SECONDARY SCHOOL CASE STUDIES

INTRODUCTION

Athletic trainers who have chosen to practice within the secondary school setting have long realized the uniqueness of this environment. The typical secondary school athletic trainer is a lone wolf, dealing with hundreds of athletes, coaches and parents without the large staffs that are typical of the collegiate setting. It is not uncommon for the secondary school athletic trainer to have more student-athletes than the typical college. Add dozens, if not over a hundred different coaches that the secondary school athletic trainer must communicate with on a regular basis, the need for expert organization and administrative skills become a matter of sanity. Whereas collegiate student-athletes are considered adults, the secondary school athletic trainer is dealing with minors and therefore their parents as well.

It is the nature of college athletics and athletic training education, that the typical athletic training student may not have the opportunity to gain experience in dealing with coaches and parents on a daily basis. It is imperative, in order to be successful, that students of the profession are able to acquire these skills as well as managerial and leadership skills. The ability of the athletic trainer to creatively manage the numerous personal relationships and unique situations relative to the secondary school setting will create a formula for success. Many graduates are extremely well versed in evaluation techniques as well as injury management and treatment. However it is not uncommon that their collegiate experience never exposed them to the world of student-athletes without any type of medical insurance or the financial ability to obtain a decent pair of athletic shoes. Their ability to create networks and develop relationships so that they may better serve the needs of their student-athletes will be tested daily.

The secondary school athletic trainer oft times must interact with numerous administrators as well as the dozens of personal physicians coordinating the care of their student-athletes. When a situation arises that requires administrative intervention it is important that the athletic trainer not only identify and analyze the problem but bring possible solutions to the table as well. The ability to be able to “step back” from a problem, view the situation from various viewpoints; which are many in this setting; and creatively develop and implement a plan of action that will lead to a successful conclusion, is one of the most valuable gifts that an instructor can give to their students.

The NATA Secondary School Athletic Trainers’ Committee developed these case studies to assist program directors with the development of the organizational, administrative, managerial, and leadership skills necessary to be successful in the secondary school
setting. These case studies are taken from “real life” situations that were encountered by members of the committee. It is our hope that these examples will generate discussion as well as opportunities for critical thinking as it relates to the communication and interpersonal skills that are commonly found among successful secondary school athletic trainers.

NATA Secondary School Athletic Trainers’ Committee

Larry Cooper MS ATC; Chair

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Jenna Jones had been hired as an athletic trainer at Bayview High School prior to the start of the school year. She had graduated from college the previous spring and was extremely excited to start her new position. She was replacing an athletic trainer who had been at the school for less than one year. There had been four athletic trainers in the past four years at the school. Needless to say, the high school athletic training program had experienced a fair amount of instability over the past four years.

At the end of the year, Jenna had her evaluation with her supervisor. Although it was a positive evaluation, the athletic director brought up multiple concerns/questions that needed to be discussed. The first issue related to a situation that occurred to an injured football player, Randy Snodgrass. Randy was initially evaluated for a concussion in the training room after being injured in practice. Jenna had referred him to his family doctor, who cleared him to participate in football the next day. When Randy reported to the training room prior to practice, she told him she could not allow him to practice because he needed to return to participate only once he was symptom free and only with a daily increase in the level of activity before participating fully. Consequently, he was going to miss Friday’s game against cross town rival Johnstown,
which caused Randy, his family and the head coach to become upset. Everyone wanted to know what gave her the right to withhold Randy from participating even though she had been cleared by a physician.

The second situation involved Brenda Jones, a softball player who was hit in the head with a line drive during a game and needed to be transported to the hospital. The problem occurred when a phone call to 911 was initiated by a parent, instead of school personnel. The situation became even more confusing when another bystander, who no one knew, came onto the field to help provide care because Jenna was at the varsity baseball game. The athletic director wanted to know what the department’s emergency action plan was, how closely the plan was followed and why she was not at the freshman softball game.

**Analytical Questions**
1. Could have Jenna have done early in the school year to help prevent some of the issues that she has encountered?
2. How should Jenna respond to the athletic director when asked why she was not at the softball game?
3. If Jenna returns to Bayview High School next school year, what should she do differently prior to the start of the fall sports season?

**Application Exercises**
1. Develop a list of items that should be included in a policy and procedures manual.
2. Take one of the items that you came up with in the above exercise and create an example that could be included in an actual policy and procedures manual.
Jack Williams was very excited to start his new job as the Head Athletic Trainer at Mission High School. One year after completing his Master’s degree and opportunity arose at his old high school. The previous Athletic Trainer retired after 30 years at Mission High School. This was a dream position for Jack. Jack had developed a good relationship with the program director of the local college’s ATEP. They had even discussed a clinical affiliations relationship with Mission High. Jack had finished his Approved Clinical Instructor training over the summer and was excited to incorporate the college students into his athletic training program. Previous attempts before Jack arrived to develop a program had not been successful.

As the relationship grew, Jack enjoyed mentoring the Athletic Training Students. He felt that he was learning as much as the students and growing professionally as well. The program director notified him that their accreditation was due this year, which would necessitate site visits. He was informed by the program director that a site visit for the high school would be arranged so that the facilities could be inspected and to review with Jack the progress of the
students. Jack was informed that this process would be completed in the next six weeks. The program director also informed Jack that all electrical modalities needed current certifications, and that the appropriate outlets were being used for the electrical equipment. Jack knew that the Athletic Training Room was equipped with GFI outlets, but he was not sure about the certification of the electrical equipment. This was something he hadn’t even thought about when he started, and he has no idea who he should contact to do this type of service. The previous Athletic Trainer had moved out of the area, and he wasn’t sure he would be able to get in contact with him.

Jack checked out all of the electrical modalities in the Athletic Training Room. He had a hydrocollator, whirlpool, ultrasound, and a neuromuscular electric stimulation unit. Unfortunately, he discovered that there was no indication that the modalities have ever been inspected and calibrated. Jack questioned the athletic director to see if he might have any records relating to the modality inspection. Unfortunately, the athletic director did not understand what Jack was looking for nor had he ever paid for servicing any of the athletic training room equipment. Next he checked with the school maintenance staff, who told him that they had done some work on the ice machine at some point, but have not serviced any of the other equipment. They also were not aware of any outside agency performing service on any of the equipment.

It became evident that the modalities had never been inspected. He was embarrassed that in all of his excitement with his new position he let some of the
“little” things get overlooked. He was now faced with arranging certification for all his modalities prior to the site visit.

Analytical Questions:

1. Why is calibration of modalities critical to safety?
2. What is the next step that Jack should do following this story?
3. In the future, who will be responsible for completing this process?
4. Who is responsible for maintaining documentation?

Application exercise:
Call a local high school athletic trainer and ask them about their policy regarding calibration of electrical equipment. How often are these inspections required? Which company do they use? Determine the cost per machine.
CASE STUDY #2
John Reynolds

TITLE: Jane's accident
TOPI C: Utilizing available resources within the school
SETTING: Secondary School
PRIMARY CONCEPT: Psychosocial Strategies
SECONDARY CONCEPT: Effective communication with school counselors/administrators

NATA COMPETENCIES ADDRESSED: PS-12, PS-13, PS-15, PS-16

Friday afternoons in the fall at South River High School are busy times, especially when the football has a home game later in the evening. Erik Jordan is a veteran secondary school athletic trainer and could probably manage the usual pre-game treatments with his eyes closed - not much surprising him anymore. His office was abuzz with anticipation as athletes prepared for the evening's contest. Two linemen were using hot packs and a third was getting his ankles taped when Erik heard a quiet voice behind him.

