

## TECHNICAL STANDARDS FOR ATHLETIC TRAINING STUDENTS

Certified Athletic Trainers are medical professionals who are experts in injury prevention, assessment, diagnosis, treatment, and rehabilitation, particularly in the orthopedic and musculoskeletal disciplines. They provide care to athletes and other patients in a variety of settings and situations. The Athletic Training Program (AT Program) at VTSU-Castleton is a rigorous and intense program that places specific requirements and demands on the students enrolled in the program. The technical standards set forth by the AT Program establish the essential qualities considered necessary for students admitted to this program to achieve the knowledge, skills, and competencies of an entry-level Certified Athletic Trainer, as well as meet the expectations of the program's accrediting agency (Commission on Accreditation of Athletic Training Education). All students admitted to the AT Program must meet the following abilities and expectations. In the event a student is unable to fulfill these technical standards, with or without reasonable accommodation, the student will not be admitted into the program.

Compliance with the program's technical standards does not guarantee a student's eligibility for the Board of Certification (BOC) examination.

Candidates for selection to the Athletic Training Program must demonstrate:

1. Sufficient postural and neuromuscular control, sensory function, and coordination to perform appropriate physical examinations using accepted techniques; and accurately, safely and efficiently use equipment and materials during the assessment and treatment of patients; this includes but is not limited to the ability to convey and set-up equipment for clinical or on-field use, to reach in a timely fashion injured patients who are down on the athletic fields, to assess their condition where they lie, to perform appropriate emergency procedures, to fully participate in extrication and transport, to perform appropriate therapeutic and prophylactic procedures, and to demonstrate rehabilitative exercises;
2. The ability to communicate effectively and sensitively with patients and colleagues, including individuals from different cultural and social backgrounds; this includes, but is not limited to, the ability to establish rapport with patients and communicate judgments and treatment information effectively. Students must be able to understand and speak the English language at a high level consistent with competent professional practice;
3. The ability to record the physical examination results and a treatment plan clearly and accurately;
4. The ability to assimilate, analyze, synthesize, integrate concepts and problem solve to formulate assessment and therapeutic judgments and to be able to distinguish deviations from the norm;
5. The capacity to maintain composure and continue to function well during periods of high stress;
6. The ability to adjust to changing situations and uncertainty in clinical situations;
7. The ability to develop professional values, ethics, and appropriate demeanor and rapport that relate to professional education and quality patient care.

Candidates for selection to the athletic training education program will be required to verify they understand and meet these technical standards or that they believe that, with certain accommodations, they can meet the standards. This is accomplished using the *Technical Standards Certification Statement*, located on the following pages.

For students who believe that they can meet these standards with accommodation, the VTSU- Castleton Learning Specialist will validate their need for accommodation and will work with the Director of the Athletic Training Program to determine if reasonable accommodation can be made. This determination will take into account whether accommodation would jeopardize clinician/patient safety or undercut an essential element of a course or clinical experience.



## Athletic Training Program Technical Standards Certification Statement

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

This form is a companion to the Technical Standards for Athletic Training Students document. Prior to being accepted into the professional phase of the Athletic Training Program, students must complete and submit this certification form to the AT Program Director (Spartan Athletic Complex, 190 University Drive, Vermont State University, Castleton, VT, 05735; fax: 802-468-2189). The form must be signed by the student, and also verified and signed by a healthcare provider.

### STUDENT STATEMENT

**Check only one** of the boxes below and sign where indicated:

I certify that I have read and understand the *Technical Standards for Athletic Training Students* document, and I believe to the best of my knowledge that **I meet each of these standards without accommodation**. I also understand that if I am unable or become unable to meet these standards with or without accommodation, I cannot enroll or remain enrolled in the Athletic Training Program.

I certify that I have read and understand the *Technical Standards for Athletic Training Students* document, and I believe to the best of my knowledge **that I can meet each of these standards with accommodations**. I will contact the VTSU Castleton Learning specialist (<http://www.castleton.edu/academicsupport/Disability.htm>) at the Academic Support Center to have my need for accommodation validated. I will work with both the Learning Specialist and the Athletic Training Program Director to examine accommodation options. I understand that in some cases accommodation might not be possible. I also understand that if I am unable or become unable to meet these standards with or without accommodation, I cannot enroll or remain enrolled in the Athletic Training Program.

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

\_\_\_\_\_  
Date



**VERIFICATION BY HEALTHCARE PROVIDER**

Check only one of the boxes below and sign where indicated:

I certify that I have examined the above named student and that **I found no obvious conditions** that would prevent him/her from meeting the physical portion (Standards 1-4) of the *Technical Standards for Athletic Training Students* outlined on the document accompanying this form.

I certify that I have examined the above named student and that **I found a condition(s)** that might prevent him/her from meeting the physical portion (Standards 1-4) of the *Technical Standards for Athletic Training Students* outlined on the document accompanying this form. I recommend that the student contact the University Learning Specialist to discuss accommodation options.

List condition(s) :

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**Signature of Healthcare Provider**

\_\_\_\_\_  
**Date**

**(Physician, PA, or Advanced Nurse Practitioner)**