

# Athletic Training Educational Competencies

Fourth Edition

National Athletic Trainers' Association

2005



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## Preface

This document provides educational program personnel with the knowledge and skills to be mastered by students in an entry-level athletic training educational program. In this document, the National Athletic Trainers' Association Education Council has identified Athletic Training Educational Competencies and Clinical Proficiencies (Competencies) necessary for effective performance as an entry-level certified athletic trainer (ATC®). These Competencies provide the entry-level certified athletic trainer (ATC®) with the essential knowledge and skills needed to provide athletic training services to patients of differing ages, genders, work and lifestyle circumstances and needs.

The Joint Review Committee on Educational Programs in Athletic Training (JRC-AT) requires that these Competencies be used for curriculum development and education of the student enrolled in an accredited entry-level educational program. Also, the Competencies serve as a guide for the development of educational programs and learning experiences leading to a student's eligibility to challenge the Board of Certification, Inc. examination. The Competencies are a companion document to the *Standards for the Accreditation of Entry-Level Educational Programs for the Athletic Trainer (Standards)*. After July 1, 2006, these Competencies will continue to assist the new accrediting agency, the Commission on Accreditation of Athletic Training Education – CAATE, as a companion document.

We acknowledge and thank the Entry Level Education Committee for their untiring efforts in revising this document to reflect the changing needs of athletic training students and educators. We also appreciate the advice and cooperation of the BOC and JRC-AT as this document has developed. Lastly we acknowledge the valuable input we received from NATA members-at-large who read and commented on the document during the public input phase of its development. Together we are improving health care by improving the education of future professionals.

NATA Education Council, November 2005



## Introduction

This document is to be used as a guide by administrative, academic, and clinical program personnel when structuring the didactic and clinical education experience for students. Educational program personnel should recognize that the Competencies are the minimum requirements for a student's entry-level education. Athletic training educational programs are encouraged to exceed these minimums to provide their students with the highest quality education possible. In addition, programs should employ innovative teaching and learning methodologies (in the classroom and clinical setting) whenever possible to further enhance professional preparation.

As a self-study guide, students preparing for careers in athletic training should find the list of Competencies helpful for evaluating their strengths and areas for improvement.

### The Competencies as a Pedagogical Tool

The Competencies are categorized according to twelve content areas comprising the knowledge and skill set of the entry-level athletic trainer. Further, the Competencies are sub-categorized according to the following behavioral classification:

1. Cognitive Competencies (knowledge and intellectual skills)
2. Psychomotor Competencies (manipulative and motor skills)
3. Clinical Proficiencies (decision-making and skill integration)

The Cognitive and Psychomotor Competencies are behavioral objectives classified predominantly at the recall and application level of Bloom's Taxonomy. As students become competent with this level of knowledge and skill, program personnel are encouraged to challenge students to demonstrate the Cognitive and Psychomotor Competencies at the analysis level of Bloom's Taxonomy. The Clinical Proficiencies integration of decision-making and critical thinking provides students with the additional means to demonstrate knowledge and skill at the analysis level of Bloom's Taxonomy.

The Competencies serve as instructional goals that program personnel should use to structure the overall curriculum. Program personnel should then break down these goals into learning objectives which would comprise the discreet components of individual courses and clinical experiences. These objectives constitute a contract between the instructor and their students about:

1. What the student can be expected to be taught,
2. What the student will be expected to learn, and,
3. How, and over what, will students be tested/evaluated.

When writing learning objectives for presentation on a course syllabus and as a pedagogical tool, there are certain "rules" that should be followed. Properly constructed learning objectives should include four parts:

1. The Audience – who will learn the information
2. The Behavior – what will be learned
3. Any Conditions – what resources will be available to the learner, or not available, to accomplish the objective
4. The Degree – to what level will students have to demonstrate their learning.

### The Competencies Are Not the Only Things a Student Must Learn

Inherent in this document is the understanding that a comprehensive basic and applied science background is needed for students to develop appropriate levels of professional competence in the discipline-specific knowledge and skills described in this document. Additional coursework may include, but is not limited to, chemistry, biology, physics, physiology, psychology, and statistics.

### What Is New in the 4<sup>th</sup> Edition (Part 1)

A major change in this edition of the Competencies is related to the Affective Domain (3<sup>rd</sup> Edition). The competencies previously associated with the Affective Domain have been distilled and synthesized to create the Foundational Behaviors of Professional Practice (Behaviors). Because the entry-level credential signifies that the holder is a practitioner prepared for entry into the practice of athletic training, Behaviors should be infused into every aspect of students education in order to prepare them for this public trust. While some specific Behaviors can be easily defined and presented, students may see applications repeatedly but be unable to demonstrate or modify their behavior because of the roles they are allowed to assume. Other Behaviors are demonstrated by classroom and clinical educators to expose the students to the desired behavior, and yet these behaviors may not be practiced by students (professionals-in-training) because of the nature of their roles and responsibilities. While educators may be able to measure a student's understanding of behavioral concepts, it is most likely the true measure of a student's emulation of these Behaviors will occur in the clinical setting with patients to whom they have a duty. Our expectations in presenting Behaviors in this document is to guide the global design of curricular planning realizing that many of these Foundational Behaviors of Professional Practice will only be achieved to their fullest extent when students become a certified athletic trainer have been practicing for some time.

### What Is New in the 4<sup>th</sup> Edition (Part 2)

The definition of “proficient” is performing with expert correctness and facility. As presented here, the Clinical Proficiencies are a listing of the student's clinical training before entering the profession. Sequenced, integrated, depth of learning, known in our field as Learning-Over-Time, is a learning that begins with introductory or basic knowledge (the Cognitive Competencies), basic skills (the Psychomotor Competencies), and basic behaviors (the Foundational Behaviors of Professional Practice). Knowledge and skills are normally taught and evaluated in the classroom and laboratory settings. Behaviors are identified, discussed, and practiced from the time students begin clinical studies. Once students

independently demonstrate a competent level of knowledge and/or skill, they can begin to incorporate that training safely into their clinical experiences. This begins a cycle of learning, feedback, refinement, and more advanced learning. Practice with concepts by gaining clinical experience with “real life” applications readies the student for occasions where they demonstrate their decision-making and skill integration ability, Clinical Proficiencies. Our expectation is that Clinical Proficiencies are a measure of “real life” application. Students should be assessed in their performance of Clinical Proficiencies on actual patients. If this is not possible, standardized/simulated patients or scenarios should be used to measure student proficiency.

### **Knowledge and Skill Should Reflect Current Knowledge and Practice**

It is incumbent on any educational program to present its students with the most current and up-to-date knowledge and skills. This is especially important in an allied health care profession such as athletic training where protection of the public and continuing competence are critical to professional practice. This does not mean the competencies change, but the way they are taught, presented and applied may change. Program personnel should strive to include content and skills that reflect evidenced-based knowledge and practice in all aspects of students educational program, including students clinical experiences. Because the knowledge within a profession is dynamic, information of current practice, as represented by appropriate position statements of various professional associations/organizations, should be incorporated into the curriculum in a timely and accurate fashion. Current practice particularly applies to position statements issued by the National Athletic Trainers’ Association, Inc.



## **The Relationship Between the Educational Competencies and the Role Delineation Study**

The Board of Certification, Inc. (BOC) regularly conducts a Role Delineation Study (RDS) within a sample of certified athletic trainers. These investigations determine the current role, or standards, of the profession. This process is often referred to as a "job analysis." The RDS establishes the minimal competencies to practice as an athletic trainer (AT) and thus reflects the contemporary standards of practice for the athletic training profession. The Educational Council considered the results of this study when developing these competencies for clinical application. The basic purpose of the Competencies is to prepare the entry-level AT for current practices as defined by the RDS.

Although the Competencies and the RDS are two distinctly individual documents, both play a major role in the preparation of entry-level athletic trainers: The Competencies define the educational content that students enrolled in an accredited athletic training program must master; the RDS serves as the template for the certification examination that these students must successfully challenge to be recognized as certified athletic trainers.

The Education Council has taken great care to ensure that the content of the RDS has been included in the Competencies. However, close review of the two documents will indicate that the Competencies are broader and more specific than the knowledge and skills presented in the RDS. This mechanism ensures the continued growth of our profession and the heightened abilities of our future professionals.

Copies of the most recent BOC Role Delineation Study may be obtained by contacting the BOC:

Board of Certification, Inc.  
4223 S 143<sup>rd</sup> Cr  
Omaha, Nebraska 68137  
Voice: 402.559.0091  
Fax: 402.561.0598  
Email: [staff@bocatc.org](mailto:staff@bocatc.org)  
URL: [www.bocatc.org](http://www.bocatc.org)



## Organization Contact Information

### **Board of Certification, Inc. (BOC)**

4223 S. 143rd Circle  
Omaha, Nebraska 68137-4505  
Phone: 402-559-0091  
Fax: 402-561-0598  
Web: [www.bocatc.org](http://www.bocatc.org)  
Email: [staff@bocatc.org](mailto:staff@bocatc.org)

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### **Joint Review Committee – Athletic Trainers (JRC-AT) - *Until July 2006*** **Commission on Accreditation of Athletic Training Education (CAATE) -** ***After July 2006***

5142 South Andes Street  
Centennial, Colorado 80015  
Phone: 303-627-6229  
Fax: 303-632-5915  
Web: [www.jrc-at.org](http://www.jrc-at.org) *Until July 2006*  
Web: [www.CAATE.net](http://www.CAATE.net) *After July 2006*  
Email: [dlcaruthers@comcast.net](mailto:dlcaruthers@comcast.net)  
[atheducation@duq.edu](mailto:atheducation@duq.edu)

---

### **National Athletic Trainers Association (NATA)**

2952 Stemmons Freeway  
Dallas, TX 75247-6196  
Phone: 800-879-6282  
Fax: 214-637-2206  
Web: [www.nata.org](http://www.nata.org)  
Email: [mistyg@nata.org](mailto:misty@nata.org)

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### **National Athletic Trainers Association Education Council (NATA-EC)**

276 SFH  
Brigham Young University  
Provo, UT 84602  
Phone: 801-422-3181  
Fax: 801-422-0555  
Web: [www.nataec.org](http://www.nataec.org)  
Email: [nataec@byu.edu](mailto:nataec@byu.edu)



# **Foundational Behaviors of Professional Practice**

These basic behaviors permeate every aspect of professional practice, and should be incorporated into instruction in every part of the educational program. The behaviors in this section comprise the application of the common values of the athletic training profession.