“Excuse me, can I please have a Band-Aid?” the voice said as Erik turned to see an unfamiliar young lady standing inside his office door holding a paper towel against her forearm.

“Sure. What happened?” Erik asked.

“I tripped and my arm landed in a box of utility knives in the art work room,” she said. “I got a paper towel from the bathroom but I think I need something better.”

“Let's take a look” Erik said. He grabbed some gauze and a pair of gloves from the counter and walked over to her.

She removed the paper towel and Erik stopped in his tracks. All across her forearm, stretching from her wrist to just below her elbow, Erik saw many small, parallel cuts running across her forearm. While none of them were terribly deep, Erik quickly estimated that there must be at least 20 separate marks.

“What did you say happened?” Erik asked.

“I tripped and my arm landed in a box of utility knives,” She said.
“What teacher were you working with?” Erik asked, pulling his gloves on his hands.

“Mrs. Horner, in the art workroom. I was helping her put some supplies away after working on a project after school,” she said.

“What’s your name? I don’t think we’ve met before,” Erik said, placing the gauze across the wounds on her forearm. “Hold this please,” Erik instructed.

“My name is Jane,” she said, placing her hand over the gauze.

“A box of utility knives? Mrs. Horner has a bunch of utility knives sitting in a box? With the blades open? Does Mrs. Horner know what happened?” Erik inquired with a bit of doubt creeping into his voice.

“No, she left the room and went to the office while I finished cleaning up. When I realized what happened, I walked out and went to the bathroom to get a paper towel,” Jane said.

Something didn’t make sense. Having been at the school for 12 years, Erik knew most of the staff and he certainly knew Mrs. Horner as she was the girl’s lacrosse coach in the spring. Erik was having a difficult time accepting the fact that Mrs. Horner had left a student alone in her classroom, let alone the back storeroom. Additionally, the cuts on her arm were almost perfectly parallel. It seemed highly unlikely to Erik that these cuts could have occurred in that perfect pattern from falling into a box of knives.

Just then, four more football players walked into the athletic training room and Erik’s thoughts returned to the football game and the need to get the team ready to play. But he knew he needed to attend to Jane given his doubts about her story and the seriousness of her injuries. But what should he do? He felt he was in over his head, and wondered whom should he call for help, who would still be available? Her parents, her counselor, the school nurse- who?

Suddenly, Erik had an idea. “Jane, since you were working with Mrs. Horner, I think we should go find her to let her know what happened. Guys, I’m afraid you’re going to need to leave while we go
find Mrs. Horner,” Erik said to the football players, “Go ahead and wait outside- I’ll be back in a few minutes.”

The football players walked out and Erik led Jane out of the room and up the hall towards the art room. “Why do we have to find Mrs. Horner?” Jane asked. “Can't you just give me a Band-Aid and let me go home?”

“Well, if Mrs. Horner was supervising you, it is extremely important for her to know about your accident,” Erik said. Jane was quiet during the rest of their trip down the hall. When they arrived at Mrs. Horner's classroom, Erik noticed the door was closed and locked and the lights were off inside the room.

“You were working with Mrs. Horner, right?” Erik asked, concern and worry in his voice.

“Yes, I guess she left,” Jane said, her eyes looking down at the floor, her weight shifting from foot to foot.

Erik was more concerned at this point and unsure of what step to take next. He had been counting on Mrs. Horner being in her room to help him figure out what to do. The fact that she wasn’t in her classroom left him doubting Jane's story even more.

“Let's go check the main office. Perhaps she went to check her mail on the way out,” Erik said, quietly hoping he would find another staff member to help him out.

As they walked towards the front of the school, Erik realized how quiet the building was - everyone seemed to have left for the day - not surprising given that it was the end of a long week. “Please let someone be in the office,” Erik thought to himself.

They turned the corner at the end of the hall and Erik's heart sank. The main office was dark and all of the doors were closed. “Oh no! What do I do now?” Erik thought to himself. Just then, a door opened behind him. Erik spun around and saw an assistant principal talking to one of the school counselors as they walked out of the counselor's office. “Come on Jane!” Erik said, as he headed down the hall.
“Mrs. Simmons, can you help us please?” Erik said, directing his question to the school counselor. “Jane has had an accident in the art workroom and we’re looking for Mrs. Horner.”

“Mrs. Horner? She was out sick today,” said Mr. Ives the assistant principal. “Can we help you with something?”

Jane stood very still, her eyes down towards the floor as Erik described Jane's accident. Mrs. Simmons and Mr. Ives both looked at Jane as Erik told the story, doubt and concern on their faces.

When he finished, Mrs. Simmons said, “Thank you for talking care of Jane, Mr. Jordan. Jane, why don't you come into my office?”

Feeling an overwhelming sense of relief, Erik gladly turned Jane over to Mrs. Simmons and Mr. Ives.

“Please let me know if you need anything else from me,” Erik said, as he turned to head back down the hall. “I'll be here all evening with the football game.”

Erik felt much better having found someone to help him with Jane although he struggled to understand what had just happened. This situation was a first for Erik, and while still feeling concern for Jane and her wellbeing, he was confident he had done the right thing to manage this situation. But as he turned the corner and saw a group of football players waiting outside the athletic training room, Erik wondered what he would have done if he hadn't found anyone to help...

Analytical Questions
1. What do you think really happened to Jane?
2. Would you have handled this situation in the same manner as Erik? Why or why not?
3. What else could Erik have done to manage this situation?
4. If you were Erik, what would you have done if you had not found Mrs. Simmons and Mr. Ives? Would you have let Jane gone home on her own? Why or why not?
5. What referral sources are generally available in a typical high school? Which of these would you consider to be the most appropriate referral for Jane?
6. What course of action do your state statutes mandate in this scenario?
Application Exercise

Develop a list of at least five individuals typically working in a high school that could serve as a referral source.
It was another hot day of football practice at Bennett High School. The varsity team was in full pads and was scrimmaging full-speed at the moment. The air temperature seemed to have reached, if not surpassed, the forecasted high of 90 degrees and the humidity seemed unusually high today. The fact that the team was on artificial turf made it feel even hotter. Head Coach Mike Smith had practice moving right along, going from one drill to the next. Bennett's Athletic Trainer, Tom Bonner, was keeping an eye on the players. It was only Tom's second year at Bennett and he was hoping to get through the practice without any issues. He had discussed his concerns about the weather but Coach Smith had told him the players were tough and they would be fine until the scheduled water break - one hour into the practice. Tom hoped the coach would give the break sooner rather than later.
When the team finally took its break Tom encouraged all the athletes to rest and drink a lot. Coach Smith ended the break early saying there was too much work to do to rest. Tom was watching the lineman when he noticed one of them was having a hard time staying up with the pace of the drill. Tom moved closer, and witnessed the lineman taking a knee at the back of the group. He asked the player, Joey Richardson, if he was ok. Joey did not answer him right away, merely waving his hand in the air. Tom knew that Joey did not participate in a lot of the summer conditioning drills, so he was not in the best physical shape. Tom removed Joey's helmet and noticed that his face was red and dry. Tom immediately had him sit and proceeded to remove his jersey and shoulder pads. Tom instructed a student aide to get ice bags and ice towels. Joey's shoes and socks were removed to expose as much skin as possible. Tom put ice bags on Joey's neck, chest and extremities and placed ice towels on Joey's head and face. Tom called EMS for transportation to the hospital. While waiting for the ambulance Tom continued his cooling efforts and asked questions to get more information from Joey. Joey seemed to fade in and out of consciousness; when he did talk his speech was slurred and his words came out slow. His skin remained hot to the touch even with the ice treatments. There were no shaded areas on the field so Tom had others stand over Joey in an attempt to block the sun. Tom tried to get him to drink some water but Joey was not able to drink voluntarily.

