

California State University, Fresno  
College of Health and Human Services  
Department of Kinesiology  
Master of Science in Athletic Training

Program Assessment Coordinator: Dr. Brittany A. Clason, ATC

Student Outcomes Assessment Plan (SOAP)

I. Mission Statement

The Athletic Training Program at California State University, Fresno will provide a student-centered learning environment where students flourish academically and clinically. We will produce culturally competent, evidence-based Athletic Trainers who are prepared to enter a variety of clinical settings. Our alumni will be leaders in the profession who advocate for Athletic Training in their communities throughout their careers.

II. Institutional Learning Outcomes, Program Learning Outcomes/Goals, and SLO's

1. Institutional Learning Outcomes.

**Students who graduate from California State University, Fresno will demonstrate the importance of discovery, diversity, and distinction by**

1. **developing a foundational, broad and integrative knowledge** of the humanities, the arts, the sciences, and social sciences, and their integration with their major field of study. Students will consolidate learning from different fields and explore the concepts and questions that bridge those essential areas of learning. Graduate students will articulate the significance, implications and challenges within their field in a societal and global context. In fields in which interdisciplinarity is fundamental, graduate students will further draw from the perspectives of other domains of inquiry/practice so as to assess a problem better and offer solutions to it.
2. **acquiring specialized knowledge** as identified by program learning outcomes in their major field. Students will demonstrate expertise in a specialized area of study, including integration of ideas, methods, theory and practice. Graduate students will demonstrate further mastery of the field's theories, research methods, and approaches to inquiry. They will also show the ability to assess major contributions to the field, as well as expand on those contributions through empirical research or aesthetic exploration.
3. **improving intellectual skills** including critical thinking, effective oral and written communication, information literacy and quantitative reasoning. Students will demonstrate fluency via application of these skills to everyday problems and complex challenges. Graduate students will hone these skills further, demonstrating coherent arguments, analysis, insight, creativity, and acumen as they address local, regional, and global issues in their respective fields of study.
4. **applying knowledge** by integrating theory, practice, and problem solving to address real world issues using both individual and team approaches. Students will apply their

- knowledge in a project, paper, exhibit, performance, or other appropriate demonstration that links knowledge and skills acquired at the university with those from other areas of their lives. Graduate students will integrate knowledge and skills from coursework, practicum, and research to address critical issues in their field and demonstrate advanced application of knowledge through a culminating experience that validates, challenges, and/or expands the profession's body of knowledge.
5. **exemplifying equity, ethics, and engagement.** Students will form and effectively communicate their own evidence-based and reasoned views on public issues, interact with others to address social, environmental and economic challenges, apply knowledge of diversity and cultural competencies to promote equity and social justice in the classroom and the community, value the complexity of ethical decision making in a diverse society, acknowledge the importance of standards in academic and professional integrity, and demonstrate honesty, tolerance, and civility in social and academic interactions. Building upon this at the graduate level, students will apply these values in the creation of scholarly and/or aesthetic works that enrich the human experience.

## 2. Program Learning Outcomes and related SLO's

1. **Student Learning:** *The MSAT program will ensure quality student learning in both didactic and clinical instruction as student's matriculate through the program.*
  - a. **Outcome 1:** Students will demonstrate foundational knowledge through performance on written examinations and assignments
  - b. **Outcome 2:** Students will demonstrate competence in clinical skills through performance evaluations
2. **Quality of Instruction:** *The MSAT program will provide quality didactic instruction through a variety of instruction and assessment methods.*
  - a. **Outcome 1:** Instructors utilize course delivery and assessment methods that facilitate learning and student success
3. **Quality of Clinical Education:** *The MSAT program will ensure quality clinical education by utilizing clinical sites and preceptors that reflect the program's mission and facilitate student learning.*
  - a. **Outcome 1:** The program will provide clinical opportunities through quality preceptors
4. **Student Readiness for Independent Practice:** *The MSAT program will ensure student readiness for independent practice.*
  - a. **Outcome 1:** Students will be prepared to pass the program's comprehensive examinations
  - b. **Outcome 2:** Students will be prepared to pass the BOC