## **Primacy of the Patient**

- Recognize sources of conflict of interest that can impact the patient's health
- Know and apply the commonly accepted standards for patient confidentiality
- Provide the best health care available for the patient
- Advocate for the needs of the patient

## **Teamed Approach to Practice**

- Recognize the unique skills and abilities of other health care professionals
- Understand the scope of practice of other health care professionals
- Understand and execute duties within the identified scope of practice for athletic trainers
- Include the patient (and family, where appropriate) in the decision making process
- Demonstrate the ability to work with others in effecting positive patient outcomes

## **Legal Practice**

- Practice athletic training in a legally competent manner
- Recognize the need to document compliance with the laws that govern athletic training
- Understand the consequences of violating the laws that govern athletic training

## **Ethical Practice**

- Understand and comply with the NATA's *Code of Ethics* and the BOC's *Standards of Practice*
- Understand the consequences of violating the NATA's *Code of Ethics* and BOC's *Standards of Practice*
- Understand and comply with other codes of ethics, as applicable.

## **Advancing Knowledge**

- Critically examine the body of knowledge in athletic training and related fields
- Use evidence-based practice as a foundation for the delivery of care
- Understand the connection between continuing education and the improvement of athletic training practice
- Promote the value of research and scholarship in athletic training

- Disseminate new knowledge in athletic training to fellow athletic trainers, patients, other health care professionals, and others as necessary

### **Cultural Competence**

- Understand the cultural differences of patients' attitudes and behaviors toward health care
- Demonstrate knowledge, attitudes, behaviors, and skills necessary to achieve optimal health outcomes for diverse patient populations.
- Demonstrate knowledge, attitudes, behaviors, and skills necessary to work respectfully and effectively with diverse populations and in a diverse work environment

### **Professionalism**

- Advocate for the profession
- Demonstrate honesty and integrity
- Exhibit compassion and empathy
- Demonstrate effective interpersonal communication skills

## **Risk Management and Injury Prevention (RM)**

In order to demonstrate knowledge of the practice of athletic training, to think critically about the practices involved in athletic training, including the ability to integrate knowledge, skill and behavior, and to assume professional responsibility, the entry-level certified athletic trainer must possess an understanding of risk management and injury prevention and demonstrate the necessary skills to plan and implement prevention strategies. Learning objectives and outcomes to support the identification of injury and illness risk factors and to plan and implement a risk management and prevention program assure that the student is able to:

### **Cognitive Competencies**

1. Explain the risk factors associated with physical activity.
2. Identify and explain the risk factors associated with common congenital and acquired abnormalities, disabilities, and diseases.
3. Identify and explain the epidemiology data related to the risk of injury and illness related to participation in physical activity.
4. Identify and explain the recommended or required components of a pre-participation examination based on appropriate authorities' rules, guidelines, and/or recommendations.
5. Describe the basic concepts and practice of wellness screening.
6. Describe the general principles of health maintenance and personal hygiene, including skin care, dental hygiene, sanitation, immunizations, avoidance of infectious and contagious diseases, diet, rest, exercise, and weight control.
7. Explain the importance for all personnel to maintain current certification in CPR, AED, and first aid.
8. Explain the principles of effective heat loss and heat illness prevention programs. Principles include, but are not limited to, knowledge of the body's thermo-regulatory mechanisms, acclimation and conditioning, fluid and electrolyte replacement requirements, proper practice and competition attire, and weight loss.
9. Explain the accepted guidelines, recommendations, and policy and position statements of applicable governing agencies relating to activity during extreme weather conditions.
10. Interpret data obtained from a WGBT or other similar device that measures heat and humidity to determine the scheduling, type, and duration of activity.

11. Explain the importance and use of standard tests, test equipment, and testing protocol for the measurement of cardiovascular and respiratory fitness, body composition, posture, flexibility, muscular strength, power, and endurance.
12. Explain the components and purpose of periodization within a physical conditioning program.
13. Identify and explain the various types of flexibility, strength training, and cardiovascular conditioning programs. This should include the expected effects (the body's anatomical and physiological adaptation), safety precautions, hazards, and contraindications of each.
14. Explain the precautions and risks associated with exercise in special populations.
15. Describe the components for self-identification of the warning signs of cancer.
16. Explain the basic principles associated with the use of protective equipment, including standards for the design, construction, fit, maintenance and reconditioning of protective equipment; and rules and regulations established by the associations that govern the use of protective equipment; and material composition.
17. Explain the principles and concepts related to prophylactic taping, wrapping, bracing, and protective pad fabrication.
18. Explain the principles and concepts related to the fabrication, modification, and appropriate application or use of orthotics and other dynamic and static splints. This includes, but is not limited to, evaluating or identifying the need, selecting the appropriate manufacturing material, manufacturing the orthosis or splint, and fitting the orthosis or splint.
19. Explain the basic principles and concepts of home, school, and work place ergonomics and their relationship to the prevention of illness and injury.
20. Recognize the clinical signs and symptoms of environmental stress.

### **Psychomotor Competencies**

1. Instruct the patient how to properly perform fitness tests to assess their physical status and readiness for physical activity Interpret the results of these tests according to requirements established by appropriate governing agencies and/or a physician. These tests should assess:
  - Flexibility
  - Strength
  - Power

- Muscular endurance
  - Agility
  - Cardiovascular endurance
  - Speed
2. Develop a fitness program appropriate to the patient's needs and selected activity(s) which meet the requirements established by the appropriate governing agency and/or physician for enhancing:
    - Flexibility
    - Strength
    - Power
    - Muscular endurance
    - Agility
    - Cardiovascular endurance-
    - Speed
  3. Instruct a patient regarding fitness exercises and the use of weight training equipment to include correction or modification of inappropriate, unsafe, or dangerous lifting techniques.
  4. Select and fit appropriate standard protective equipment on the patient for safe participation in sport and/or physical activity. This includes, but is not limited to:
    - Shoulder pads
    - Helmet/headgear
    - Footwear
    - Mouth guard
    - Prophylactic knee brace
    - Prophylactic ankle brace
    - Other equipment, as appropriate
  5. Select, fabricate, and apply appropriate preventive taping and wrapping procedures, splints, braces, and other special protective devices. Procedures and devices should be consistent with sound anatomical and biomechanical principles.
  6. Obtain, interpret, and make decisions regarding environmental data. This includes, but is not limited to the ability to:
    - Operate a sling psychrometer and/or wet bulb globe index
    - Operate lightning detection devices
    - Access local weather/environmental information
    - Assess hydration status using weight charts, urine color charts, or specific gravity measurements

### **Clinical Proficiency #1**

Plan, implement, evaluate, and modify a fitness program specific to the physical status of the patient. This will include instructing the patient in proper performance of the activities and the warning signs and symptoms of potential injury that may be sustained. Effective lines of communication shall be established to elicit and convey information about the patient's status and the prescribed program. While maintaining patient confidentiality, all aspects of the fitness program shall be documented using standardized record-keeping methods.

### **Clinical Proficiency #2**

Select, apply, evaluate, and modify appropriate standard protective equipment and other custom devices for the patient in order to prevent and/or minimize the risk of injury to the head, torso, spine and extremities for safe participation in sport and/or physical activity. Effective lines of communication shall be established to elicit and convey information about the patient's situation and the importance of protective devices to prevent and/or minimize injury.

### **Clinical Proficiency #3**

Demonstrate the ability to develop, implement, and communicate effective policies and procedures to allow safe and efficient physical activity in a variety of environmental conditions. This will include obtaining, interpreting, and recognizing potentially hazardous environmental conditions and making the appropriate recommendations for the patient and/or activity. Effective lines of communication shall be established with the patient, coaches and/or appropriate officials to elicit and convey information about the potential hazard of the environmental condition and the importance of implementing appropriate strategies to prevent injury.

## **Pathology of Injuries and Illnesses (PA)**

In order to demonstrate knowledge of the practice of athletic training, to think critically about the practices involved in athletic training, including the ability to integrate knowledge, skill and behavior, and to assume professional responsibility, the entry-level certified athletic trainer must possess an understanding of the cellular events and reactions, and other pathological mechanisms in the development, progression and epidemiology of injuries, illnesses and diseases. Learning objectives and outcomes in the pathology of injury and illness assure that the student is able to:

### **Cognitive Competencies**

1. Describe the essential components of a typical human cell to include the normal structure and the function of each component to explain the abnormal symptoms associated with injury, illness, and disease.
2. Explain gross cellular adaptations in response to stress, injury, or disease (e.g., atrophy, hypertrophy, differentiation, hyperplasia, metaplasia, and tumors).
3. Explain normal and abnormal circulation and the physiology of fluid homeostasis.
4. Identify the normal acute and chronic physiological and pathological responses (e.g., inflammation, immune response, and healing process) of the human body to trauma, hypoxia, microbiologic agents, genetic derangements, nutritional deficiencies, chemicals, drugs, and aging to the musculoskeletal system and other organ systems, and adaptations to disuse.
5. Describe the etiology, pathogenesis, pathomechanics, signs, symptoms, and epidemiology of common orthopedic injuries, illnesses and diseases to body systems.
6. Describe the body's responses to physical exercise during common diseases, illnesses, and the injury.



# **Orthopedic Clinical Examination and Diagnosis**

## **(DI)**

In order to demonstrate knowledge of the practice of athletic training, to think critically about the practices involved in athletic training, including the ability to integrate knowledge, skill and behavior, and to assume professional responsibility, the entry-level certified athletic trainer must possess the ability to clinically examine and diagnose a patient for the purpose of identifying (a) common acquired or congenital risk factors that would predispose the patient to injury and (b) musculoskeletal orthopedic injuries to determine proper care including the referral of the patient to other health care providers when appropriate.

