

# Sports Medicine

***New for 2019-2020***

Competitors will no longer be required to show event guidelines at ILC. Time remaining announcements have been added to the test. Resources and skills have been updated. Anatomical Landmark Identification, Joint Action & Maximum Range of Motion Identification, Achilles Tendon taping, Wrist/Hand taping & Shoulder Spica have replaced skills in Round Two. The test plan and rating sheets have been updated to align with the new resources and skills. Guideline language has been updated for clarity. Scholarship information has been added to the guidelines

**Thank you to NATA for their support and assistance with these updates!**

- Purpose** To provide the HOSA member with an opportunity to develop and demonstrate knowledge and skills in the area of sports medicine/ athletic training.
- Description** This event will consist of two rounds of competition. Round One will be a written, multiple choice test. Written test will measure knowledge and understanding at the recall, application or analysis levels. Higher-order thinking skills will be incorporated as appropriate. The test score from Round One will be used to qualify the competitor for Round Two, and will be used as part of the final score. The top scoring competitors will advance to Round Two for the performance of a selected skill(s) identified in a written scenario. The scenario will require the use of critical thinking skills. The performance will be timed and evaluated according to the event guidelines.
- Dress Code** Competitors shall wear proper business attire or official HOSA uniform, or attire appropriate to the occupational area, during the orientation, written test and skill(s)– jeans and shorts are not acceptable. Bonus points will be awarded for [proper dress](#).
- Rules and Procedures**
1. Competitors in this event must be active members of HOSA-Future Health Professionals and in good standing in the division in which they are registered to compete (Secondary or Postsecondary/Collegiate).
  2. Competitors must be familiar with and adhere to the [“General Rules and Regulations of HOSA Competitive Events Program \(GRR\).”](#)
  3. The test will consist of fifty (50) multiple choice items. The test score will be used as part of the final score.
 

**Round One: Written Test Plan**  
 Injury / Illness Prevention and Wellness Promotion.....30%  
 Examination, Assessment, and Diagnosis.....30%  
 Immediate and Emergency Care ..... 16%  
 Therapeutic Intervention.....16%  
 Healthcare Administration and Professional Responsibilities.....8%
  4. All competitors shall report to the site of the event orientation at the time designated. The Round One Test will immediately follow the orientation. At ILC, [photo ID](#) must be presented prior to competing in each round. **No proxies will be allowed for the orientation.** No study materials are allowed in the room.
  5. [Test Instructions](#): The competitors will be given instructions and will be notified to

start the test. There will be a maximum of 60 minutes to complete the test. Competitors should leave the testing site promptly after submitting all testing materials and evaluations.

5.

*NOTE: States/regions may use a different process for testing, to include but not limited to pre-conference testing, online testing, and testing at a computer. Check with your Area/Region/State for the process you will be using.*

6.

**TIME REMAINING ANNOUNCEMENTS:** There will be a verbal announcement when there are 30 minutes, 15 minutes, 5 minutes, and 1 minute remaining to complete the test.

7.

The following official references are used in the development of the written test. The specific reference selected for each skill is listed in the Facilities, Equipment and Materials section of these guidelines.

- [Beam, Joel. \*Orthopedic Taping, Wrapping, Bracing and Padding\*, FA Davis Company](#), Latest edition.
- [France, Bob. \*Introduction to Sports Medicine and Athletic Training\*, Cengage](#), Latest edition.
- [Prentice, William E. \*The Role of the Athletic Trainer in Sports Medicine: An Introduction for the Secondary School Student\*, McGraw Hill](#), Latest edition.

8.

