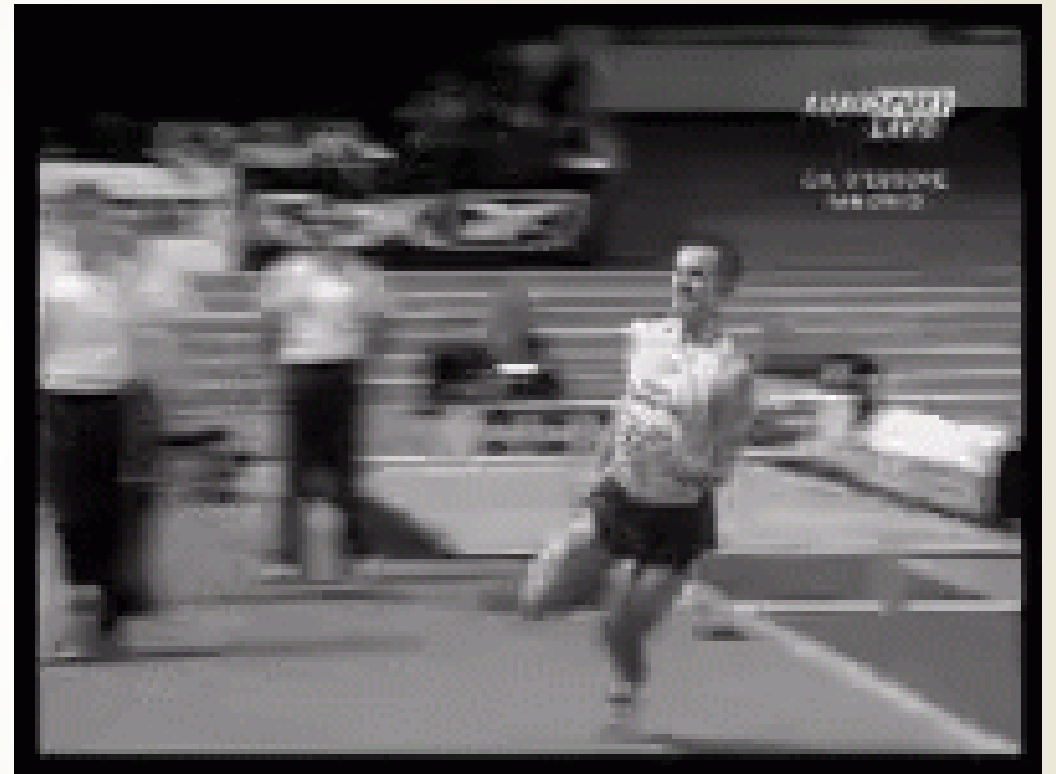
- 6. Develop injury and illness prevention strategies.
- 7. Provide for on-site recognition, evaluation and immediate treatment of injury and illness, with appropriate referrals.
- 8. Facilitate rehabilitation and reconditioning.
- 9. Provide for psychosocial consultation and referral.
- 10. Provide for scientifically sound nutritional counseling and education.
- 11. Participate in the development and implementation of a comprehensive athletic health care administrative system (e.g. personal health information, policies and procedures, insurance, referrals).

Appropriate Medical Care for Secondary School Aged Athlete 1.0

- Education:
- Designated athletic health care providers shall maintain expertise through continuing education and professional development.
- All Coaches should be trained in first aid, CPR, and AED, utilization of athletic health care team professionals, injury prevention and modification of training in response to injury and illness.

What Changed?

The AMCSSATF document served us well for the past 15 years. We have made great strides in raising the level of athletic health care across the board.





NATA NATION

What Changed – Why Update?

NATA Foundation Position Statements since 1.0 Publication

[Evaluation, Management, and Outcomes of and Return-to-Play Criteria for Overhead Athletes With Superior Labral Anterior-Posterior Injuries](#) (pdf) (April 2018)

[Prevention of Anterior Cruciate Ligament \(ACL\) Injury](#) (pdf) (February 2018)

[Fluid Replacement for the Physically Active](#) (pdf) (October 2017)

[Management of Acute Skin Trauma](#) (pdf) (December 2016)

[Preventing and Managing Sport-Related Dental and Oral Injuries](#) (pdf) (October 2016)

[Exertional Heat Illnesses](#) (September 2015)

[Management of Sport Concussion](#) (pdf) (March 2014)

[Preparticipation Physical Examinations and Disqualifying Conditions](#) (pdf) (February 2014)

[Conservative Management and Prevention of Ankle Sprains in Athletes](#) (pdf)

[Lightning Safety for Athletics and Recreation](#) (pdf) (March 2013)

[Evaluation of Dietary Supplements for Performance Nutrition](#) (pdf) (February 2013)

[Anabolic-Androgenic Steroids](#) (pdf) (Sept. 2012)

[Preventing Sudden Death in Sports](#) (pdf) (Feb. 2012)

[Heat Illness Treatment Authorization Form](#) (pdf)

[Consensus Statements for Heat Illness Guidelines](#) (pdf)

[National Athletic Trainers' Association Position Statement: Safe Weight Loss and Maintenance Practices in Sport and Exercise](#) (pdf) (June 2011)

[Prevention of Pediatric Overuse Injuries](#) (pdf) (April 2011)

