

Acknowledgement of Indigenous Peoples and Traditional Territories: York University recognizes that many Indigenous nations have longstanding relationships with the territories upon which our campuses are located that precede the establishment of York University. We acknowledge our presence on the traditional territories of the Mississaugas of Credit First Nation, the Huron-Wendat, the Haudenosaunee Confederacy and the Métis Nation of Ontario.

**FACULTY OF HEALTH
SCHOOL OF KINESIOLOGY AND HEALTH SCIENCE**

Course: HH / KINE 4593 3.00– Athletic Therapy Integrative Seminar & Skills

Course Webpage: eClass

Term: Fall/Winter Term 2022/23

Pre/Co-requisite: HH/KINE 3502 3.00, HH/KINE 3503 3.00 / HH/KINE 4592 6.00

Course Instructors

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COURSE CONSULTATION HOURS (BY APPT ONLY)

Time and Location

Seminar & Skills: Tuesdays – 8:00am - 10:00am EST – SC 114,116

Expanded Course Description

Provides students with the required knowledge, psychomotor and communication skills relating to advanced integrative related case studies discussed over the past two years in the Athletic Therapy Certificate Program as well as the HH/KINE 4592 6.00 Athletic Therapy Experiential Education Course. The course includes classroom focused experiential education through practical lab sessions, guest speakers and case studies. Subject matter will include (but is not limited to) aspects of sport, anatomy, biomechanics, pathophysiology, epidemiology, evaluation, management and communication. Skills will include (but are not limited to) functional/surface anatomy palpation, taping/support techniques, clinical and field orthopaedic evaluation and tests, electrotherapeutic modality application, manual therapies application, therapeutic exercise design and application and return to sport skills and decisions. Students will meet for 2 hours per week over 24 weeks (fall and winter semester) to learn and practice knowledge and skills that relate to the advanced integrated case studies. Lab-based activities such as role-playing, peer mentoring, mini-case study analysis, simulations and reflection will be integrated. Formal evaluation will include formative and summative methods with structured reflection, self-evaluation, peer evaluation, course director/lab demonstrator evaluation, and field task oriented practical tests.

Organization of the Course

The course involves 2-hour in-person group practical sessions in a classroom setting. Sessions will be based on the case studies discussed in the previous two years of Athletic Therapy Certificate Program as well as the Athletic Therapy Experiential Education Course.

Student Learning Outcomes and Instructor Objectives

(1) Instructor Objectives of the Course:

1. Expose students to the psychomotor skills required to identify and manage advanced related injuries and conditions in the practice of Athletic Therapy.
2. Revisit and provide students the opportunity to review surface anatomy palpation of the entire body.
3. Review and practice clinical evaluation and treatment methods for entire body.
4. Review and practice field evaluation and treatment methods for the entire body.
5. Align skills with individually experienced cases through the Athletic Therapy Experiential Education.
6. To integrate the skills of peer mentoring.

(2) Student Learning Outcomes of the Course:

By the end of this course, students will be able to:

1. Demonstrate the knowledge and psychomotor skills required to identify and manage (using evaluation and intervention tools) any scenario in the practice of Athletic Therapy.
2. Demonstrate the ability to palpate musculoskeletal anatomical structures of any region of the body.
3. Demonstrate proficiency with musculoskeletal clinical evaluation and treatment methods.
4. Demonstrate proficiency with all aspects of field evaluation and treatment methods.
5. Demonstrate the ability to perform peer-mentoring relating to psychomotor skills of Athletic Therapy evaluation and treatment methods.

University Undergraduate Degree Level Expectations (UUDLEs)

- Application of practical skills for assessing fitness, health and movement
- Development of independent critical thinking, problem solving and task setting skills
- Facilitate mutually beneficial peer relationships for the purposes of mentoring and networking
- Development of appropriate academic terminology and notation when preparing and presenting information
- Facilitate development of communication skills in the context of the health care field of study

- Promote self-awareness of limits in knowledge and methodologies when analyzing, evaluating, interpreting and disseminating health care related information
- Facilitate individual and group work to obtain and analyze health related information using techniques appropriate to the field of study

Topics

Seminar and Skills topics will encompass aspects of Prevention, Assessment, Management and Professional Practice. The seminars and skills will address various Canadian Athletic Therapists Association (CATA) competencies embedded within the seven Athletic Therapy roles identified by CATA.