The test score from Round One will be used to qualify the competitor for the Round Two skills. The skills approved for Round Two for this event are:

Skill I: Anatomical Landmark Identification	(6 minutes)
Skill II: Joint Action and Maximum Range of Motion Identification	(15 minutes)
Skill III: Taping / Wrapping	
A. Ankle	(5 minutes)
B. Achilles Tendon	(6 minutes)
C. Shoulder Spica	(5 minutes)
D. Wrist / Hand	(4 minutes)

**NOTE: Skill II Options-** This skill may use a live patient to demonstrate poses for competitors to identify. In this case, the competitor will have 15 minutes to identify 15 different numbered poses and it will be the competitor's responsibility to tell the patient when the competitor is ready to move to the next numbered pose. Competitors may request the live patient repeat poses as often as needed during this timeframe, and poses do not need to be done in order. As an alternative to using a live patient, numbered photographs of patients in varying poses may be used. Spelling counts! Competitors should come prepared for either option.

9.

HOSA Management and event personnel have the option of providing one additional minute to the skill event interval prior to the scenario for competitors to preview the equipment that is provided for the event. If given, the one minute allowed for equipment preview will be added to the overall skill interval and competitors will be told they have an extra minute to review the equipment.

10. The selected skill(s) for Round Two will be in the form of a written scenario and will be presented to the competitor at the start of the skill to be performed. One or more skills may be combined in the scenario. The scenario will be the same for each competitor and will include a challenging component that will require the competitor to apply critical thinking skills. A sample scenario can be found [here](#).
11. The scenario is a secret topic. Professional ethics demand that competitors DO NOT discuss or reveal the secret topic until after the event has concluded. Violation of the ethics rules will be severely penalized per [the GRRs](#).
12. In case of a tie, the highest test score will be used to determine the rank.
13. Competitors must complete all steps of the skill listed in the guidelines even if the steps must be simulated/verbalized. Steps may NOT be simulated/verbalized when the equipment/materials are available.
14. If a student jeopardizes the patient's or his/her own safety and does not take immediate action to correct the error, the total points for the skill or specific subpart(s) of the skill will be deducted.
15. The timing for the skill will begin when the scenario is presented to the competitor. Competitors will be stopped at the end of the time allowed for a selected skill(s).
16. The competitor must earn a score of 70% or higher on the combined skill(s) of the event (excluding the test) in order to be recognized as an award winner at the ILC.
17. HOSA offers numerous scholarships every year to its members interested in pursuing a variety of health careers. As you consider participating in this competitive event, please keep in mind there may be a HOSA Scholarship offered that fits your interests! For more information on the HOSA Scholarship program, please visit <http://www.hosa.org/scholarships>.

**Competitors Must Provide:**

- A [photo ID](#)
- Two #2 lead pencils with eraser
- Watch with second hand (optional-Round Two only)
- Appropriate tape of any size, color or type
- Elastic wrap (used for Skill III-C)
- Tape scissors or tape cutter
- Pads (heel and lace pads) coated with friction proofing material (used for Skill III-A)
- Underwrap of any size, color or type

**Note:** *It is the competitor's responsibility to know what size and type(s) of tape/elastic wrap is (are) needed for each taping/wrapping skill, and to bring the appropriate materials to the event.*

**FOR SPECIFICS ON EVENT MANAGEMENT SEE [MANAGING COMPETITIVE EVENTS](#)**

**Required Personnel:**

- One Event Manager
- One Judge Manager (JM) to provide quality assurance for the event by ensuring that the guidelines are followed and all event documents are complete.

- One Section Leader per section
- One judge per skill selected per section (judge will role-play as the athletic trainer)
- Proctors for Testing – Approximately one proctor for 20 competitors
- Event assistants per section as needed
- One-two patients as required by the scenario (per section)
- Timekeepers (if necessary)
- Holding room attendants(s) as needed

**Facilities, Equipment and Materials (Per Section):**

**Round One      Written Test** (Reference: All resources)

- List of competitors for check-in
- One pre-numbered test per competitor
- Scantron/answer forms- one copy per competitor
- Evaluation forms - competitor and event personnel
- #2 lead pencils with eraser to complete evaluations (event personnel)