## III. Curriculum Map [d]: Courses in which SLO's are addressed and evaluated

|                                                                        | 1a   | 1b   | 2a   | 3a | 4a   | 4b   |
|------------------------------------------------------------------------|------|------|------|----|------|------|
| AT 202. Foundations of Athletic Training                               | I, D | I    | I, D |    | I, D | I, D |
| AT 212. Anatomy, Evaluation, and Rehabilitation of the Lower Extremity | I, D | I, D | I, D |    | I, D | I, D |
| AT 214. Therapeutic Modalities                                         | I, D | I, D | I, D |    | I, D | I, D |

|                                                                        |         |      |         |         |      |      |
|------------------------------------------------------------------------|---------|------|---------|---------|------|------|
| AT 234. Immediate and Emergent Care                                    | I, D    | I, D | I, D    |         | I, D | I, D |
| AT 251. Clinical Practicum in Athletic Training I                      |         | I    |         | I, D, M | I, D | I, D |
| AT 222. Anatomy, Evaluation, and Rehabilitation of the Upper Extremity | D       | D    | I, D, M |         | D    | D    |
| AT 226. Applied Research Methods and Statistics in Athletic Training   | D       |      | I, D    |         | D    | D, M |
| AT 228. Policies & Procedures in Athletic Training                     | D       |      | I, D    |         | D    | D    |
| AT 252. Clinical Practicum in Athletic Training II                     |         | I, D |         | I, D, M | D    | D    |
| AT 224. Primary Care in Athletic Training                              | D, M    | I, D | I, D, M |         | D, M | D, M |
| AT 232. Anatomy, Evaluation, and Rehabilitation of the Spine           | D, M    | D, M | I, D, M |         | D, M | D, M |
| AT 233. Clinical Pharmacology for Athletic Trainers                    | D, M    |      | D, M    |         | D    | D, M |
| AT 238. BOC Exam Prep Seminar                                          | D, M    |      | I, D, M |         | D, M | D, M |
| AT 242. Prevention and Wellness                                        | D, M    | I, D | I, D    |         | D, M | D, M |
| AT 296. Current Concepts in Athletic Training I                        | D, M    |      | I, D, M |         | D, M |      |
| AT 253. Clinical Practicum in Athletic Training III                    |         | D, M |         | I, D, M | D, M | D, M |
| AT 244. Psychosocial and Behavioral Health in Athletic Training        | I, D, M |      | I, D    |         |      | M    |
| AT 248. Professional Practice in Athletic Training                     | M       |      | I, D    |         |      | M    |
| AT 297. Current Concepts in Athletic Training II                       | M       |      | I, D    |         |      |      |
| AT 254. Clinical Practicum in Athletic Training IV                     |         | M    |         | I, D, M | M    | M    |

For courses in the major, using the abbreviations below, indicate which outcomes are introduced, which are developed, and which are mastered in that particular course.

**I = Introduced**

**D = Developed**

**M=Mastered**

#### IV. SLO's Mapped to Assessment Measures and Methods

| Method                                  | 1a | 1b | 2a | 3a | 4a | 4b |
|-----------------------------------------|----|----|----|----|----|----|
| <b>Direct</b>                           |    |    |    |    |    |    |
| AT 226 Critically Appraised Topic Paper | x  |    |    |    |    |    |
| AT 212 Module 4 Practical Exam          |    | x  |    |    |    |    |
| Student Ratings of Instruction          |    |    | x  |    |    |    |

|                                          |   |   |   |   |   |   |
|------------------------------------------|---|---|---|---|---|---|
| Evaluation of the Preceptor and Facility |   |   |   | x |   |   |
| Comprehensive Examination                |   |   |   |   | x |   |
| BOC Overall Pass Rates                   |   |   |   |   |   | x |
| <b>Indirect</b>                          |   |   |   |   |   |   |
| Graduating Student Survey                | x | x | x | x | x | x |

**V. Assessment Measures: Description of Assignment and Method (rubric, criteria, etc.) used to evaluate the assignment [f]**