The cognitive and psychomotor competencies and clinical proficiency should encompass the following body areas:

- a. The foot and toes
- b. The ankle
- c. The lower leg
- d. The knee (tibiofemoral and patellofemoral)
- e. The thigh
- f. The hip/pelvis/sacroiliac joint
- g. The lumbar spine
- h. The thoracic spine
- i. The ribs
- j. The cervical spine
- k. The shoulder girdle
- l. The upper arm
- m. The elbow
- n. The forearm
- o. The wrist
- p. The hand, fingers and thumb
- q. The head and face
- r. The temporal mandibular joint

Learning objectives and outcomes in orthopedic clinical examination and diagnosis assure that the student is able to:

### **Cognitive Competencies**

1. Demonstrate knowledge of the systems of the human body.
2. Describe the anatomical and physiological growth and development characteristics as well as gender differences across the lifespan.

3. Describe the physiological and psychological effects of physical activity and their impact on performance.
4. Explain directional terms and cardinal planes used to describe the body and the relationship of its parts.
5. Describe the principles and concepts of body movement including functional classification of joints, arthrokinematics, normal ranges of joint motion, joint action terminology, and muscle groups responsible for joint actions (prime movers, synergists), skeletal muscle contraction, and kinesthesia/proprioception.
6. Describe common techniques and procedures for evaluating common injuries including taking a history, inspection/observation, palpation, functional testing, special evaluation techniques, and neurological and circulatory tests.
7. Explain the relationship of injury assessment to the systematic observation of the person as a whole.
8. Describe the nature of diagnostic tests of the neurological function of cranial nerves, spinal nerves, and peripheral nerves using myotomes, dermatomes, and reflexes.
9. Assess neurological status, including cranial nerve function, myotomes, dermatomes and reflexes, and circulatory status.
10. Explain the roles of special tests in injury assessment.
11. Explain the role of postural examination in injury assessment including gait analysis.
12. Describe strength assessment using resistive range of motion, break tests, and manual muscle testing.
13. Describe the use of diagnostic tests and imaging techniques based on their applicability in the assessment of an injury when prescribed by a physician.
14. Describe the clinical signs and symptoms of environmental stress.
15. Describe and identify postural deformities.
16. Explain medical terminology and abbreviations necessary to communicate with physicians and other health professionals.
17. Describe the components of medical documentation (e.g. SOAP, HIPS and HOPS).

### **Psychomotor Competencies**

1. Obtain a medical history of the patient that includes a previous history and a history of the present injury.
2. Perform inspection/observation of the clinical signs associated with common injuries including deformity, posturing and guarding, edema/swelling, hemarthrosis, and discoloration.
3. Perform inspection/observation of postural, structural, and biomechanical abnormalities.
4. Palpate the bones and soft tissues to determine normal or pathological characteristics.
5. Measure the active and passive joint range-of-motion using commonly-accepted techniques, including the use of a goniometer and inclinometer.
6. Grade the resisted joint range-of-motion/manual muscle testing and break tests.
7. Apply appropriate stress tests for ligamentous or capsular stability, soft tissue and muscle, and fractures.
8. Apply appropriate special tests for injuries to the specific areas of the body as listed above..
9. Assess neurological status, including cranial nerve function, myotomes, dermatomes and reflexes, and circulatory status.
10. Document the results of the assessment including the diagnosis.

### **Clinical Proficiency**

Demonstrate a musculoskeletal assessment of upper extremity, lower extremity, head/face, and spine (including the ribs) for the purpose of identifying (a) common acquired or congenital risk factors that would predispose the patient to injury and (b) a musculoskeletal injury. This will include identification and recommendations for the correction of acquired or congenital risk factors for injury. At the conclusion of the assessment, the student will diagnose the patient's condition and determine and apply immediate treatment and/or referral in the management of the condition. Effective lines of communication should be established to elicit and convey information about the patient's status. While maintaining patient confidentiality, all aspects of the assessment should be documented using standardized record-keeping methods.



## **Medical Conditions and Disabilities (MC)**

In order to demonstrate knowledge of the practice of athletic training, to think critically about the practices involved in athletic training, including the ability to integrate knowledge, skill and behavior, and to assume professional responsibility, the entry-level certified athletic trainer must possess an understanding of medical conditions and disabilities associated with physically active individuals.

The cognitive and psychomotor competencies and clinical proficiency should encompass the following body areas:

- a. The derma
- b. The head, including the brain
- c. The face, including maxillofacial and teeth
- d. The thorax, including the heart and lungs
- e. The abdomen, including the organs, the renal and urogenital systems
- f. The eyes
- g. The ear, nose and throat.

Learning objectives and outcomes to support recognition and detection, referral, and understanding treatment approaches for medical conditions and disabilities assure that the student is able to:

### **Cognitive Competencies**

1. Describe and know when to refer common congenital or acquired abnormalities, physical disabilities, and diseases affecting people who engage in physical activity throughout their life cycle (e.g., arthritis, diabetes).
2. Understand the effects of common illnesses and diseases in physical activity.
3. Describe common techniques and procedures for evaluating common medical conditions and disabilities including taking a history, inspection/observation, palpation, functional testing, special evaluation techniques (e.g., assessing heart, lung and bowel sounds), and neurological and circulatory tests.
4. Describe and know when to refer common eye pathologies from trauma and/or localized infection (e.g., conjunctivitis, hyphema, corneal injury, stye, scleral trauma).
5. Describe and know when refer common ear pathologies from trauma and/or localized infection (e.g., otitis, ruptured tympanic membrane, and impacted cerumen).
6. Describe and know when to refer common pathologies of the mouth, sinus, oropharynx, and nasopharynx from trauma and/or localized infection (e.g., gingivitis, sinusitis, laryngitis, tonsillitis, pharyngitis).

7. Describe and know when to refer common and significant respiratory infections, thoracic trauma, and lung disorders. (e.g., influenza, pneumonia, bronchitis, rhinitis, sinusitis, URI, pneumothorax, hemothorax, pneumomediastinum, exercise-induced bronchospasm, exercise-induced anaphylaxis, asthma).
8. Explain the importance and proper use of a peak-flow meter or similar device in the evaluation and management of respiratory conditions.
9. Describe strategies for reducing the frequency and severity of asthma attacks.
10. Explain the possible causes of sudden death syndrome.
11. Describe and know when to refer common cardiovascular and hematological medical conditions from trauma, deformity, acquired disease, conduction disorder, and drug abuse (e.g., coronary artery disease, hypertrophic cardiomyopathy, heart murmur, mitral valve prolapse, commotion cordis, Marfan's Syndrome, peripheral embolism, hypertension, Arrhythmogenic Right Ventricular Dysplasia, Wolf-Parkinson-White Syndrome, anemias, sickle-cell anemia & sickle-cell trait [including rhabdomyolysis], hemophilia, deep vein thrombosis, migraine headache, syncope).
12. Describe and know when to refer common medical conditions that affect the gastrointestinal and hepatic-biliary systems from trauma, chemical and drug irritation, local and systemic infections, psychological stress, and anatomic defects (e.g., hepatitis, pancreatitis, dyspepsia, gastroesophageal reflux, peptic ulcer, gastritis and gastroenteritis, inflammatory bowel disease, irritable bowel syndrome, appendicitis, sports hernia, hemorrhoids, splenomegaly, liver trauma).
13. Describe and know when to refer common medical conditions of the endocrine and metabolic systems from acquired disease, acute and chronic nutritional disorders (e.g., diabetes mellitus and insipidus, hypothyroidism, Cushing's Syndrome, thermoregulatory disorders, gout, osteoporosis).
14. Describe and know when to refer common medical conditions of the renal and urogenital systems from trauma, local infection, congenital and acquired disease, nutritional imbalance, and hormone disorder (e.g., kidney stones, genital trauma, gynecomastia, monorchidism, scrotum and testicular trauma, ovarian and testicular cancer, breast cancer, testicular torsion, varicoceles, endometriosis, pregnancy and ectopic pregnancy, female athlete triad, primary amenorrhea, oligomenorrhea, dysmenorrhea, kidney laceration or contusion, cryptorchidism).
15. Describe and know when refer common and/or contagious skin lesions from trauma, infection, stress, drug reaction, and immune responses (e.g., wounds,

bacteria lesions, fungal lesions, viral lesions, bites, acne, eczema dermatitis, ringworm).

16. Describe and know when to refer common medical conditions of the immune system from infection, congenital and acquired disease, and unhealthy lifestyle. (e.g., arthritis, gout, upper respiratory tract infection [URTI], influenza, pneumonia, myocarditis, gastrointestinal infection, urinary tract infection [UTI], sexually transmitted diseases [STDs], pelvic inflammatory disease, meningitis, osteomyelitis, septic arthrosis, chronic fatigue and overtraining, infectious mononucleosis, human immunodeficiency virus AIDS and HIV, hepatitis B, allergic reaction and anaphylaxis, childhood infectious diseases [measles, mumps, chicken pox]).
17. Describe and know when to refer common neurological medical disorders from trauma, anoxia, drug toxicity, infection, and congenital malformation(e.g., concussion, post-concussion syndrome, second-impact syndrome, subdural and epidural hematoma, epilepsy, seizure, convulsion disorder, meningitis, spina bifida, cerebral palsy, chronic regional pain syndrome [CRPS], cerebral aneurysm).
18. Describe and know when to refer common psychological medical disorders from drug toxicity, physical and emotional stress, and acquired disorders (e.g., substance abuse, eating disorders/disordered eating, depression, bipolar disorder, seasonal affective disorder, anxiety disorders, somatoform disorders, personality disorders, abusive disorders, and addiction).
19. Describe a plan to access appropriate medical assistance on disease control, notify medical authorities, and prevent disease epidemics.
20. Describe and know when to refer common cancers (e.g., testicular, breast).
21. Describe and know when to refer common injuries or conditions of the teeth (e.g., fractures, dislocations, caries).
22. Explain the importance and proper procedures for measuring body temperature (e.g., oral, axillary, rectal).

