

## Sports Medicine Application

**Course Description:**

This lecture/laboratory course will focus on supervised field and clinical experience and the skills and competencies required to become an entry-level Athletic Training Student Aide (ATSA) upon completion of Sports Medicine 1 and 2. Students will focus on topics including membership with the National Athletic Trainer's Association including; CPR/AED and First Aid Education and Certification; Nutrition; Human Anatomy and Physiology; Recognition and Management of Musculoskeletal and General Medical Injuries; Medical Terminology; Legal and Ethical Issues in Sports Medicine; Injury Prevention, Assessment and Treatment; Exercise Physiology; Biomechanics; Preparing for a Career as an Allied Healthcare Professional; Management of Life-Threatening and Catastrophic Injuries; Understanding and Application of Therapeutic Modalities; Designing and Implementation of Injury Rehabilitation Protocols; and Taping, Wrapping, Bracing and Splinting Techniques for Musculoskeletal Injuries.

*\*This course requires the student to participate in 25+ hours of supervised field experience after school to develop clinical skills in the field of athletic training and fulfill the "Field Practicum/Participation" portion of the class.*

**Student Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Please list a healthcare profession you may be interested in pursuing and why it interests you (examples include, but are not limited to:) Certified Athletic Trainer; Doctor; Nurse; Certified Personal Trainer; Emergency Medical Technician; Sports Nutritionist; Sports Psychologist; Exercise Physiologist; Physical Therapist; Occupational Therapist; or Massage Therapist**

---

**Please list any after school activities/sports/work obligations you may be involved in:**

---

**Current GPA and any Honors, Dual Enrollment or Advanced Placement classes you have taken:**

---

**Please list any science classes you have taken such as Human Anatomy:**

---

**Teacher who will provide a recommendation:** \_\_\_\_\_

I understand I must interview for this class and if accepted must complete a minimum of 25 hours of after-school time as required by the instructor/athletic trainer.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

I understand the requirements of this class and agree to have my student take the class if accepted.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_

**Sports Medicine  
Teacher Recommendation**

**Student Name:** \_\_\_\_\_

**Grade:** \_\_\_\_\_

**Student's Counselor:** \_\_\_\_\_

**Teacher Name:** \_\_\_\_\_

This student is applying to the Introduction to Athletic Training/Sports Medicine I class and needs a teacher recommendation. Please complete the following and return it to the counselor.

**How do you know this student:**

---

---

**Overall Comments/Impression:**

---

---

---

---

Please return to Mr. Damian Pulos

**Thank you!**