1. Direct Measures

1. AT 226 Critically Appraised Topic Paper: Once identifying a clinical question relevant to their clinical practice, the student will be expected to find a minimum of three (3) recent (preferably within the last 5 years) journal articles about the chosen clinical question. The student will write a Critically Appraised Topic (CAT) paper by performing a critical appraisal of each article and summarizing the implications for practice, education, and future research. The paper is evaluated using a rubric which is included as Appendix A. *Benchmark: 100% of students will achieve at least 70% on the paper.*
2. AT 212 Module 4 Practical Exam: Students must demonstrate the ability to evaluate and treat a lower extremity injury using modalities and therapeutic exercise. The practical exam is evaluated using a rubric which is included as Appendix B. *Benchmark: 100% of students will achieve at least 80% on the assessment.*
3. Student Ratings of Instruction: Students will rate their instructors in several courses toward the end of each semester. A summary of scores will be collected by the Department Chair and provided to the Program Director for annual review. Student ratings of instruction may be completed electronically or on paper, depending on the instructor's preference. *Benchmark: Average score of 3.5/5 for all program courses.*
4. Evaluation of Preceptor and Facility: Students are required to submit at least one evaluation of their assigned clinical preceptor for each assigned clinical rotation. Evaluations of the Preceptor and Facility are used to determine quality preceptorship and overall quality of the clinical site as an educational experience for MSAT students. Appendix D. *Benchmark: Average score of 3.5/5 on the survey portion of the evaluation.*
5. Comprehensive Exams: A comprehensive examination is an assessment of the student's ability to integrate the knowledge of the area, show critical and independent thinking, and demonstrate mastery of the subject matter. The results of the examination demonstrate independent thinking, appropriate organization, critical analysis and accuracy of documentation. The comprehensive exam comprises two essay-style questions and two practical scenarios that cover nine graduate classes. The Exam will be administered over three days toward the end of the spring semester. Evaluation of the exam will be conducted by the Athletic Training Faculty. *Benchmark: 100% of students will achieve at least 70% on the paper.*

6. BOC Pass Rates: To practice as a certified athletic trainer, students must pass the Board of Certification, Inc. Examination. Students are allowed to register and take the examination in the last semester of their accredited master's program. *Benchmark: The program will maintain a 3-year aggregate of 70%.*
2. Indirect Measures (Department/Program must use a minimum of one indirect measure)
  1. Graduating Student Survey: Graduating students in their final semester will be invited to complete the Graduating Student Survey via Google Forms. These data provide the program with information related to students' perceptions about preparedness in course content, and quality of the didactic and clinical experiences. *Benchmark: Average scores of 3.5/5.*

## VI. Assessment Schedule/Timeline

| Academic Year | Measure          | SLO                                      | SLO                       |
|---------------|------------------|------------------------------------------|---------------------------|
| 2025-2026     | Survey           | Student Ratings of Instruction           | Graduating Student Survey |
| 2026-2027     | Survey           | Evaluation of the Preceptor and Facility | Graduating Student Survey |
| 2027-2028     | Exam and Survey  | Comprehensive Examination                | Graduating Student Survey |
| 2028-2029     | Exam and Survey  | BOC Pass Rates                           | Graduating Student Survey |
| 2029-2030     | Paper and Survey | AT 226 Critically Appraised Topic Paper  | Graduating Student Survey |
| 2030-2031     | Exam and Survey  | AT 212 Module 4 Practical Exam           | Graduating Student Survey |
| 2031-2032     | Survey           | Student Ratings of Instruction           | Graduating Student Survey |
| 2032-2033     | Survey           | Evaluation of the Preceptor and Facility | Graduating Student Survey |

## VII. Closing the Loop

**Fresno State Closing the Loop process is described immediately below.**

**A major assessment report, which focuses on assessment activities carried out the previous academic year, is submitted in September of each academic year and evaluated by the Learning Assessment Team and Director of Assessment at Fresno State.**

Program/Department Closing the Loop process: Data are collected and analyzed according to the implementation schedule above. This information is then used to write a report, "Summary of Outcome Assessment Results", for the academic year in which the data is collected. Once the report is compiled, it is presented to and reviewed by the Athletic Training Program faculty at the annual Fall AT Faculty retreat. The findings are discussed and an action plan may be decided upon, as appropriate. If it is decided that an action needs to be taken or a change needs to be made, responsibilities are assigned and this is documented in the report. It is then up to the Program Director (acting as Assessment Coordinator) to follow up on any actions or changes in terms of

additional data collected in subsequent years. Examples of “Summary of Outcome Assessment Results” reports will clearly identify actions that have been taken and are available upon request.