### **Psychomotor Competencies**

1. Obtain a medical history of the patient that includes a previous history and a history of the present condition.
2. Perform a visual observation of the clinical signs associated with common injuries and/or illnesses including deformity, edema/swelling, discoloration, and skin abnormalities.

3. Palpate the bones and soft tissues, including the abdomen, to determine normal or pathological characteristics.
4. Apply commonly used special tests and instruments (e.g., otoscope, stethoscope, ophthalmoscope, peak flow meter, chemical “dipsticks”, or similar device) and document the results for the assessment of:
  - a. Vital signs including respiration (including asthma), pulse and circulation, and blood pressure.
  - b. Heart, lung, and bowel sounds.
  - c. Pupil response, size and shape, and ocular motor function.
  - d. Body temperature.
  - e. Ear, nose, throat and teeth.
  - f. Urinalysis

### **Clinical Proficiency**

Demonstrate a general and specific (e.g., head, torso and abdomen) assessment for the purpose of (a) screening and referral of common medical conditions, (b) treating those conditions as appropriate, and (c) when appropriate, determining a patient’s readiness for physical activity. Effective lines of communication should be established to elicit and convey information about the patient’s status and the treatment program. While maintaining confidentiality, all aspects of the assessment, treatment, and determination for activity should be documented using standardized record-keeping methods.

## **Acute Care of Injuries and Illnesses (AC)**

In order to demonstrate knowledge of the practice of athletic training, to think critically about the practices involved in athletic training, including the ability to integrate knowledge, skill and behavior, and to assume professional responsibility, the entry-level certified athletic trainer must recognize, assess, and treat patients with acute injuries and illnesses, and provide appropriate medical referral. Learning objectives and outcomes in acute care of injuries and illnesses assure that the student is able to:

### **Cognitive Competencies**

1. Explain the legal, moral, and ethical parameters that define the scope of first aid and emergency care, and identify the proper roles and responsibilities of the certified athletic trainer.
2. Describe the availability, content, purpose, and maintenance of contemporary first aid and emergency care equipment.
3. Determine what emergency care supplies and equipment are necessary for circumstances in which the athletic trainer is the responsible first responder.
4. Know and be able to use appropriately standard nomenclature of injuries and illnesses.
5. Describe the principles and rationale of the initial assessment including the determination of whether the accident scene is safe, what may have happened, and the assessment of airway, breathing, circulation, level of consciousness and other life-threatening conditions.
6. Differentiate the components of a secondary assessment to determine the type and severity of the injury or illness sustained.
7. Identify the normal ranges for vital signs.
8. Describe pathological signs of acute/traumatic injury and illness including, but not limited to, skin temperature, skin color, skin moisture, pupil reaction, and neurovascular function.
9. Describe the current standards of first aid, emergency care, rescue breathing, and cardiopulmonary resuscitation for the professional rescuer.
10. Describe the role and function of an automated external defibrillator in the emergency management of acute heart failure and abnormal heart rhythms.
11. Describe the role and function of supplemental oxygen administration as an adjunct to cardiopulmonary resuscitation techniques.

12. Describe the characteristics of common life-threatening conditions that can occur either spontaneously or as the result of direct trauma to the throat, thorax and viscera, and identify the management of these conditions.
13. Describe the proper management of external hemorrhage, including the location of pressure points, use of universal precautions, and proper disposal of biohazardous materials.
14. Identify the signs and symptoms associated with internal hemorrhaging.
15. Describe the appropriate use of aseptic or sterile techniques, approved sanitation methods, and universal precautions for the cleansing and dressing of wounds.
16. Describes injuries and illnesses that require medical referral.
17. Explain the application principles of rest, cold application, elevation, and compression in the treatment of acute injuries.
18. Describe the signs, symptoms, and pathology of acute inflammation.
19. Identify the signs and symptoms of head trauma, including loss of consciousness, changes in standardized neurological function, cranial nerve assessment, and other symptoms that indicate underlying trauma.
20. Explain the importance of monitoring a patient following a head injury, including obtaining clearance from a physician before further patient participation.
21. Define cerebral concussion, list the signs and symptoms of concussions, identify the methods for determining the neurocognitive status of a patient who sustains a concussion and describe contemporary concepts for the management and return-to-participation of a patient who sustains a concussion.
22. Identify the signs and symptoms of trauma to the cervical, thoracic and lumbar spines, the spinal cord, and spinal nerve roots, including neurological signs, referred symptoms, and other symptoms that indicate underlying trauma and pathology.
23. Describe cervical stabilization devices that are appropriate to the circumstances of an injury.
24. Describe the indications, guidelines, proper techniques and necessary supplies for removing equipment and clothing in order to evaluate and/or stabilize the involved area.

25. Describe the effective management, positioning, and immobilization of a patient with a suspected spinal cord injury.
26. Identify the appropriate short-distance transportation method, including immobilization, for an injured patient.
27. Identify the signs, symptoms, possible causes, and proper management of the following:
  - a. Different types of shock.
  - b. Diabetic coma
  - c. Seizures
  - d. Toxic drug overdose
  - e. Allergic, thermal, and chemical reactions of the skin (including infestations and insect bites)
28. Identify the signs and symptoms of serious communicable diseases and describe the appropriate steps to prevent disease transmission.
29. Identify the signs, symptoms, and treatment of patients suffering from adverse reactions to environmental conditions.
30. Identify information obtained during the examination to determine when to refer an injury or illness for further or immediate medical attention.
31. Describe the proper immobilization techniques and select appropriate splinting material to stabilize the injured joint or limb and maintain distal circulation.
32. Describe the proper ambulatory aid and technique for the injury and patient.
33. Describe home care and self-treatment plans of acute injuries and illnesses.

### **Psychomotor Competencies**

1. Survey the scene to determine whether the area is safe and determine what may have happened.
2. Perform an initial assessment to assess the following, but not limited to:
  - a. Airway
  - b. Breathing
  - c. Circulation
  - d. Level of consciousness
  - e. Other life-threatening conditions.
3. Implement appropriate emergency treatment strategies, including, but not limited to:
  - a. Activate an Emergency Action Plan

- b. Establish and maintain an airway in an infant, child, and adult
  - c. Establish and maintain an airway in a patient wearing shoulder pads, headgear or other protective equipment and/or with a suspected spine injury.
  - d. Perform one- and two-person CPR to an infant, child, and adult.
  - e. Utilize a bag-valve mask on an infant, child, and adult.
  - f. Utilize an automated external defibrillator (AED) on an infant, child and adult of proper age and weight.
  - g. Normalize body temperature in situations of severe/life-threatening heat or cold stress.
  - h. Control bleeding using universal precautions.
  - i. Epi-pen administration for anaphylactic shock.
4. Perform a secondary assessment and employ the appropriate management techniques for non-life threatening situations, including, but not limited to:
- a. Open and closed wounds (using universal precautions)
  - b. Closed-head trauma (using standard neurological tests and tests for cranial nerve function)
  - c. Environmental illness
  - d. Seizures
  - e. Acute asthma attack
  - f. Different types of shock
  - g. Thoracic, respiratory, and internal abdominal injury or illness
  - h. Acute musculoskeletal injuries (i.e. sprains, strains, fractures, dislocations).
  - i. Spinal cord and peripheral nerve injuries
  - j. Diabetic coma
  - k. Toxic drug overdose
  - l. Allergic, thermal, and chemical reactions of the skin (including infestations and insect bites)

### **Clinical Proficiency**

Demonstrate the ability to manage acute injuries and illnesses. This will include surveying the scene, conducting an initial assessment, utilizing universal precautions, activating the emergency action plan, implementing appropriate emergency techniques and procedures, conducting a secondary assessment and implementing appropriate first aid techniques and procedures for non-life threatening situations. Effective lines of communication should be established and the results of the assessment, management and treatment should be documented.

## **Therapeutic Modalities (TM)**

In order to demonstrate knowledge of the practice of athletic training, to think critically about the practices involved in athletic training, including the ability to integrate knowledge, skill and behavior, and to assume professional responsibility, the entry-level certified athletic trainer must plan, implement, document, and evaluate the efficacy of therapeutic modalities in the treatment of injuries to and illnesses of their patients.

The cognitive and psychomotor competencies and clinical proficiency should encompass multiple methods of therapeutic modalities in the following categories:

- a. Infrared modalities.
- b. Electrical stimulation modalities.
- c. Therapeutic ultrasound.
- d. Mechanical modalities.
- e. Massage and other manual treatment techniques.

Learning objectives and outcomes in therapeutic modalities assure that the student is able to:

### **Cognitive Competencies**

1. Describe the physiological and pathological processes of trauma, wound healing and tissue repair, and their implications on the selection and application of therapeutic modalities used in a treatment and/or rehabilitation program.
2. Explain the principles of physics, including basic concepts associated with the electromagnetic and acoustic spectra (e.g., frequency, wavelength) associated with therapeutic modalities.
3. Explain the terminology, principles, basic concepts, and properties of electric currents as they relate to therapeutic modalities.
4. Describe contemporary pain-control theories.
5. Describe the role and function of the common pharmacological agents that are used in conjunction with therapeutic modalities
6. Explain the body's physiological responses during and following the application of therapeutic modalities.
7. Describe the electrophysics, physical properties, biophysics, patient preparation and modality set-up (parameters), indications, contraindications, and specific physiological effects associated with commonly used therapeutic modalities.