**Round Two Skills:      General**

- Clinical and/or laboratory stations for selected skills (see [HOSA Room Set](#))
- Holding rooms or areas for competitors (if off-site)
- List of competitors for check-in
- Written Scenario - copies for judges, section leaders
- Patient and judge scripts as needed
- Stopwatch(s)
- Rating sheets – one per judge per competitor
- Evaluation Forms – competitor, judge, and personnel
- #2 lead pencils with eraser to complete evaluations
- Copy of guidelines for judges
- Hand sanitizer (alcohol based handrub)
- Clipboards
- Copies of resource pages for judges to review

**Skill I Anatomical Landmark Identification** (France & Prentice)

6 minutes

- Patient in t-shirt or tank top & shorts
- Answer key for judges
- Small adhesive labels (*any shape small enough to pinpoint landmark on patient and stay on until removed*)
- Judge script with at least 21 specific anatomical locations identified from the following upper and lower extremity areas:

<b>Anatomy of the:</b>	<b>Bones (including bony landmarks &amp; joint names)</b>	<b>Ligaments or Other Structures</b>	<b>Muscles (including origin &amp; insertion, belly, &amp; tendons)</b>
<b>Foot</b>	Phalanges 1-5  Metatarsals Tarsals	Transverse arch  Longitudinal arches	Adductor Hallucis  Flexor/Extensor Digitorum Extensor Hallucis Longus
<b>Ankle &amp; Lower Leg</b>	Tibia  Fibula  Tarsals	Anterior/Posterior Tibiofibular Anterior/Posterior Talofibular Calcaneofibular Deltoid	Fibularis(Peroneus) Longus/Brevis  Extensor/Flexor Digitorum Longus  Gastrocnemius Soleus Tibialis Anterior Extensor/Flexor Hallucis Longus Achilles Tendon
<b>Knee</b>	Femur Patella  Tibia Fibula	Medial Collateral Lateral Collateral Patellar Ligament/Tendon	Rectus Femoris Vastus Lateralis  Vastus Medialis Oblique Sartorius Gracilis Biceps Femoris Semitendinosus Semimembranosus Popliteus
<b>Elbow &amp; Forearm</b>	Humerus  Radius Ulna	Ulnar Collateral  Radial Collateral Annular	Biceps/Triceps  Brachioradialis Supinator Pronator Teres Pronator Quadratus

			Flexor/Extensor Carpi Ulnaris Flexor/Extensor Carpi Radialis
<b>Anatomy of the:</b>	<b>Bones (including bony landmarks &amp; joint names)</b>	<b>Ligaments or Other Structures</b>	<b>Muscles (including origin &amp; insertion, belly, &amp; tendons)</b>
<b>Wrist, Hand &amp; Fingers</b>	Phalanges 1-5  Metacarpals Carpals	Anatomical Snuffbox Thenar/Hypothenar Eminence	Flexor/Extensor Digiti Minimi  Flexor/Extensor Pollicis Abductor Pollicis Longus
<b>Shoulder</b>	Clavicle Scapula Humerus	Sternoclavicular Acromioclavicular Glenohumeral Coracoclavicular Coracoacromial	Infraspinatus Teres Major/Minor Deltoid Biceps/ Triceps Rhomboids Major/Minor Levator Scapula Trapezius Serratus Anterior Latissimus Dorsi
<b>Neck, Spine &amp; Head</b>	Cervical Spine 1-7 Thoracic Spine 1-12  Lumbar Spine 1-5  Parietal  Occipital  Temporal Frontal Nasal Maxilla Mandible Zygomatic	None	None