By the time the ambulance arrived 20 minutes had passed. Joey was transported to the hospital where he was given intravenous fluids to combat the severe dehydration and
heat illness. After practice Tom went to the hospital to check on Joey. He was informed that Joey had severe dehydration and was given six liters of fluids before he was stable. His core temperature had risen to 103 degrees. Tom found out from Joey’s parents that he had skipped dinner the night before because he was so tired from practice. Further, he had overslept in the morning and therefore did not eat breakfast or have anything to drink before going to practice.

The next day Tom approached Coach Smith to update him on Joey and express his concerns about practice in the heat. Tom recommended that the team practice be shortened and begin earlier in the day when it was as hot. Coach Smith told Tom that he knew how to handle his players and if Tom had a problem during practice he could tell him then, and asked Tom to let him know what the field temperature was at different points during practice. Since Tom had no instruments to calculate the field temperature and relied on the weather forecasts for temperature and humidity information, Coach Smith felt that was not enough reason to modify practice since the weather reports did not give the temperature on his field. The coach also asked Tom what his protocol is for changing practice. Tom did not have a written protocol but said that based on his education and experience he felt comfortable in his judgment regarding practice changes. Coach Smith responded that since there was no protocol in place he would do what he thought was best for his team.
Tom approached his athletic director to bring him up to date on the injury and share his concerns regarding teams practicing in the heat. The athletic director told Tom that he should write up a protocol that he can take to the administration for possible approval. Until then he needed to work cooperatively with the coach to avoid any more heat injuries. Toms’ supervising physician sympathized with Tom's concerns but also felt there wasn't much he could do to support Tom, since he was only at games.

Joey was released from the hospital two days later and was cleared to return to practice one week after release. Tom had a meeting with Joey and his parents to educate them on dehydration preventive measures. As for dealing with Coach Smith, Tom's frustration with the coach was matched only by his desire for the hot weather to end.

**Analytical Questions**
- Compare local, state and national acclimatization and heat illness guidelines that pertain to this scenario.
- What steps could have been taken by the family to prevent this situation?
- What can be done to prevent this situation from happening again?
- What other actions, if any, could the athletic trainer have taken?
- Who do you think is responsible for preventing similar situations in the future? How?

**Application Exercise:**
Determine the equipment needed, and justify the expenditure for appropriate heat illness prevention and management.
Case Study #3
Carrie Deisenroth

**Topic:** managing different cultural and religious beliefs  
**Setting:** high school  
**Primary Concept:** nutritional and hydration concerns of athletes who are fasting  
**Secondary Concept:** educating athletes on proper nutrition/hydration, communication

**Competences:** PS-1, PS-4, PS-5, PS-18, PHP-10, PHP-14, PHP-32, PHP-35, PHP-35, PHP-36, CE-1

Mo Allaya was a junior on the boys’ varsity soccer team from Oakhurst Regional High School. He and his family had recently moved to this country after living in Somolia his entire life. Life was very difficult in Somalia for his five siblings and parents, living in such unrest. Because of this, his parents made a bold move and chose to face the challenges of leaving the country to bring the family to a safer environment. Their obstacles were many, having to essentially escape and become a family on the run from the government.

As a result of what he and his family had endured over the years, Mo appeared to be an exceptionally motivated student athlete who saw opportunities in every challenge he faced. He was a friendly, forgiving, helpful and a well respected member of the school community.

This coming weekend, the soccer team is facing their rival, the Burkettown Brown Bears. As in past years, this was the “game of the season”, with fans filling the stands. Both teams were of equal abilities though they were not necessarily the best teams in the league. None-the-less, it was a full spirited game that annually brought two communities together.

As a practicing Muslim, Mo observes Ramadan. This is a daily period of fasting that occurs from sunrise to sunset for the period of one month. This observance is a sacrifice in which one purifies the soul, refocuses the attention to God and practices self-sacrifice. While the Islamic lunar calendar changes each year, this year it falls within the fall season and subsequently, soccer.

Each morning Mo awakens and gets ready for his school day. He sleeps as long as possible, leaving the house without breakfast. He does not drink anything throughout the course of the day. At the end of the academic day, he heads out to the soccer field...
for practice. He has now fasted for 2 ½ weeks, going without food or beverage until the completion of his practice each day, eating only after he arrives home. By that time the sun has begun to set. When he does eventually eat, he eats a moderately substantial meal along with a few glasses of a beverage.

Dennis Li, the school’s full time athletic trainer, is not aware of Mo’s fasting practice. The fasting is also not something that Mo has shared with anyone. Dennis knows most of the athletes in the school and although Mo has not been in the athletic training room for any recent concerns, he knows Mo very well.

Dennis has just been called out to the soccer field, being informed that Mo is not feeling well. When Dennis arrived at the field, it was determined that there was no incidence of any injury and Mo denied feeling ill prior to practice. Mo’s chief complaints were a headache and dizziness. Dennis begins an evaluation to determine if there are any concerns of a head injury, heat illness or other immediate medical concerns. Dennis also begins to take a comprehensive medical history in the hopes of extracting appropriate information to help determine what might be the underlying concern.

Mo now reveals to Dennis his current religious practices. This religious practice is new to Dennis and he mentions his own Christian religion and what appear to be similar practices between the two. He was unaware of the specifics of the Muslim fasting practice and more so, the length of time that it covers. He realizes that Mo is probably dealing with concerns surrounding dehydration and lack of appropriate nutrition, coupled with the fact; he is a high performing athlete.

Because of this, Dennis finds this important to address and to educate Mo. He discusses the stresses and possible consequences on the body when daily recommendations for proper nutrition and hydration are not met. These would include proper bodily functions, thermoregulatory concerns, proper organ function and how all the bodies systems function together as a whole.

Dennis has Mo go to the bathroom to assess the color and output of his urine. As suspected there was little output and it was a dark yellow in color. They discuss the upcoming game and a plan of care. Dennis is also in touch with the school nurse to inform her of this latest information. At that time, Dennis asks if she might be aware of any other athletes who might also be observing Ramadan. Dennis also calls Mo’s parents to address his concerns.
Questions:
1. What could Dennis have done to possibly become better informed of athletes who are practicing religious fasts?
2. How could Dennis address those athletes and their levels of activity during this fasting period?
3. How could Dennis educate all athletes in the importance of informing him of any impending concerns surrounding such religious practices?