[Preventing, Detecting, and Managing Disordered Eating in Athletes](#) (pdf) (Feb. 2008)

[Management of the Athlete with Type 1 Diabetes Mellitus](#) (pdf) (Dec. 2007)

[Management of sport-related concussion](#) (pdf) (Sept. 2004) |

[Management of asthma in athletes](#) (pdf) (Sept. 2005)

[Head down contact and spearing in tackle football](#) (pdf) (March 2004)

[Heads Up video](#)

[Exertional heat illnesses](#) (pdf) (Sept. 2002)

[Emergency planning in athletics](#) (pdf) (March 2002)

[Environmental Cold Injuries](#) (pdf) (Nov. 2008)

[Acute management of the cervical spine-injured athlete](#) (pdf) (May 2009)

[Skin Diseases](#) (pdf) (July 2010)

NATA Official Statements since 1.0 Publication

[Support of New NCAA Autonomous 5 \(aka Power 5\) Conferences' Independent Medical Care Rules](#) (pdf)(February 2016)

[College Supervision of Student Aides](#) (pdf) (Jan 2016)

[Meaningful Use Statement](#) (pdf) (Aug. 2014)

[Proper Supervision of Secondary School Student Aides](#) (pdf) (June 2014)

[Pre-hospital Care of the Athlete with Cervical Spine Injury](#) (pdf) (May 2014)

[Friday Night Tykes](#) (pdf) (Jan. 2014)

[Automated external defibrillators](#) (pdf) (2003)

[Commotio cordis](#) (pdf) (Oct. 2007)

[Communicable and Infectious Diseases in Secondary School Sports](#) (pdf) (March 2007)

[Community-acquired MRSA infections](#) (pdf) (March 2005)

[Calling Crown of the Helmet Violations](#) (pdf) (Aug. 2013)

[Full-time, on-site athletic trainer coverage for secondary school athletic programs](#) (pdf)

[Providing Quality Health Care and Safeguards to Athletes of All Ages and Levels of Participation](#) (pdf) (December 2011)

[Steroids and performance enhancing substances](#) (pdf) (March 2005)

["Time Outs" Before Athletic Events Recommended for Health Care Providers](#) (pdf) (Aug. 2012)

[Use of qualified athletic trainers in secondary schools](#) (pdf) (Feb. 2004)

[Youth football and heat related illness](#) (pdf) (July 2005)

NATA Consensus Statements

The product of inter-association task forces spearheaded by NATA.

[The Inter-Association Task Force Document on Emergency Health and Safety: Best-Practice Recommendations for Youth Sports Leagues](#)(April 2017)

[Interassociation Recommendations for Developing a Plan to Recognize and Refer Student-Athletes With Psychological Concerns at the Secondary School Level: A Consensus Statement](#) (pdf) (March 2015)

[Inter-Association Recommendations in Developing a Plan for Recognition and Referral of Student-Athletes with Psychological Concerns at the Collegiate Level](#) (pdf) (October 2013)

[Inter-Association Consensus Statement on Best Practices for Sports Medicine Management for Secondary Schools and Colleges](#) (pdf) (Jan 2014)

[Inter-Association Task Force for Preventing Sudden Death in Secondary School Athletics](#) (pdf) (July 2013)

[Inter-Association Task Force for Preventing Sudden Death in Collegiate Conditioning Sessions: Best Practices Recommendations](#) (pdf) (August 2012)

[Preseason heat-acclimatization guidelines for secondary school athletics](#) (pdf) (2009)

[Managing Prescriptions and Non-Prescription Medication in the Athletic Training Facility](#) (pdf)(Jan. 2009)

[Appropriate medical care for secondary school-age athletes](#) (pdf) (Feb. 2003)

[Inter-Association Recommendations on Emergency Preparedness and Management of Sudden Cardiac Arrest in High School and College Athletic Programs](#) (pdf) (March 2007)

[- Executive Summary](#) (pdf)

[Inter-Association Task Force on Exertional Heat Illnesses](#) (pdf) (June 2003)

[Sickle Cell Trait and the Athlete](#) (pdf) (June 2007)

2016 – Baltimore NATA Annual Meeting

Updated are provided to NATA from research entities sponsored by NATA.

NATA Nation Update

- Injury Surveillance Secondary Schools
 - Injuries
 - Time-loss injuries
 - Non-time-loss injuries
 - Treatments
 - Outcomes

ATLAS Update

- Every High School mapped
- We know the quantity of athletic health care at every school
 - - if we can tie the NATA Nation data (qualitative) to the ATLAS data (quantitative) we may be able to predict the number of AT's required at a school to provide appropriate athletic health care.

What we heard...

- ➔ We believed in 2016 that we may be able to tie to data in the two studies, as well as others, together and show a trend point where additional athletic health care personnel should be hired to continue providing appropriate care.

What we learned...

- Due to the nature of research and databases, it would have been impossible to align the data points between all of the research.
- We would have had to start a separate study to achieve that goal which would have been expensive in time and money.

What we learned...

- However, we did find data that would allow the end-user the ability to determine the quantity of HCP needed to provide AHC at their specific organizations.