## Appendix A: AT 226 Critically Appraised Topic Paper Rubric

Critically Appraised Topic Paper Rubric

Student : \_\_\_\_\_

Total Score: \_\_\_\_ / 150

### Clinical Scenario, Summary and Clinical Bottom Line (33 points)

|                                                                   | <i>Fully Fulfilled<br/>Outstanding (100%)</i>                                                                                                                                   | <i>Mostly Fulfilled<br/>Above Average (80%)</i>                                                                                                                        | <i>Partially fulfilled<br/>Average (70%)</i>                                                                       | <i>Minimally Fulfilled<br/>Below Average (60%)</i>                                                          | <i>Unsatisfactory (&lt;50%)</i>                                                             |
|-------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| <i>Clinical Scenario<br/>(12 pts)</i>                             | Clearly described the scenario that led to the focused clinical question                                                                                                        | Provided above average description of the scenario that led to the focused clinical question                                                                           | Provided some description of the scenario that led to the focused clinical question                                | Provided minimal description of the scenario that led to the focused clinical question                      | Unclear or inadequate explanation of the scenario that led to the focused clinical question |
| <i>Focused Clinical Question (5 pts)</i>                          | Clinical question is patient-oriented, practical, specific enough to guide an electronic evidence search and is relevant to the evidence. All PICO elements are clearly evident | Clinical question meets most criteria: is patient-oriented, practical, specific enough to guide an electronic evidence search and is relevant to the evidence gathered | Clinical question meets some criteria: is patient-oriented, has practical importance, is relevant but is too broad | Clinical question does have practical importance but is not relevant to the evidence gathered and evaluated | Unclear or inadequate clinical question                                                     |
| <i>Summary of Search, Best Evidence, and Key Findings (7 pts)</i> | Provided a sound summary of the evidence and key findings                                                                                                                       | Provided an above average summary of the evidence and key findings                                                                                                     | Provided an average summary of the evidence and key findings                                                       | Provided a fair summary of the evidence and key findings                                                    | Inadequate summary of the evidence and key findings                                         |
| <i>Clinical Bottom Line (9 pts)</i>                               | Provided clear and sound explanation of the clinical bottom line of the findings                                                                                                | Provided an above average explanation of the clinical bottom line of the findings                                                                                      | Provided an average explanation of the clinical bottom line of the findings                                        | Provided a fair explanation of the clinical bottom line of the findings                                     | Inadequate explanation of the clinical bottom line of the findings                          |

### Search Strategy and Results of Search (12 points)

|                                                                            | <i>Fully Fulfilled<br/>Outstanding (100%)</i>                                                                                                           | <i>Mostly Fulfilled<br/>Above Average (80%)</i>                                     | <i>Partially fulfilled<br/>Average (70%)</i>                                                    | <i>Minimally Fulfilled<br/>Below Average (60%)</i>                              | <i>Unsatisfactory (&lt;50%)</i>                                                                    |
|----------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| <i>Search Engines and key words, Inclusion/ Exclusion criteria (7 pts)</i> | Clearly cited search engines, key words, and specified In/Ex criteria used to locate evidence are described in such a way that the search is repeatable |                                                                                     | Partially cited search engines, key words, and specified In/Ex criteria used to locate evidence |                                                                                 | Inadequately cited search engines, key words, and specified In/Ex criteria used to locate evidence |
| <i>Level of evidence and study design (5 pts)</i>                          | Clearly identified the level of evidence and the type of research design                                                                                | Identification of most but not all levels of evidence and types of research designs |                                                                                                 | Minimal identification of some levels of evidence and types of research designs | Inadequate identification of levels of evidence and types of research designs                      |