Application:
- Develop a nutritional plan for Mo that he can utilize prior to sunrise and after sunset
CASE STUDY #3
John Reynolds

TITLE: “Who are you again?”
TOPIC: Psychosocial Strategies and Referral
SETTING: Secondary School
PRIMARY CONCEPT: Referral
SECONDARY CONCEPT: Effective communication with other medical professionals

NATA COMPETENCIES ADDRESSED: PS-2, PS-9, PS-13

“Boy this game is a real snoozer” Phil thought to himself. As the athletic trainer at Northwest High School, Phil Murphy was used to covering mid-week contests, but tonight’s JV basketball game was exceedingly boring. His team was trailing by 20 points in the second quarter and all Phil wanted to do was go eat his dinner at halftime.

As time expires, Phil checks the water for each team and heads to the athletic training room to eat. He sits down at his desk and is two bites into his sandwich when an assistant coach comes running into the office. “Come quick- James fell and hit his head!” the coach cries as he turns and heads back to the gym.

Phil walks into the gym and sees James lying on the ground under the basket while the rest of the team huddles near the bench. The head coach is crouched next to James, an anxious expression on his face. “He’s breathing, but he won’t say anything to me. I already called 911 and they should be here soon” the coach explains.

Phil begins talking to James but quickly realizes he is unresponsive. He moves to his head and begins stabilizing James neck. “What happen?” Phil asks. “We had just come out of the locker room and started doing lay-up lines. James went up to shoot and got bumped by another player waiting for the rebound. He basically got undercut and came down hard on the back of his head,” the coach explains.

Phil maintains spinal stabilization and begins reviewing in his mind the spine boarding procedure. While it’s been a while since he’s practiced the skills, he’s confident everything will work out just fine. Just then, the gym doors open and the paramedics walk over towards Phil.

“I’m Phil Murphy, athletic trainer at Northwest. James apparently fell and hit his head on the floor. He is breathing but has been unresponsive”, Phil reports.

“Thank you,” the lead paramedic replies. “Can you please move out of the way? We’ll take things from here.”

“What?” Phil exclaims, “I’m maintaining spinal stabilization. I’m not going to move.”

“Sir, we will be taking over and managing the scene from here on out. Move now or we will have you removed from the premises,” the paramedic replies. At that moment,
Phil feels pressure on his right side and notices another paramedic has knelt beside him and is slowing nudging him out of the way. The paramedic slides his hands on top of Phil’s and says “I’ve got this.”

Unsure of what to do, Phil reluctantly relinquishes his position and stands to the side. He watches as the paramedics evaluate James and place him on the backboard. Phil is growing increasingly embarrassed and angry. “How could they do this to me? Don’t they know who I am?” he thinks.

As James is lifted onto the stretcher, the teams re-take the court and resume warming up for the second half. Unfortunately, Phil grows angrier by the second and as the paramedics wheel James out of the gym, Phil sees one of the paramedics packing up some equipment by the door.

“Who do you guys think you are?” Phil asks, barely able to control his anger. “Couldn’t you see I had everything under control? Why did you push me out of the way?” he asks.

“Who are you again?” the paramedic asks. “What is your job here?”

“I’m the athletic trainer. I’m a medical professional who is trained to manage these types of situations,” Phil responds.

“Have we met before? How are we to know who you are or what you do? When we arrive on scene, we take control because we don’t know who might be standing around trying to help- you could be the janitor for all we know,” the paramedic replies. “Now if you’ll excuse me, I need to get back to the ambulance.”

Phil quietly watches him leave the gym, unsure of how he feels. While still embarrassed at how this situation unfolded, he is no longer angry. As the buzzer ending halftime sounds, Phil heads back to his chair in the corner of the gym, lost in thought.

“How do we know who you are or what you do?” the paramedic had said. Phil found himself repeating that phrase over and over in his mind as the second half began and slowly he began to view the situation in a whole new light. Perhaps, he thought, his anger towards the paramedics should have been directed towards himself...

**Analytical Questions**

1. What could Phil have done to prevent this situation from occurring?

2. Do you agree with the paramedic’s rationale for not allowing Phil to help?

3. Explain who you believe was “wrong” in this situation.
4. Would you have relinquished control to the paramedics as Phil did? Why or Why not?

5. What do you think would have happened had Phil insisted on staying at the students head?

Application Exercises
1. Develop an outline for an in-service or training session that would help outside medical professionals, especially paramedics and EMTs, better understand the qualifications and abilities of the certified athletic trainer.
It was another busy afternoon at Kennedy High School. All of the fields were brimming with activity. There were soccer and field hockey games as well as football and cross country practices. Athletic Trainer, Richard James, noticed that the weather was looking ominous. Checking the weather report, he recognized the chance of thunderstorms would increase as the afternoon progressed. Before the games began James spoke with all of the officials, informing them of the approaching storms and the school’s policy on lightning. He also talked with the football and cross country coaches. The football practice field was located about a half mile from the school building. The cross country team set out on a training run that would take them off campus for part of their run.

As the afternoon progressed, the sky became darker and the rumbles of approaching storms could be heard. Although the thunder was getting louder and more frequent, no one had seen any lightning. James was keeping a wary eye on the sky. Suddenly a large bolt of lightning hit nearby. James ran onto the soccer field to stop the game. He got the officials attention and they blew their
whistles to halt play. James instructed both teams to get into the school building as quickly as possible. He then drove the Gator to the field hockey game to clear that field. As he began to clear the field one official told him that the official was the only person who could stop a game once it had started. James explained that it was more important to get the athletes to safety. James then drove to football practice to clear that field. The coach first said he did not see any lightning and felt that James was over reacting to the thunder. No sooner had the coach uttered those words, than another bolt came out of the sky. The coach told all of his players to start running back to the school building. A majority of the football players could not run all the way due to the distance. James found the cross country coach, urging him to return his team to the building quickly. The coach explained to James that there were still a few athletes out on their training run. As the lightning increased in intensity and frequency, there were still athletes as well as coaches attempting to reach shelter.

While inside, James reminded the coaches and officials of the rules regarding return to activity after lightning. He would let them know the progress of the storm and when they could resume outside activity. Even though thunder could be heard while in the building the coaches kept asking when they could get back to their practices and games. James kept one eye on the weather and one on the coaches. The athletic director arrived to check on the situation. After discussing the weather with the athletic director, the decision was made to delay
the games until the storm had passed. After an hour had passed the cross
country coach decided to send his athletes home. The football coach was going
to resume practice as soon as he was given the “green light”.

The next day the athletic director received several phone calls and emails
regarding the storm the previous day. Even though no one was hurt, the
parents expressed concern as to how the situation was handled. The coaches
were upset that valuable practice time was lost and that the games were
delayed.

**ANALYTICAL QUESTIONS**

1. What are local, state, and national guidelines regarding lightning safety?
2. What steps should be taken by the athletic staff to enhance communication
   when a severe weather threatens?
3. What if any precautions can be taken when severe weather is forecast?
4. What resources does the NATA have regarding lightning?
5. What NATA educational competency does this fall under?

