

Name: _____ Date: _____

1. In an athletic program, which of the following is NOT a role of the team physician?
 - A) Review preseason physical examinations
 - B) Dispense medications
 - C) Review policies/procedures to ensure compliance with school/athletic guidelines
 - D) Apply therapeutic modalities

2. Ensuring that a prophylactic knee brace provides proper support would be part of which of the following domains of the BOC *Role Delineation Study*?
 - A) Injury/illness prevention and wellness protection
 - B) Immediate and emergency care
 - C) Clinical evaluation and diagnosis
 - D) Treatment and rehabilitation

3. The final authority to clear an athlete for participation rests with the
 - A) athletic trainer.
 - B) coach.
 - C) parent.
 - D) supervising physician.

4. An athletic trainer suspects that a football player has a neck injury but does not use a rigid backboard to stabilize the individual. What type of legal liability could result from the athletic trainer's actions?
 - A) Malfeasance
 - B) Nonfeasance
 - C) Misfeasance
 - D) Gross negligence

5. Failure to receive informed consent from an athlete could result in
 - A) gross negligence.
 - B) misfeasance.
 - C) malpractice.
 - D) battery.

6. Traditional athletic training settings are considered to be in
 - A) clinics.
 - B) industrial settings.
 - C) fitness centers.
 - D) colleges and high schools.

7. In assessing a potentially serious neck injury, an athletic trainer removed the helmet of the injured athlete. What type of legal liability could result from the athletic trainer's actions?
- A) Malfeasance
 - B) Misfeasance
 - C) Nonfeasance
 - D) Gross negligence
8. _____ has established minimum standards for football helmets and their use.
- A) OSHA
 - B) NOCSAE
 - C) NFL
 - D) NATA
9. An athlete is down on the field with a possible head/neck injury. An athletic trainer, team physician, neurologist, and EMT are on the field caring for the injured athlete. Who should be in charge of moving and transporting the injured athlete?
- A) Neurologist
 - B) EMT
 - C) Internist
 - D) Team physician
10. Which of the following professionals may NOT be a member of the primary sports medicine team?
- A) Athletic trainer
 - B) Coach
 - C) Physical therapist
 - D) Primary physician
11. Which of the following professionals should be available to provide immediate support to the primary sports medicine team?
- A) Strength coach
 - B) Nutritionist
 - C) Equipment manager
 - D) Dentist
12. Permission granted by the government for an individual to practice a profession is termed
- A) licensure.
 - B) certification.
 - C) registration.
 - D) scope of practice.

13. Which of the following individuals will NOT typically serve as a team physician?
- A) Dentist
 - B) Internist
 - C) Osteopath
 - D) Pediatrician
14. A situation in which danger is apparent, or should have been apparent, resulting in an unreasonable unsafe condition is called
- A) foreseeability of harm.
 - B) contributory negligence.
 - C) misfeasance.
 - D) nonfeasance.
15. Evaluating an injury depends on a strong background in
- A) human anatomy and physiology.
 - B) joint biomechanics.
 - C) tissue healing and repair.
 - D) All of the above
16. The individual responsible for administering and supervising recreational sports activities or activity areas is called a(n)
- A) athletic trainer.
 - B) coach.
 - C) sport supervisor.
 - D) athletic director.
17. Ethical responsibilities that guide one's actions and promote high standards of conduct are called
- A) standards of professional practice.
 - B) torts.
 - C) administrative standards.
 - D) standards of protocols.
18. The organization that awards the ATC credential is the
- A) American Medical Association.
 - B) Athletic Trainers of America Board of Certification.
 - C) Board of Certification.
 - D) American College of Sports Medicine.