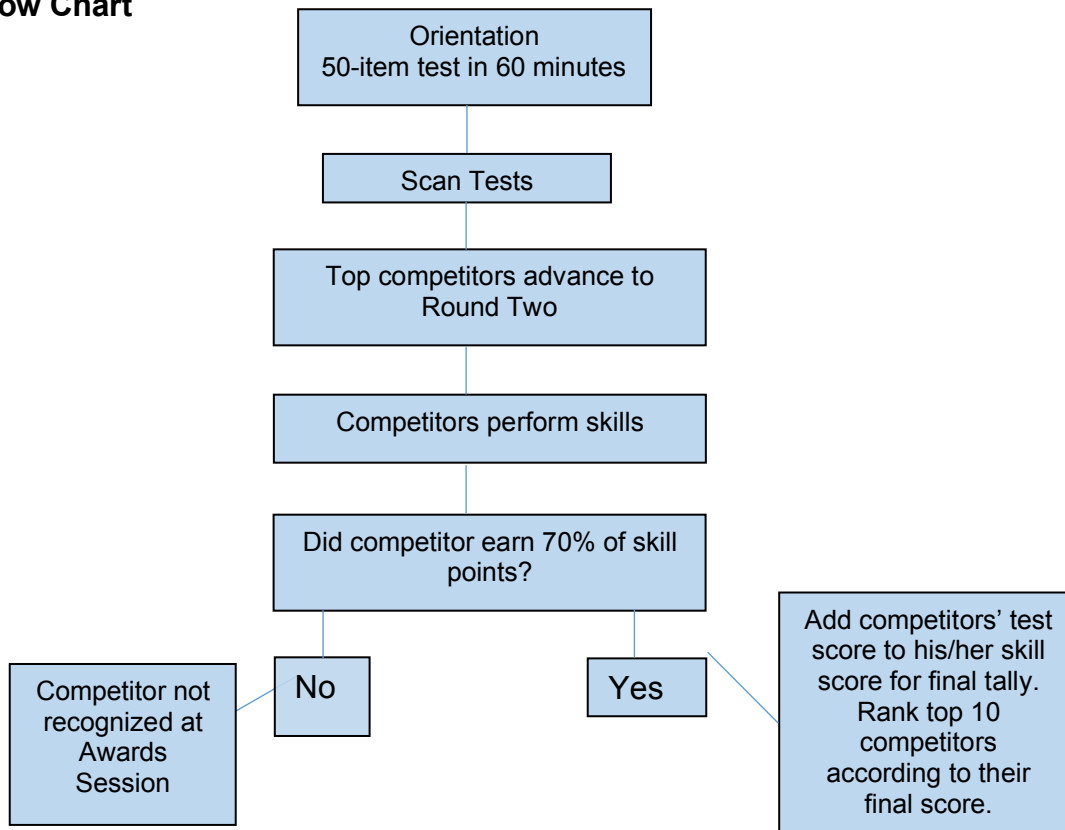
**Skill II      Joint Action & Maximum Range of Motion Identification (Prentice)      15 minutes**

- Patient in t-shirt or tank top & shorts (optional)
- Exam table or chair (only if using live patient)
- Copies of Joint Action & Maximum ROM Identification – page 11 of the guidelines (one per competitor)
- Patient demonstrating 15 motions, or 15 numbered photographs from the following list:  
(see implementation note on page 2 of these guidelines)
  - Foot/Ankle eversion      20 degrees
  - Foot/Ankle inversion      40 degrees
  - Ankle dorsiflexion      20 degrees
  - Ankle plantarflexion      45 degrees
  - Knee flexion      140 degrees
  - Hip adduction      40 degrees
  - Hip abduction      45 degrees
  - Hip extension      10 degrees
  - Hip flexion      125 degrees
  - Hip internal rotation      45 degrees
  - Hip external rotation      45 degrees
  - Shoulder flexion      180 degrees
  - Shoulder extension      50 degrees
  - Shoulder abduction      180 degrees
  - Shoulder adduction      40 degrees
  - Shoulder internal rotation      90 degrees
  - Shoulder external rotation      90 degrees
  - Elbow flexion      145 degrees
  - Forearm pronation      80 degrees
  - Forearm supination      85 degrees
  - Wrist extension      70 degrees
  - Wrist flexion      80 degrees
  - Wrist radial deviation/abduction      20 degrees
  - Wrist ulnar deviation/adduction      45 degrees

**Skill III      Taping/Wrapping (Beam)**

- Patient in t-shirt or tank top & shorts (*shoulder spica may be done over shirt or tank top*)
- Scenario
- Tape adherent spray
- Treatment table or chair(s)