### Implications for Practice, Education and Future Research (40 points)

|                                                                 | <i>Fully Fulfilled<br/>Outstanding (100%)</i>                               | <i>Mostly Fulfilled<br/>Above Average (80%)</i>                                      | <i>Partially fulfilled<br/>Average (70%)</i>                                   | <i>Minimally Fulfilled<br/>Below Average (60%)</i>                             | <i>Unsatisfactory (&lt;50%)</i>                                                   |
|-----------------------------------------------------------------|-----------------------------------------------------------------------------|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <i>Implications for Practice, Education and Future Research</i> | Clearly identified implications for practice, education and future research | Above average discussion of implications for practice, education and future research | Average discussion of implications for practice, education and future research | Minimal discussion of implications for practice, education and future research | Inadequate discussion of implications for practice, education and future research |

### Summary and Appraisal of the Best Evidence (45 points)

|                                                            | <i>Fully Fulfilled<br/>Outstanding (100%)</i>                                                                                | <i>Mostly Fulfilled<br/>Above Average (80%)</i>                                                                                   | <i>Partially fulfilled<br/>Average (70%)</i>                                                                                         | <i>Minimally Fulfilled<br/>Below Average (60%)</i>                                                                            | <i>Unsatisfactory (&lt;50%)</i>                                                                                             |
|------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|
| <i>Validity Score<br/>(12 pts)</i>                         | Correct validity score completed and reported, all validity score sheets submitted with paper                                |                                                                                                                                   | Some validity score completed and reported and/or some validity score sheets submitted with paper                                    |                                                                                                                               | Inadequate completion of validity scores and/or submission                                                                  |
| <i>Summary of<br/>Evidence (15 pts)</i>                    | Clearly and concisely reported participants, intervention, outcome measures, and key findings                                | Above average report of participants, intervention, outcome measures, and key findings                                            | Adequate report of participants, intervention, outcome measures, and key findings                                                    | Minimally reported participants, intervention, outcome measures, and key findings                                             | Inadequate report of participants, intervention, outcome measures, and key findings                                         |
| <i>Conclusions &amp;<br/>Study Limitations<br/>(9 pts)</i> | Clearly and concisely reported the conclusions and study limitations                                                         | Above average report of the conclusions and study limitations                                                                     | Adequate report of the conclusions and study limitations                                                                             | Minimally reported of the conclusions and study limitations                                                                   | Inadequate report of the conclusions and study limitations                                                                  |
| <i>Interpretation of<br/>Results (9 pts)</i>               | Excellent interpretation of results as applied to the clinical question; interpretation fully supported by reported findings | Above average interpretation of results as applied to the clinical question; interpretation mostly supported by reported findings | Adequate interpretation of results as applied to the clinical question; interpretation supported by reported findings to some degree | Minimal interpretation of results as applied to the clinical question; interpretation not well supported by reported findings | Inadequate interpretation of results as applied to the clinical question; interpretation not supported by reported findings |

