Level 1B Clinical Skills

Please rate the student’s “overall” ability to perform the clinical skills identified in each statement using the following scale:

n/a = ACI / CI has not observed the ATS performing the listed clinical skill(s)

0 = unable to perform the skill safely or effectively. Should not be allowed to perform the skill in the clinical setting.

1 = able to perform the skill safely and effectively with prompting from an ACI. Should be allowed to perform the skill in the clinical setting with close supervision.

2 = able to perform the skill safely and effectively without prompting from an ACI. Should be allowed to perform the skill in the clinical setting without close supervision.

_____ 1. Student’s ability to relate the findings of the history and inspection / observation aspects of the physical examination to determine appropriate course of treatment.

2. Student’s ability to apply the following types of modalities (please rate each one individually):
   _____ cryotherapy.
   _____ thermotherapy
   _____ electrotherapy
   _____ ultrasound
   _____ traction
   _____ intermittent compression devices
   _____ therapeutic massage techniques

_____ 3. Student’s ability to obtain basic information on athletes (i.e. height, weight, vitals, etc.)

_____ 4. Student’s ability to provide first-aid and emergency care (EAP, wound care, injury stabilization, basic life support, etc.)

_____ 5. Student’s ability to select and apply protective devices (equipment, tape, wraps, braces, splints, pads, etc.)

_____ 6. Student’s ability to incorporate basic strength and conditioning concepts in the athletic training room (fitness tests, exercise techniques, equipment use, basic therapeutic exercises, etc.)

_____ 7. Student’s ability to address environmentally related concerns (injuries, illnesses, unsafe

Farr 10-26-04
conditions, etc.)
_____ 8. Student’s ability to perform record keeping while maintaining patient confidentiality.
_____ 9. Student’s ability to obtain and document a clinical history and recognize basic signs and symptoms of common injuries.
_____ 10. Student’s ability to safely handle OTC medications (storage, dispensing, tracking, etc.)
_____ 11. Student’s ability to communicate effectively.
_____ 12. Student’s ability to use computers etc. in the athletic training room.

Please identify specific concerns or compliments in the space provided below:

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ACI’s / supervisors signature & date          Student’s signature & date