## Event Flow Chart



## Sample Round One Test Questions

- Which professional can best advise an athlete on the psychological aspects of the rehabilitation process and how to cope with an injury?
  - sports physiologist
  - sports neurologist
  - sports psychologist
  - sports massage therapist
- The vitamin needed for the metabolism of carbohydrates and some amino acids, maintenance of normal appetite, and functioning of the nervous system is \_\_\_\_\_.
  - ascorbic acid
  - niacin
  - riboflavin
  - thiamine
- A common mechanism of injury for an MCL sprain is:
  - quick deceleration, cutting, twisting and landing movement.
  - abduction and lower leg rotation on a planted foot.



- C. fall on the anterior knee while in a flexed position.
- D. adduction and internal rotation of the knee.

## SPORTS MEDICINE

Competitor #: \_\_\_\_\_ Judge's Signature: \_\_\_\_\_

<b>Skill I Anatomical Landmark Identification</b> <b>(Time: 6 minutes)</b>	<b>Possible Points</b>	<b>Awarded</b>
<p>A. <i>This skill enables competitors to demonstrate their knowledge of musculoskeletal anatomy. Competitors will place a small adhesive label over the specified anatomical location of a live patient. Competitors will have 15 seconds to identify each landmark requested by the judge. Landmarks may include specific boney sites, muscles (origin, insertion, belly, tendon), or ligaments.</i></p> <p>The Head Athletic Trainer (judge) will inform the competitor which 21 locations are to be identified, one at a time. The competitor will then have 15 seconds to place the small adhesive label on the patient in the correct location. Competitor should verbalize when they are finished with each landmark so the judge can move on to the next one. The timekeeper will stop competitor once 15 seconds has elapsed, so judge can verbalize next landmark.</p> <p><i>Competitor earns 2 points for correctly identifying each landmark within the given time frame.</i></p>		
<p>B. Anatomy of the Foot:</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p>	<p>2      0</p> <p>2      0</p> <p>2      0</p>	
<p>C. Anatomy of the Ankle &amp; Lower Leg:</p> <p>4. _____</p> <p>5. _____</p> <p>6. _____</p>	<p>2      0</p> <p>2      0</p> <p>2      0</p>	
<p>D. Anatomy of the Knee:</p> <p>7. _____</p> <p>8. _____</p> <p>9. _____</p>	<p>2      0</p> <p>2      0</p> <p>2      0</p>	

E. Anatomy of the Neck, Spine & Head: 10. _____ 11. _____ 12. _____	2 2 2	0 0 0	
F. Anatomy of the Shoulder: 13. _____ 14. _____ 15. _____	2 2 2	0 0 0	
G. Anatomy of the Elbow & Forearm: 16. _____ 17. _____ 18. _____	2 2 2	0 0 0	
H. Anatomy of the Wrist, Hand & Fingers: 19. _____ 20. _____ 21. _____	2 2 2	0 0 0	
<b>TOTAL POINTS -- SKILL I</b> <b>70% Mastery for Skill I – 29.4</b>		<b>42</b>	

*\*\*If a student jeopardizes the patient's or his/her own safety and does not take immediate action to correct the error, the total points for the skill or specific subpart(s) of the skill will be deducted.*

# SPORTS MEDICINE

**Skill II: Joint Action & Maximum ROM Identification (Time: 15 minutes)**

Competitors will identify joint name, action and maximum range of motion from provided photographs or from the live patient demonstration. Spelling counts!