19. In the profession of athletic training, the *Standards of Professional Practice*
- A) delineates the roles and responsibilities of the athletic trainer.
 - B) identifies the ethical responsibilities that guide the athletic trainers' actions.
 - C) defines the scope of care for entry-level athletic trainers.
 - D) delineates the competencies that should be addressed in the professional preparation of athletic trainers.
20. Continuing education programs primarily provide an opportunity to
- A) advance in salary.
 - B) learn about innovative skills and techniques.
 - C) get more involved in the national organization.
 - D) change careers in athletic training.
21. Manufacturers of athletic equipment have a duty to provide equipment that will not cause injury when used for its intended purpose. This is termed
- A) expressed warranty.
 - B) implied warranty.
 - C) strict liability.
 - D) product safety standard.
22. In the absence of the athletic trainer, it is the responsibility of the coach to
- A) supervise the fitting of athletic equipment.
 - B) inspect practice environments for hazards.
 - C) evaluate the daily status of participants.
 - D) All of the above
 - E) None of the above
23. Standard of care is defined as
- A) committing an act that is not one's responsibility to perform.
 - B) committing an act that another minimally competent professional would do in the same circumstance.
 - C) committing an act that is one's responsibility to perform but using the wrong procedure.
 - D) failing to perform one's legal duty of care.
24. Malfeasance is defined as
- A) committing an act that is not one's responsibility to perform.
 - B) committing an act that another minimally competent professional would do in the same circumstance
 - C) committing an act that is one's responsibility to perform but using the wrong procedure
 - D) failing to perform one's legal duty of care

25. A wrong done by an individual whereby the injured party seeks a remedy for damages is called a(n)
- A) act of omission.
 - B) act of commission.
 - C) tort.
 - D) gross negligence.
26. In order to find an individual liable, the injured person must prove that there was
- A) a duty of care.
 - B) a breach of duty.
 - C) harm.
 - D) harm resulting from breach of duty.
 - E) All of the above must be present.
27. The risk of litigation can be reduced by all of the following EXCEPT
- A) establishing clear standing orders for providing immediate care.
 - B) requiring coaches to purchase insurance.
 - C) having a well-organized emergency plan.
 - D) providing proper supervision.
28. During a weight training session, the coach left the room to work with some players in the gymnasium. While the coach was out of the room, an athlete sustained an injury using the equipment. The coach is at risk for
- A) failure to warn.
 - B) negligence.
 - C) lack of product liability.
 - D) malpractice.
29. True or False? ATC credential holders must requalify for certification on an annual basis.
- A) True
 - B) False
30. True or False? The primary sports team includes the team physician, athletic trainer, physical therapist, coach, sports participant, and his or her family.
- A) True
 - B) False
31. True or False? The team physician is the final authority to determine the mental and physical fitness of athletes in organized sports programs.
- A) True
 - B) False

32. True or False? The team physician can provide information on the growth and development of the adolescent, immunization records, and a detailed medical history of the athlete.
A) True
B) False
33. True or False? Individuals serving as athletic trainers must be certified by the American Medical Association.
A) True
B) False
34. True or False? Standards on continuing education requirements for maintaining the ATC credential are available on the Board of Certification Web site.
A) True
B) False
35. True or False? An athletic trainer who dispenses medication will be held to the standard of care of a physician.
A) True
B) False
36. True or False? Standards of professional practice are ethical responsibilities that guide one's actions and promote a high standard of conduct and integrity to ensure high-quality health care.
A) True
B) False
37. True or False? Informed consent is only required in the treatment of minors.
A) True
B) False
38. True or False? Licensure laws define the role of the athletic trainer and set the legal parameters under which the athletic trainer can practice within the state.
A) True
B) False
39. True or False? If an athletic trainer suspects a neck injury and removes the football helmet, the athletic trainer could be held liable for committing an act of misfeasance.
A) True
B) False

40. True or False? Failure to provide a legal duty of care can result in litigation under malpractice law.
A) True
B) False
41. True or False? Failure of the athletic trainer to provide sport participants with information pertaining to the potential risks involved in participation could result in litigation.
A) True
B) False
42. True or False? Having knowledge of state statutes and regulations which govern athletic training falls under the domain of organization and professional health and well-being.
A) True
B) False
43. True or False? Documentation and maintenance of the health care records of an injured participant fall under the domain of organization and professional health and well-being.
A) True
B) False
44. True or False? An intentional contact with another individual without his or her consent is considered an assault.
A) True
B) False
45. True or False? A college recruiter asks a high school athletic trainer for medical information on a prospective student athlete. The parents and student athlete have signed an informed consent form. Providing the requested information is a legal act.
A) True
B) False
46. True or False? An athletic training student misplaces a classmate's address. The classmate, who is a member of the football team, is expecting the athletic training student to deliver a textbook to his home that evening. The athletic training student accesses the football player's medical folder to obtain his address. Litigation could result from this action.
A) True
B) False

