Course Number and Section: KINE-4322.001
Name of Instructor: Chelsea Kuehner
Class time & location: Blackboard Learn
Office: Island Hall 179G
Semester: Spring 2015
Office Hours: By Appointment
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I. Course Description
This course is designed to provide general knowledge of rehabilitation techniques for athletic injuries.

II. Rationale
Completion of this course satisfies rehabilitation course competencies required by the Commission on Accreditation of Athletic Training Education (CAATE) prior to applying to sit for the Board of Certification (BOC) exam to become a Certified Athletic Trainer (ATC).

III. State Adopted Proficiencies for Teachers and/or Administrators/Counselors
1. LEARNER-CENTERED KNOWLEDGE: The teacher possesses and draws on a rich knowledge base of content, pedagogy, and technology to provide relevant and meaningful learning experiences for all students.
2. LEARNER-CENTERED INSTRUCTION: To create a learner-centered community, the teacher collaboratively identifies needs; and plans, implements, and assesses instruction using technology and other resources.
3. EQUITY IN EXCELLENCE FOR ALL LEARNERS: The teacher responds appropriately to diverse groups of learners.
4. LEARNER-CENTERED COMMUNICATION: While acting as an advocate for all students and the school, the teacher demonstrates effective professional and interpersonal communication skills.
5. LEARNER-CENTERED PROFESSIONAL DEVELOPMENT: The teacher, as a reflective practitioner dedicated to all students’ success, demonstrates a commitment to learn, to improve the profession, and to maintain ethics and personal integrity.

IV. TExES COMPETENCIES AND CAATE COMPETENCIES
   a. TExES Competencies:N/A
   b. NATIONAL COMPETENCIES & PROFICIENCIES FOR ATHLETIC TRAINING (CAATE 5th Ed.)

Evidence-Based Practice (EBP)
EBP-1. Define evidence-based practice as it relates to athletic training clinical practice.
EBP-2. Explain the role of evidence in the clinical decision making process.
EBP-3. Describe and differentiate the types of quantitative and qualitative research, research components, and levels of research evidence.
EBP-4. Describe a systematic approach (eg, five step approach) to create and answer a clinical question through review and application of existing research.
EBP-5. Develop a relevant clinical question using a pre-defined question format (eg, PICO= Patients, Intervention, Comparison, Outcomes; PIO = Patients, Intervention, Outcomes).

EBP-6. Describe and contract research and literature resources including databases and online critical appraisal libraries that can be used for conducting clinically-relevant searches.

EBP-7. Conduct a literature search using a clinical question relevant to athletic training practice using search techniques (eg, Boolean search, Medical Subject Headings) and resources appropriate for a specific clinical question.

EBP-8. Describe the differences between narrative reviews, systematic reviews, and metaanalyses.

EBP-9. Use standard criteria or developed scales (eg, Physiotherapy Evidence Database Scale [PEDro], Oxford Centre for Evidence Based Medicine Scale) to critically appraise the structure, rigor, and overall quality of research studies.

EBP-10. Determine the effectiveness and efficacy of an athletic training intervention utilizing evidence-based practice concepts.

EBP-11. Explain the theoretical foundation of clinical outcomes assessment (eg, disablement, health-related quality of life) and describe common methods of outcomes assessment in athletic training clinical practice (generic, disease-specific, region-specific, and dimension-specific outcomes instruments).

EBP-12. Describe the types of outcomes measures for clinical practice (patient-based and clinician-based) as well as types of evidence that are gathered through outcomes assessment (patient-oriented evidence versus disease-oriented evidence).

EBP-13. Understand the methods of assessing patient status and progress (eg, global rating of change, minimal clinically important difference, minimal detectable difference) with clinical outcomes assessments.

EBP-14. Apply and interpret clinical outcomes to assess patient status, progress, and change using psychometrically sound outcome instruments.

Clinical Examination and Diagnosis (CE)

CE-7. Identify the patient’s participation restrictions (disabilities) and activity limitations (functional limitations) to determine the impact of the condition on the patient’s life.

CE-8. Explain the role and importance of functional outcome measures in clinical practice and patient health-related quality of life.

Acute Care of Injuries and Illnesses (AC)

AC-43. Instruct the patient in home care and self-treatment plans for acute conditions.

Therapeutic Interventions (TI)

TI-1. Describe and differentiate the physiological and pathophysiological responses to inflammatory and non-inflammatory conditions and the influence of these responses on the design, implementation, and progression of a therapeutic intervention.

TI-2. Compare and contrast contemporary theories of pain perception and pain modulation.

TI-3. Differentiate between palliative and primary pain-control interventions.

TI-4. Analyze the impact of immobilization, inactivity, and mobilization on the body systems (eg, cardiovascular, pulmonary, musculoskeletal) and injury response.

TI-5. Compare and contrast the variations in the physiological response to injury and healing across the lifespan.

