

\_\_\_\_ Infantry Brigade  
Standardized SOP for a BN Athletic Training Room  
Fort Jackson, South Carolina

## Standard Operating Procedures

Revised and Updated 17 June 2011

1. Purpose
  - a. To delineate sick call and rehab PT procedures.
2. Scope
  - a. Applies to all certified athletic trainers (ATC) and battalion (BN) medics at the BN aid station (BAS) at \_\_\_\_ for the care and treatment of BCT soldiers.
3. Responsibilities
  - a. The BN ATC is responsible for the evaluation and treatment of injuries BCT soldiers may sustain during training.
  - b. The BN ATC is responsible for making appropriate referral to Physical Therapy or Occupational Therapy if an injury is unable to be treated at the BAS by the ATC.
  - c. Provide medical equipment or refer patients to MACH Orthopedics for the fitting or application of braces and splints.
  - d. The BN ATC is also responsible for the care of blisters and other wounds as well as taping/bracing procedures as patient volume allows. Musculoskeletal injuries will be given priority evaluation by ATC, and all other wounds unable to be seen by ATC will be seen by the Medic.
  - e. The BN ATC is in charge of rehabilitation PT from 0600-0700, Monday through Friday. Rehab PT will be held in the AT office.
  - f. No formal treatments or referrals of permanent party members will be made. Permanent party members may schedule appointments with the BDE PT or their PCM as needed for evaluation of musculoskeletal injuries.
4. Goals
  - a. Provide prompt, efficient, and competent evaluation of injuries reported by soldiers in BCT.
  - b. Provide effective, efficient, and reasonable care and rehabilitation of injuries reported by soldiers in BCT.
  - c. Recommend appropriate restrictions which create an optimal environment for healing.

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- d. Allow soldiers to complete the highest amount of mandatory training possible to prevent the need for accommodation or repeating training events.
  - e. Assist soldiers in completing BCT as scheduled and maintaining the minimum number of holdovers and recycled soldiers.
  - f. Ensure soldiers are properly equipped and ready to report to and successfully complete their AIT assignment as scheduled.
5. Procedures
- a. Rehab PT
    - i. Rehab PT is to be conducted daily, Monday through Friday. Rehab PT will take place in the AT office.
    - ii. Soldiers should report to rehab PT no later than 0600. Rehab PT will run from 0600 until 0700.
    - iii. Soldiers will report to the AT office and wait until ATC is ready to begin.
    - iv. Soldiers are to sign-in on the *Rehabilitation PT Sign-In* roster.
    - v. Rehab PT is for soldiers with musculoskeletal injuries only which require focused therapeutic exercise. Soldiers with general medical, stress injuries, or other concerns are to perform Profile PT which is run by an assigned Drill Sgt. If no Drill Sgt is provided by the unit, the soldiers will not participate in any PT that day.
  - b. Taping
    - i. Taping will begin at 0515; times may be earlier if notified prior of APFT, foot/road march etc. and appointment is required by ATC.
    - ii. Only those soldiers previously evaluated by ATC will be taped. If other soldiers are requesting tape, an initial evaluation will be required prior to taping.
  - c. TMC Medic Sick Call Procedures
    - i. TMC medic will triage sick call patients into designated groups. The IMT Sick Call slip of each soldier with a musculoskeletal injury will be brought to the ATC.

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- ii. Medic will take all soldiers complaining of hip pain and make appointments at the TMC as well as give the soldier crutches.
  - iii. ALL medication is to be given out by TMC medic.
- d. ATC Sick Call Procedures
- i. Sick call will begin after all soldiers needing tape have been taped and Rehab PT is finished.
  - ii. ATC will give each soldier needing to be evaluated an *Athletic Trainer Sick Call Evaluation Note*. The soldier is instructed to fill in only the front side (demographic information).
  - iii. Soldiers will be triaged based on the severity and nature of their injuries and 15 soldiers maximum will be seen by the ATC each day at sick call. All soldiers not seen will be instructed as to follow up assignments.
  - iv. Soldiers reporting for follow-up evaluations will be seen first, with the goal of returning them to training the same day.
  - v. Soldiers will be given appropriate profile according to injury and severity of that injury; maximum of 5 days per profile. Every attempt will be made to accommodate for mandatory training, and soldiers will be permitted to participate in as much training as possible, while creating a safe environment for healing.
  - vi. A roster of all initial and follow-up evaluations will be kept each day, and will be submitted to the designated supervisor at the end of each week.
  - vii. An abbreviated version will be distributed to the Battalion Commander, Command Sergeant Major, XO, S-3 OIC & NCOIC, and all Company Commanders and First Sergeants.
  - viii. Soldiers will be provided with instructions for self-treatment and rehabilitation. Reasonable accommodation should be made for soldiers with specific instructions per their profile. May include, but not limited to ice, bracing, compression wraps, stretching, strengthening exercises, body part elevation, etc. Soldiers will often be

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given instructions which also require the assistance of a battle buddy. By allowing soldiers to perform self-treatment, training time missed due to injury will be decreased.

