



ATHLETIC TRAINER'S RESPONSIBLE PHYSICIAN and PROTOCOL

Please enter required information, sign and date at the bottom of the page. Mail or fax form.

Athletic Trainer's Name: _____

License Number: _____

Responsible Physician's Name: _____

License Number: _____

Under my supervision, the above designated Athletic Trainer will have the authority to act in 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/ice 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 such as 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 Physician and Date

Signature of Athletic Trainer and Date