### General Writing Style and Mechanics (20 points)

|                                                   | <i>Fully Fulfilled<br/>Outstanding (100%)</i>                                                                                                                          | <i>Mostly Fulfilled<br/>Above Average (80%)</i>                                                                                           | <i>Partially fulfilled<br/>Average (70%)</i>                                                                                                    | <i>Minimally Fulfilled<br/>Below Average (60%)</i>                                                                                                  | <i>Unsatisfactory (&lt;50%)</i>                                                                                                                     |
|---------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>Structure and<br/>Organization<br/>(5 pts)</i> | Organization is sequential and appropriate to assignment; paragraphs are well developed and appropriately divided; ideas linked with smooth and effective transitions. | Competent organization, without sophistication. Competent paragraph structure; lacking in effective transitions.                          | Limited attempts to organize around a thesis; paragraphs are mostly stand-alones with weak or non-evident transitions.                          | Organization, while attempted, was unsuccessful. Paragraphs were simple, disconnected and formulaic. No evident transitions or planned sequence.    | Organization, if evident at all, is confusing and disjointed; paragraph structure is weak, transitions are missing, inappropriate and/or illogical. |
| <i>Sentence Structure<br/>(Grammar) (5 pts)</i>   | Each sentence structured effectively, powerfully; rich, well-chosen variety of sentence styles and length.                                                             | Effective and varied sentences; errors (if any) due to lack of careful proofreading; syntax errors(if any) reflect uses as colloquialism. | Formulaic or tedious sentence patterns; shows some errors in sentence construction; some non-standard syntax usage.                             | Sentences show errors of structure; little or no variety; no grasp of sentence flow.                                                                | Simple sentences used excessively, almost exclusively; frequent errors of sentence structure.                                                       |
| <i>Mechanics and<br/>Presentation<br/>(5 pts)</i> | Virtually free of punctuation, spelling, capitalization errors; appropriate format and presentation for assignment.                                                    | Contains only occasional punctuation, spelling, and/or capitalization errors. Few formatting errors. Most errors likely careless.         | Contains several(mostly common) punctuation, spelling and/or capitalization errors. Several errors in formatting or formatting is inconsistent. | Contains many errors of punctuation, spelling, and/or capitalization. Errors interfere with meaning in places. Formatting incorrect in most places. | Contains many and serious errors of punctuation, spelling, and or capitalization; errors severely with meaning. Formatting weak/                    |
| <i>Vocabulary and<br/>Word Usage<br/>(5 pts)</i>  | Exceptional vocabulary, range, accuracy, and correct and effective word usage.                                                                                         | Good vocabulary range and accuracy of usage.                                                                                              | Ordinary vocabulary range, mostly accurate, some vernacular terms.                                                                              | Errors of diction, and usage, while evident, do not interfere with readability.                                                                     | Extremely limited vocabulary; choices lack grasp of diction; usage is inaccurate.                                                                   |

## Appendix B: AT 212 Module 4 Practical Exam

Name: \_\_\_\_\_

### Scenario:

Mark Linden is a forward on the soccer team. The coach decided to require sprints as part of today's practice. During the sprints, Mr. Linden notices that his stride does not feel normal; his right leg feels tight posteriorly. As he completes his last 100 meters, he feels a sharp pain and muscle weakness. He realizes that he is unable to fully extend his leg, and he drops to the field.

Mr. Linden's chief complaint is pain in his proximal posterior thigh. He has a history of tight hamstrings and hamstring strains that had been treated with a wrap and an at home exercise program to stretch and strengthen his hamstrings. Mr. Linden reports feeling mild to moderate soreness in his hamstrings before practice. At the time of injury he does not feel or hear a pop or any other abnormal sounds and does not feel any abnormal sensations besides the pain and weakness.

Did the student gather an appropriate amount of information about the patient that would lead to an accurate diagnosis?

1      2      3      4      5      6      7      8

During observation, the athletic trainer does not notice an obvious deformity, edema, or ecchymosis. The patient does not have genu valgum, genu varum, or genu recurvatum. The gait observation reveals excessive knee flexion at initial contact/heel strike, but there is no toe-in or toe-out gait. Further observation reveals a functional leg length discrepancy.

Did the student make observations appropriate for the injury (e.g., gait, ecchymosis, edema)?

1      2      3      4

Palpations reveal point tenderness and a palpable deformity over the proximal biceps femoris. All other structures are normal (not point tender, no false movement, no crepitus). The athletic trainer also notices that the affected area also feels warm to the touch.

Did the student correctly perform palpations of the tissues in the surrounding region and any other tissue that may have been affected?

1      2      3      4

Active range of motion shows pain with hip extension and knee flexion and pain with hip flexion and knee extension at end ranges of these motions. There is also weakness with hip extension and knee flexion, but no weakness with hip flexion and knee extension. Hip flexion is limited to 90 degrees due to pain, hip extension is also limited to 25 degrees due to pain. Hip adduction, abduction, internal rotation, and external rotation are not painful or weak and are all within normal limits.

Passive range of motion shows pain with hip flexion at end range of motion. Hip flexion is limited to 90 degrees due to pain. Hip extension, adduction, abduction, internal rotation, and external rotation are not painful and are all within normal limits. Knee extension and knee flexion are also not painful and are within normal limits.