8. Identify appropriate therapeutic modalities for the treatment and rehabilitation of injuries and illness.
9. Describe the process/methods of assessing and reassessing the status of the patient using standard techniques and documentation strategies to determine appropriate treatment and rehabilitation and to evaluate readiness to return to the appropriate level of activity. This includes:
  - a. Describe and interpret appropriate measurement and assessment procedures as they relate to the selection and application of therapeutic modalities.
  - b. Interpret objective measurement results as a basis for developing individualized therapeutic modality application and set-up (parameters).
  - c. Interpret the results of injury assessment and determine an appropriate therapeutic modality program to return the patient to physical activity.
  - d. Determine the appropriate therapeutic modality program and appropriate therapeutic goals and objectives based on the initial assessment and frequent reassessments.
  - e. Determine the criteria for progression and return to activity based on the level of functional outcomes.
  - f. Describe appropriate methods of assessing progress when using therapeutic modalities and interpret the results.
  - g. Interpret physician notes, post-operative notes, and physician prescriptions as they pertain to a treatment plan.
  - h. Describe appropriate medical documentation for recording progress in a therapeutic modality program.
10. Identify manufacturer's, institutional, state, and federal standards for the operation and safe application of therapeutic modalities.
11. Identify manufacturer's, institutional, state and federal guidelines for the inspection and maintenance of therapeutic modalities.

### **Psychomotor Competencies**

1. Assess patient to identify indications, contraindications, and precautions applicable to the application of therapeutic modalities.
2. Obtain and interpret baseline and post-treatment objective physical measurements to evaluate and interpret results.
3. Inspect the therapeutic modalities and treatment environment for potential safety hazards.
4. Position and prepare the patient for the application of therapeutic modalities.
5. Select and apply appropriate therapeutic modalities according to evidence-based guidelines.

6. Document treatment goals, expectations, and treatment outcomes.

**Clinical Proficiency**

Synthesize information obtained in a patient interview and physical examination to determine the indications, contraindications and precautions for the selection, patient set-up, and evidence-based application of therapeutic modalities for acute and chronic injuries. The student will formulate a progressive treatment and rehabilitation plan and appropriately apply the modalities. Effective lines of communication should be established to elicit and convey information about the patient's status and the prescribed modality(s). While maintaining patient confidentiality, all aspects of the treatment plan should be documented using standardized record-keeping methods.



## **Conditioning and Rehabilitative Exercise (EX)**

In order to demonstrate knowledge of the practice of athletic training, to think critically about the practices involved in athletic training, including the ability to integrate knowledge, skill and behavior, and to assume professional responsibility, the entry-level certified athletic trainer must plan, implement, document, and evaluate the efficacy of therapeutic exercise programs for the rehabilitation and reconditioning of injuries and illnesses.

The cognitive and psychomotor competencies and clinical proficiencies should encompass multiple methods and techniques of therapeutic exercise, performed via a variety of mediums (e.g. aquatic therapy, etc.), in the following categories:

- a. Exercises and techniques to improve joint range of motion.
- b. Exercises to improve muscular strength.
- c. Exercises to improve muscular endurance.
- d. Exercises to improve muscular speed.
- e. Exercises to improve muscular power.
- f. Exercises to improve balance, neuromuscular control, and coordination.
- g. Exercises to improve agility.
- h. Exercises to improve cardio respiratory endurance.
- i. Exercises to improve activity-specific skills including ergonomics and work hardening.

Learning objectives and outcomes in therapeutic exercise assure that the student is able to:

### **Cognitive Competencies**

1. Describe the physiological and pathological processes of trauma, wound healing and tissue repair and their implications on the development, progression and implementation of a therapeutic exercise program.
2. Describe the mechanical principles applied to the design and use of therapeutic exercise equipment and techniques (leverage, force, kinesiology and biomechanics).
3. Describe common surgical techniques, pathology, and any subsequent anatomical alterations that may affect the implementation of a therapeutic exercise program.
4. Describe the appropriate selection and application of therapeutic exercises taking the following into consideration:
  - a. The physiological responses of the human body to trauma
  - b. The physiological effects of inactivity and immobilization on the musculoskeletal, cardiovascular, nervous, and respiratory systems of the human body

- c. The anatomical and/or biomechanical alterations resulting from acute and chronic injury and improper mechanics
  - d. The physiological adaptations induced by the various forms of therapeutic exercise, such as fast- versus slow-twitch muscle fibers
  - e. The physiological responses of additional factors, such as age and disease.
5. Describe the indications, contraindications, theory, and principles for the incorporation and application of various contemporary therapeutic exercise equipment and techniques, including aquatic therapy, manual therapy and mobilization.
6. Define the basic components of activity-specific rehabilitation goals, functional progressions, and functional outcomes in a therapeutic exercise program.
7. Describe the process/methods of assessing and reassessing the status of the patient using standard techniques and documentation strategies in order to determine appropriate treatment and rehabilitation plans and to evaluate the readiness to return to the appropriate level of activity. This includes the ability to:
  - a. Describe and interpret appropriate measurement and functional testing procedures as they relate to the selection and application of therapeutic exercise.
  - b. Interpret objective measurement results (muscular strength/endurance, range of motion) as a basis for developing an individualized therapeutic exercise program.
  - c. Interpret the results of a physical assessment and determine an appropriate therapeutic exercise program to return the patient to physical activity.
  - d. Determine the appropriate therapeutic exercise program and appropriate therapeutic goals and objectives based on the initial assessment and frequent reassessments.
  - e. Determine the criteria for progression and return to activity based on the level of functional outcomes.
  - f. Describe appropriate methods of assessing progress in a therapeutic exercise program and interpret the results.
  - g. Interpret physician notes, post-operative notes, and physician prescriptions as they pertain to a therapeutic exercise program.
  - h. Describe appropriate medical documentation for recording progress in a therapeutic exercise program.
8. Explain the effectiveness of taping, wrapping, bracing, and other supportive/protective methods for facilitation of safe progression to advanced therapeutic exercises and functional activities.
9. Describe manufacturer's, institutional, state and federal guidelines for the inspection and maintenance of therapeutic exercise equipment.

### **Psychomotor Competencies**

1. Assess a patient to determine specific therapeutic exercise indications, contraindications, and precautions.
2. Obtain and interpret baseline and post-exercise objective physical measurements to evaluate therapeutic exercise progression and interpret results.
3. Inspect therapeutic exercise equipment to ensure safe operating condition.
4. Demonstrate the appropriate application of contemporary therapeutic exercises and techniques according to evidence-based guidelines.
5. Instruct the patient in proper techniques of commonly prescribed therapeutic exercises.
6. Document rehabilitation goals, progression and functional outcomes.
7. Perform a functional assessment for safe return to physical activity.

### **Clinical Proficiency**

Synthesize information obtained in a patient interview and physical examination to determine the indications, contraindications and precautions for the selection, application, and evidence-based design of a therapeutic exercise program for injuries to the upper extremity, lower extremity, trunk, and spine. The student will formulate a progressive rehabilitation plan and appropriately demonstrate and/or instruct the exercises and/or techniques to the patient. Effective lines of communication should be established to elicit and convey information about the patient's status and the prescribed exercise(s). While maintaining patient confidentiality, all aspects of the exercise plan should be documented using standardized record-keeping methods.



## **Pharmacology (PH)**

In order to demonstrate knowledge of the practice of athletic training, to think critically about the practices involved in athletic training, including the ability to integrate knowledge, skill and behavior, and to assume professional responsibility, the entry-level certified athletic trainer must possess an understanding of pharmacologic applications and governing pharmacy regulations relevant to the treatment of injuries, illnesses, and diseases. Learning objectives and outcomes in pharmacology assure that the student is able to:

### **Cognitive Competencies**

1. Explain the laws, regulations, and procedures that govern storing, transporting, dispensing, and recording prescription and nonprescription medications (Controlled Substance Act, scheduled drug classification, and state statutes).
2. Identify appropriate pharmaceutical terminology and abbreviations used in the prescription, administration, and dispensing of medications.
3. Identify information about the indications, contraindications, precautions, and adverse reactions for common prescription and nonprescription medications (including herbal medications) using current pharmacy resources
4. Explain the concepts of pharmacokinetics (absorption, distribution, metabolism, and elimination) and the suspected influence that exercise might have on these processes.
5. Explain the concepts related to bioavailability, half-life, and bioequivalence.
6. Explain the general pharmacodynamic principles as they relate to the mechanism of drug action and therapeutic effectiveness (e.g. receptor theory, dose-response relationship, potency, and drug interactions).
7. Describe the common routes used to administer medications (e.g., oral, inhalation, and injection) and their advantages and disadvantages.
8. Explain the relationship between generic or brand name pharmaceuticals.
9. Identify medications that might cause possible poisoning, and describe how to activate and follow the locally established poison control protocols.
10. Explain the known usage patterns, general effects, and short- and long-term adverse effects for the commonly used performance enhancing substances.

11. Identify which therapeutic drugs and non-therapeutic substances are banned by sport and/or workplace organizations in order to properly advise patients about possible disqualification and other consequences.

**Psychomotor Competencies**

1. Obtain and communicate patient education materials regarding physician prescribed medications, over-the-counter drugs, and performance enhancing substances using appropriate references.
2. Abide by federal, state, and local regulations for the proper storage, transportation, dispensing (administering where appropriate), and documentation of commonly used medications.
3. Activate and effectively follow locally established poison control protocols.

## **Psychosocial Intervention and Referral (PS)**

In order to demonstrate knowledge of the practice of athletic training, to think critically about the practices involved in athletic training, including the ability to integrate knowledge, skill and behavior, and to assume professional responsibility, the entry-level athletic trainer must possess the ability to recognize, intervene, and refer when appropriate, patients exhibiting sociocultural, mental, emotional, and psychological behavioral problems/issues. Learning objectives and outcomes in psychosocial intervention and referral assure that the student practitioner is able to:

### **Cognitive Competencies**

1. Explain the psychosocial requirements (i.e., motivation and self-confidence) of various activities to the readiness of the injured or ill individual to resume participation.
2. Explain the stress-response model and the psychological and emotional responses to trauma and forced inactivity.
3. Describe the motivational techniques that the athletic trainer must use during injury rehabilitation and reconditioning.
4. Describe the basic principles of mental preparation, relaxation, visualization, and desensitization techniques.
5. Describe the basic principles of general personality traits, associated trait anxiety, locus of control, and patient and social environment interactions.
6. Explain the importance of providing health care information to patients, parents/guardians, and others regarding the psychological and emotional well being of the patient.
7. Describe the roles and function of various community-based health care providers (to include, but not limited, to: psychologists, counselors, social workers, human resources personnel) and the accepted protocols that govern the referral of patients to these professionals.
8. Describe the theories and techniques of interpersonal and cross-cultural communication among athletic trainers, their patients, and others involved in the health care of the patient.
9. Explain the basic principles of counseling (discussion, active listening, and resolution) and the various strategies that certified athletic trainers may employ to avoid and resolve conflicts among superiors, peers, and subordinates.