Appropriate Medical Care for the Secondary School Aged Athlete 2.0

- In June 2017 the NATA Board of Directors approved creation of the AMCSS 2.0.
- Tasked to evaluate the 2003 document(s) and revise where appropriate.
- Create a tool whereby the end user could assess and update/create an athletic health care program in compliance with the AMCSS 2.0 document

Appropriate Medical Care for the Secondary School Aged Athlete 2.0

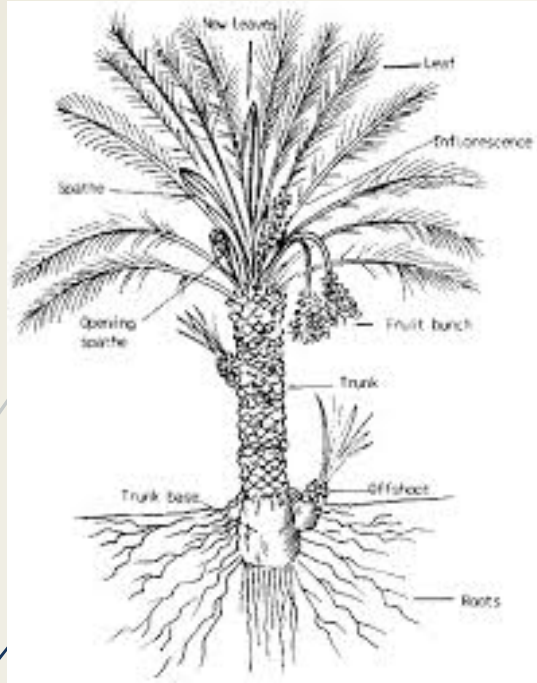
- ▶ Larry Cooper, MS, LAT, ATC (Chair) Penn-Trafford High School
- ▶ Ronnie Harper EdD, LAT, ATC Dutchtown High School
- ▶ George S. Wham Jr., EdD, SCAT, ATC Lexington County School District 1, Pelion High School
- ▶ Jason Cates, LAT, ATC Cabot Public Schools
- ▶ Randy P. Cohen, ATC, DPT University of Arizona
- ▶ Tom Dompier, PhD, ATC Lebanon Valley College
- ▶ Robert A. Huggins, PhD, LAT, ATC Korey Stringer Institute, University of Connecticut
- ▶ Dan Newman, MS, LAT, ATC Union High School
- ▶ Bart Peterson, MSS, AT Palo Verde High Magnet School
- ▶ Tamara C. Valovich McLeod, PhD, ATC, FNATA A.T. Still University
- ▶ Scott J. Chafin, Jr. Gregorio, Chafin, Johnson, Poolson & Tabor, L.L.C.

"The Comfort Zone"

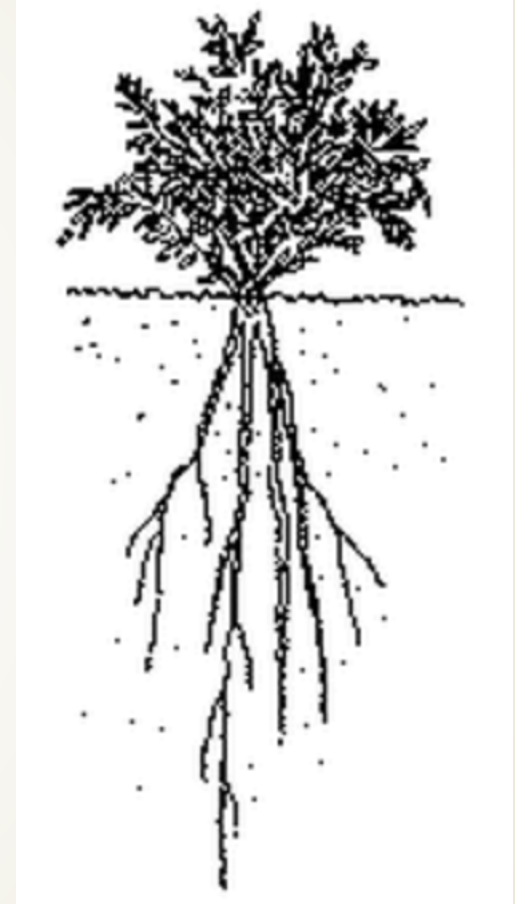
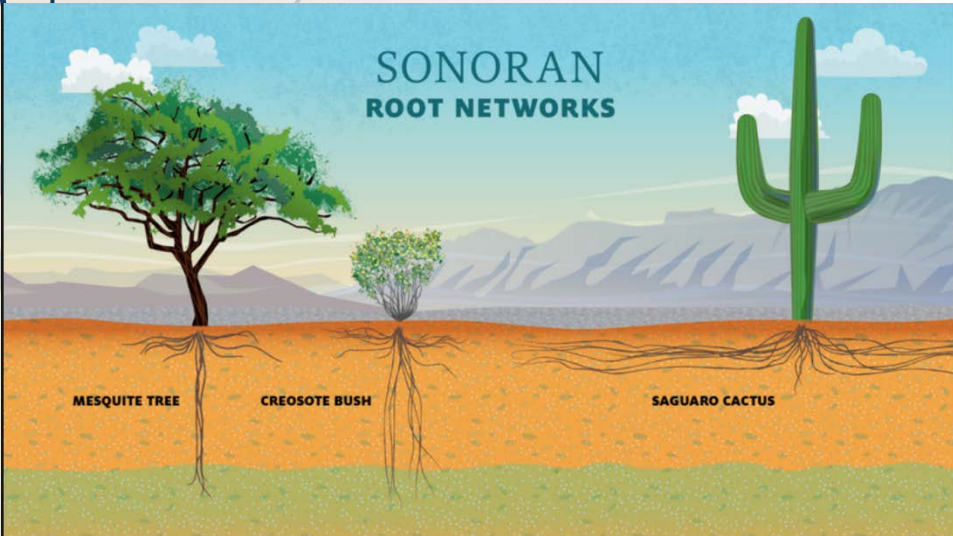