TI-6. Describe common surgical techniques, including interpretation of operative reports, and any resulting precautions, contraindications, and comorbidities that impact the selection and progression of a therapeutic intervention program.
TI-7. Identify patient- and clinician-oriented outcomes measures commonly used to recommend activity level, make return to play decisions, and maximize patient outcomes and progress in the treatment plan.

TI-8. Explain the theory and principles relating to expected physiological response(s) during and following therapeutic interventions.

TI-11. Design therapeutic interventions to meet specified treatment goals.

TI-11a. Assess the patient to identify indications, contraindications, and precautions applicable to the intended intervention.

TI-11b. Position and prepare the patient for various therapeutic interventions.

TI-11c. Describe the expected effects and potential adverse reactions to the patient.

TI-11d. Instruct the patient how to correctly perform rehabilitative exercises.

TI-11e. Apply the intervention, using parameters appropriate to the intended outcome.

TI-11f. Reassess the patient to determine the immediate impact of the intervention.

TI-12. Use the results of on-going clinical examinations to determine when a therapeutic intervention should be progressed, regressed or discontinued.

TI-15. Perform joint mobilization techniques as indicated by examination findings.

TI-16. Fabricate and apply taping, wrapping, supportive, and protective devices to facilitate return to function.

TI-17. Analyze gait and select appropriate instruction and correction strategies to facilitate safe progression to functional gait pattern.

TI-18. Explain the relationship between posture, biomechanics, and ergodynamics and the need to address these components in a therapeutic intervention.

TI-19. Identify manufacturer, institutional, state, and/or federal standards that influence approval, operation, inspection, maintenance and safe application of therapeutic modalities and rehabilitation equipment.

TI-20. Inspect therapeutic equipment and the treatment environment for potential safety hazards.

Psychosocial Strategies and Referral (PS)

PS-1. Describe the basic principles of personality traits, trait anxiety, locus of control, intrinsic and extrinsic motivation, and patient and social environment interactions as they affect patient interactions.

PS-2. Explain the theoretical background of psychological and emotional responses to injury and forced inactivity (eg, cognitive appraisal model, stress response model).

PS-3. Describe how psychosocial considerations affect clinical decision-making related to return to activity or participation (eg, motivation, confidence).

PS-4. Summarize and demonstrate the basic processes of effective interpersonal and cross-cultural communication as it relates to interactions with patients and others involved in the healthcare of the patient.

PS-5. Summarize contemporary theory regarding educating patients of all ages and cultural backgrounds to effect behavioral change.

PS-6. Explain the importance of educating patients, parents/guardians, and others regarding the condition in order to enhance the psychological and emotional well-being of the patient.

PS-7. Describe the psychological techniques (eg, goal setting, imagery, positive self-talk, relaxation/anxiety reduction) that the athletic trainer can use to motivate the patient during injury rehabilitation and return to activity processes.

PS-8. Describe psychological interventions (eg, goal setting, motivational techniques)
that are used to facilitate a patient’s physical, psychological, and return to activity needs. **PS-9.** Describe the psychosocial factors that affect persistent pain sensation and perception (eg, emotional state, locus of control, psychodynamic issues, sociocultural factors, personal values and beliefs) and identify multidisciplinary approaches for assisting patients with persistent pain.

**PS-10.** Explain the impact of sociocultural issues that influence the nature and quality of healthcare received (eg, cultural competence, access to appropriate healthcare providers, uninsured/underinsured patients, insurance) and formulate and implement strategies to maximize client/patient outcomes.

V. **Course Objectives/Learning Outcomes**

*This course is designed to enable students to:*

1. Rehabilitation of athletic injuries.
2. Express the philosophy of rehabilitative process in a sports medicine environment.
3. Realize the importance of understanding the healing process, biomechanics, and psychological aspects of a rehabilitation program.
4. Understand the physiological process of healing for a variety of tissue types.
5. Explain the role of systematic injury evaluation process in establishing a rehabilitation plan and treatment.
6. Understand the concept of using psychological buffers for stress management.
7. Explain progressive psychological reactions to injury, dependent on the length of rehabilitation.
8. Understand coping skills necessary for successful rehabilitation.
9. Understanding the physiology and importance of reestablishing each of the following components during rehabilitation.
   a. Neuromuscular control
   b. Range of motion and flexibility
   c. Muscular strength, power, and endurance
   d. Postural stability and balance
   e. Cardiorespiratory fitness
10. Understand the procedure and demonstrate the use of the following rehabilitation tools.
    a. Core stability
    b. Plyometrics
    c. Open vs closed kinetic chain exercise
    d. Isokinetics
    e. Joint mobilization and traction
    f. PNF and other soft tissue mobilization
    g. Aquatic therapy
    h. Functional progressions and functional testing
11. Understand general rehabilitation/medical terminology and the importance of documentation (SOAP notes).
12. Develop a general rehabilitation protocol based on the type and severity of injury as well as the physiology of healing.
VI. Course Topics

*The major topics to be considered are:*

1. Therapeutic modalities
2. Therapeutic exercise
3. Psychosocial components

VII. Instructional Methods and Activities

*Methods and activities for instruction include:*

A. Traditional Experiences: The course will include assigned chapter readings, online video postings, PowerPoint presentations, and additional readings as appropriate. Blackboard will be used for delivery of course materials including quizzes, assignments, announcements, and other information related to the course.