10. Identify the symptoms and clinical signs of common eating disorders and the psychological and sociocultural factors associated with these disorders.
11. Identify and describe the sociological, biological and psychological influences toward substance abuse, addictive personality traits, the commonly abused substances, the signs and symptoms associated with the abuse of these substances, and their impact on an individual's health and physical performance
12. Describe the basic signs and symptoms of mental disorders (psychoses), emotional disorders (neuroses, depression), or personal/social conflict (family problems, academic or emotional stress, personal assault or abuse, sexual assault, sexual harassment), the contemporary personal, school, and community health service agencies, such as community-based psychological and social support services and the appropriate referral procedures.
13. Describe the acceptance and grieving processes that follow a catastrophic event and the need for a psychological intervention and referral plan for all parties affected by the event.
14. Explain the potential need for psychosocial intervention and referral when dealing with populations requiring special consideration (to include but not limited to: those with exercise-induced asthma, diabetes, seizure disorders, drug allergies and interactions, unilateral organs, physical and/or mental disability).
15. Describe the psychosocial factors that affect persistent pain perception (i.e., emotional state, locus of control, psychodynamic issues, sociocultural factors, and personal values and beliefs) and identify multidisciplinary approaches for managing patients with persistent pain.

### **Clinical Proficiency #1**

Demonstrate the ability to conduct an intervention and make the appropriate referral of an individual with a suspected substance abuse or other mental health problem. Effective lines of communication should be established to elicit and convey information about the patient's status. While maintaining patient confidentiality, all aspects of the intervention and referral should be documented using standardized record-keeping methods.

### **Clinical Proficiency #2**

Demonstrate the ability to select and integrate appropriate motivational techniques into a patient's treatment or rehabilitation program. This includes, but is not limited to, verbal motivation, visualization, imagery, and/or desensitization. Effective lines of communication should be established to elicit and convey information about the techniques. While maintaining patient confidentiality, all

aspects of the program should be documented using standardized record-keeping techniques.



## **Nutritional Aspects of Injuries and Illnesses (NU)**

In order to demonstrate knowledge of the practice of athletic training, to think critically about the practices involved in athletic training, including the ability to integrate knowledge, skill and behavior, and to assume professional responsibility, the entry-level certified athletic trainer must possess an understanding of the nutritional aspects of injuries and illnesses. Learning objectives and outcomes in the nutritional aspects of injuries and illnesses assure that the student is able to:

### **Cognitive Competencies**

1. Describe personal health habits and their role in enhancing performance, preventing injury or illness, and in maintaining a healthy lifestyle.
2. Describe the United State Department of Agriculture's "My Pyramid" and explain how this can be used in performing a basic dietary analysis and creating a dietary plan for a patient.
3. Identify and describe primary national organizations responsible for public and professional nutritional information.
4. Identify nutritional considerations in rehabilitation, including nutrients involved in healing and nutritional risk factors (e.g., reduced activity with the same dietary regimen, and others).
5. Describe common illnesses and injuries that are attributed to poor nutrition (e.g., effects of poor dietary habits on bone loss, on injury, on long term health, and on other effects).
6. Explain energy and nutritional demands of specific activities and the nutritional demands placed on the patient.
7. Explain principles of nutrition as they relate to the dietary and nutritional needs of the patient (e.g., role of fluids, electrolytes, vitamins, minerals, carbohydrates, protein, fat, and others).
8. Explain the physiological processes and time factors involved in the digestion, absorption, and assimilation of food, fluids, and nutritional supplements. Further, relate these processes and time factors to the design and planning of pre- and post-activity meals, menu content, scheduling, and the effect of other non-exercise stresses before activity.
9. Describe the principles, advantages, and disadvantages of ergogenic aids and dietary supplements used in an effort to improve physical performance.
10. Explain implications of FDA regulation of nutritional products.

11. Identify and interpret pertinent scientific nutritional comments or position papers (e.g., healthy weight loss, fluid replacement, pre-event meals, and others).
12. Explain principles of weight control for safe weight loss and weight gain, and explain common misconceptions regarding the use of food, fluids, and nutritional supplements in weight control.
13. Explain consequences of improper fluid replacement.
14. Describe disordered eating and eating disorders (i.e., signs, symptoms, physical and psychological consequences, referral systems).
15. Identify effects of macronutrients (e.g., saturated fats, incomplete proteins, and complex carbohydrates) on performance, health, and disease.
16. Describe signs, symptoms, and physiological effects of mineral deficiency (e.g., iron, and calcium), and identify foods high in specific mineral content.
17. Identify and explain food label Daily Value recommendations and common food sources of essential vitamins and minerals in using current USDA Dietary Guidelines.
18. Describe the principles and methods of body composition assessment (e.g., skinfold calipers, bio-electric impedance, body mass index [BMI]) to assess a patient's health status and in order to monitor progress in a weight loss or weight gain program for patients of all ages and in a variety of settings.
19. Explain the relationship between basal metabolic rate, caloric intake, and energy expenditure in the use of the Food Pyramid Guidelines.
20. Identify the nutritional benefits and costs of popular dietary regimen for weight gain, weight loss, and performance enhancement.

### **Psychomotor Competencies**

1. Assess body composition by validated technique (e.g., skinfold calipers, bio-electric impedance, body mass index [BMI], etc.) to assess a patient's health status and in order to monitor progress during a weight loss or weight gain program.
2. Calculate energy expenditure, caloric intake, and basal metabolic rate (BMR).
3. Provide educational information about basic nutritional concepts, facts, needs, and food labels for settings associated with physically active individuals of a wide range of ages and needs.

### **Clinical Proficiency #1**

Demonstrate the ability to counsel a patient in proper nutrition. This may include providing basic nutritional information and/or an exercise and nutrition program for weight gain or weight loss. The student will demonstrate the ability to take measurements and figure calculations for a weight control plan (e.g., measurement of body composition and body mass index [BMI], calculation of energy expenditure, caloric intake, and basal metabolic rate). Armed with basic nutritional data, the student will demonstrate the ability to develop and implement a pre-participation meal and an appropriate exercise and nutritional plan for an active individual. The student will develop an active listening relationship to effectively communicate with the patient and, as appropriate, refer the patient to other medical professionals (physician, nutritionist, counselor or psychologist) as needed.

### **Clinical Proficiency #2**

Demonstrate the ability to recognize disordered eating and eating disorders, establish a professional helping relationship with the patient, interact through support and education, and encourage vocal discussion and other support through referral to the appropriate medical professionals.



## **Health Care Administration (AD)**

In order to demonstrate knowledge of the practice of athletic training, to think critically about the practices involved in athletic training, including the ability to integrate knowledge, skill and behavior, and to assume professional responsibility, the entry-level certified athletic trainer must possess the knowledge and skills to develop, administer, and manage a health care facility and associated venues that provide health care to athletes and others involved in physical activity. Learning objectives and outcomes in health care administration assure that the student is able to:

### **Cognitive Competencies**

1. Describe organization and administration of pre-participation physical examinations and screening including, but not limited to, developing assessment and record keeping forms that include the minimum recommendations from recognized health and medical organizations, scheduling of appropriate health and medical personnel, and efficient site use.
2. Identify components of a medical record (e.g., emergency information, treatment documentation, epidemiology, release of medical information, etc.), common medical record keeping techniques and strategies, and strengths and weaknesses of each approach, and the associated implications of privacy statutes (Health Insurance Portability and Accountability Act [HIPAA] and Federal Educational Rights Privacy Act [FERPA]).
3. Identify current injury/illness surveillance and reporting systems.
4. Identify common human-resource policy and federal legislation regarding employment (e.g., The Americans with Disabilities Act, Family Medical Leave Act, Family Educational Rights Privacy Act, Fair Labor Standards Act, Affirmative Action, Equal Employment Opportunity Commission).
5. Describe duties of personnel management, including (1) recruitment and selection of employees, (2) retention of employees, (3) development of policies-and-procedures manual, (4) employment performance evaluation, 5) compliance with nondiscriminatory and unbiased employment practices.
6. Identify principles of recruiting, selecting, and employing physicians and other medical and allied health care personnel in the deployment of health care services.
7. Describe federal and state infection control regulations and guidelines, including universal precautions as mandated by the Occupational Safety and Health Administration (OSHA), for the prevention, exposure, and control of infectious diseases and discuss how they apply to the athletic trainer.

8. Identify key accrediting agencies for health care facilities (e.g., Joint Commission on Accreditation of Healthcare Organizations [JCAHO], Commission on Accreditation of Rehabilitation Facilities [CARF] and allied health education programs (e.g., Commission on Accreditation of Athletic Training Education [CAATE]) and describe their function in the preparation of health care professionals and the overall delivery of health care.
9. Identify and describe technological needs of an effective athletic training service and the commercial software and hardware that are available to meet these needs.
10. Describe the various types of health insurance models (e.g., health maintenance organization [HMO], personal provider organization [PPO], fee-for-service, cash, and Medicare) and the common benefits and exclusions identified within these models.
11. Describe the concepts and procedures for third-party insurance reimbursement including the use of diagnostic (ICD-9-CM) and procedural (CPT) coding.
12. Explain components of the budgeting process, including purchasing, requisition, bidding, and inventory.
13. Describe basic architectural considerations that relate to the design of safe and efficient clinical practice settings and environments.
14. Describe vision and mission statements to focus service or program aspirations and strategic planning (e.g., “weaknesses, opportunities, threats and strengths underlying planning” [WOTS UP], “strengths, weaknesses, opportunities and threats” [SWOT]) to critically bring out organizational improvement.
15. Explain typical administrative policies and procedures that govern first aid and emergency care (e.g., informed consent, and incident reports).
16. Identify and describe basic components of a comprehensive emergency plan for the care of acutely injured or ill patients, which include (1) emergency action plans for each setting or venue; (2) personnel education and rehearsal; (2) emergency care supplies and equipment appropriate for each venue; (3) availability of emergency care facilities; (4) communication with onsite personnel and notification of EMS; (5) the availability, capabilities, and policies of community-based emergency care facilities and community-based managed care systems; (6) transportation; (7) location of exit and evacuation routes; (8) activity or event coverage; and (9) record keeping.