Which would you rather be like?





SONORAN ROOT NETWORKS



Standards

There were 12 standards identified as critical pieces for an athletics program to earn the distinction of providing appropriate medical care

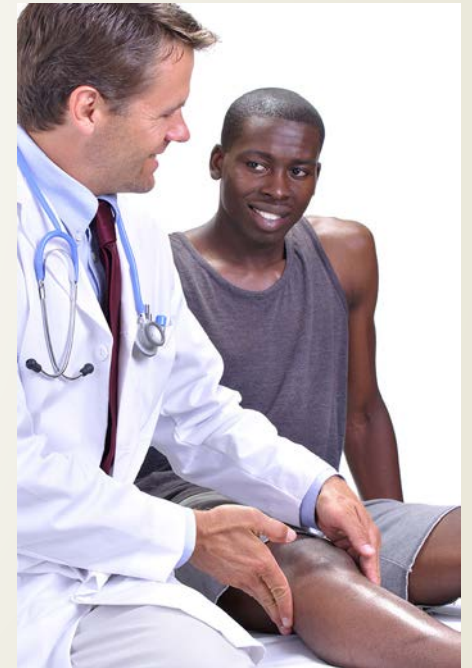
- ▶ Within each standard
 - ▶ Narrative-gives a brief overview of the standard
 - ▶ Sub standards- multiple areas or working parts of that standard
 - ▶ Annotation
 - ▶ Evidence of Compliance
 - ▶ Review of Case Law
 - ▶ Resources
 - ▶ References



Standard 1: Athletes' readiness to participate in activity is determined through a standardized pre-participation physical examination (PPE) screening process.

Within this relatively self explanatory standard there are 8 sub standards.

Mental health, management plan, family history, standard PPE, cleared by a QMP.



Standard 2: Practice, competition and athletic health care facilities as well as equipment used by athletes are safe and clean.

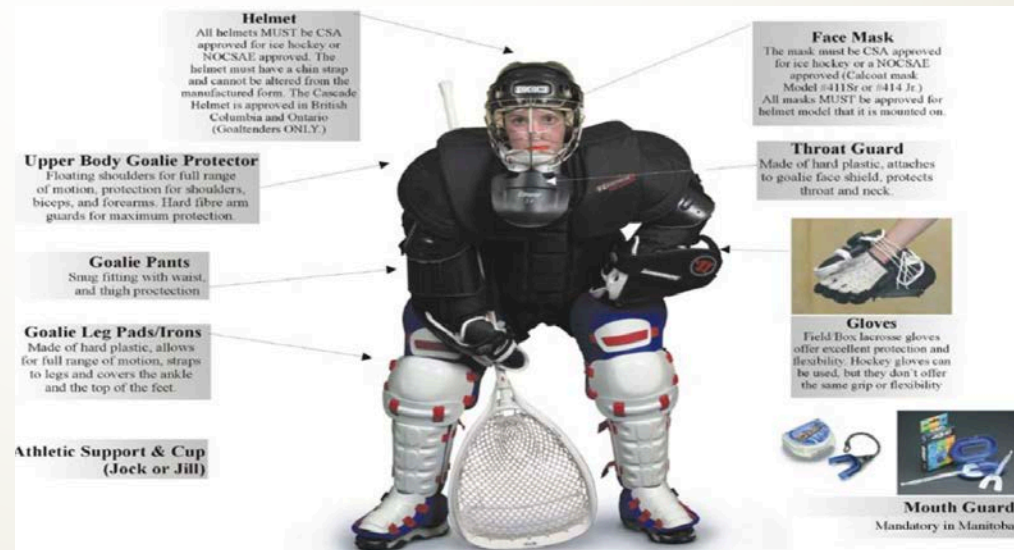
- ▶ Written policies, Procedures and protocols for regular, scheduled cleaning and disinfecting, Exposure Control Plan, posted hand washing techniques, cleaning and sanitizing of equipment and athletic surfaces, inspection for hazards, designated clean area for QMP to perform duties, cleaning and sanitizing of hydration equipment/tools.



**SAFETY
FIRST**

Standard 3: Equipment worn by athletes is properly fitted and maintained while instructions to use safely and appropriately are provided.

- Equipment fitting, reconditioning, sanitizing of protective equipment, supervision, coaches competency.



Standard 5: Athletic participation in a safe environment is ensured or activity is modified or canceled based on established environmental policies.

- Written policies and procedures and protocols, proper equipment, heat, cold, air quality, lightning, designated individual, appropriate training.