Seminar Topics:

1. Knowledge and Skills related to the Head and Face
2. Knowledge and Skills related to the Cervical Spine
3. Knowledge and Skills related to the Shoulder
4. Knowledge and Skills related to the Forearm-Wrist-Hand
5. Knowledge and Skills related to the Thoracic Cavity
6. Knowledge and Skills related to the Thoracic Spine
7. Knowledge and Skills related to the Abdomen
8. Knowledge and Skills related to the Lumbar Spine
9. Knowledge and Skills related to the Pelvis
10. Knowledge and Skills related to the Hip and Thigh
11. Knowledge and Skills related to the Knee and Lower Leg
12. Knowledge and Skills related to the Foot and Ankle

Course Readings

Please note that there are no required textbooks for this course. Students are encouraged search the empirical literature and any sources they deem necessary to facilitate their own learning and reinforcement of topics discussed. Additional readings may be assigned or recommended during the course. Please check eClass for any suggested readings.

Tips for Successful Group Work:

It is your responsibility to ensure fair distribution of work. Fair does not always mean equal. If you encounter difficulties within your group, you are encouraged to discuss your difficulties with each other first and attempt to arrive at a solution together. Should you require an outside party to assist your group in working out difficulties, please arrange a group meeting with your instructor at a time when all of your group members are available to participate. The objective of the meeting will be to discuss issues and propose a solution. Please ensure that you deal with difficulties as they arise as there is little that can be done to remedy a situation if it is left until the end of the course – in other words, raising issues early provides opportunity to present your concerns, make requests to the offending group member(s), and for the member(s) to have time to demonstrate change.

Course Evaluation:

please note that this evaluation may be subject to change

Field/Clinical Case Study Assignment	Dec 2022	10%
Written Portion (7%), Oral Presentation (3%)		
Peer Mentoring & Critical Evaluation Exercise	March 2023	10%
Written Portion (7%) Peer Evaluation (3%)		
Monthly Lab Exam (5% each) x 6	(Oct 2022 to March 2023)	30%
Objective Structured Final Cumulative Lab Exam		15%
Midterm Two-Stage Written Exam	Dec 2022	15%
• Individual Portion 10%		
• Group Portion 5%		
Cumulative Final Two-Stage Written Exam	April 2023	20%
• Individual Portion 15%		
• Group Portion 5%		
Total		100%

Case Study Information (10%)

The Case Study Approach will be used to facilitate a practical learning experience through assessing and treating a client, as you would do in the clinic. Students will work with assigned partners to complete the case study (this includes combined oral presentation and written submission).

Each student therapist will perform an initial assessment of their respective patient and will then consult each other on which patient they wish to use to create the case study. Upon selection, students are to determine if there are any other elements of the assessment that should be completed. After any additionally required assessment information, students will design and implement a rehabilitation program. Please choose a patient that you are working with during your clinical or field placement.

You must inspire your patient to carry out the plan of care that you have designed and follow-up with them as needed (a minimum of 3 treatment sessions after the initial assessment must be included) to help them manage their problem.

An outcome measure (ie. ROM using goniometry, strength using manual muscle testing or Cybex or other, pain rating scale, neck disability index, etc.) **must** be used at initial assessment and on discharge or final treatment session to determine clinically significant change over time.

You are required to pick one area and problem of the LOWER QUADRANT or UPPER QUADRANT.

Please use the **CASE STUDY SAMPLE GUIDELINE** provided on eClass to write up the case for the **UPPER** or **LOWER QUADRANTS**. **The completed Case Study must be handed electronically via eCLASS in WORD FORMAT by the due date.**

Please note that the sections that are listed in the sample may or may not apply to your client's case scenario. If they do not apply, simply fill in not applicable.

You will also be required to present your respective case study in class along with handing in the paper case document. The paper document as well as the 10-minute oral synopsis of your case will be evaluated as per the course outline dates. The **synopsis must include** the key problem, key assessment findings, key treatment goals and strategies and outcome. The grade will be broken down as follows: written portion (7%) and oral portion (3%) – please note that this may be subject to change. All students who are partnered will receive the same grade.