Resisted range of motion shows pain with hip extension and knee flexion. There is also weakness with hip extension and knee flexion. Hip extension is limited to 25 degrees and knee flexion is also limited to 90 degrees due to pain. Hip flexion is only painful at the end of motion, but is not weak. Hip adduction, abduction, internal rotation, and external rotation are not painful or weak and are all within normal limits. Knee extension is also not painful or weak and is within normal limits. **If done isometrically, there is only pain and weakness with hip extension and knee flexion.**

Did the student perform A/P/RRROM at the appropriate joints bilaterally, looking for pain, motion, and weakness?

1      2      3      4      5      6      7      8

Following range of motion, the athletic trainer chooses to perform MMT. Tests for lateral hamstring are rated 4 out of 5. The Gluteus Maximus and Hamstring test is also 4 out of 5. All other MMT is 5/5.

Did the student correctly perform special tests for all differential diagnoses?

1      2      3      4      5      6

The athletic trainer diagnoses the patient with a grade 2 biceps femoris strain.

Did the student decide on a diagnosis that made sense based on information from the injury evaluation?

1      2      3

### Manual Muscle Testing

1. Iliopsoas and Rectus Femoris
2. Gluteus Maximus
3. Hip Int Rot
4. Hip Ext Rot
5. Gluteus Medius and Minimus
6. Iliopsoas
7. Gluteus Maximus and Hamstrings
8. Tensor Fascia Latae

| 1. Correct practitioner placement/hand placement? | 0 | 1 | 0 | 1 |
|---------------------------------------------------|---|---|---|---|
| 2. Correct direction of force by patient?         | 0 | 1 | 0 | 1 |
| 3. Correct direction of resistance by student?    | 0 | 1 | 0 | 1 |

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## **Goniometry**

Hip Flexion and Extension

2. Hip Abduction and Adduction

3. Hip Internal and External Rotation

|                                        |   |   |   |   |
|----------------------------------------|---|---|---|---|
|                                        |   |   |   |   |
| 1. Correct axis placement?             | 0 | 1 | 0 | 1 |
| 2. Correct movement arm placement?     | 0 | 1 | 0 | 1 |
| 3. Correct stationary arm placement?   | 0 | 1 | 0 | 1 |
| 4. Was the measurement read correctly? | 0 | 1 | 0 | 1 |
| 5. What is normal for these motions?   | 0 | 1 | 0 | 1 |

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### Rehab Rubric

- Your patient has met the goals you set for Phase 1 and is now starting Phase 2 of their rehabilitation program. You will write one goal appropriate for this patient in Phase 2, one goal for late Phase 3 (think SMART!), and one goal for Phase 4.
- You will then instruct your patient on six different exercises, two that are appropriate for your goal in Phase 2, two functional exercises that are appropriate for your goal in late Phase 3, and two performance-specific exercises that are appropriate for your goal in Phase 4.
- Be prepared to provide your rationale for selecting each exercise, including the characteristics of/rationale for your functional and performance-specific exercises.
- Your grade will be based on (1) the appropriateness of the goal and exercises you chose for your injury, (2) your ability to instruct your patient on how to perform the exercises, and (3) whether or not you used the correct technique for each exercise.
- Remember that you are working with a simulated patient and you need to treat them as such (e.g. explain things fully, provide tactile and verbal cues when needed, correct improper technique or substitutions, etc.). Necessary equipment is available to you, so do not simply describe to me what you would have them do; SHOW me how you would instruct and teach your patient.

