



**Lacey Township School District**  
**Athletic Training Office**  
**Lovell E. Emery, MEd, ATC, LAT**



**ATHLETIC TRAINING STANDING ORDERS**

The Nationally Certified/New Jersey Licensed Athletic Trainer is supervised and evaluated by the Athletic Director at Lacey Township High School. The athletic trainer, at the direction of the Medical Inspector of Lacey Township School District, will follow the written plan of care in matters concerning the prevention and recognition of injuries incurred by athletes, evaluation and assessment, emergency care, management of physical conditioning and reconditioning of athletes at Lacey Township High School.

- A. The licensed athletic trainer should initiate treatment of injuries as soon as such action is necessary as long as treatment is in keeping with the New Jersey Athletic Training Practicing Act.
- B. Emergency care is the responsibility of the athletic trainer. They must have a written policy regarding the coordination of emergency transport and care. They will serve as a triage officer to determine which injuries require additional medical evaluation or care. When necessary, the athletic trainer will make referrals to appropriate medical services.
- C. The use of moist heat and cryotherapy treatment may be instituted by the licensed athletic trainer as soon as signs and symptoms indicate the need for treatment.
- D. The athletic trainer shall apply, at their discretion, protective and/or preventive strapping and/or taping procedures in accordance with the prevailing standard of care. The athletic trainer shall also apply any protective sleeve or support when signs and symptoms indicate. The athletic trainer shall apply protective and/or braces or orthotics in accordance with prevailing standards.
- E. The athletic trainer shall instruct the athlete in the use of crutches and/or canes when symptoms indicate the necessity of their use.
- F. Treatment procedures that include the use of heat, cryotherapy, ultrasound, electrical muscle stimulation, massage, traction, and rehabilitation exercises may be instituted by the athletic trainer under the team or private physician's orders. The form of treatment may be changed at the discretion of the athletic trainer following a consultation with the team or private physician.
- G. The athletic trainer shall help design and consult on fitness programs and testing for all athletic teams. It is recommended that no athlete be permitted to practice for sport until a pre-participation physical examination is completed and approved by a physician in accordance with the New Jersey Code for Schools.
- H. The athletic trainer may, at their discretion, return an athlete to competition after assessing an injury, medical condition or re-injury of the athlete, but not to include those athletes already under the care of a physician.
- I. Treatment records will be maintained on each athlete receiving any assessment, physical modality, rehabilitation exercises, and functional support for activity or dressings. Progress notes and physicians orders will be part of the record.
- J. The athlete's medical care provided by physicians other than the team physicians is the responsibility of the athlete's physician. No treatments will be rendered or changed by the athletic trainer unless written orders are provided by the private physician.

- K. No prescribed or non-prescribed medications may be given to an athlete.
- L. Records of evaluations and actions taken by the team physician will be recorded and signed. A copy will be sent to the health office, if appropriate, and a copy will be placed with the injury records. All shall be considered privileged information.
- M. The athletic trainer shall provide advice regarding nutrition, hygiene, etc., and the fitting of protective equipment and padding.

## **Athletic Training Protocols for Musculotendinous and Ligamentous Injuries**

### **PHASE I.      Initial Trauma Care**

- A. Initial evaluation of severity using appropriate visual and manual examinations.
- B. Application of cold modality.
  - 1. Ice bag, ice immersion, cryocuff, cold water whirlpool.
  - 2. Application to be 20 minutes on and 30-45 minutes off T.I.D.
- C. Application of compression using ace bandages, adhesive tape, cryocuff.
- D. Crutches as needed.
- E. Referral to physician as needed.

### **PHASE II.     Post Trauma Care**

- A. 1-7 days post trauma
- B. Determination of treatment modality.
  - 1. In the presence of swelling, effusion, hematoma or hemarthrosis, continue use of cold modality (Phase I, B.) with the additional option of ice massage.
  - 2. In the absence of swelling, effusion, hematoma or hemarthrosis, introduction of heat using moist heat packs, warm water whirlpools (70- 105° F), massage, contrast baths, ultrasound, and/or electric stimulation.
- C. Restoration of range of motion using passive resistive exercises for sprains and strains, additionally, reduction of spasm using static stretching techniques and PNF for strains only.
- D. Weight bearing as tolerated, if applicable.
- E. Referral to physician as needed.

### **Phase III.     Restoration of Functional Movement Specific to Sport**

- A. Use of appropriate heat modality followed by ice modality after exercise.
- B. Active resistive exercise and continued static stretching exercises for strains.
- C. Weight bearing as tolerated if applicable.

### **Phase IV.     Restoration of Strength**

- A. Continued use of heat modality followed by ice modality as needed.
- B. Continued use of static stretching techniques T.I.D.

- C. Implementation of active resistive exercise. Progress in resistance and repetitions to 90% of original or unaffected limb.
- D. Modified return to activity with supportive strapping, padding or bracing as needed.

Phase V. Return to Activity

- A. Return to full activity with continued supportive strapping, padding or bracing as needed.

AGREED UPON BY:

_____	_____	<u>20242025</u>
Dr. Thomas G. Sargent, DO	Date	School Year
Medical Inspector		
Lacey Township School District		

_____	_____
Aimee Delvento	Date
Lacey Athletic Director 7-12	
Supervisor of Phys. Ed & Health 9-12	

_____	_____
Lovell E. Emery, MEd, ATC, LAT	Date
Certified Athletic Trainer	
Lacey Township High School	

❖ Original signatures on file in the Business Office.