Competitor #: \_\_\_\_\_ Judge's Initials: \_\_\_\_\_ Total Points (45 poss.) \_\_\_\_\_

	Name of Joint (1 pt each, name & spelling)	Possible Points	Name of Action (1 pt each)	Possible Points	Max Range of Motion (1pt)	Possible Points
1		2 0		1 0		1 0
2		2 0		1 0		1 0
3		2 0		1 0		1 0
4		2 0		1 0		1 0
5		2 0		1 0		1 0
6		2 0		1 0		1 0
7		2 0		1 0		1 0
8		2 0		1 0		1 0
9		2 0		1 0		1 0
10		2 0		1 0		1 0
11		2 0		1 0		1 0
12		2 0		1 0		1 0
13		2 0		1 0		1 0
14		2 0		1 0		1 0
15		2 0		1 0		1 0
<b>TOTAL: Name &amp; Spelling (30 poss)</b>			<b>TOTAL: Action (15 poss)</b>			<b>TOTAL: ROM (15 poss)</b>

																<b>Points Awarded</b>
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## SPORTS MEDICINE

Competitor #: \_\_\_\_\_ Judge's Signature: \_\_\_\_\_

<b>Skill III-A Taping – Ankle (Time: 5 minutes)</b>		<b>Possible</b>	<b>Awarded</b>
1.	Obtained instructions from Head Athletic Trainer (judge).	1 0	
2.	Assembled equipment.	1 0	
3.	Greeted patient and introduced self.	1 0	
4.	Identified patient and explained skill.	2 0	
5.	Positioned patient sitting on a taping table with the leg extended off the edge with the foot in 90 degrees of dorsiflexion.	1 0	
6.	Instructed patient to hold foot in starting position for duration of taping procedure.	2 0	
7.	Demonstrated spraying area with tape adherent (without actually spraying adherent on patient).	1 0	
8.	Applied pre-wrap, or self-adherent wrap, and thin foam pads with skin lubricant over the heel and lace areas to provide additional adherence and lessen irritation.	2 0	
9.	Applied one layer of pre-wrap to foot and ankle	2 0	
10.	Using non-elastic tape, applied two anchor strips at a slight angle around the distal lower leg, just inferior to the gastrocnemius belly.	2 0	
11.	Placed an anchor strip around the midfoot proximal to the fifth metatarsal head.	2 0	
12.	Started the first stirrup on the medial lower leg anchor and proceeded down over the posterior medial malleolus, across the plantar surface of the foot and continued up and over the posterior lateral malleolus, finishing on the lateral lower leg anchor.	2 0	
13.	Began the first horseshoe strip on anchor of the medial aspect of the midfoot, continued around the distal Achilles tendon, across the distal lateral malleolus, and finished on the anchor of the lateral midfoot, proximal to the fifth metatarsal head.	2 0	
14.	Started the second stirrup on the medial lower leg anchor by overlapping the first by ½ of the tape width, continued down over the medial malleolus, across the plantar foot, up and over the lateral malleolus, and finished on the anchor of the lateral lower leg.	2 0	

<b>Skill III-A Taping – Ankle (continued)</b>		<b>Possible</b>		<b>Awarded</b>
15.	Began the second horseshoe began on the medial rearfoot and overlapped the first by ½ of the tape width.	2	0	
16.	Applied the third stirrup, beginning on the medial lower leg anchor, overlapping the second and covered the anterior medial and lateral malleoli.	2	0	
17.	Starting on the medial rearfoot, applied the third horseshoe, overlapping the second.	2	0	
18.	Beginning at the third horseshoe, applied closure strips in a proximal direction, overlapping each by ½, up to anchor strip on lower leg.	2	0	
19.	Applied two to three closure strips around the midfoot in a medial-to-lateral direction.	2	0	
20.	In steps # 11, 12 and #17 above, the strips and anchors did not put pressure on the 5 <sup>th</sup> metatarsal head.	2	0	
21.	Anchored the first heel lock across the lateral lace area at an angle toward the medial longitudinal arch. Continued across the arch, then angled the tape upward and pulled across the lateral calcaneus, around the posterior heel, finishing on the lateral lace area.	2	0	
22.	Repeated the same pattern on the other side of the ankle joint moving in the opposite direction.	2	0	
23.	Applied two or three heel locks to ensure maximum stability ( <i>use of either individual heel locks or continuous heel locks is acceptable</i> ).	2	0	
24.	All tape applied with mild to moderate roll tension.	1	0	
25.	Allowed tape to fit the natural contour of the skin.	2	0	
26.	Skill completed on the correct side / body part.	5	0	
27.	Upon direction of the athletic trainer, properly used tape scissors (cutter) to remove taping. ( <b>Judges evaluate taping at this time</b> )	2	0	
28.	Properly disposed of used taping materials.	1	0	
29.	Appropriate verbal and nonverbal communication with patient and other personnel.	2	0	
30.	Reported skill and observations to the Head Athletic Trainer (judge).	2	0	
<b>TOTAL POINTS -- SKILL III-A</b>		<b>56</b>		
<b>70% Mastery for Skill III-A = 39.2</b>				

