

## Beginning Sports Medicine

Periods 1, 4, 6

### **Teacher Information**

Emelie Worthington

Sports Medicine

Medical Assisting

Room 374

Email: [eworthington@jocombs.org](mailto:eworthington@jocombs.org)

### **Office Hours**

By appointment, but in general 1pm-3pm.

### **Objective**

To develop a base of knowledge of injuries and prevention and care techniques. This class is an introduction to the profession of Athletic Training. This course is part of a career and technical education coherent sequence approved by the Arizona Department of Education and the East Valley Institute of Technology. Students will spend no less than 51% of class time engaged in hand-on learning.

### **Class Rules**

1. No cell phones, headphones, or other electronic devices unless otherwise specified.
2. Be prepared for class every day. Students will need their charged device, 3 ring binder, and something to write with, every day.
3. Be engaged and participate. The more active you are in class, the more you will get out of it.
4. All guidelines as outlined in the employee handbook for Worthington's Medical Madhouse

### **Test Retakes/Test Corrections**

Students may be able to complete test corrections after any chapter test, unless otherwise specified, and will not be accepted late without prior arrangement. There are no retakes or test corrections on quizzes. Retakes will be at the teacher's discretion.

### **General Information**

Please refer to Worthington's Medical Madhouse Employee Handbook. Any other situations will be handled on a case by case basis.

### **Grading Scale**

Grades are available on line in the portal for both students and parents.

90 - 100%	A
80 - 89%	B
70 - 79%	C
60 - 69%	D
0 - 59%	F

**Semester Grade**

Will be comprised of

Quarter 1 - 40%

Quarter 2 - 40%

Final Exam - 20%

-----

**Total            100%**


**Grade Reports**

Periodically the teacher will send home grade reports for students via email. These slips should be signed and returned by the assigned date, or acknowledged via email.

**Respect and Diversity Statement:**

All individuals have a right to an educational environment free from bias, prejudice and bigotry. As members of the Combs High School educational community, students are expected to refrain from participating in acts of harassment that are designed to demean another student's race, gender, ethnicity, religious preference, disability or sexual orientation. Students at Combs High School will respect each other.

# Sports Medicine Year 1

<b>Basics of Anatomy</b> 1. I can identify anatomical positions and planes. 2. I can identify basic movement terminology	<b>Basics of Tissue Injuries</b> 1. I can identify the types of sprains and strains and stages of healing	<b>Head Injuries</b> 1. I can identify the anatomy of the brain 2. I can recognize the signs of traumatic brain injury	<b>Facial Injuries</b> 1. I can identify the anatomy of the face 2. I can utilize protective equipment to encourage athlete's safety		
<b>Elbow</b> 1. I can identify anatomy and common injuries of the elbow	<b>Spine</b> 1. I can label and activate the dermatomes and myotomes for each spinal level	<b>Abdominal injuries</b> 1. I can identify the signs and symptoms of various internal injuries	<b>Throat and thorax</b> 1. I can identify the signs and symptoms of asthma and other breathing illnesses		
<b>Wrist</b> 1. I can identify common anatomy and injuries of the wrist	<b>Shoulder</b> 1. I can identify common anatomy and injuries of the shoulder	<b>Hip</b> 1. I can identify common anatomy and injuries of the hip	<b>Knee</b> 1. I can identify common anatomy and injuries of the Knee	<b>Ankle</b> 1. I can identify common anatomy and injuries of the ankle	<b>Primary and secondary procedures</b> 1. I can identify signs of shock 2. I can administer CPR

REV 11/2019

## **STUDENT AND PARENT/GUARDIAN AGREEMENT & ACKNOWLEDGEMENT FORM**

Parent/guardians and students are encouraged to review the rules and procedures outlined in the JO Combs High School Student/Parent Handbook in addition to this document.

We have read this entire syllabus and understand the information presented.

\_\_\_\_\_ I give permission for Mrs. Worthington to take photos of my student for use for the portfolio and professional/school use only.

\_\_\_\_\_ I do NOT give permission for Mrs. Worthington to take photos of my student to use for portfolio and professional/school use only.

Student's Printed Name: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please fill out the following questionnaire so I have the most up to date contact information. [Form](#)

Please sign, date and initial the appropriate consent information. Students should return this page by Friday, July 28, 2023.