**APPLICATION EXERCISES**

Create a protocol for lightning safety with consideration to multiple events and
venues.
Robert Mills was nearing the end of his tenth year as the head athletic trainer at Wilson High School. Two years ago, Wilson’s longtime athletic director, Bill Robinson retired rather suddenly. Bill had hired Robert and the two quickly become good friends, making his departure harder to accept. That summer, the school hired a new AD, Mike Jefferies. Mike was an assistant football coach at Wilson when Robert started working there before leaving to take the AD position at another high school. While Mike and Robert were friendly during Mike’s time at the school, Robert was apprehensive because he really didn’t know him well. Still, Robert decided to celebrate Mike’s hiring with the rest of the staff and push his reservations aside for now.

Soon after taking the AD position, Mike asked to meet with each member of his staff to review the current status of each program. Of particular interest to Mike was an analysis of the total amount of money allocated to each program compared with the total number of students participating. Robert was a creature of habit and throughout his tenure at Wilson had relied on the tried and true paper record keeping system he learned in college. While several athletic trainers working at other schools in the district
had recently switched to computer-based record keeping software, Robert had never felt the expense of the software or the time required to learn to use it justified making the switch. Bill had never seemed concerned with Robert's record keeping practices; Mike, on the other hand, was different.

Robert worked diligently over the next week compiling the data Mike had requested. He quickly became frustrated though, as searching through his files was very time consuming. While Robert had years of SOAP notes and treatment logs, nothing was organized in a manner that enabled Robert to find the information Mike requested. He also realized that he had few records related to his budget. Bill always approved any financial expenditures Robert requested and in truth, Robert had only a cursory understanding of how much money his program had spent during his ten years at the school.

Robert’s meeting with Mike did not go well. Robert provided Mike with several file folders worth of injury evaluation forms and treatment notes, but admitted he could not answer Mike’s primary question related to the number of students Robert served through the athletic training program. And while Robert had no idea how much money had been allocated to his program, Mike did. Robert was surprised to learn that Bill had approved expenditures which, on average, totaled over $7000 per year for each of the last three years. Mike was very firm in stating that Robert needed to develop a more realistic budget for his program given the current economic climate and that he should
keep his consumable expenditures under $3000 for the coming school year. Mike also asked Robert to investigate a new record keeping system, one that would allow Robert to more accurately track student visits to the athletic training room. Mike told Robert that he felt it would ultimately be in Robert's and the school's best interest to keep better medical records. Mike concluded the meeting by asking Robert to prepare this information for a follow up meeting in two weeks.

Robert returned to his office angry and embarrassed. Who was this guy to question how he did his job? Robert had been comfortably employed for a decade and not once was a question raised about how he ran his program. Now Mike, the new guy, wants to come in and change everything around. Robert wondered, “How am I ever going to do things the way I always have on $3000 a year? Why does anyone care about how many kids I treat?”

Robert circled the date of his next meeting with Mike on his calendar, a sinking feeling growing inside him that his future at Wilson High School hung in the balance.

Analytical Questions

1. To what degree do you think Robert's relationship with Bill, his former athletic director, affected his record keeping practices?

2. Do you think Robert's reasons for being angry and frustrated are valid? Why or why not?

3. Identify at least three advantages of computer-based record keeping over pencil and paper methods.
4. Do you agree with Mike’s assessment that it would be in the best interests of the school to keep better medical records? Why or why not?
5. How would you feel if your budget had been cut by over 50%? What strategies would you employ to maintain a similar level of care given your reduced budget?

Application Exercise
1. Compare at least three different computer-based injury tracking systems for strengths and weaknesses.
Case Study – “Being a Good Sports Medicine Teammate”
Stacey J. Ritter, MS, ATC

Topic: Cooperation between professions
Setting: Secondary School
Primary Concept: Appropriate referral to other health care professionals
Secondary Concept: Professional networking, respect for other health care disciplines, communication with parents, communication within health care community


Roberto is a certified athletic trainer contracted by a physical therapy group to work at the local high school. He works at the clinic in the morning and at the high school in the afternoon. On Monday, a JV girl’s tennis player comes to see Roberto about her back. She says it’s been hurting her for about a month, and she has an important tournament coming up, and wants to know if she can play. This is the first time she has ever mentioned the injury to Roberto.

Roberto asks why she hasn’t come and seen him for this injury earlier. The athlete, Kim, says she thought she could just play through it and it would go away, but it hasn’t. Upon further discussion, Roberto determines that she has had this problem before, and it tends to reoccur every season. He asks her if she’s ever been seen by a doctor, and she states that she had been to a chiropractor once or twice, who is also a family friend; he saw her as an informal favor, rather than a regular patient. Other than that, she has not had any medical intervention, and has not done any home care.

After doing an evaluation, Roberto is concerned that she may have a spondylolysis. He’d like her to get an evaluation by an MD, however his team doctor has made it clear he’d rather not see back patients. He is not confident that Kim’s pediatrician will do the type of orthopedic evaluation he feels is necessary. Roberto also knows that a more thorough evaluation may find some underlying muscle imbalance issues, which also would not be discovered at a typical doctor’s appointment, or on any x-ray. One of the physical therapists at his clinic is particularly good at these assessments, and gets great manual therapy results. Although Kim says she can play through the pain for the tournament, Roberto does not feel comfortable allowing that without further evaluation.

Roberto explains his concerns to Kim, and calls Kim’s mother to discuss the next step in managing Kim’s injury. Kim’s mother is a little confused between what the athletic trainer can do, what the physical therapist will do, why she needs to see a doctor, and wonders if the chiropractor be able to do all of these things. The mother believes that their chiropractor friend can do everything that Roberto is suggesting (x-rays, evaluation, correcting muscle imbalance, pain management treatment, practice modifications, etc), and that it would be easier to just see one person, rather than going to a pediatrician, back specialist, physical therapist and athletic trainer.

To further complicate matters, both of Kim’s parents work, and it is difficult to take time off to make multiple appointments during business hours. Kim is anxious to play, and they haven’t
much time to sort it out. While the process seems very complicated and there may be a delay in insurance authorizations and scheduling. Roberto would like very much to simplify, streamline and expedite an appropriate assessment for Kim, which will also result in a prudent decision regarding her ability to play in the tournament.

Roberto is now in a position of having to effectively explain each discipline’s expertise to Kim’s mother, the differences as well as the similarities, and try to steer her in the direction that he sees as the best possible outcome. He must also consider the appropriate scope of practice of each, and the sports medicine network that has been established and approved by the school. In addition, he must take care in not creating any negative perceptions about any of these different practices, while still honoring existing relationships the family has already established.

Analytical Questions
1. What are the appropriate referrals Roberto can make for further evaluation?
2. What steps could Roberto take in advance to make this situation easier to manage in the future?
3. To whom is Roberto primarily responsible (i.e. employer/clinic, school administration, parent, athlete, etc), and why?
4. What potential issues might Roberto encounter based on referral discussions?
5. What would you regard as 'best-case scenario' for the medical management of Kim's injury? Why?