\*\*If a student jeopardizes the patient's or his/her own safety and does not take immediate action to correct the error, the total points for the skill or specific subpart(s) of the skill will be deducted.

## SPORTS MEDICINE

Competitor #: \_\_\_\_\_

Judge's Signature: \_\_\_\_\_

Skill III-B Taping – Achilles Tendon ( <i>Technique Two</i> ) (Time: 6 minutes)	Possible	Awarded
1. Obtained instructions from Head Athletic Trainer (judge).	1 0	
2. Assembled equipment.	1 0	
3. Greeted patient and introduced self.	1 0	
4. Identified patient and explained skill.	2 0	
5. Positioned patient prone or kneeling on a taping table, with the lower leg extended off the edge.	1 0	
6. Demonstrated spraying the distal lower leg and distal plantar surface of the foot with tape adherent (without actually spraying adherent on patient).	1 0	
7. Applied pre-wrap over the area being taped to lessen irritation.	1 0	
8. Applied two anchors around the distal lower leg, inferior to the knee, around the upper portion of the gastrocnemius belly.	2 0	
9. Placed the other anchor around the ball of the foot.	2 0	
10. Anchored a strip of 2" heavyweight elastic tape on the mid-to-distal plantar foot. Proceeded over the middle calcaneus, and finished on the distal lower leg anchor.	2 0	
11. Anchored the next strip of 2" heavyweight elastic tape at an angle over the head of the 5 <sup>th</sup> metatarsal, continued over the medial calcaneus, and finished on the medial lower leg anchor.	2 0	
12. Placed the last 2" heavyweight elastic tape strip at an angle over the head of the 1 <sup>st</sup> metatarsal, proceeded over the lateral calcaneus, and finished on the lateral lower leg anchor.	2 0	
13. Completed the series by placing 2-3 circular strips of 2" elastic tape around the foot.	2 0	
14. Placed 4-6 strips of 2" elastic tape around the lower leg.	2 0	
15. Completed tape allows for normal, yet pain free, action of the Achilles tendon with support.	2 0	
16. Skill completed on the correct side / body part.	5 0	
17. Upon direction of the athletic trainer, properly used tape scissors (cutter) to remove taping. ( <b>Judges evaluate taping at this time</b> )	2 0	
18. Properly disposed of used taping materials.	1 0	
19. Appropriate verbal and nonverbal communication with patient and other personnel.	2 0	
20. Reported skill and observations to the Head Athletic Trainer (judge).	2 0	
<b>TOTAL POINTS -- SKILL III-B</b>	<b>36</b>	
<b>70% Mastery for Skill III-B = 25.2</b>		

*\*\*If a student jeopardizes the patient's or his/her own safety and does not take immediate action to correct the error, the total points for the skill or specific subpart(s) of the skill will be deducted.*