### Phase 2 (15 points)

Was the goal appropriate for the injury and phase of rehabilitation?

|   |   |   |
|---|---|---|
| 1 | 2 | 3 |
|---|---|---|

Were exercises appropriate and correct for the injury and goal?

|   |   |   |   |
|---|---|---|---|
| 1 | 2 | 3 | 4 |
|---|---|---|---|

Correct technique?

|   |   |   |   |
|---|---|---|---|
| 1 | 2 | 3 | 4 |
|---|---|---|---|

Ability to instruct patient

|   |   |   |   |
|---|---|---|---|
| 1 | 2 | 3 | 4 |
|---|---|---|---|

**Late Phase 3 Functional Exercises (17 points)**

Was the goal appropriate for the injury and phase of rehabilitation?

|   |   |   |
|---|---|---|
| 1 | 2 | 3 |
|---|---|---|

Were exercises appropriate and correct for the injury and goal?

|   |   |   |   |
|---|---|---|---|
| 1 | 2 | 3 | 4 |
|---|---|---|---|

Correct technique?

|   |   |   |   |
|---|---|---|---|
| 1 | 2 | 3 | 4 |
|---|---|---|---|

Ability to instruct patient

|   |   |   |   |
|---|---|---|---|
| 1 | 2 | 3 | 4 |
|---|---|---|---|

Ability to describe how the exercises are functional

|   |   |
|---|---|
| 1 | 2 |
|---|---|

**Phase 4 Performance-Specific Exercises (17 points)**

Was the goal appropriate for the injury and phase of rehabilitation?

|   |   |   |
|---|---|---|
| 1 | 2 | 3 |
|---|---|---|

Were exercises appropriate and correct for the injury and goal?

|   |   |   |   |
|---|---|---|---|
| 1 | 2 | 3 | 4 |
|---|---|---|---|

Correct technique?

|   |   |   |   |
|---|---|---|---|
| 1 | 2 | 3 | 4 |
|---|---|---|---|

Ability to instruct patient

|   |   |   |   |
|---|---|---|---|
| 1 | 2 | 3 | 4 |
|---|---|---|---|

Ability to describe how the exercises are performance-specific

|   |   |
|---|---|
| 1 | 2 |
|---|---|

Score \_\_\_\_/49

## Appendix C: Evaluation of the Preceptor and Facility

### Evaluation of the Preceptor and Facility 2023/2024

Remember this form is meant to stay anonymous. All information will be compiled and sent to the preceptor and facility.

Preceptor Name \*

██████████ ▼

Facility Name \*

██████████ ▼

Evaluation of your Preceptor's Attributes

To the best of your ability, please rate how much you agree or disagree with the following statements.

My preceptor consistently established a good learning environment. \*

Strongly Disagree   1   2   3   4   5   Strongly Agree

☐   ☐   ☐   ☐   ☒

My preceptor organized time to allow for teaching, adequate communication, and feedback. \*

Strongly Disagree   1   2   3   4   5   Strongly Agree

☐   ☐   ☐   ☒   ☐

My preceptor helped me complete my proficiencies assigned in my practicum course. \*

Strongly Disagree   1   2   3   4   5   Strongly Agree

☐   ☐   ☐   ☐   ☒

My preceptor regularly asked me questions that promoted learning and stimulated independent learning. \*

clarifications, reflective questions, etc.

Strongly Disagree   1   2   3   4   5   Strongly Agree

☐   ☐   ☐   ☒   ☐

My preceptor gave clear answers to my questions and encouraged me to ask additional questions. \*

1 2 3 4 5  
Strongly Disagree ☐ ☐ ☐ ☒ ☐ Strongly Agree

My preceptor offered constructive feedback regularly and during appropriate times. \*

1 2 3 4 5  
Strongly Disagree ☐ ☐ ☐ ☒ ☐ Strongly Agree

My preceptor clearly specified what I was expected to know and do during this rotation. \*

1 2 3 4 5  
Strongly Disagree ☐ ☐ ☐ ☐ ☒ Strongly Agree

My preceptor helped me achieve the goals for learning set during this rotation. \*

1 2 3 4 5  
Strongly Disagree ☐ ☐ ☐ ☐ ☒ Strongly Agree

My preceptor allowed me to perform clinical skills on patients as long as they were appropriate to my level/ experience/ competence. \*

1 2 3 4 5  
Strongly Disagree ☐ ☐ ☐ ☐ ☒ Strongly Agree

I would consider my preceptor a high-quality preceptor. \*

1 2 3 4 5  
Strongly Disagree ☐ ☐ ☐ ☐ ☒ Strongly Agree

Additional Comments

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