Peer Mentoring and Critical Evaluations Description (10%)

Self-evaluation involves the individual reflecting upon and evaluating aspects of their own learning and teaching work. Self-assessment is a valuable learning tool as well as part of an assessment process. This process helps students stay involved and motivated and encourages self-reflection and responsibility for their learning. Through self-assessment, students can:

- identify their own skill gaps, where their knowledge requires growth
- see where to focus their attention in learning
- set realistic goals
- revise their work
- track their own progress

In **peer-evaluation**, a collaborative learning technique, students reflect and evaluate their peers' performance and have their performance evaluated by peers to provide effective, valid and reliable feedback to fellow learners. The process can be done by either students or teachers and will use an established set of criteria. Often used as a learning tool, peer assessment gives students feedback on the quality of their work, often with ideas and strategies for improvement. At the same time, evaluating peers' work can enhance the evaluators' own learning and self-confidence. Peer involvement personalizes the learning experience, potentially motivating continued learning.

The instructor may also take part in this evaluation process both by evaluating students and being evaluated by students.

Please review the following resource for help with providing feedback:

<https://www.youtube.com/watch?v=20XYA-T2qms>

Lab Exam Information (30%)

This will be an in-person oral/practical evaluation of specified tasks. Each student will be expected to perform oral/practical tasks that will be evaluated by the course instructors. The student will be presented with mini scenarios related to the Upper and Lower Quadrant aspect of Athletic Therapy and expected to perform the tasks within the specified time allotted.

Final Cumulative Lab Exam (15%)

A comprehensive oral/practical exam will be administered at the end of the course. The student will be expected to perform integrated tasks based on the upper and lower quadrant aspect of Athletic Therapy in a specified time. Further details will be provided through eClass.

Midterm Written Exam (15%) and Cumulative Final Written Exam (20%)

Students are expected to complete a midterm and final written multiple-choice type of exam. The content of the midterm and final exam will be based on course material covered. The final exam will be cumulative and will be written during the final exam period. Details surrounding availability and timing will be posted on the eClass course page.

Any relevant eClass Online exam is to be completed individually. Under no circumstances should a student possess a copy (e-file or hardcopy) or take a screen shot of any part of an online test or quiz. Specifically, you are not to discuss, share or distribute the questions or potential answers of the eClass tests/quizzes for this course with anyone, including other students in this course and you are not permitted to replicate, record or copy the questions on this exam (i.e., screen shot, photograph, print, download, etc.). Academic Honesty tools such as Safe Browsing, Proctortrack or other similar tools may be used to facilitate Online Exams through eClass. Any breach of this will be considered Academic Dishonesty and subject to respective University penalties.

Any eClass exams are NOT open book. You are NOT allowed to use textbooks or any other resources including information from the internet to answer exam questions during the scheduled exam times. You are to simply use your own knowledge gained from the course materials to answer all questions.

*Also, please note that for any online exams you will need to answer the questions sequentially, in the order in which they appear. Once you answer a question, you will **NOT** be able to go back and change or see your answer. Once the exam is over, your answers will be submitted for marking regardless of whether or not you are complete. For the best internet stability, it is recommended that you have LAN (cable) if possible.*

Final course grades MAY be adjusted to conform to Program or Faculty grades distribution profiles. The grading scheme of the course conforms to the 9-point grading system used in undergraduate programs at York (e.g., A+ = 9, A=8, B+ = 7, C+ = 5, etc.) Assignments and

tests will bear a number grade which will be converted to a corresponding letter grade at the end of the course.

(For a full description of York grading system see the York University Undergraduate Calendar – http://calendars.registrar.yorku.ca/pdfs/ug2004cal/calug04_5_acadinfo.pdf)

ADDITIONAL INFORMATION

Assignment Submission: Proper academic performance depends on students doing their work not only well, but on time. Accordingly, assignments for this course must be received on the deadline date specified for the assignment. **All assignments must be submitted electronically through eClass under the ‘respective assignment icon’ of the home page (link and info regarding submission on course eClass page).**

More detailed instructions regarding content, referencing, and electronic submission are also available on eClass. Do not hand the assignment in without reading these instructions. It is your responsibility to ask questions about the assignment in class if you are having trouble.

Lateness Penalty: Assignments received later than the due date will be penalized 5% per day. **No exceptions to the lateness penalty will be entertained.**

Missed Tests: Students with a documented reason for missing a course test, such as illness or compassionate grounds, which is, confirmed by supporting documentation (e.g. attending physician’s statement form available in the KINE undergraduate office) may request accommodation from the Course Instructor. **Students will be allowed to write a make-up test** on another specified date as determined by the course director. Further extensions or accommodation will require students to submit a formal petition to the Faculty.