- ix. Chow – Soldiers may be sent directly to chow as a group (not to eat with their company) when large numbers of Soldiers present to sick call. Instructions will be given for Soldiers to return to sick call immediately when they finish eating.
- e. Athletic Trainer Referrals
  - i. Soldiers needing further assessment or treatment will be referred to the BDE SGN. If BDE SGN is on leave or otherwise unavailable, refer to Physical Therapy or Occupational Therapy as a walk-in.
  - ii. ATC is to fill out *Athletic Training Referral Form* and instruct soldier to bring it with him/her to the appointment.
  - iii. Record will be kept by the ATC of all referrals.
- f. Documentation
  - i. All notes will be entered daily into AHLTA. If unable to complete notes, the appropriate form will be completed for each soldier.
  - ii. A database entry will be completed for each evaluation, treatment, rehabilitation, and training session.
  - iii. See specific sections for documentation (sick call, profile PT, etc).
  - iv. All records will be stored for 2 cycles and then shredded.
- g. Education and Briefings
  - i. The athletic trainer will record data based on the patients seen each day per the data collection document.
  - ii. CAAR Briefings
    - 1. The ATC will compile data at the end of each cycle and submit power point slides to the S3 OIC for inclusion in the CAAR presentation.
    - 2. The ATC will brief at each CAAR meeting, and provide suggestions for training modification as noted.
  - iii. Bi-Weekly Command and Staff Meetings

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1. ATC will update command & staff on current injury numbers
  - a. Breakdown of injuries by company as a rate of initial fill compared to previous cycle.
  - b. Number of soldiers participating in rehab PT by company
  - c. Soldier outcomes as a rate (profile/RTD/referral/etc)
- iv. Bi-Weekly Training Meetings
  1. ATC will attend as a resource and may brief as needed.
- v. Initial Soldier Briefings
  1. The ATC will make every attempt to coordinate a time with each company XO to brief new soldiers entering the BN. The ATC will make contact prior to the start of each cycle with each company XO to arrange details.
- vi. Cadre Education Briefings
  1. The ATC will coordinate a time with the battalion to brief the cadre at the end of every cycle. The briefings will provide the cadre with access to the AT as the SME for injury prevention.
- h. Training Event Coverage
  - i. The AT will make every effort possible to attend training events daily.
  - ii. Event coverage is based on the events risk assessments and training schedule.
  - iii. Events will be covered as the AT sees necessary or when coverage is requested by a specific company.
    1. Events to be covered:
      - a. PT tests
      - b. Victory Tower
      - c. TDC
      - d. Confidence Course
      - e. Fit to Win
      - f. Combatives
      - g. Pugils

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- h. Foot marches (as needed)
- i. Emergency Plan
  - i. If TMC medic is present have medic call for EVAC if one is necessary
  - ii. Provide care based on American Red Cross Professional Rescuer CPR/AED/First Aid scope of practice and standard of care.
  - iii. Record all notes taken on AT evaluation note and record in AHLTA.
  - iv. Inform BN and company command of incident, file an official Incident Report.

6. Appendix

- a. BN Contact Information
  - i. BN Athletic Trainer
    - Office:
    - Cell:
    - E-Mail:
  - ii. BN Commander
    - Office:
    - E-mail:
  - iii. CSM
    - Office:
    - E-mail:
  - iv. BN XO & POC
    - Office:
    - Cell:
    - E-mail:
  - v. Athletic Training Coordinator
    - Office:
    - Cell:
    - E-mail:

b. Location of Supplies

- i. Large Storage Lockers (locked):

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1. Tape
  2. pre-wrap
  3. tuff-skin
  4. betadine
  5. tubi grip
  6. thera band
  7. heel & lace pads
  8. skin lube
  9. shark
  10. scissors
  11. second skin
- ii. Filing Cabinet
1. On top
    - a. Cotton balls, cotton swabs, tongue depressors
    - b. Current soldier sick call AT evaluation notes organized according to company; order is from top down: 1) Alpha Co. 2) Bravo Co. 3) Charlie Co. 4). Delta Co. 5) Echo Co. 6) Foxtrot Co.
  2. 1<sup>st</sup> drawer
    - a. Past soldier sick call AT evaluation notes from previous cycles.
    - b. Extra printer paper, sheet protectors, thumb tacks, binder clips
    - c. Black binder containing AHLTA information and other forms
    - d. Manuals for e-stim and ultra sound units
  3. 2<sup>nd</sup> drawer
    - a. Band aids
    - b. gauze pads
    - c. Steri strips
    - d. Steri strip adhesive

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- e. Individually packaged alcohol and provadone wipes
  - f. Individual packages of bacitracin/triple anti-biotic ointment
4. 3<sup>rd</sup> drawer
- a. Blood pressure cuff & stethoscope
  - b. Callus removers
  - c. Corn shavers
  - d. Larger tubes of bacitracin and triple antibiotic ointment
  - e. Goniometer
  - f. Ace wraps
  - g. Exam gloves
  - h. Scalpels
5. 4<sup>th</sup> drawer
- a. Cleaning wipes
  - b. Extra supplies
  - c. Miscellaneous items