47. True or False? A college basketball player reports to the athletic training room with an injury sustained the previous evening in a recreational soccer game. The athletic trainer assesses and manages the injury. Litigation could result from this action.
A) True
B) False
48. True or False? Having been treated by an emergency room physician, a high school athlete reports to the athletic training with a written directive from the physician stating that the individual should not participate in physical activity for 2 weeks. One week later, the athlete's parent calls the athletic trainer indicating that their son has improved significantly and grant permission for him to resume practice. If the athletic trainer allows the player to return to practice, a breach of duty has been committed.
A) True
B) False
49. True or False? An athlete does not assume risk for injury when that injury results from someone else's negligence.
A) True
B) False
50. True or False? The purpose of an assumption of risk form is to warn athletes and their parents of the dangers inherent in participating in a sport. By having this form completed, the coach is no longer liable for any injuries that may occur.
A) True
B) False
51. True or False? Application of the "Good Samaritan" laws assumes that no financial compensation was to be received by the individual providing care.
A) True
B) False
52. True or False? Licensure laws can determine the potential services provided by an athletic trainer in a sports medicine clinic.
A) True
B) False
53. True or False? Because athletic trainers in industrial health care programs are primarily responsible for developing wellness and fitness programs for their clients, they are not required to work under the direction of a physician.
A) True
B) False

54. Match the following terms and definitions:
- | | |
|---------------------------|--|
| 1. Battery | a. danger is apparent resulting in an unsafe situation |
| 2. Expressed warranty | b. unwritten guarantee that a product is safe when used properly |
| 3. Foreseeability of harm | c. physical contact with an individual without consent |
| 4. Gross negligence | d. person gives written consent to treatment |
| 5. Implied warranty | e. written guarantee that a product is safe when used properly |
| 6. Informed consent | f. committing an act in total disregard for the health of others |
55. Match the following terms and definitions:
- | | |
|----------------|---|
| 1. Malfeasance | a. a wrong done to an individual |
| 2. Malpractice | b. failing to perform one's duty of care |
| 3. Misfeasance | c. breach of one's duty of care |
| 4. Negligence | d. committing an act that is not one's job to do |
| 5. Nonfeasance | e. performing an appropriate action in an improper manner |
| 6. Tort | f. committing a negligent act |
56. List examples of four functions or tasks that can be performed in the injury/illness prevention and wellness protection domain of athletic training.
57. List examples of four functions or tasks that can be performed in the clinical evaluation and diagnosis domain of athletic training.
58. List examples of four functions or tasks that can be performed in the immediate and emergency care domain of athletic training.
59. List examples of four functions or tasks that can be performed in treatment and rehabilitation domain of athletic training.
60. List examples of four functions or tasks that can be performed in the organization and professional health and well-being domain of athletic training.
61. List the four factors that must be documented to prove negligence.
62. List five actions involving an athletic trainer that can lead to litigation.
63. List five steps that can be taken by an athletic trainer to prevent litigation.

64. Discuss the role and responsibilities of the team physician in overseeing the entire sports medicine team.
65. Discuss the role of the athletic trainer as a member of the sports medicine team. Why is this individual so important in the daily health care of sport participants?
66. Why is continuing education critical for the athletic training professional? Provide examples of the different types of activities that can be used to earn continuing education units.

Answer Key

1. D
2. A
3. D
4. B
5. D
6. D
7. A
8. B
9. B
10. C
11. D
12. A
13. A
14. A
15. D
16. C
17. A
18. C
19. B
20. B
21. B
22. D
23. B
24. A
25. C
26. E
27. B
28. B
29. B
30. B
31. A
32. B
33. B
34. A
35. A
36. A
37. B
38. A
39. B
40. B
41. A
42. A
43. B
44. B
45. B
46. A
47. A
48. A

- 49. A
- 50. B
- 51. A
- 52. A
- 53. A
- 54. 1-c, 2-e, 3-a, 4-f, 5-b, 6-d
- 55. 1-d, 2-f, 3-e, 4-c, 5-b, 6-a
- 56. Refer to RDS content outline.