Application Exercise
Describe the academic preparation and scope of practice of each health care profession to Kim’s mother.
Case Study – “Kevin’s Story”  
Dan Quigley

**Topic:** Concussion management  
**Setting:** Secondary School  
**Primary Concept:** Concussion management  
**Secondary Concepts:** Communication within the health care community, liability, written protocol, policy and procedure development, professional networking, communication with parents  

**NATA Competencies Addressed:** PHP-3, PHP-17c

It is a typical Friday night at Lansdowne High School. The football team is playing a cross-town rival and the stadium is packed with enthusiastic fans. The Athletic Trainer at LHS, Emma Walker, is happy that the game is going well and there have been no major injuries. In the middle of the third quarter, while making a tackle, LHS linebacker Kevin Ryan, makes helmet-to-helmet contact with the ball carrier. After the tackle, Kevin lay on the ground motionless. The referees call time out and Emma rushes out to assess the situation. She is accompanied by the school physician, Jack Weaver, a general practitioner. Kevin is conscious and laying supine. When asked, Kevin states that he did not lose consciousness. This is confirmed by an official. Kevin states that he has no tingling, burning or numbness anywhere and that the only area that hurts is his head. He has full movement of his arms and legs and Emma concludes that there is no central nervous system involvement. Emma continues with her head injury evaluation and finds that he is oriented to time and place. Kevin does complain of a headache, nausea, along with some sensitivity to light and sound. His speech is not slurred but the responses are slow. Emma and Dr. Weaver then helped move him to a sitting position. When he is helped to a standing position Kevin has a visible loss of balance. Once on the sideline the medical staff continues with a more thorough evaluation. Kevin’s sensitivity to light and sound, as well as his slow responses, subside within ten minutes, but the dizziness, headache, nausea and balance issues remain. Dr. Weaver gives his diagnosis as a concussion.

During the sideline evaluation, the head coach, George Carter, asks when he can get his linebacker back into the game. When told he will not have him returning tonight, Coach Carter makes a comment about coddling players and goes back to coaching. Mr. and Mrs. Ryan are brought to the sideline and apprised of the situation by Dr. Weaver. He recommends that Kevin go to the local emergency room for further tests and evaluation. Kevin is then transported to the emergency room by his parents.

In the emergency room, Kevin is diagnosed with a concussion and given written instructions to restrict physical activity for seven days and to follow up with his primary care physician, a general practitioner. By Wednesday of the following week, Kevin still complained of a mild headache and had some difficulty concentrating in classes. Kevin has an appointment with his primary care physician on Friday, one week post injury, and is given a written release to resume practice on the following Monday with no restrictions.

On Monday, the start of the second week since his injury, Kevin still had complaints of a mild headache. Based on these findings, Emma makes the decision that he should be held out of physical activity and monitored on a day-to-day basis. Because Dr. Weaver is only in attendance for home games, he defers to other physicians for return to play decisions. Emma tells the head coach of her assessment and of her decision to hold Kevin out of practice. Coach Carter does not agree with this decision and tells Emma that he needs Kevin to practice so that he is ready for that week’s big game. Kevin’s parents also want him to return to play.
On Tuesday, Emma meets with the parents, athlete and coach and explains that concussion symptoms are still present and discusses the dangers of second impact syndrome. After the meeting, Coach Carter talks to the parents privately and tells the parents that he believes that Kevin has recovered from his injury and that he only had an ordinary dinger. He emphasizes that he has been coaching for a long time and the athletic trainer is relatively new at her job. Coach Carter recommends to the parents that they take Kevin for a second opinion. He tells them he can make a call to a friend of his who is a doctor and they can get him back to action immediately. This second doctor is a pediatrician with no formal training in the management of brain injuries.

On Friday, 2 weeks post injury; Kevin goes to the second doctor for another opinion. This doctor tells Kevin that he is fine and may resume full football activity on Monday. Before practice on Monday of week 3, Emma checks in with Kevin. He tells her he has a continuous mild headache but that he is fine during school. Emma decides to call the parents and recommend that Kevin should be seen by a neurologist, trained in the management of brain injuries. The parents balk at this suggestion due to the cost and time lost by their son. The parents contact the coach in an attempt to resolve the problem. Coach Carter states that he will take care of it and their son will be playing that week.

Emma meets with her athletic director to discuss the situation and her difficulty with the coach. The athletic director states that he supports her but the coach has been around a long time and has tremendous support in the school district and community. The athletic director asks Emma if she has any scientific information or data as to why Kevin should not be allowed to return since he has been seen by two doctors and given permission to resume activity. Emma informs him that there was no baseline cognitive testing done and there is no written protocol for this type of injury. There is also no state law dealing with brain injuries. She explains to the athletic director the significance of the presence of a persistent headache and the dangers associated with second impact syndrome. The athletic director tells her that he will talk to the coach. Unfortunately, Emma has the feeling that he will side with the coach due to their long-standing relationship. The coach publicly states that he feels the athletic trainer is soft and is babying his players. He says that she does not care about winning and only is concerned about justifying her position within the school. Coach Carter tells Kevin to begin working out with the team. Kevin stops coming in to check with Emma and is seen jogging with the team even though he still has a headache. The relationship between the coach and athletic trainer become more strained as the coach tells other athletes not to report injuries to the athletic trainer for evaluation. Emma has a meeting with the principal to discuss the issue but does not receive much support.

With little to no support from her administration, Emma finds herself in a difficult position, both personally and professionally. Even though she still has doubts, Emma decides to allow Kevin to return to play. He gets through the first game back with no issues other than fatigue. Kevin finished out the season without any further ramifications from his concussion.

Analytical Questions

1. How would you have handled this situation? Defend your position.
2. Compare local, state and national concussion guidelines that pertain to this scenario.
3. What could Emma and the school have done to prevent the coach from overstepping his responsibilities?
4. What role does Dr. Weaver have in this scenario?
5. Who has ultimate authority in this scenario? How has it been used? How could it be used to affect future outcomes?
6. On what basis is there legal liability?
7. Who do you think is responsible for preventing similar situations in the future? How?
Application Exercise:
You have been provided $500 to develop and implement a concussion management program. Describe your program.
Case Study - “Alphabet Soup”
Steve Taylor

**Topic:** HIPPA v FERPA  
**Setting:** Secondary School  
**Primary Concept:** Privacy with the Secondary School Student Athletic Injury

**NATA Competencies Addressed:** HA-10, HA-18

Amy was hired five years ago to be a teacher/athletic trainer at Tungston West High School. Since coming to Tungston West several years ago, the football coach has developed the football program into a championship-caliber team. The coach is a very approachable person, well-liked by all, and a good coach. He has an open door policy for parents, and numerous parents are routinely at practice. He tries very hard to encourage a "family-like" team atmosphere. This year, the team is very good and there are several D-1 prospects on the roster.