IMPORTANT COURSE INFORMATION FOR STUDENTS

All students are expected to familiarize themselves with the following information, available on the Senate Committee on Curriculum & Academic Standards webpage (see Reports, Initiatives, Documents) –

http://www.yorku.ca/secretariat/senate_cte_main_pages/ccas.htm

- York’s Academic Honesty Policy and Procedures/Academic Integrity Website
- Ethics Review Process for research involving human participants
- Course requirement accommodation for students with disabilities, including physical, medical systemic, learning and psychiatric disabilities
- Student conduct standards
- Religious Observance Accommodation

AMA CITATION STYLE GUIDELINES

Follow the AMA style (American Medical Association). A reference list of all journals used must be included at the end of the report (also AMA style). **Only** this style of referencing is acceptable.

Use the following examples for your own paper:

Citing In-Text

The *AMA Manual of Style* requires that you **cite each reference in your writing in numerical order as they appear by using superscript numbers.**

This means that your in-text citations appear in numerical order throughout your work. Your reference list will then have the same numbers for the same references, which means your reference list will be ordered by number (and not alphabetically!)

Example of In-Text Citations

Each reference should be cited in the text, tables, or figures in consecutive numerical order through the use of superscript numbers.

- The superscript numbers in the below example refer to that item in your reference list
- Direct quotes: anytime you quote something directly, quotation marks are required
- Here is what properly formatted in-text citations would look like in your paper:

This sentence refers to content taken from the first item in your reference list, that is why the number 'one' appears at the end of this sentence.¹ Keep in mind that if you are quoting, paraphrasing, or summarizing information in your work, you need to indicate the original source of information.² The 'three' at the end of this sentence refers to the third item listed in your reference list.³ Notice that the superscript numbers appear immediately after the period.^{4,5}

Do I Need to Include Page Numbers?

When citing AMA style, inclusion of page numbers in an in-text citation is not required, rather IT IS OPTIONAL!

Reference List

The *AMA Manual of Style* requires that your **reference list must be in numerical order to reflect the order of your in-text citations.**

This means your reference list is not alphabetical!

Tips

- Numbering: your reference list **MUST** use regular numbers (not superscripts!)
- Left justified: items in your reference list **MUST** be left justified (flush left)
- Spacing: each item listed in your reference list **MUST** be single spaced (no spaces between lines)

Example Reference List

Each item in your reference list MUST be single-spaced (meaning no spaces between each item). Here is what a properly formatted reference list would look like in your paper:

Reference List

1. Canadian Press. Generic drugs to be bought in bulk by provinces. CBC News. <http://www.cbc.ca/news/canada/saskatchewan/story/2013/01/18/drug-costs-provinces.html>. Published January 18, 2013. Updated January 18, 2013. Accessed February 4, 2013.
2. Rantucci MJ. *Pharmacists Talking With Patients: A Guide to Patient Counseling*. 2nd ed. Philadelphia, PA: Lippincott Williams & Wilkins; 2007.
3. Nathan JP, Grossman S. Professional reading habits of pharmacists attending 2 educational seminars in New York City. *J Pharm Practice*. 2012;25(6):600-605.

Journal Articles

Print Journal Article

Author(s). Article title. *Abbreviated Journal Name*. Year;volume(issue):pages.

Example

- Nathan JP, Grossman S. Professional reading habits of pharmacists attending 2 educational seminars in New York City. *J Pharm Practice*. 2012;25(6):600-605.

Online Journal Article (URL only, no DOI)

Author(s). Article title. *Abbreviated Journal Name*. Year;volume(issue):pages. URL. Publication date. Updated date. Accessed date.

Example

4. Cain J, Scott DR, Akers P. Pharmacy students' Facebook activity and opinions regarding accountability and e-professionalism. *Am J Pharm Educ*. 2009;73(6):1-6. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2769526/pdf/ajpe104.pdf>. Published October 1, 2009. Accessed February 4, 2013.

Online Journal Article (has DOI)

Author(s). Article title. *Abbreviated Journal Name*. Year;volume(issue):pages. doi:.