Possible responses:

- ī Minimize risk of injury and illness of individuals and groups impacted by or involved in a specific activity through awareness, education, and intervention.
 - ī Interpret individual and group preparticipation and other relevant screening information (e.g., verbal, observed, written) in accordance to accepted and applicable guidelines to minimize the risk of injury and illness.
 - ī Identify and educate individual(s) and groups through appropriate communication methods (e.g., verbal, written) about the appropriate use of personal equipment (e.g., clothing, shoes, protective gear, and braces) by following accepted procedures and guidelines.
 - ī Maintain physical activity, clinical treatment, and rehabilitation areas by complying with regulatory standards to minimize the risk of injury and illness.
 - ī Monitor environmental conditions (e.g., weather, surfaces, client work setting) using appropriate methods and guidelines to facilitate individual and group safety.
 - ī Maintain or improve physical conditioning for the individual or group by designing and implementing programs (e.g., strength, flexibility, CV fitness) to minimize the risk of injury and illness.
 - ī Promote healthy lifestyle behaviors using appropriate education and communication strategies to enhance wellness and minimize the risk of injury and illness.
57. Refer to RDS content outline.
- Possible responses:
- ī Obtain an individual's history through observation, interview, and/or review of relevant records to assess current or potential injury, illness, or health-related condition.
 - ī Examine by appropriate visual and palpation techniques the involved area(s) of an individual's body to determine the type and extent of the injury, illness, or health-related condition.
 - ī Examine by appropriate and specific tests (e.g., ROM, special tests, neurological tests) the involved area(s) of an individual's body to determine the type and extent of the injury, illness, or health-related condition.
 - ī Formulate a clinical diagnosis by interpreting the signs, symptoms, and predisposing factors of the injury, illness, or health-related condition to determine the appropriate course of action.
 - ī Educate the appropriate individual(s) about the clinical evaluation by communicating information about the current or potential injury, illness, or health-related condition to encourage compliance with recommended care.

58. Refer to RDS content outline.

Possible responses:

- i Coordinate care of individual(s) through appropriate communication (e.g., verbal, written, demonstrative) of assessment findings to pertinent individual(s).
- i Apply the appropriate immediate and emergency care procedures to prevent the exacerbation of non-life-threatening and life-threatening health conditions to reduce the risk factors for morbidity and mortality.
- i Implement appropriate referral strategies, which stabilize and/or prevent exacerbation of the condition(s), to facilitate the timely transfer of care for conditions beyond the scope of practice of the athletic trainer.
- i Demonstrate how to implement and direct immediate care strategies (e.g., first aid, emergency action plan) using established communication and administrative practices to provide effective care.

59. Refer to RDS content outline.

Possible responses:

- i Administer therapeutic and conditioning exercise(s) using appropriate techniques and procedures in order to aid recovery and restoration of function.
- i Administer therapeutic modalities (e.g., electromagnetic, manual, mechanical) using appropriate techniques and procedures based on the individual's phase of recovery to restore functioning.
- i Apply braces, splints, or other assistive devices according to appropriate practices in order to facilitate injury protection to achieve optimal functioning for the individual.
- i Administer treatment for injury, illness, and/or health-related conditions using appropriate methods to facilitate injury protection, recovery, and/or optimal functioning for individual(s).
- i Reassess the status of injuries, illnesses, and/or conditions using appropriate techniques and documentation strategies to determine appropriate treatment, rehabilitation, and/or reconditioning and to evaluate readiness to return to a desired level of activity.
- i Provide guidance and/or referral to specialist for individual(s) and groups through appropriate communication strategies (e.g., oral and education materials) to restore an individual(s) optimal functioning.

60. Refer to RDS content outline.

Possible responses:

- i Apply basic internal business functions (e.g., business planning, financial operations, staffing) to support individual and organizational growth and development.
- i Apply basic external business functions (e.g., marketing and public relations) to support organizational sustainability, growth, and development.
- i Maintain records and documentation that comply with organizational, association, and regulatory standards to provide quality of care and to enable internal surveillance for program validation and evidence-based interventions.
- i Demonstrate appropriate planning for coordination of resources (e.g., personnel, equipment, liability, scope of service) in event medical management and emergency action plans.
- i Demonstrate an understanding of statutory and regulatory provisions and professional standards of the practice of athletic training in order to provide for the safety and welfare of individual(s) and groups.
- i Develop a support/referral process for interventions to address unhealthy lifestyle behaviors.

61. The injured person must prove that (1) there was a duty of care, (2) there was a breach of that duty, (3) there was harm (e.g., pain and suffering, permanent disability, or loss of wages), and (4) the resulting harm was a direct cause from that breach of duty.

