



North Carolina Board of Athletic Trainer Examiners

P.O. Box 10769 • Raleigh, North Carolina 27605 • (919) 821-4980

S A M P L E

Licensed Athletic Trainer Protocol

I. Risk Reduction, Wellness and Health Literacy

- A. Identify risk factors by administering assessment, pre-participation examination and other screening instruments, and reviewing individual and group history and surveillance data.
- B. Implement plans to aid in risk reduction in accordance with evidence-based practice and applicable guidelines.
- C. Promote health literacy by educating patients and other stakeholders in order to improve their capacity to obtain, process, and understand basic health information needed to make appropriate health decisions.
- D. Optimize wellness (e.g., social, emotional, spiritual, environmental, occupational, intellectual, physical) for individuals and groups.
- E. Facilitate individual and group safety by monitoring and responding to environmental conditions (e.g., weather, surfaces, and work setting).

II. Clinical Evaluation and Diagnosis

- A. Obtain a thorough and individualized history using observation and appropriate interview techniques to identify information relevant to the patient's current condition.
- B. Perform a physical examination using appropriate assessment techniques.
- C. Formulate a clinical impression by interpreting the information obtained during the history and physical examination.
- D. Establish a plan of care based on the clinical impression and evidence-based practice.
- E. Educate the patient and stakeholders on the clinical impression, prognosis, and plan of care.

III. Critical Incident Management

- A. Implement Emergency Action (Response) Plans for all venues and events to guide appropriate and unified response in order to optimize outcomes.
- B. Triage the severity of health conditions.
- C. Implement appropriate evidence-based emergent care procedures to reduce the risk of morbidity and mortality (e.g., c-spine, airway management, heat illness, pandemics, suicides, other emergent conditions).
- D. Assess the scene to identify appropriate courses of action.

IV. Therapeutic Intervention

- A. Optimize patient outcomes by developing, evaluating, and updating the plan of care.
- B. Educate patients and appropriate stakeholders using pertinent information to optimize patient centered care and patient engagement throughout the therapeutic intervention process.
- C. Prescribe therapeutic exercises following evidence-based practices to address impairments and enhance activity and participation levels.
- D. Administer therapeutic modalities and devices using evidence-based procedures and parameters to address

- impairments and enhance activity and participation levels.
- E. Administer manual therapy techniques using evidence-based methods to address impairments and enhance activity and participation levels.
 - F. Determine patients' functional status using appropriate techniques and standards to inform decisions about returning to optimal activity and participation levels.
 - G. Manage general medical conditions to optimize activity and participation levels.

V. Healthcare Administration and Professional Responsibility

- A. Assess organizational and individual outcomes using quality improvement analyses.
- B. Develop policies, procedures, and plans to address organizational needs.
- C. Practice within federal, state, and local laws, regulations, rules, requirements, and professional standards.
- D. Use standardized documentation procedures to ensure best practices.

If you perform other specified tasks as directed by a physician, please include them in the appropriate domain above.

Reference: [The BOC Practice Analysis, 8th Edition](#)

S A M P L E O N L Y

Please ensure you complete the signature page on page 3.

Licensed Athletic Trainer Protocol

Required Signatures

Athletic Trainer: _____

Team/Organization: _____

The undersigned physician and athletic trainer agree to abide by this protocol:

Print or Type Name of Physician

Print or Type Name of Athletic Trainer

Signature of Physician

Signature of Athletic Trainer

Physician Address

Employment Address

City, State, Zip Code

City, State, Zip Code

Business Telephone

Business Telephone

S A M P L E O N L Y