When Thunder Roars, Go Indoors!

STOP all activities.

Seek shelter in a substantial building or hard-topped vehicle.

Wait 30 minutes after the storm to resume activities.

 www.lightningsafety.noaa.gov 

Standard 7: Wellness programs promote a safe progression of physical fitness and improve long-term health across an athlete's lifespan.

- QMP, education, utilization of equipment and implementation of strategies to promote life long wellness



Standard 9: On-site prevention, recognition, evaluation and immediate care of athletic injuries and illnesses are provided with appropriate medical referrals.

- Management plans, documentation, tracking of collected data, referral, decision making policy,



exercise **athletic**
trainer ligament muscle
sprain ice prevention joint
heat compression **concussion**
rehabilitation evaluation strain

Standard 10: On-site therapeutic intervention (pre-, post-, and non-surgical conditions) outcomes are optimized by developing, evaluating and updating a plan of care for athletes.

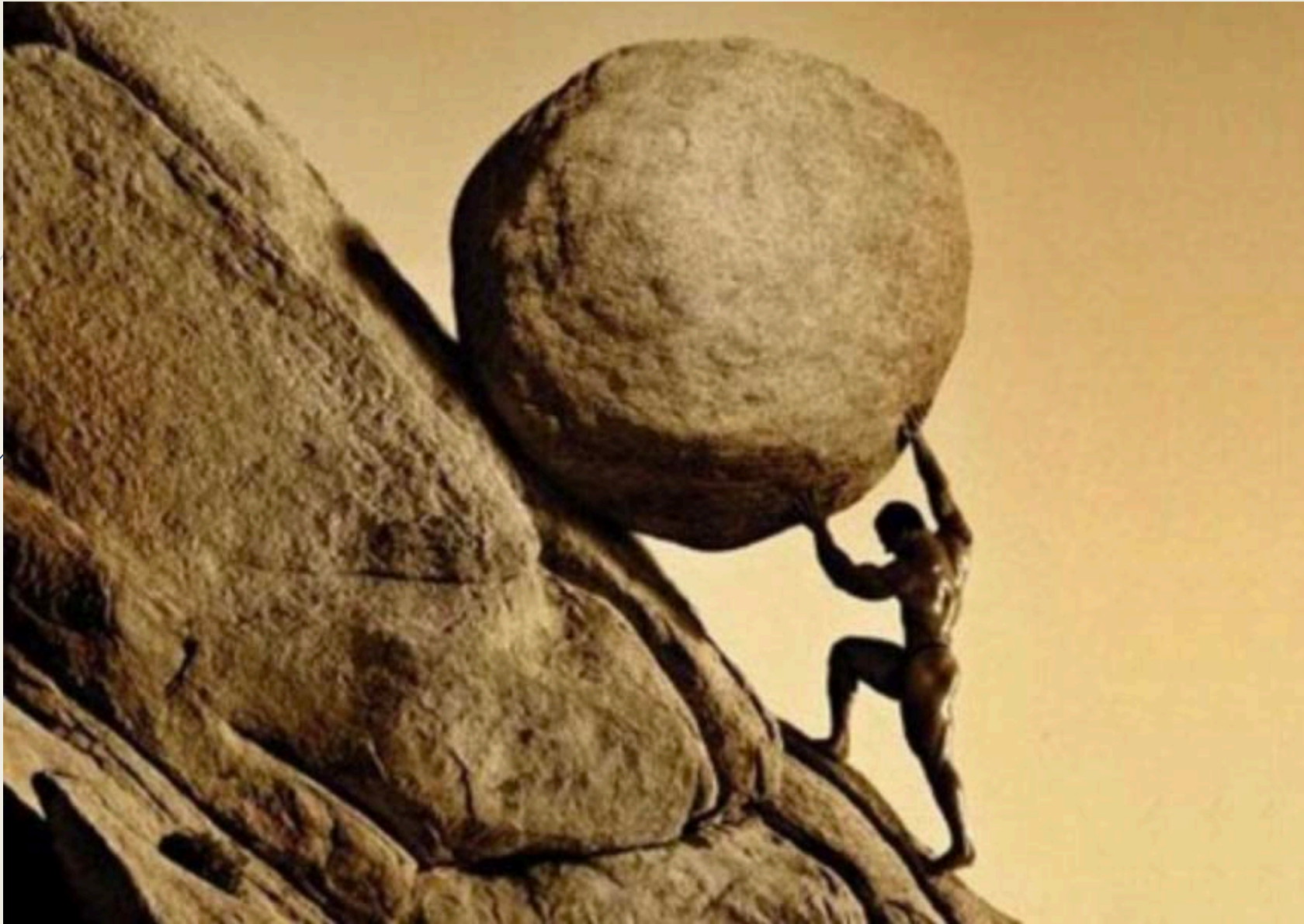
- ▶ Treatment /care plans, facilities, equipment, education



Standard 12: Comprehensive athletic health care administration system is established to ensure appropriate medical care is provided.

- AHCT, relationship with appropriate MD, QMP, documentation, Policy, procedure and protocol manual, annual calibration, appropriate documentation and storage of records, resources, adequate funds, appropriate and adequate staffing.