17. Explain basic legal concepts as they apply to a medical or allied health care practitioner's responsibilities (e.g., standard of care, scope of practice, liability, negligence, informed consent and confidentiality, and others).
18. Identify components of a comprehensive risk management plan that addresses the issues of security, fire, electrical and equipment safety, emergency preparedness, and hazardous chemicals.
19. Describe strategic processes and effective methods for promoting the profession of athletic training and those services that athletic trainers perform in a variety of practice settings (e.g., high schools and colleges, professional and industrial settings, hospitals and community-based health care facilities, etc.).
20. Differentiate the roles and responsibilities of the athletic trainer from those of other medical and allied health personnel whom provide care to patients involved in physical activity and describe the necessary communication skills for effectively interacting with these professionals.
21. Describe role and functions of various community-based medical, paramedical, and other health care providers and protocols that govern the referral of patients to these professionals.
22. Describe basic components of organizing and coordinating a drug testing and screening program, and identify the sources of current banned-drug lists published by various associations.

### **Psychomotor Competencies**

1. Develop risk management plans, including facility design, for safe and efficient health care facilities.
2. Develop a risk management plan that addresses issues of liability reduction; security, fire, and facility hazards; electrical and equipment safety; and emergency preparedness.
3. Develop policy and write procedures to guide the intended operation of athletic training services within a health care facility.
4. Demonstrate the ability to access medical and health care information through electronic media.
5. Use appropriate terminology and medical documentation to record injuries and illnesses (e.g., history and examination findings, progress notes, and others).

6. Use appropriate terminology to effectively communicate both verbally and in writing with patients, physicians, colleagues, administrators, and parents or family members.
7. Use a comprehensive patient-file management system that incorporates both paper and electronic media for purposes of insurance records, billing, and risk management.
8. Develop operational and capital budgets based on a supply inventory and needs assessment.

## **Professional Development and Responsibility (PD)**

In order to demonstrate knowledge of the practice of athletic training, to think critically about the practices involved in athletic training, including the ability to integrate knowledge, skill and behavior, and to assume professional responsibility, the entry-level certified athletic trainer must possess the knowledge and skills to understand professional responsibilities and avenues of professional development to promote athletic training as a professional discipline. Learning objectives and outcomes to support the development of knowledge and skills in professional development and responsibility assure that the student is able to:

### **Cognitive Competencies**

1. Explain the role and function of state athletic training practice acts and registration, licensure, and certification agencies including (1) basic legislative processes for the implementation of practice acts, (2) rationale for state regulations that govern the practice of athletic training, and (3) consequences of violating federal and state regulatory acts.
2. Describe the process of attaining and maintaining national and state athletic training professional credentials.
3. Describe the current professional development requirements for the continuing education of athletic trainers and how to locate available, approved continuing education opportunities.
4. Describe the role and function of the governing structures of the National Athletic Trainers' Association.
5. Differentiate the essential documents of the national governing, certifying, and accrediting bodies, including, but not limited to, the Athletic Training Educational Competencies, Standards of Practice, Code of Ethics, Role Delineation Study, and the Standards for the Accreditation of Entry-Level Athletic Training Education Programs.
6. Summarize the position statements regarding the practice of athletic training.
7. Describe the role and function of the professional organizations and credentialing agencies that impact the athletic training profession.
8. Summarize the current requirements for the professional preparation of the athletic trainer.
9. Identify the objectives, scope of practice and professional activities of other health and medical organizations and professions and the roles and responsibilities of these professionals in providing services to patients.

10. Identify the issues and concerns regarding the health care of patients (e.g., public relations, third-party payment, and managed care).
11. Identify and access available educational materials and programs in health-related subject matter areas (audiovisual aids, pamphlets, newsletters, computers, software, workshops, and seminars).
12. Summarize the principles of planning and organizing workshops, seminars, and clinics in athletic training and sports medicine for health care personnel, administrators, other appropriate personnel, and the general public.
13. Describe and differentiate the types of quantitative and qualitative research and describe the components and process of scientific research (including statistical decision-making) as it relates to athletic training research.
14. Interpret the current research in athletic training and other related medical and health areas and apply the results to the daily practice of athletic training.
15. Identify the components of, and the techniques for constructing, a professional resume.
16. Summarize the history and development of the Athletic Training profession.
17. Describe the theories and techniques of interpersonal and cross-cultural communication among athletic trainers, patients, administrators, health care professionals, parents/guardians, and other appropriate personnel.

### **Psychomotor Competencies**

1. Collect and disseminate injury prevention and health care information to health care professionals, patients, parents/guardians, other appropriate personnel and the general public (e.g., team meetings, parents' nights, parent/teacher organization [PTO] meetings, booster clubs, workshops, booster clubs, workshops and seminars).
2. Access by various methods the public information policy-making and governing bodies used in the guidance and regulation of the profession of athletic training (including but not limited to: state regulatory boards, NATA, BOC).
3. Develop and present material (oral, pamphlet/handout, written article, or other media type) for an athletic training related topic.
4. Develop a research project (to include but not limited to: case study, clinical research project, literature review) for an athletic training related topic.

## Comparison of 3<sup>rd</sup> and 4<sup>th</sup> Editions

The specific changes between the 3<sup>rd</sup> and 4<sup>th</sup> editions of the competencies are illustrated in Tables 1 and 2. This analysis is intended to facilitate transition to the 4<sup>th</sup> edition of the competencies. The tables contain the same content. They differ only in the way the content is organized. In both tables, 3<sup>rd</sup> edition competencies are listed in column 1 and 4<sup>th</sup> edition competencies are list in column 3. In column 2 is a brief explanation of the action taken to derive the 4<sup>th</sup> edition competencies, i.e., what changes were made to the 3<sup>rd</sup> edition competencies. Table 1 is sorted by the 3<sup>rd</sup> edition competencies while Table 2 is sorted by the 4<sup>th</sup> edition competencies. Thus if you want to see what happened to 3<sup>rd</sup> edition competencies, look in Table 1 and find the specific competency in the first column. Then look to the 3<sup>rd</sup> column to see the corresponding competency in the 4<sup>th</sup> edition. On the other hand, if you are interested in the origin of a 4<sup>th</sup> edition competency, look in column 3 of Table 2, then look to column 1 to find the corresponding 3<sup>rd</sup> edition competency.

Following are the 12 content areas, with their abbreviations, of the 4<sup>th</sup> edition. listed in the order they appear in the book.. Nine of the areas name's are unchanged. For the three areas whose names changed, the 3<sup>rd</sup> edition name is in parenthesis following the new name.

1. RM Risk Management and Injury Prevention
2. PA Pathology of Injuries and Illnesses
3. DI Orthopedic Clinical Evaluation and Diagnosis (Assessment and Evaluation)
4. MC Medical Conditions and Diseases (General Medical Conditions and Diseases)
5. AC Acute Care of Injury and Illness
6. TM Therapeutic Modalities
7. EX Conditioning and Rehabilitative (Exercise Therapeutic Exercise)
8. PH Pharmacology
9. PS Psychosocial Intervention and Referral
10. NU Nutritional Aspects of Injuries and Illnesses
11. AD Health Care Administration
12. PD Professional Development and Responsibility

**Table 1**

3 <sup>rd</sup> Ed.	Action	4 <sup>th</sup> Ed.	3 <sup>rd</sup> Ed.	Action	4 <sup>th</sup> Ed.
<b>Risk Management &amp; Injury Prevention</b>			RM-C6	reworded	RM-C8
RM-C1	reworded	RM-C1	RM-C7	reworded	RM-C9
RM-C2	reworded	RM-C2	RM-C8	reworded	RM-C10
RM-C3	reworded	RM-C4	RM-C9	reworded	RM-C11
RM-C4	reworded	RM-C5	RM-C10	combined C10, 12-14	RM-C13
RM-C5	reworded	RM-C7	RM-C11	reworded	RM-C12

3 <sup>rd</sup> Ed.	Action	4 <sup>th</sup> Ed.
RM-C12	combined C10, 12-14	RM-C13
RM-C13	combined C10, 12-14	RM-C13
RM-C14	combined C10, 12-14	RM-C13
RM-C15	combined C15, 16	RM-C14
RM-C16	combined C15, 16	RM-C14
RM-C17	reworded	RM-C15
RM-C18	combined C18-20	RM-C16
RM-C19	combined C18-20	RM-C16
RM-C20	combined C18-20	RM-C16
RM-C21	combined C21, 22	RM-C17
RM-C22	combined C21, 22	RM-C17
RM-C23	combined C23, 24	RM-C18
RM-C24	combined C23, 24	RM-C18
RM-C25	reworded	RM-C19
	new	RM-C20
	new	RM-C3
	new	RM-C6
RM-P1	Combined P1-3, 6, 7	RM-P1
RM-P2	Combined P1-3, 6, 7	RM-P1
RM-P3	Combined P1-3, 6, 7	RM-P1
RM-P4	Combined P4, 5	RM-P6
RM-P5	Combined P4, 5	RM-P6
RM-P6	Combined P1-3, 6, 7	RM-P1
RM-P7	Combined P1-3, 6, 7	RM-P1
RM-P8	reworded	RM-P5
RM-P9	reworded	RM-P4
RM-P10	reworded	RM-P3
RM-P11	reworded	RM-P2
RM-P12	reworded	RM-P4
	new	RM-P6p
RM-CP1.1	eliminated	
RM-CP2.1	combined CP2.1, 5.1-7.2	RM-CP1
RM-CP3.1	reworded	RM-CP3
RM-CP4.1	combined CP4.1, 8.1-9.1	RM-CP2
RM-CP5.1	combined CP2.1, 5.1-7.2	RM-CP1
RM-CP5.2	combined CP2.1, 5.1-7.2	RM-CP1
RM-CP5.3	combined CP2.1, 5.1-7.2	RM-CP1
RM-CP5.4	combined CP2.1, 5.1-7.2	RM-CP1
RM-CP5.5	combined CP2.1, 5.1-7.2	RM-CP1
RM-CP6.1	combined CP2.1, 5.1-7.2	RM-CP1
RM-CP7.1	combined CP2.1, 5.1-7.2	RM-CP1

