

# Syllabus Sports Medicine

**School:** Crook County High School

**Course Title:** Sports Medicine

**Instructors Name:** Katy Joyce

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**Course Description:** This course is designed as an introduction to the fields of sports medicine, athletic training, and physical therapy. It will provide the student with basic information relevant to the prevention, recognition, first aid, referral, and rehabilitation of athletic injuries. The student also will learn the basics of training room organization and function.

**Learning Standards:** (Critical Content Power Standards)

At the end of the course, the student will be able to:

- Understand the role of the athletic trainer and related medical fields
- Discuss the roles and responsibilities of an athletic trainer
- Learn the basic principles of athletic injury prevention, evaluation, treatment and rehabilitation
- Have working knowledge to recognize acute and chronic injuries
- To be able to apply concepts of anatomy, physiology, and kinesiology to care for athletic injuries
- To be able to recognize medical emergencies and design an emergency plan
- To understand the role and duties of a student athletic trainer assistant in working with a team
- To learn proper diet and conditioning techniques related to sports and competition.
- To study and practice weight training as it applies to Strength and Conditioning of the human body
- To familiarize with Physical Therapy modalities and their application for rehabilitation
- Familiarize students with a variety of taping and wrapping techniques; and the recognition, transportation and treatment, of athletic injuries.

**Materials:**

Supplemental Handouts

**Films, Video/Other Electronic Media:**

Periodic educational films will be shown along with PowerPoint Presentations and video feeds from the internet.

### **Notification of the Right to Object to the Use of Materials**

Any resident of the district may raise objection to instructional materials used in the district's educational program despite the fact that the individuals selecting such materials were duly qualified to make the selection and followed the proper procedure and observed the criteria for selecting such material. The first step in expressing objection is consultation with the classroom teacher or library staff and providing a brief written complaint. The staff member receiving a complaint regarding instructional materials shall try to resolve the issue informally through the discussion of the original assignment or the opportunity for an alternative assignment.

If not satisfied with the initial explanation or an alternative assignment, the person raising the questions will meet with a building administrator who, if unable to resolve the complaint, will provide a Request for Reconsideration form which will be given to the superintendent for action.

### **Evaluation (Grading)**

Grades may be comprised from scores in any of the following

- Daily Bell/Dinger Quizzes
- Daily assignments/homework
- Projects
- Presentations
- Quizzes
- Films
- Exams
- Class Participation
- Citizenship
- Job Shadowing

### **Grading Scale**

The grading scale is weighted with a computer program. 90% of the grade is assessed from tests, quizzes, and other summative assessment. 10% of the grade comes from the other methods mentioned above.

A = 90%

B = 80%

C = 70%

D = 60%

F = 50%

### **Assessing student grades:**

All students will have their grades posted by student ID numbers in the classroom. Grades will also be posted on the school website throughout the year. Access this information on the Internet using the students' ID number and PIN number.

### **Makeup Policy:**

Make-up, late work or any class activity missed due to an absence, must be completed within two weeks of the original assignment date. Students are allowed two additional attempts to pass assessments after study guide packet. **NO ASSIGNMENTS OR RETAKES WILL BE ACCEPTED TWO WEEKS AFTER ASSIGNED DATE.** Assignments missed due to **unexcused absence** cannot be made up.

**Sports Medicine Syllabus**

Student Name: \_\_\_\_\_ Period: \_\_\_\_\_

**Parent/Guardian Contact Information:**

Name(s): \_\_\_\_\_

E-mail: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

I prefer to be contacted by:  Home Phone  Work Phone  E-mail

**I have read the Sports Medicine syllabus and understand all of the information provided. I also understand that I can check my child's grade anytime through the districts ParentVue program. I will send an email to Mrs. Joyce at [katy.joyce@crookcounty.k12.or.us](mailto:katy.joyce@crookcounty.k12.or.us) if I have any questions or concerns.**

Parent/Guardian Signature

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