The Online Tool

- Will give you results based on the information you provide
- Provides resources and references to help you elevate your level of athletic health care
- No fees associated with it
- Information is saved for you to come back at your convenience



Access



Welcome to PASS

[View](#) [Edit](#) [Delete](#) [Revisions](#)

About PASS

The Program Assessment for Safety in Sport (PASS) helps schools and organization continually prioritize the health and safety of their athletes. Based on the National Athletic Trainers' Association's (NATA) Appropriate Medical Care Standards (AMCS), PASS outlines a framework for a comprehensive and strategic approach in the provision of athletic health care. PASS allows schools to benchmark their success and opportunities against the twelve standards deemed as necessary in providing appropriate medical care for student athletes.

How to Use PASS

NATA Members

NATA Members may log in using their NATA.org credentials, and may create their school within the system if it is not yet listed in the school directory.

LOG IN

Non-Member Access

Non-members may create a local account on this site, and may then request full access to the PASS system via their user dashboard. Ideal for school athletic director or team physicians.

LOG IN

REGISTER ON PASS

Visiting AT

If a school you are visiting is listed in the PASS school directory, you may request read only access to key documents, such as the emergency action plan, from the school's main page.

SCHOOL DIRECTORY

Public

Take a look at the PASS standards to learn about sports safety practices that could be implemented at your school.

REVIEW STANDARDS



School Directory

School/Organization Name

City

State - Any -

SEARCH

School/Organization	City	State
Aloha HS	Aloha	Oregon
Brenham ISD	Brenham	Texas
Cleveland High School	Rio Rancho	New Mexico
Diamond Bar High School	Diamond Bar	California
Dutchtown High	Geismar	Louisiana
Example School	Some City	Georgia
Jenks High School	Jenks	Oklahoma
Johnson and Johnson High School	Red Bank	South Carolina
Moe Moe High School	Tucson	Arizona
NATA	Carrollton	Texas
Palo Verde High Magnet School/Tucson Unified School District	Tucson	Arizona
Penn Trafford High School	Harrison City	Pennsylvania
South Burlington High School	South Burlington	Vermont
South Lexington High School	Lexington	South Carolina
Test ATSU	Mesa	Arizona
Timberline High School / Boise School District	Boise	Idaho

Contact Information *

Athletics Information *

Number of Athletes *

45

Number of Students *

50

Number of full-time athletic trainers *

2

Number of part-time athletic trainers *

0

Sports Offered (Men) *

- Baseball
- Cross country
- Field Hockey
- Football
- Golf
- Gymnastics
- Ice Hockey
- Lacrosse
- Soccer
- Softball
- Swim and Diving
- Tennis
- Track
- Volleyball
- Wrestling

Sports Offered (Women) *

- Baseball
- Cross country
- Field Hockey
- Football
- Golf
- Gymnastics
- Ice Hockey
- Lacrosse
- Soccer
- Softball
- Swim and Diving
- Tennis
- Track
- Volleyball
- Wrestling

Examples

Standard 1

Standard 2

Standard 3

Standard 4

Standard 5

Standard 6

Standard 7

Standard 8

Standard 9

Standard 10

Standard 11

Standard 12

Standard 1

Standard

Sections

Resources

References

Standard

Athletes' readiness to participate in activity is determined through a standardized pre-participation physical examination (PPE) screening process.

Narrative

For nearly four decades a number of medical organizations have formalized the pre-participation physical examination (PPE).^{4,5,6} This PPE is meant to identify areas of concern in the health of the athlete which could contribute to impaired function during participation in athletics. This formalization creates a base framework for all health care providers to work from. No matter who is performing the PPE, they should all be held to the same standard outlined by the document. The PPE should be performed early enough before participation to ensure that any areas of concern can be addressed prior to beginning participation. Pre-participation physical exams should be conducted in accordance with local and state guidelines.

Standard 2 (0 of 8 Complete)

Practice, competition and athletic health care facilities as well as equipment used by athletes are safe and clean.

Those engaged in organized athletic activities deserve the opportunity to play in a safe and hazard free environment. In the event of an injury or illness while participating in athletic activities, participants should be able to be cared for in an accessible, clean and well organized facility.⁷ This facility should promote privacy, care without risk of infection, and care with the designated QMP. Having a defined facility and hours of operation can also improve patient compliance and ensures a clean and safe environment to provide medical care.

Standard Sections and Your Responses

Standard Section	Response
Standard 2.1 Does the organization have written policies, procedures and protocols in place to ensure that practice, competition and athletic health care facilities as well as equipment used by athletes are cleaned and disinfected on a regular scheduled bases (e.g. Daily, weekly or monthly) in order to prevent the spread of infectious diseases?	ADD EVIDENCE
Standard 2.2 Does the organization have an exposure control plan (ECP) to minimize occupational exposure to blood or other body fluids?	ADD EVIDENCE
Standard 2.3 Does the organization post guidelines and instructions for hand washing and hand sanitization?	ADD EVIDENCE
Standard 2.4 Does the organization ensure locker and dressing rooms are cleaned and sanitized on a regular scheduled basis?	ADD EVIDENCE
Standard 2.5 Does the organization ensure all athletic surfaces and equipment used by athletes are cleaned and sanitized on a regular basis (e.g. Daily, weekly and monthly)?	ADD EVIDENCE
Standard 2.6 Does the organization ensure playing fields and courts are inspected for hazards before each use and on a regular basis?	ADD EVIDENCE
Standard 2.7 Does the organization provide a safe and clean area for the QMP to provide immediate treatment and care of injuries or illnesses?	ADD EVIDENCE
Standard 2.8 Does the organization ensure hydration equipment is cleaned and sanitized on a regular basis?	ADD EVIDENCE

You may review the Appropriate Medical Care Standards section-by-section below, and enter your responses for each section. Click the title to expand.

