

TEAM OR REFERRING PHYSICIAN

PROTOCOL

Functions and procedures to be performed by
the Licensed Athletic Trainer

As Team Physician, _____, under my supervision, will
have the authority to act in my behalf and provide the following care to the athletes at _____
_____.

1. Perform evaluation, emergency medical care, treatment, and reconditioning of athletic injuries under the direction of the team or treating physician.
2. Perform the application of preventative and protective measures designed to prevent athletic injuries or protect existing athletic injuries (including taping, padding, splinting).
3. Initiate standard treatment procedures of applying cold, compression, elevation, and rest to an injured body area.
4. Apply cryotherapy (cold/ice packs, cold water immersion, ice massage, and spray coolants).
5. Apply thermotherapy (topical analgesics, moist hot packs, heating pads, infrared lamp, paraffin baths).
6. Apply hydrotherapy (whirlpool, contrast baths).
7. Apply therapeutic exercise common to athletic training (stretching, conditioning, strengthening, muscle testing).
8. Administration of rehabilitation for athletic injuries which have been referred only upon the prescription of the team or referring physician.
9. Administration of additional physical modalities (such as ultrasound, electrical stimulation, or diathermy) only upon the prescription of the team or treating physician.
10. Act as an advisor to athletes and coaches concerning areas of diet, rest, hygiene, and sanitation.

Print or Type Name of Team Physician

Print or Type Name of Athletic Trainer

Athletic Team Physician Signature
(No Electronic or Stamp Signature will be
Accepted)

Athletic Trainer Signature
(No Electronic or Stamp Signature will be
Accepted)

Date: _____

Date: _____