# SPORTS MEDICINE

Competitor #: \_\_\_\_\_ Judge's Signature: \_\_\_\_\_

<b>Skill III-C Wrapping – Shoulder Spica<sup>^</sup> (Time: 5 minutes)</b>	<b>Possible</b>	<b>Awarded</b>
1. Obtained instructions from Head Athletic Trainer (judge).	1 0	
2. Assembled equipment.	1 0	
3. Greeted patient and introduced self.	1 0	
4. Identified patient and explained skill.	2 0	
5. Requested patient stand with affected side toward competitor.	1 0	
6. Anchored the extended end of the wrap on the mid-to-proximal lateral upper arm and proceeded around the upper arm in a medial direction to encircle the anchor.	2 0	
7. At the posterior upper arm, continued the wrap in a medial direction over the lateral shoulder, across the chest, under the axilla of the non-involved arm, then across the upper back.	2 0	
8. Next, continued over the lateral involved shoulder, under the axilla, and encircle the upper arm.	2 0	
9. Repeat this spica pattern two to four times with the wrap, overlapping slightly.	2 0	
10. Finished the wrap over the involved shoulder, upper back, or thorax area.	1 0	
11. Anchored 2-3" elastic tape at the end of the wrap and applied 1-2 spica patterns over the wrap with this tape.	2 0	
12. Wrap tension is moderate, yet prevents constriction and irritation of the axilla areas.	2 0	
13. Skill completed on the correct side / body part.	5 0	
14. Upon direction of the athletic trainer, removed tape/wrap. <i>(Judges evaluate taping at this time)</i>	2 0	
15. Properly disposed of used taping materials.	1 0	
16. Appropriate verbal and nonverbal communication with patient and other personnel.	2 0	
17. Reported skill and observations to the Head Athletic Trainer (judge).	2 0	
<b>TOTAL POINTS -- SKILL III-B</b>	<b>31</b>	
<b>70% Mastery for Skill III-B = 21.7</b>		

*\*\*If a student jeopardizes the patient's or his/her own safety and does not take immediate action to correct the error, the total points for the skill or specific subpart(s) of the skill will be deducted.*

*<sup>^</sup>This wrap may be done over a tee shirt or tank top for this event.*

# SPORTS MEDICINE

Competitor #: \_\_\_\_\_ Judge's Signature: \_\_\_\_\_

Skill III-D Taping – Wrist/Hand ( <i>Figure of Eight</i> ) (Time: 4 minutes)	Possible	Awarded
1. Obtained instructions from Head Athletic Trainer (judge).	1 0	
2. Assembled equipment.	1 0	
3. Greeted patient and introduced self.	1 0	
4. Identified patient and explained skill.	2 0	
5. The patient should stand, or sit, with the wrist in a neutral position and the fingers in abduction.	1 0	
6. Demonstrated spraying area with tape adherent (without actually spraying adherent on patient).	1 0	
7. Applied pre-wrap to the wrist and hand to lessen irritation.	2 0	
8. Anchored non-elastic tape over the ulnar styloid process and continued in a circular, lateral-to-medial direction around the wrist and returning to the anchor.	2 0	
9. Applied 4-5 additional circular strips around the wrist, overlapping by ½ the width of the tape. ( <i>Strips may be applied individually or continuously</i> )	1 0	
10. Beginning again at the ulnar styloid process, applied tape in a medial direction over the dorsum of the hand, over the thenar web space, then across the distal palm. ( <i>Tape may need to be creased through the thenar web space to prevent constriction</i> )	2 0	
11. Repeated this figure eight pattern, overlapping by 1/3 the tape width, and anchored on the dorsal wrist.	2 0	
12. Tape is of moderate tension and does not cause constriction of the hand and thumb.	2 0	
13. Tape remains proximal to the metacarpophalangeal joints of the hand.	1 0	
14. Skill completed on the correct side / body part.	5 0	
15. Upon direction of the athletic trainer, properly used tape scissors (cutter) to remove taping. ( <b>Judges evaluate taping at this time</b> )	2 0	
16. Properly disposed of used taping materials.	1 0	
17. Appropriate verbal and nonverbal communication with patient and other personnel.	2 0	
18. Reported skill and observations to the Head Athletic Trainer (judge).	2 0	
<b>TOTAL POINTS -- SKILL III-D</b>	<b>31</b>	
<b>70% Mastery for Skill III-D = 21.7</b>		

*\*\*If a student jeopardizes the patient's or his/her own safety and does not take immediate action to correct the error, the total points for the skill or specific subpart(s) of the skill will be deducted.*