Standard 1 (8 of 8 Complete)

Athletes' readiness to participate in activity is determined through a standardized pre-participation physical examination (PPE) screening process.

For nearly four decades a number of medical organizations have formalized the pre-participation physical examination (PPE).^{4, 5, 6} This PPE is meant to identify areas of concern in the health of the athlete which could contribute to impaired function during participation in athletics. This formalization creates a base framework for all health care providers to work from. No matter who is performing the PPE, they should all be held to the same standard outlined by the document. The PPE should be performed early enough before participation to ensure that any areas of concern can be addressed prior to beginning participation. Pre-participation physical exams should be conducted in accordance with local and state guidelines.

Standard Sections and Your Responses

Standard Section	Response
Standard 1.1 Does the organization require each athlete to complete a standardized PPE screening process and be cleared by a QMP before participation in athletic activity?	<p>Implemented and Verifiable</p> <p>VIEW/EDIT EVIDENCE DELETE</p> <ul style="list-style-type: none">2017-18 CIPPE (Guidelines page).pdf 144.09 KBPT Addendum page.pdf 110.08 KBPIAA CIPPE.pdf 158.49 KB
Standard 1.2 Does the organization utilize standardized PPE screening instruments that are endorsed by the medical community?	<p>Implemented and Verifiable</p> <p>VIEW/EDIT EVIDENCE DELETE</p> <ul style="list-style-type: none">2017-18 CIPPE (Guidelines page).pdf 144.09 KBPT Addendum page.pdf 110.08 KBPIAA CIPPE.pdf 158.49 KB
Standard 1.3 Does the organization require a comprehensive medical and family history survey be completed by the athlete and parents as part of the PPE screening process?	<p>Implemented and Verifiable</p> <p>VIEW/EDIT EVIDENCE DELETE</p> <ul style="list-style-type: none">2017-18 CIPPE (Guidelines page).pdf 144.09 KBPT Addendum page.pdf 110.08 KBPIAA CIPPE.pdf 158.49 KB

Standard 1.1

Standard

Does the organization require each athlete to complete a standardized PPE screening process and be cleared by a QMP before participation in athletic activity?

Annotation

The following best-practice recommendations should be considered supplementary to any state/local regulations. The physical exam should be conducted and clearance granted before any athletic participation including strength and conditioning sessions, try-out sessions, practices, or games. If another health care provider (physician assistant or nurse practitioner) performs the physical exam, the provider should be held to the same standards and expectations of a physician. Ideally, the physical exam should be conducted 4 to 6 weeks prior to athletic participation to allow proper time for follow up of any findings that require additional evaluation. A organizational representative should keep a copy of each athlete's PPE on file.

Evidence of Compliance

- Organizational or governing body policy statement requiring each athlete complete a standardized PPE screening process.
- Organizational or governing body policy statement on which QMP is given authority to clear a student for athletic activity.

Example Evidence

Example of Example Evidence


This is a preview of example evidence. Example evidence may be attached to one or more sections on a by-section basis.

 test.pdf 183.04 KB

 test2.pdf 183.04 KB












Your Evidence

Stage of Compliance*

Implemented and verifiable 

Evidence of Compliance - Text

If you want to attach a Google Doc, you may use the link (Ctrl + K) tool to embed a GDoc link.

B I U S x² x_e | I_x |          **Format** | **Styles** |   **Source**

Example Evidence

Example of Example Evidence

This is a preview of example evidence. Example evidence may be attached to one or more sections on a by-section basis.


 test.pdf	183.04 KB
 test2.pdf	183.04 KB

Your Evidence

Stage of Compliance*

Implemented and verifiable

- Select -
Not Implemented
In Planning Stages
Partially Implemented
Implemented and verifiable

Full HTML 

[About text formats](#)

Existing files

 2017-18 CIPPE (Guidelines page).pdf	144.09 KB
 PT Addendum page.pdf	110.08 KB
 PIAA CIPPE.pdf	158.49 KB

 REMOVE

Evidence of Compliance - File

Choose File | No file chosen

Action Items

Full Report View Edit **Action Items** Delete All entities Members Nodes

About Action Items

This page contains all standard sections for which you have submitted a response, which have not yet been marked as "Implemented and Verifiable." Incomplete items will not show - go to your [school dashboard](#) to complete these items.