Amy has coordinated the medical coverage for games so that there are several layers of personnel. Amy and her assistant, Brian, attend all home games. There is no written agreement between the school and any physicians group to act as the team physician, but on the sidelines at any given home game there is a family practice physician, an orthopedic surgeon, and an ambulance on hand. During the third game of the season, one of the college recruiting prospects, Senior Quarterback Joe Smith, is injured. Amy and Brian go onto the field to evaluate the injury. They find that he has taken a blow to the head. He is not having any c-spine pain or neurological deficits but Joe says he has a headache, is a little dizzy. After ruling out a cervical spine injury, Amy and Brian decide to help Joe to his feet and walk with him to the sideline. Once he is off the field, Amy and Brian continue the evaluation (neurological testing as well as the SCAT2). The doctors on the sideline make their way to the bench where Joe is sitting. While evaluating the injury, Brian notices that a television camera and the radio sideline reporter are approaching to see what is going on with Joe. Then two students-reporters for the school newspaper arrive, with cameras. Soon the head coach comes to check on Joe, followed by the Athletic Director. It seems that everyone wants to know the extent of Joe’s injury. As politely as she can, Amy looks at the athletic director and says "Could you please get all of the people and cameras away from here so that I can look at this injury?" The AD responds "Well, what is wrong with him?", as does the head coach, and several others by-standers. To reduce the distractions, Amy loads Joe onto the motorized cart, planning to complete the evaluation in the athletic training room. Amy asks the AD to get Joe’s parents and have them meet in the athletic training room. The family practice physician accompanies Amy to the athletic training room. En route, Amy feels as if she is questioned by everyone: parents of other players, students in her classes, and random fans. One lady even comes out of the stands to stops Amy and say, "I’m a nurse...", to which Amy responds, "We have everything under control".
Once in the athletic training room, the SCAT2 is performed and the doctor repeats the neurological exam Amy had done on the sideline. Joe is diagnosed with a concussion and will not return to the game that night. He will not be sent to the ER, but instructions on care are given to the parents for the evening, in case they notice any changes. He will then be re-evaluated the next day by Amy or Brian using computerized neurocognitive testing. Amy then returns to the sidelines and informs the head coach that Joe Bob has sustained a concussion and won't return to the game that evening. The coach tells the rest of the coaches via headset that Joe Bob is done for the evening. Several players overhear the conversation and start talking about it along the sidelines. Amy tells the AD about the injury, as well as the Orthopedist and discusses it with Brian, who had stayed on the field in case of other injuries.

The AD tells the sideline reporter from the radio show that Joe has a concussion and will not return, who in turn tells the listeners. After the game, the head coach mentions to the team that Joe Bob has a concussion, and is not sure when he will return, and that the team should be prepared, no matter what the case may be.

Saturday morning, Joe Bob reports to the ATR along with his parents. He is re-evaluated neurologically, and then taken to a quiet computer lab to take a follow-up neurocognitive test. His test results show significant deficits in memory and reaction time, and he has a self-reported symptom score of 65/132. He is given information about rest, both physically and mentally until all symptoms have subsided. He is also to follow up daily with Brian or Amy in the ATR, and with the family practice physician in the ATR on Tuesday. He is given the option of staying home from school during the first couple of days the following week. He responds that he would prefer to come to school because his grades are very important and he doesn't want to miss anything. Amy, with permission from the parents, then emails all of Joe Bob's teachers, his counselor and asst. principal, informing them of Joe Bob's injury and perhaps offer academic accommodations until he is fully asymptomatic and returned to activity.

On Monday, it seems that Joe Bob and his concussion have become the main topic of discussion. Everybody in the school is asking: students, teachers, coaches from other sports. Everybody wants to know when Joe Bob will be ready to play.

Amy gets a call from Joe Bob’s mother. It seems that a reporter from the local paper and a local recruiting service have been calling about the injury. His mother is very upset, and concerned that his recruiting status may be affected by the injury. She is also angry about how they all found out about the injury so quickly.

**Discussion Questions:**

1. Justify all legal principles that need to be taken into account regarding the above situation.
2. Differentiate who has the right to know this athlete’s condition

**Application exercises:**

1. Play the role of the various individuals (coach, athletic trainer, athletic director, parent, recruiting personnel, reporter, and others) in the above scenario. Defend why you need access to this medical information.

2. Construct a protocol regarding the release of medical information to others.

3. Propose an educational program that would address medical privacy issues. Identify and rationalize the target audience.
**Case Study - “A Costly Cold”**  
Dominic L. DiManna

**Topic:** Medication use with minors  
**Setting:** Secondary School  
**Primary Concept:** Medication use with minors  
**Secondary Concept:** PPE; Adequate medical history and screening; Legal liability; Policy and Procedure Development.  

**NATA COMPETENCIES ADDRESSED: CE - 3, CE - 13**

On a cool and crisp late fall evening, Embassy High was soon to take the field against Scholastic High for the Regional Football Championship with a chance to go to the state tournament for the first time in 28 years. In the midst of a Cinderella season, Embassy had achieved a record of 8-2, the best in recent memory. Embassy had hired a coaching staff that was composed of members who had coaching experience at all levels of football, including the professional ranks.

The athletic trainer, Billy, was new to the school, but he too had experience in all levels of sport and the professional ranks. Billy had a very comprehensive policy and procedure manual and was very familiar with the standards of practice in the state and of the school district. Billy had recommended that the school district conduct their pre-season physical examinations at a neutral site where many athletes could be seen simultaneously by Athletic Trainers, Orthopedists and General Practice Physicians for a modest fee. The program was an immediate success. There was such a great response for the physicals that the program was conducted over a period of four consecutive Saturdays from the end of July to the beginning of August. Over 300 athletes from various sports were seen and run through their Pre-Participation Exams on each Saturday.

All the pre-game preparations had gone smoothly. The season had been relatively injury-free. There had only been a few ankle sprains, bumps and bruises that required Billy’s rehabilitation expertise. In addition, there had been the typical cold and flu cases along with season allergies and asthma. All of the athletes who had come into see Billy had recovered without incident and had returned to play. As Billy was finishing pre-game taping and a few minor treatment procedures, Marvin appeared in the ATR. Marvin, a sophomore, was Embassy's starting running back. Marvin was averaging 7 yards per carry, and in Embassy's option offense, had rushed for over 100 yards in five games this season. He usually carried the ball 15 to 25 times a game, and tonight was going to be no exception. Marvin had been recovering from a cold and still presented to the training room complaining of nasal and chest congestion. Marvin had told Billy earlier in the week that he would have difficulty breathing and a "stuffy" nose after running the ball 4-5 times in succession. Marvin had been taking over the counter cold medication, provided by his parents, throughout the week and was feeling better.
However, Marvin was worried that his "stuffy" nose would bother him tonight and interfere with his to perform at his best.

Marvin asked Billy for some "Sudafed or something". Giving medications to athletes was nothing new to Billy. In fact, distributing medications to athletes was fairly routine, especially when Billy was the athletic trainer at both the college and professional level. Billy had administered over the counter medications to the athletes at Embassy High on several occasions throughout the season, especially during August, the peak allergy season. Billy also had medication waivers from the parents that allowed him to administer certain medications to their children at the discretion of either Billy or the Team Physician. So, Billy gave Marvin one Sudafed tablet (120Mg) with a full glass of water. The game was scheduled to kick off in about one hour later.

The first quarter was close. The score was tied at 7-7. Both teams were trying to establish the running game. Marvin was off to his usual fast start. Marvin had carried the ball six times for 42 yards and Embassy's touchdown. Billy had his eye on Marvin. Marvin seemed winded but was breathing normally with an occasional cough. Marvin did not seem in any distress. Billy had even questioned Marvin as to how he was feeling. Marvin indicated that the Sudafed was helping and he thanked Billy for giving it to him.