B. Clinical Experience: There will be hands on learning labs.

VIII. Evaluation and Grade Assignment

*The methods of evaluation and the criteria for grade assignment are:*

A. Methods and Percentage of Final Course Grade Each Assessment Constitutes

- 14 Unites - 30 points/unit=420pts
  - 10pts- Pre Unit Quiz
  - 10pts- Case Study
  - 10pts- Unit Reflection
- 1 Cumulative project-100 points
- 3 Exams- 100 points/exam= 300pts
- 1 Final Exam- 150 points

Total= 900pts

B. Grading Scale

- 90.00-100% = A
- 80.00-89.99% = B
- 70.00-79.99% = C
- 60.00-69.99% = D
- < 60.00 % = F

Dropping a Class

I hope that you never find it necessary to drop this or any other class. However, events can sometimes occur that make dropping a course necessary or wise. Please consult with me before you decide to drop to be sure it is the best thing to do. Should dropping the course be the best course of action, you must initiate the process to drop the course by going to the Student Services Center and filling out a course drop form. Just stopping attendance and participation WILL NOT automatically result in your being dropped from the class. (Include date for semester) is the last day to drop a class with an automatic grade of “W” this term.
IX. Course Schedule and Policies
   A. Tentative course schedule (see attachment)
   B. Class Policies

Academic Integrity/Plagiarism.
University students are expected to conduct themselves in accordance with the highest standards of academic honesty. Academic misconduct for which a student is subject to penalty includes all forms of cheating, such as illicit possession of examinations or examination materials, falsification, forgery, complicity or plagiarism. (Plagiarism is the presentation of the work of another as one’s own work.)
Disciplinary action for academic misconduct is the responsibility of the faculty member assigned to the course. The faculty member is charged with assessing the gravity of any case of academic dishonesty, and with giving sanction to any student involved.
Penalties that may be applied to individual cases of academic dishonesty include one or more of the following:
   1. Written reprimand.
   2. Requirement to re-do work in question.
   3. Requirement to submit additional work.
   4. Lowering of grade on work in question;
   5. Assigning grade of 'F' to work in question;
   6. Assigning grade of 'F' for course;
   7. Recommendation for more severe punishment, such as dismissal from the program or from the University.
See the University Catalog for more information.

X. Textbook(s) Required:

XI. BIBLIOGRAPHY
Journal articles pertinent to class materials will be made available to all students via Blackboard postings, email or discussion forum.

XII. Grade Appeals
As stated in University Rule 13.02.99.C2, Student Grade Appeals, a student who believes that he or she has not been held to appropriate academic standards as outlined in the class syllabus, equitable evaluation procedures, or appropriate grading, may appeal the final grade given in the course. The burden of proof is upon the student to demonstrate the appropriateness of the appeal. A student with a complaint about a grade is encouraged to first discuss the matter with the instructor. For complete details, including the responsibilities of the parties involved in the process and the number of days allowed for completing the steps in the process, see University Rule13.02.99.C2, Student Grade Appeals, and University Procedure 13.02.99.C2.01, Student Grade Appeal Procedures. These documents are accessible through the University Rules Web site at http://www.tamucc.edu/provost/university_rules/index.html. For assistance and/or guidance in the grade appeal process, students may contact the Office of Student Affairs.
XIII. Disabilities Accommodations

The Americans with Disabilities Act (ADA) is a federal anti-discrimination statute that provides comprehensive civil rights protection for persons with disabilities. Among other things, this legislation requires that all students with disabilities be guaranteed a learning environment that provides for reasonable accommodation of their disabilities. If you believe you have a disability requiring an accommodation, please call or visit Disability Services at (361) 825-5816 in Corpus Christi Hall 116. If you are a returning veteran and are experiencing cognitive and/or physical access issues in the classroom or on campus, please contact the Disability Services office for assistance at (361) 825-5816.

Extra Credit

Extra credit is an opportunity NOT a requirement, so do not rely on it to boost your grade at the end of the semester. No extra credit opportunities will be given to any individual student, IF any extra credit opportunities arise all students will be informed of the opportunity.
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<td>Understanding and Managing Physical and Psychological Healing in Rehabilitation</td>
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<td>Evaluating and Designing Rehabilitation Programs and Functional Progressions</td>
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<td>Maintaining Endurance and Regaining Muscle Strength</td>
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<td>Restoring Neuromuscular Control</td>
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<td>Mar 22-28</td>
<td>Rehabilitation of the Spine</td>
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<td>Mar 29- Apr 4</td>
<td>Rehabilitation of the Hip</td>
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<td>Apr 5-11</td>
<td>Rehabilitation of the Lower Leg, Ankle, and Foot</td>
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<td>Rehabilitation of the Shoulder</td>
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