Example

- 1) Fischer MA, Stedman MS, Lii J, et al. Primary medication non-adherence: analysis of 195,930 electronic prescriptions. *J Gen Intern Med*. 2010;25(4):284–290. doi:10.1007/s11606-010-1253-9.

Note: When the DOI is given for a journal article, AMA style prefers that the DOI is cited instead of the URL. Do not cite both.

Books

Entire Book

Author(s). *Book Title*. Edition number (do not indicate 1st edition). City, State (or, Province or Country) of publication: Publisher name; copyright year.

Example

- 1) Rantucci MJ. *Pharmacists Talking With Patients: A Guide to Patient Counseling*. 2nd ed. Philadelphia, PA: Lippincott Williams & Wilkins; 2007.

Book Chapter

Author(s) of chapter. Chapter title. In: editor(s), ed. *Book Title*. Edition number (do not indicate 1st edition). City, State (or, Province or Country) of publication: Publisher name; copyright year: pages of chapter.

Example

- 1) Solensky R. Drug allergy: desensitization and treatment of reactions to antibiotics and aspirin. In: Lockey P, ed. *Allergens and Allergen Immunotherapy*. 3rd ed. New York, NY: Marcel Dekker; 2004:585-606.
- 2)

Edited Book

Editor(s), ed. *Book Title*. Edition number (do not indicate 1st edition). City, State (or, Province or Country) of publication: Publisher name; copyright year.

Example

1. Tatro DS, ed. *Drug Interaction Facts: The Authority on Drug Interactions*. St. Louis, MO: Wolters Kluwer; 2011.

Online Book

Author(s). *Book Title*. Edition number (do not indicate 1st edition). City, State (or, Province or Country) of publication: Publisher's name; copyright year. URL. Accessed date.

Example

Olsen CG, Tindall WN, Clasen ME. *Geriatric Pharmacotherapy: A Guide for the Helping Professional*. Washington, DC: American Pharmacists Association; 2007.
<https://online.statref.com/Document.aspx?docAddress=b722bOI4Cx5PboVh08z>. Accessed February 27, 2013.

Other Types of Information Website

Author(s). Title of specific item cited (or, if unavailable, give the name of the organization responsible for the site). Name of Web Site. URL. Publication date. Updated date. Accessed date.

Example

- Canadian Press. Generic drugs to be bought in bulk by provinces. CBC News. <http://www.cbc.ca/news/canada/saskatchewan/story/2013/01/18/drug-costs-provinces.html>. Published January 18, 2013. Updated January 18, 2013. Accessed February 4, 2013.

Online Government or Organization Report

Author(s). Report title. URL. Published date. Updated date. Accessed date.

Example

5. Management Committee. Moving forward: pharmacy human resources for the future final report. <http://blueprintforpharmacy.ca/docs/default-document-library/2011/04/19/Moving%20Forward%20Final%20Report.pdf?Status=Master>. Published September 2008. Accessed February 4, 2013.

Presentation, Lecture, Poster Presentation (unpublished material)

Presenter(s). Title of presentation. Description of presentation context; date; City, State (or, Province or Country).

Note: You will need to clarify whether your instructor permits citing lecture material. Not everyone allows this—*always* talk to your instructor.

Example

- 2) Gordon S. Demystifying citing information in your written work. Presented as part of Pharmacy 127; February 13, 2013; Waterloo, ON.

Protocols

Author(s). Protocol name. In: editor(s), ed. *Book Title*. Edition number (do not indicate 1st edition). City, State (or, Province or Country) of publication: Publisher name; copyright year: pages of protocol. [L T T L]
[S E P S E P] *Note:* The *AMA Manual of Style* does not have a specific example for referencing a protocol—this is a recommended approach which may need to be tweaked depending on the information you have (or don't have).

Example

2) Cappuccino JG, Sherman N. Gram stain. In: Wasfi O, ed. *Medical Microbiology Lab Manual for PHARM 232L*. Boston, MA: Pearson Learning Solutions; 2011:55-57.

Personal Communication (such as an email or conversation)

Note: The *AMA Manual of Style* says to never include personal communication in your reference list. AMA style only permits inclusion of personal communication in your text. *Permission from the author is required.*

Example ^[1]_{SEP} ^[1]_{SEP} According to an August 2012 email from local pharmacist J Addison...