

**Athletic Trainer (AT) – Forward Program  
Fort Jackson, SC**

**Standing Orders for Athletic Trainers**

A. All certified Athletic Trainers (ATs) may initiate care for minor musculoskeletal injuries sustained by Soldiers-in-training (SIT) at Ft. Jackson. This care may include any or all of the following with some expected individual variation in technique:

1. Basic first aid to include application of dressings, bandages, and splints to protect an injured area.
2. Profiling as indicated for up to 5 days.
3. Taping, wrapping, padding, and/or application of a prefabricated brace to protect an injured body part or prevent re-injury.
4. Fabricate a custom splint or brace to protect an injured body part or prevent re-injury.
5. Instruct Soldier in use of assistive devices for ambulation
6. Assess the Soldier to identify indications, contraindications, and precautions relevant to the application of therapeutic exercise and modalities
7. Cryotherapy (ice pack, ice massage, ice immersion)
8. Thermotherapy (hot packs, warm water immersion)
9. Contrast bath
10. Electrical stimulation (ES)
11. Ultrasound (US)
12. Combined US/ES
13. Perform and instruct in Therapeutic Exercises
  - a. Range of motion exercises (passive, active-assistive, active)
  - b. Strengthening (isometric, isotonic)
  - c. Stretching (static, dynamic)
  - d. Balance/proprioceptive training
  - e. Stabilization training
14. Functional assessment for return to training

B. Over-The-Counter (OTC) Medications: All Soldiers who receive medications, OTC or otherwise, must have documentation of the provision of each medication in the electronic medical record (AHLTA). Because of this, ATs at Ft. Jackson are not authorized to dispense OTC medications to the SIT.

1. An AT that identifies an injured or ill Soldier who might benefit from over-the-counter (OTC) medications should refer that Soldier to the medic at the Battalion Aid Station (BAS) for screening and dispensation of the appropriate medications as indicated.
2. If a Soldier requires a different medication than can be provided at the BAS or if they demonstrate an allergic response to an OTC medication, the ATC should refer the SIT to the appropriate medical service as described below.

C. Durable Medical Goods: All ATs at Ft. Jackson are authorized to request basic over-the-counter braces and supports through the orthopedic clinic as supply allows. The AT must fill out a Moncrief Army Community Hospital Orthopedics Work Order (Moncrief DOS form 9-R) and send the Soldier to the orthopedic clinic with this form. In the event that the orthopedic clinic is out of a particular brace or support as requested, the AT can direct the Soldier to the physical therapy clinic at the TMC to see if they have the requested item available.

D. Patient Referral Guidelines. All ATCs at Ft. Jackson are authorized and required to refer SIT that sustain injury or illness to the appropriate medical staff in a manner consistent with the guidelines below:

1. Emergent Referral – Injuries or illnesses requiring emergent referral involve those that may pose an immediate risk to life or limb or that bear a high risk of permanent disability if emergent care is not instituted. Soldiers requiring emergent care will be taken directly to the Moncrief Army Community Hospital (MACH) Urgent Care Clinic (UCC). ATCs will report all emergent referrals to the supervising MD or designee after the SIT has been transferred. Examples of injuries or illnesses requiring emergent referral include:
  - a) Closed head injury involving loss of consciousness, seizures, vomiting, focal neurological findings, or progressive deterioration in clinical status
  - b) Concern of potentially catastrophic cervical spine injury
  - c) Any injury or illness that presents an immediate risk to the recruit's airway, respiration, or circulatory status
  - d) Open fractures or significant joint dislocations
  - e) Closed fractures with associated limb deformity and/or need for reduction
  - f) Injuries that create acute neurovascular compromise
  - g) Heat injury/illness
  - h) Any injury that, in the AT's opinion, presents emergent risk to the health and well-being of the SIT.
  
2. Immediate Referral - Injuries or illnesses requiring immediate referral involve those in which the immediate evaluation and/or treatment by a physician or other higher-level provider is likely to provide benefit to the SIT. All immediate referrals will be sent to the Troop Medical Clinic TMC for evaluation by a health care provider (physician, PA, NP, or PT). Examples of injuries or illnesses requiring immediate referral include:
  - a) Injuries with a reasonable possibility of associated fracture
  - b) Closed fractures without associated limb deformity
  - c) Minor joint dislocation/subluxation and/or Grade III ligament sprains
  - d) Joint injuries resulting in marked joint instability
  - e) Injuries with apparent tendinous disruption
  - f) SIT presenting with hip pain (initiate Hip Pain CMG)
  - g) Significant concussion, with or without loss of consciousness
  - h) Brachial plexus injuries that do not resolve within 20 minutes
  - i) Lacerations that may require suturing

- j) Eye injuries that don't resolve with 20 minutes
  - k) Illnesses associated with high fever, severe headache, neck stiffness, photophobia, or rapidly spreading rash
  - l) Illness associated with moderate dehydration, marked dyspnea, or intractable vomiting
  - m) Injuries or illness occurring in the setting where competitive circumstances necessitate prompt evaluation
  - n) Any injury or illness where the athletic trainer desires immediate feedback on assessment and/or management
3. Routine Referral - Injuries or illnesses that would benefit from routine evaluation of a physician, PA, NP, or PT or injuries or illnesses that are failing to improve with appropriate care. All routine referrals will take place at the TMC. Examples of injuries or illnesses requiring routine referral include:
- a) Any acute injury that has not shown improvement within 5 days of treatment/profiling
  - b) Grade I-II ligamentous sprains
  - c) Back pain that has not resolved with at least one week of treatment
  - d) Minor concussions without loss of consciousness
  - e) Recurrent brachial plexus injuries
  - f) Illnesses with systemic symptoms such as fever, myalgias, vomiting, diarrhea, dyspnea, severe cough, lymphadenopathy, severe fatigue, or substantial abdominal pain that are not resolving with initial management of a TMC provider
  - g) Upper respiratory illnesses that have failed to improve in 7-10 days
  - h) Any injury or illness that will result in the SIT missing mandatory training
  - i) Any injury or illness for which an athletic trainer would like physician or medical staff officer input

E. Emergency Actions. All ATs will be familiar with and follow MACH Emergency Medical Preparedness Plan.

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ATC: \_\_\_\_\_ Date: \_\_\_\_\_

MD Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

PT Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_