



ATHLETIC TRAINER PRACTICE PROTOCOL

Please enter required information, sign, and date at the bottom of the page.
 Email to KSBHA_Licensing@ks.gov or mail it directly to the Kansas State Board of Healing Arts.

Athletic Trainer's Name: _____

License Number (not required if application is pending): _____

Name of Responsible MD, DO, or DC: _____

License Number of Responsible MD, DO, or DC: _____

Under my delegation, the above designated Athletic Trainer will have the authority to act on my behalf and provide the following care:

	Yes	No
Perform evaluations, emergency care, and transportation.	<input type="checkbox"/>	<input type="checkbox"/>
Perform the application of preventative and protective measures designed to prevent injuries or protect existing injuries including taping, padding bandaging, dressing skin wounds, and splinting.	<input type="checkbox"/>	<input type="checkbox"/>
Initiate standard treatment procedures of applying cold, compression, elevation, and rest to injured body parts.	<input type="checkbox"/>	<input type="checkbox"/>
Application of cryotherapy such as cold/ide packs, cold water immersion, ice massage, and spray coolants.	<input type="checkbox"/>	<input type="checkbox"/>
Application of thermotherapy such as topical analgesics, moist hot packs, heating pads, infrared heat, and paraffin baths.	<input type="checkbox"/>	<input type="checkbox"/>
Application of hydrotherapy such as whirlpool and contrast bath.	<input type="checkbox"/>	<input type="checkbox"/>
Application of therapeutic exercise common to athletic training such as stretching, conditioning, strengthening, and muscle testing.	<input type="checkbox"/>	<input type="checkbox"/>
Application of additional clinical contemporary therapeutic modalities including patient preparation, set up, determination of dosage and treatment, including but not limited to, diathermy (shortwave, microwave, ultrasound) and muscle stimulation.	<input type="checkbox"/>	<input type="checkbox"/>
Application of rehabilitation procedures for post-operative injuries and non-operative injuries.	<input type="checkbox"/>	<input type="checkbox"/>
Act as an advisor concerning diet, rest, hydration, hygiene, sanitation, injury/illness prevention, and physical fitness development.	<input type="checkbox"/>	<input type="checkbox"/>

 Signature of Responsible MD, DO, or DC

 Date

 Signature of Athletic Trainer

 Date