Stage of Compliance

- Not Implemented
- In Planning Stages
- Partially Implemented

APPLY

Section	Standard	Evidence
Standard 5.1	Does the organization have written policy, procedure and protocol statements on activity progressions for heat acclimatization?	VIEW/EDIT EVIDENCE DELETE
Standard 9.1	Does the organization designate that a QMP is onsite based on the risk and rate of injury and illness?	Partially Implemented VIEW/EDIT EVIDENCE <div style="display: flex; align-items: center;"> Job Description.doc 20.82 KB </div> DELETE
Standard 10.1	Does the organization have a QMP responsible for implementing on-site physical rehabilitation and reconditioning programs during designated times for athletes?	Partially Implemented VIEW/EDIT EVIDENCE <div style="display: flex; align-items: center;"> Job Description.doc 20.82 KB </div> DELETE

Standard 1

Standard

Sections

Resources

References

Additional Resources

1. The Inter-Association Task Force for Preventing Sudden Death in Secondary School Athletics Programs: Best-Practices Recommendations; Journal of Athletic Training 2013;48(4):546–553
<https://www.nata.org/sites/default/files/preventing-sudden-death.pdf>
2. [Advancing the Pre-participation Physical Evaluation: An ACSM and FIMS Joint Consensus Statement](#)
3. American Academy of Family Physicians, American College of Sports Medicine, American Medical Society for Sports Medicine, American Academy of Pediatrics. PPE: Pre-participation Physical Evaluation. 4th ed. Grove Village, IL: American Academy of Pediatrics; 2010. <https://www.aap.org/en-us/about-the-aap/Councils/Council-on-Sports-Medicine-and-Fitness/Pages/Preparticipation-Physical-Evaluation.aspx>
4. [BOC Guiding Principles for AT Policy and Procedures](#)
5. [NATA Secondary School Value Model](#)
6. National Athletic Trainers' Association Position Statement: Preventing Sudden Death in Sports; Journal of Athletic Training 2012;47(1):96-118 <http://natajournals.org/doi/pdf/10.4085/1062-6050-47.1.96>
7. National Athletic Trainers' Association Position Statement: Pre-participation Physical Examinations and Disqualifying Conditions; Journal of Athletic Training 2014;49(1):102–120
<https://www.ncaa.org/sites/default/files/NATA-Position-Statement-PPEs-and-Disqualifying-Conditions.pdf>
8. [Pre-participation cardiovascular evaluation for athletic participants to prevent sudden death: Position paper from the EHRA and the EACPR, branches of the ESC. Endorsed by APHRS, HRS, and SOLAECE.](#)
9. [Screening for Sudden Cardiac Death Before Participation in High School and Collegiate Sports: American College of Preventive Medicine Position Statement on Preventive Practice](#)
10. Wingfield K, Matheson GO, Meeuwisse WH. Pre-participation evaluation: an evidence-based review. Clin J Sport Med. 2004;14(3):109–122. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3924614/>

AMCS: Section Response Examples

Standard 1

Standards	Count Example	Percentage Example	Bar Example	Own District Example	Own State Example
Standard 1.1	Not Implemented: 0	Not Implemented: 0%			
	In Planning Stages: 1	In Planning Stages: 50%			
	Partially Implemented: 0	Partially Implemented: 0%			
	Implemented and Verifiable: 1	Implemented and Verifiable: 50%			
Standard 1.2	Not Implemented: 0	Not Implemented: 0%			
	In Planning Stages: 1	In Planning Stages: 100%			
	Partially Implemented: 0	Partially Implemented: 0%			
	Implemented and Verifiable: 0	Implemented and Verifiable: 0%			
Standard 1.3	Not Implemented: 0	Not Implemented: 0%			
	In Planning Stages: 0	In Planning Stages: 0%			
	Partially Implemented: 0	Partially Implemented: 0%			
	Implemented and Verifiable: 0	Implemented and Verifiable: 0%			
Standard 1.4	Not Implemented: 0	Not Implemented: 0%			
	In Planning Stages: 0	In Planning Stages: 0%			
	Partially Implemented: 0	Partially Implemented: 0%			

AMCS: Standard Response Examples

Standards	Count Example	Percentage example	Bar Example	Own District Example	Own State Example
Standard 1	Not Implemented: 0	Not Implemented: 0%			
	In Planning Stages: 2	In Planning Stages: 67%			
	Partially Implemented: 0	Partially Implemented: 0%			
	Implemented and Verifiable: 1	Implemented and Verifiable: 33%			
Standard 2	Not Implemented: 0	Not Implemented: 0%			
	In Planning Stages: 0	In Planning Stages: 0%			
	Partially Implemented: 1	Partially Implemented: 50%			
	Implemented and Verifiable: 1	Implemented and Verifiable: 50%			
Standard 3	Not Implemented: 0	Not Implemented: 0%			
	In Planning Stages: 0	In Planning Stages: 0%			
	Partially Implemented: 0	Partially Implemented: 0%			
	Implemented and Verifiable: 0	Implemented and Verifiable: 0%			
Standard 4	Not Implemented: 0	Not Implemented: 0%			
	In Planning Stages: 0	In Planning Stages: 0%			
	Partially Implemented: 0	Partially Implemented: 0%			
	Implemented and Verifiable: 0	Implemented and Verifiable: 0%			





Look for the document and the tool in the next few weeks.



Thank you!

coopatc1@gmail.com

arizatc@cox.net

In memory of our fathers

Robert "Mort" Cooper Sr.



Charles Peterson