Embassy was driving for a touchdown late in the first quarter. Marvin had been the workhorse on this drive, carrying the ball over 7 times in succession. Marvin had helped Embassy drive from their twenty yard line, to the 10 yard line of Scholastic. There were 0:07 seconds left in the quarter, time for one more play. As Embassy lined up for the final play, Marvin came out of the huddle and collapsed on the field. The stadium went silent.

Billy and the team physician, Dr. Brown, rushed onto the field to find Marvin groggy and relatively unresponsive. Marvin was breathing; his pulse rate was 180 beats per minute. Upon taking his pulse, Dr. Brown noticed that Marvin's heart rate was very irregular and skipping beats on a regular basis throughout the time that the doctor had his fingers on Marvin's carotid artery. Dr. Brown and Billy immediately initiated the EMS plan. Marvin was placed on a stretcher, rolled off the field and placed in the awaiting ambulance for transport to the hospital. Dr. Brown would accompany Marvin to the hospital. Just before placing Marvin in the ambulance, paramedics asked Mrs. Blackwell, Marvin's mom if he was either taking or allergic to any medications, Mrs. Blackwell said "No". Billy interjected that he had given Marvin some Sudafed, 90 minutes earlier for some nasal congestion. It then came to light that, Mrs. Blackwell had also given Marvin some Sudafed about 20 minutes before he had reported to the athletic training room and saw Billy. Marvin was loaded into the ambulance. Dr. Brown had a disturbed look on his face.

Discussion Questions:
1. What advice would you give to Billy to prevent this situation in the future?

2. What steps should Billy have taken before when Marvin initially came into the athletic training room to prevent this situation?

3. In what ways should Billy involve his Team Physician in this process?

4. In what ways should Billy communicate and involve the parent in this process?

5. If Marvin suffers a severe medical reaction or severe complication could Billy be held legally responsible for his actions?

6. What local, state and/or national guidelines exist that pertain to secondary school medical care as they relate to this scenario?

7. What content area of the Athletic Training educational competencies does this topic involve?

Application Exercise:

Outline the steps to establish a protocol for dispensing prescription and over the counter medications to secondary school athletes. Provide references for your protocol from local, state and national guidelines. Include protocols for how to involve the team physician, intern/student athletic trainers, coaches and parents. Consider the possibility of athletes obtaining medications from their friends or other athletes.
Football equipment, including helmets and shoulder pads, are distributed to the sophomores, juniors and seniors at Glenwood High School during the summer shortly after the school year ends. All helmets and shoulder pads are reconditioned each year by an approved recertification company and all helmets older than seven years are discarded regardless of condition. Glenwood currently uses a mix of Riddell helmets, many of which are only a few years old. However, this year, the coaches expected a larger number of athletes than usual participating in football and as a result, 42 new helmets were purchased. During the fitting process, the players are allowed to choose their own helmets; shoulder pads are assigned according to the player's size and position. All protective equipment is fitted by the athletic training staff.

In this state, high school football programs are allowed to have 25 days of contact throughout the summer prior to the official start of the season which is the first full week of August. During the second week of official practice, a player on the sophomore team approaches Arlene, one of the assistant athletic trainers complaining about his helmet.

“It just doesn't feel right. I've worn it all summer and I just don't like it. Can I get a new one?” Jimmy asks.

“Let's start by checking the fit on this one,” Arlene replies. Jimmy puts it on and after a few minutes of inspection, Arlene finds nothing wrong with the helmet.

“Jimmy, this helmet fits well and I don't see anything wrong with it. Let's adjust the air pressure and see how it feels during practice this afternoon,” Arlene suggests.


Two days later, Jimmy returns, still complaining about his helmet. This time he approaches, Tim, the other assistant athletic trainer and proceeds to have the same conversation with Tim that he had with Arlene. Tim checks the overall fit of the helmet, double checks for leaks and concludes the helmet fits well and is in good shape.
“Are you sure there’s nothing wrong with my helmet?” Jimmy asked. “I really don’t like it and I don’t think it fits.”

“Jimmy, I think your helmet is fine, but we can replace the pads inside the helmet to see if it feels better,” Tim offers. Jimmy agrees and after the pads are replaced, he seems satisfied with the helmet.

On Monday, Jimmy approaches Bruce, the Head Athletic Trainer, and asks him to check the fit of a brand new helmet Jimmy’s father had purchased over the weekend. Surprised, Bruce takes the helmet from Jimmy and looks it over.

“This is a nice helmet Jimmy. Why did you get it?” Bruce asks.

“Because I don’t like the one you gave me. This is the same kind of helmet the team uses- see, it even has the stickers! I really think this helmet fits perfectly!” Jimmy exclaims, very excited about his helmet.

“That may be true Jimmy, but I don’t think students are allowed to wear their own helmets,” Bruce says. “I’ll have to check to see if this is allowed. For now, you’ll need to wear the helmet we gave you.”

“This isn’t fair. I don’t understand why I can’t have a new helmet,” Jimmy says, clearly frustrated by Bruce’s decision.

“Why don’t you have your parents give me a call so I can explain,” Bruce suggests. Clearly upset, Jimmy nods his head and heads to the locker room to get ready for practice.

In the meantime, Bruce checks the inventory sheet and notes that Jimmy has been fitted with a two year old helmet. Bruce then talks with the other athletic trainers to determine what interactions they have had with Jimmy about his helmet. Both athletic trainers relate their experiences with Jimmy, sharing very similar accounts and in the end all three athletic trainers agree that Jimmy’s current helmet is fine.

Two days later, Jimmy’s father calls. Bruce explains the school’s policy towards the purchase of personal equipment such as helmets and shoulder pads. The father asks what he is supposed to do when his son states that he doesn’t feel safe in this “older helmet”. He adds that it is the same type of helmet, “…all the freshman received”. Bruce tells Jimmy’s father that he is confident that Jimmy’s helmet is in excellent condition and fits him well, but offers to discuss his concerns with the school administration.
After the call, Bruce contacts other local athletic trainers asking what their school’s policy is towards the use of personal equipment and all indicate that students may not purchase their own protective equipment. He then meets with Mr. Hale, his athletic director to discuss the situation. After hearing Bruce’s account, Mr. Hale asks for Bruce’s opinion regarding the issue. Bruce explains the policies of the other local high schools. He also indicates that he has reservations about fitting, repairing and recertifying equipment that is not the property of the school. Finally, Bruce wonders about the schools and his own personal liability should Jimmy suffer an injury while wearing his own helmet during a school sponsored athletic event.

The athletic director thanks Bruce for his input and tells him that when he speaks to the father again, to explain that the school will not permit the use of personally purchased football helmets. He also tells Bruce to feel free to have the father contact the athletic director if the father is not satisfied with the answer.

Analytical Questions:

1. Finish writing this case study by providing two different outcomes.
2. What do you think is really motivating Jimmy’s desire to have a different helmet? Do you think his reasons are valid?
3. Are there any other steps Bruce could or should have done in preparing an answer for Jimmy’s dad? Explain why?
4. What are the advantages and disadvantages of not allowing athletes to purchase their own equipment?
5. If Jimmy’s dad were to file a lawsuit against the school system, what steps would you suggest Bruce and his staff do to defend themselves.

Application Exercises:

1. Develop a policy relating to the purchasing of personal protective equipment.
2. What is the role of the athletic trainer in the secondary school setting, pertaining to the purchasing and fitting of protective equipment?