

**FALL 2**

**ATP 7313**

**REHABILITATION OF SPORTS INJURIES**

**TBD**

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**Course Description:**

**ATP 7313. REHABILITATION OF SPORTS INJURIES.** Credit 3 Hours.

Prerequisites: Formal acceptance for progression into the Master's Degree in Athletic Training. Introduction to the principles of rehabilitation of sports injuries, including range of motion, pain control, balance, proprioception, strengthening, and endurance. The development of therapeutic goals and objectives, exercise gradation and methods of evaluating rehabilitation progress will be stressed.

**Textbook(s):**

Prentice, W (2010). Rehabilitation Techniques in Sports Medicine, 5<sup>th</sup> Edition. Publisher: McGraw-Hill. ISBN: 978-0073376615

Norkin, C.C. & White, D.J. (2009). Measurement of Joint Motion: A Guide To Goniometry. Publisher: F.A. Davis. ISBN: 978-0803620667

## **Course Objectives:**

Upon successful completion of this course students will be able to demonstrate the appropriate knowledge and skill base to understand the basic principles of:

1. Instruct clients/patients in the basic principles of ergonomics and their relationship to the prevention of illness and injury. (PHP-19)
2. Summarize the principles and concepts of, and both fit and apply standard protective equipment, taping and wrapping procedures/ techniques. (PHP-21, PHP-22, PHP-23)
3. Identify the patient's participation restrictions and activity limitations to determine the impact of the condition on the patient's life. (CE-7)
4. Identify functional and patient centered quality of life outcome measures and explain the role and importance of these measures in clinical practice and patient health- related quality of life. (CE-8, CE-9)
5. Differentiate between an initial injury evaluation and follow-up/reassessment as a means to evaluate the efficacy of the patient's treatment/ rehabilitation program and make modifications to the patient's program as needed. (CE-14)
6. Use standard technique and procedures for the clinical examination of common injuries, conditions, illnesses, and diseases including, but not limited to: history taking; inspection/ observation; palpation; functional assessment; special orthopedic tests; neurological assessments. (CE-20a-f)
7. Assess and interpret findings from a physical examination that is based on a patient's clinical examination, including: assessment of posture, gait, movement patterns; palpation; muscle function; quality/ quantity of osteokinematic joint motion; capsular/ ligamentous stress testing; joint play; special orthopedic tests; neurologic function. (CE-21a-h)
8. Determine when the findings of an examination warrant a referral. (CE-22)
9. Describe and differentiate the physiological and pathophysiological responses to inflammatory and non-inflammatory conditions and the influence of these responses on the design, implementation, and the progression of the therapeutic intervention. (TI-1)
10. Compare and contrast contemporary theories of pain perception and pain modulation as well as differentiate between palliative and primary pain control interventions. (TI-2, TI-3)
11. Analyze the impact of immobilization, inactivity, and mobilization on the body systems and injury response. (TI-4)
12. Compare and contrast the variations in the physiological response to injury and healing across the lifespan as well as the theory and principles relating to expected physiological responses of a therapeutic intervention program. (TI-5, TI-8).
13. Describe common surgical techniques that impact the selection and progression of a therapeutic intervention program. (TI-6)
14. Identify patient-and clinician- oriented outcome measures commonly used to recommend activity level, make return to play decisions and maximize patient outcomes and progress in the treatment plan. (TI-7)

15. Integrate self-treatment into the intervention when appropriate, including instructing the patient regarding self-treatment plans. (TI-10)
16. Design therapeutic interventions to meet specified treatment goals including but not limited to: assessing patient to identify indications, contraindications, and precautions applicable to intended intervention; position and prepare the patient for various therapeutic interventions; describe the expected effects and potential adverse reactions to the patient; apply the intervention, using parameters appropriate to the intended outcome; reassess the patient to determine the immediate impact of the intervention. (TI 11a-f)
17. Use the results of ongoing clinical examinations to determine when a therapeutic intervention should be progressed, regressed or discontinued. (TI-12)
18. Describe the relationship between the application of therapeutic modalities and the incorporation of active and passive exercise and/or manual therapies. (TI-13)
19. Describe and perform the use of joint mobilization in pain reduction and restoration of joint mobility as indicated by examination findings. (TI-14, TI-15)
20. Analyze gait and select appropriate instruction and correction strategies to facilitate safe progression to functional gait pattern. (TI-17)
21. Explain the relationship between posture, biomechanics, and ergonomics and the need to address these components in a therapeutic intervention. (TI-18)
22. Inspect therapeutic equipment and the treatment environment for potential safety hazards and identify manufacturer, institutional, state, and/or federal standards that influence the approval, operation, inspection, maintenance and safe application of therapeutic modalities and rehabilitation equipment. (TI-19, TI-20)
23. Describe how psychosocial considerations affect clinical decision making related to return to activity or participation. (PS-3)
24. Summarize contemporary theory regarding educating patients of all ages and cultural backgrounds to affect behavioral change and demonstrate the basic processes of effective interpersonal and cross-cultural communication as it relates to interactions with patients and others involved with the healthcare of that patient. (PS-4, PS-5)
25. Describe the psychological techniques and interventions that can be used to motivate and facilitate a patient's physical, psychological and return to activity needs during injury rehabilitation. (PS-7, PS-8)
26. Describe the psychosocial factors that affect persistent pain sensation and perception and identify multidisciplinary approaches for assisting patients with persistent pain. (PS-9).
27. Describe the psychological and emotional responses to a catastrophic event, the potential need for a psychological intervention and a referral plan for all parties affected by the event. (PS-17).
28. Provide appropriate education regarding the condition and plan of care to the patient and appropriately discuss with others as needed and as appropriate to protect patient privacy. (PS-18)
29. Perform a comprehensive clinical examination of a patient with a lower extremity injury or emergent condition. (CIP-4)

30. Based on the comprehensive clinical examination and findings provide the appropriate initial care and establish overall treatment goals of lower extremity injuries or emergent conditions. (CIP-4)
31. Create and implement a therapeutic intervention to target treatment goals for lower extremity injuries or emergent conditions. (CIP-4)
32. Integrate and interpret various forms of standardized documentation to recommend activity level, make return to play decisions and maximize patient outcomes and progress in treatment plans for lower extremity injuries or emergent conditions. (CIP-4)

### **Retention and Progression Procedures & Policy:**

After students have been formally accepted into the Master of Athletic Training Program at the University of Houston the ATS must maintain a G.P.A. of 3.0 or above and receive no more than one grade of “C” in any of the required Master of Athletic Training Program courses. When a student falls below the required G.P.A. and/or receives a grade of “C” in two or more classes, the ATS will be removed from the Master of Athletic Training Program.

Should the student who has been removed from the Master of Athletic Training Program wish to file a grievance, he/she must follow the guidelines as defined at the following link:

<http://www.uh.edu/class/students/graduate/academics-planning/policies-procedures/index.php>



**Evaluation Methods:**

**Total Possible:**

**Grading Scale:**

100-93:	A
92-85:	B
84-77:	C
76-69:	D
<69:	F

**ADA STATEMENT**

When possible, and in accordance with 504/ADA guidelines, we will attempt to provide reasonable academic accommodations to students who request and require them. Please call the Center for Students with Disabilities at ext. 3-5400 for more assistance.

**ACADEMIC HONESTY**

Honesty in your academic work is important in developing professional integrity. Students are to maintain a high standard of academic honesty, including doing your best work and reporting academic misconduct and plagiarism. At all times you must present your own, original work. Any student who commits academic misconduct will receive a zero for that assignment, and depending on the nature of the violation, may fail the class and be reported to the university for disciplinary action.