

HHP 387 COMPETENCIES/PROFICIENCIES INSTRUCTED (I) AND EVALUATED (E)

DIAGNOSIS

DI-C3	Describe the physiological and psychological effects of physical activity and their impact on performance. (I, E)
DI-C7	Explain the relationship of injury assessment to the systematic observation of the person as a whole. (I, E)

THERAPEUTIC MODALITIES

TM-C4	Describe contemporary pain-control theories. (I, E)
-------	---

PSYCHOSOCIAL

PS-C1	Explain the psychosocial requirements (i.e., motivation and self-confidence) of various activities that relate to the readiness of the injured or ill individual to resume participation. (I, E)
PS-C2	Explain the stress-response model and the psychological and emotional responses to trauma and forced inactivity. (I, E)
PS-C3	Describe the motivational techniques that the athletic trainer must use during injury rehabilitation and reconditioning. (I, E)
PS-C4	Describe the basic principles of mental preparation, relaxation, visualization, and desensitization techniques. (I, E)
PS-C5	Describe the basic principles of general personality traits, associated trait anxiety, locus of control, and patient and social environment interactions. (I, E)
PS-C6	Explain the importance of providing health care information to patients, parents/guardians, and others regarding the psychological and emotional well being of the patient. (I, E)
PS-C7	Describe the roles and function of various community-based health care providers (to include, but not limited, to: psychologists, counselors, social workers, human resources personnel) and the accepted protocols that govern the referral of patients to these professionals. (I, E)
PS-C8	Describe the theories and techniques of interpersonal and cross-cultural communication among athletic trainers, their patients, and others involved in the health care of the patient. (I, E)
PS-C9	Explain the basic principles of counseling (discussion, active listening, and resolution) and the various strategies that certified athletic trainers may employ to avoid and resolve conflicts among superiors, peers, and subordinates. (I, E)
PS-C13	Describe the acceptance and grieving processes that follow a catastrophic event and the need for a psychological intervention and referral plan for all parties affected by the event. (I, E)
PS-C14	Explain the potential need for psychosocial intervention and referral when dealing with populations requiring special consideration (to include but not limited to those with exercise-induced asthma, diabetes, seizure disorders, drug allergies and interactions, unilateral organs, physical and/or mental disability). (I, E)
PS-C15	Describe the psychosocial factors that affect persistent pain perception (i.e., emotional state, locus of control, psychodynamic issues, sociocultural factors, and personal values and beliefs) and identify multidisciplinary approaches for managing patients with persistent pain. (I, E)

PS-CP2	Demonstrate the ability to select and integrate appropriate motivational techniques into a patient's treatment or rehabilitation program. This includes, but is not limited to, verbal motivation, visualization, imagery, and/or desensitization. Effective lines of communication should be established to elicit and convey information about the techniques. While maintaining patient confidentiality, all aspects of the program should be documented using standardized record-keeping techniques. (E)
--------	---