62. Possible responses:

Actions That Can Result in Litigation

- i Failing to warn an individual about the risks involved in sport participation
- i Treating an injured party without consent
- i Failing to provide medical information concerning alternative treatments or the risks involved with the treatment to an athlete
- i Failing to provide safe facilities, fields, and equipment
- i Being aware of a potentially dangerous situation and failing to do anything about it
- i Failing to provide an adequate injury prevention program
- i Allowing an injured or unfit player to participate resulting in further injury or harm
- i Failing to provide quality training, instruction, and supervision
- i Using unsafe equipment
- i Negligently moving an injured athlete before properly immobilizing the injured area
- i Failing to employ qualified medical personnel
- i Failing to have a written emergency action plan
- i Failing to properly recognize an injury or illness, both as immediate acute care and long-term treatment
- i Failing to immediately refer an injured party to the proper physician
- i Failing to keep adequate records
- i Treating an injury that did not occur within the school athletic environment

63. Possible responses:

- ï Ensure that all personnel are properly licensed for practicing within the laws of the state, particularly in providing athletic training services.
- ï Hire qualified coaches, athletic trainers, and fitness instructors and establish strict rules for supervision and use of the facility.
- ï Have an established preparticipation plan, including
 - o Annual preparticipation health examination
 - o Insurance verification
 - o Medical data information cards
 - o Physician's clearance to participate
- ï Hold a preseason/preparticipation meeting to
 - o Inform participants and parents of the risks involved in sport participation
 - o Obtain written informed consent from the parents of minor children before participation
- ï Document information provided at the preseason or preparticipation meeting.
- ï Have a well-established health care delivery team to
 - o Develop a total health care plan including staff responsibilities during emergency situations
 - o Obtain adequate secondary health insurance for participants and liability insurance for the staff
 - o Establish a communication system at each area of participation (e.g., field or gymnasium)
 - o Maintain appropriate standard injury documentation and referral forms
 - o Develop criteria to return an injured individual to participation
 - o Select and purchase quality safety equipment from a reputable dealer
 - o Inspect safety equipment and supervise proper fitting, adjustment, and repair of equipment
 - o Inspect equipment, facilities, and fields for hazards and prohibit their use if found to be dangerous
 - o Establish policies for documentation, confidentiality, and storage of medical records
 - o Keep accurate records of equipment purchases, reconditioning, and repairs
- ï Post warning signs in plain sight on and around equipment to inform of the risks involved in abuse of equipment, and describe proper use of the equipment.
- ï Post visible signs in the swimming pool area giving the depth of the pool and prohibiting diving in the shallow area.
- ï Post warning signs in the whirlpool area to inform individuals not to touch the turbine device while standing or sitting in water.
- ï Require participants to wear protective equipment regularly, including protective eyewear in appropriate racquet sports.
- ï Issue equipment that meets standards established by the National Operating Committee on Standards for Athletic Equipment (NOCSAE) or other regulatory agencies (e.g., ice hockey helmets standards monitored by ASTM and HECC).
- ï Provide continuing education for coaches and athletic trainers through in-service workshops and programs.
- ï Act as a reasonably prudent professional in caring for all participants.

64. The following points should be addressed in the response:
The team physician should administer and review preseason physical exams; review preseason conditioning programs; assess the quality, effectiveness, and maintenance of protective equipment; diagnose injuries; dispense medications; direct rehabilitation programs; educate the athletic staff on emergency policies, procedures, health care insurance coverage, and legal liability; and review all medical forms, policies, and procedures to ensure compliance with school and athletic association guidelines.
The team physician may also serve as a valuable resource on current therapeutic techniques; facilitate referrals to other medical specialists; and provide educational counseling to sport participants, parents, athletic trainers, coaches, and sport supervisors.
65. The following points should be addressed in the response:
Athletic trainers are the critical link between the sport program and medical community. They provide a broad range of direct services to the sport participant on a daily basis and serve as the liaison between the physician and athlete, and physician and coach. The major performance domains for certified athletic trainer are prevention; recognition, evaluation, and assessment; immediate care; treatment, rehabilitation, and reconditioning; organization and administration; and professional responsibility.
66. The following points should be addressed in the response:
The ATC credential holder must demonstrate continuing competence and requalify for certification by obtaining continuing education units. Continuing education programs provide an opportunity for athletic trainers to acquire new innovative skills and techniques and learn about current research within the profession. Continuing education units may be accumulated in a variety of ways, such as attending workshops, seminars, conferences, and conventions; speaking at a clinical symposium; publishing professional articles; enrolling in related correspondence or postgraduate education courses; or becoming involved in the BOC certification examination testing program.