3 <sup>rd</sup> Ed.	Action	4 <sup>th</sup> Ed.
RM-CP7.2	combined CP2.1, 5.1-7.2	RM-CP1
RM-CP8.1	combined CP4.1, 8.1-9.1	RM-CP2
RM-CP9.1	combined CP4.1, 8.1-9.1	RM-CP2
<b>Pathology of Injuries &amp; Illnesses</b>		
PA-C1	reworded	PA-C1
PA-C2	eliminated	
PA-C3	combined C3, 9p-10p, 14p	PA-C2
PA-C4	eliminated	
PA-C5	reworded	PA-C3
PA-C6	combined C6, 8, 9p, 10p, 11, 13, 14p, 15, 17	PA-C4
PA-C7	combined PA-C7, DI-C20	PA-C6
PA-C8	combined C6, 8, 9p, 10p, 11, 13, 14p, 15, 17	PA-C4
PA-C9p	combined C6, 8, 9p, 10p, 11, 13, 14p, 15, 17	PA-C2
PA-C9p	combined C3, 9p-10p, 14p	PA-C4
PA-C10p	combined C6, 8, 9p, 10p, 11, 13, 14p, 15, 17	PA-C2
PA-C10p	combined C3, 9p-10p, 14p	PA-C4
PA-C11	combined C6, 8, 9p, 10p, 11, 13, 14p, 15, 17	PA-C4
PA-C12	reworded	PA-C5
PA-C13	combined MC-C31-33, PA-C13	MC-C16
PA-C14p	combined C6, 8, 9p, 10p, 11, 13, 14p, 15, 17	PA-C2
PA-C14p	combined C3, 9p-10p, 14p	PA-C4
PA-C15	combined C6, 8, 9p, 10p, 11, 13, 14p, 15, 17	PA-C4
PA-C16	in RM	RM-C15
PA-C17	combined C6, 8, 9p, 10p, 11, 13, 14p, 15, 17	PA-C4
PA-C18	reworded	PA-C5
PA-C19p	combined EX-C1, PA-C19p	EX-C1
PA-C19p	combined TM-C1, PA-C19p	TM-C1
PA-C19p	combined C1, 9, PA-C19p	TM-C8
<b>Orthopedic Assessment (Injury Evaluation)</b>		
DI-C1	reworded	DI-C1
DI-C2	reworded	DI-C2
DI-C3	reworded	DI-C3
DI-C4	reworded	DI-C4
DI-C5	reworded	DI-C5
DI-C6	eliminated	
DI-C7	combined C7, 9	DI-C6

3 <sup>rd</sup> Ed.	Action	4 <sup>th</sup> Ed.
DI-C8	unchanged	DI-C7
DI-C9	combined C7, 9	DI-C6
DI-C10	combined C10-12	DI-C8
DI-C11	combined C10-12	DI-C8
DI-C12	combined C10-12	DI-C8
DI-C13	reworded	DI-C12
DI-C14	reworded	DI-C10
DI-C15	reworded	DI-C12
DI-C16	reworded	DI-C13
DI-C17	eliminated	
DI-C18	eliminated	
DI-C19	reworded	DI-C14
DI-C20	combined PA-C7, DI-C20	PA-C6
DI-C21	reworded	DI-C15
DI-C22p	combined MC-C17p; DI-C17p, C22p	MC-C12
DI-C22p	combined MC-C20-25; DI-C22p	MC-C14
DI-C23	combined MC-C17p; DI-C17p, C22p	MC-C12
DI-C24	combined DI-C24, 25; DI-P10, 11; MC-P1p, 3p, 4p, 9p, 11, 13-15, AC-C5p	MC-P4
DI-C25	combined DI-C24, 25; DI-P10, 11; MC-P1p, 3p, 4p, 9p, 11, 13-15, AC-C5p	MC-P4
DI-C26	reworded	DI-C16
DI-C27	combined DI-C27, AD-C14p	DI-C17
	new	DI-C11
DI-P1	reworded	DI-P1
DI-P2	reworded	DI-P2
DI-P3p	reworded	DI-P5
DI-P3p	combined DI-P3, 5	DI-P6
DI-P4	reworded	DI-P5
DI-P5	combined DI-P3, 5	DI-P6
DI-P6	reworded	DI-P3
DI-P7	reworded	DI-P7
DI-P8	reworded	DI-P7
DI-P9	reworded	DI-P8
DI-P10	combined DI-C24, 25; DI-P10, 11; MC-P1p, 3p, 4p, 9p, 11, 13-15, AC-C5p	MC-P4
DI-P11	combined DI-C24, 25; DI-P10, 11; MC-P1p, 3p, 4p, 9p, 11, 13-15, AC-C5p	MC-P4
DI-P12	combined DI-P12, 13p	DI-P4

3 <sup>rd</sup> Ed.	Action	4 <sup>th</sup> Ed.
DI-P13p	combined DI-P12, 13p	DI-P4
DI-P13p	combined P1p, 3p, 4p, 12, DI-P13p	MC-P3
DI-P14	combined DI-P14, AC-C5p	DI-P9
DI-P15	eliminated	
DI-P16		MC-C17
DI-P17	reworded	DI-P10
DI-CP1.1	combined CP1.1-6	DI-CP1
DI-CP1.2	combined CP1.1-6	DI-CP1
DI-CP1.3	combined CP1.1-6	DI-CP1
DI-CP2.1	combined CP1.1-6	DI-CP1
DI-CP3.1	combined CP1.1-6	DI-CP1
DI-CP4.1	combined CP1.1-6	DI-CP1
DI-CP5.1	combined CP1.1-6	DI-CP1
DI-CP6	combined CP1.1-6	DI-CP1
<b>Medical Conditions &amp; Disabilities (General Medical Conditions &amp; Disabilities)</b>		
MC-C1	reworded	MC-C1
MC-C2p	reworded	MC-C2
MC-C2p	in RiskMngt	RM-C2
MC-C3	in RiskMngt	RM-C6
MC-C4	reworded	MC-C4
MC-C5	reworded	MC-C5
MC-C6	reworded	MC-C6
MC-C7	combined C7, 10, 34p	MC-C7
MC-C8	reworded	MC-C8
MC-C9	unchanged	MC-C9
MC-C10	combined C7, 10, 34p	MC-C7
MC-C11	reworded	MC-C10
MC-C12	eliminated	
MC-C13	eliminated	
MC-C14	combined C14, 15, 19, 30	MC-C11
MC-C15	combined C14, 15, 19, 30	MC-C11
MC-C16	in Pathology	PA-C4
MC-C17p	combined MC-C17p; DI-C17p, C22p	MC-C12
MC-C17p	combined MC-C17p, 18	MC-C13
MC-C18	combined MC-C17p, 18	MC-C13
MC-C19	combined C14, 15, 19, 30	MC-C11
MC-C20	combined MC-C20-25; DI-C22p	MC-C14
MC-C21	combined MC-C20-25; DI-C22p	MC-C14
MC-C22	combined MC-C20-25; DI-C22p	MC-C14
MC-C23	combined MC-C20-25; DI-C22p	MC-C14

3 <sup>rd</sup> Ed.	Action	4 <sup>th</sup> Ed.
MC-C24	combined MC-C20-25; DI-C22p	MC-C14
MC-C25	combined MC-C20-25; DI-C22p	MC-C14
MC-C26	combined C26, 29, 34p-36	MC-C16
MC-C27	combined MC-C27, 28, 34p, P6	MC-C15
MC-C28	combined MC-C27, 28, 34p, P6	MC-C15
MC-C29	combined C26, 29, 34p-36	MC-C16
MC-C30	combined C14, 15, 19, 30	MC-C11
MC-C31	combined MC-C31-33, P8p; DI-P16	MC-C17
MC-C32	combined MC-C31-33, P8p; DI-P16	MC-C17
MC-C33	combined MC-C31-33, P8p; DI-P16	MC-C17
MC-C34p	combined MC-C27, 28, 34p, P6	MC-C15
MC-C34p	combined C26, 29, 34p-36	MC-C16
MC-C34p	combined C7, 10, 34p	MC-C7
MC-C35	combined C26, 29, 34p-36	MC-C16
MC-C36	combined C26, 29, 34p-36	MC-C16
MC-C37	reworded	MC-C19
	new	MC-C18
	new	MC-C18
	new	MC-C20
	new	MC-C22
	new	MC-C3
MC-P1p	combined P1p, 3p, 4p	MC-P1
MC-P1p	combined P1p, 3p, 4p	MC-P2
MC-P1p	combined P1p, 3p, 4p, 12, DI-P13p	MC-P3
MC-P1p	combined DI-C24, 25; DI-P10, 11; MC-P1p, 3p, 4p, 9p, 11, 13-15, AC-C5p	MC-P4
MC-P2	combined P4, 8, 9, 12, 15-21; MC-P2; PH-P6. 7; PH-CP3.2	AC-P4
MC-P3p	combined P1p, 3p, 4p	MC-P1
MC-P3p	combined P1p, 3p, 4p	MC-P2
MC-P3p	combined P1p, 3p, 4p, 12, DI-P13p	MC-P3
MC-P3p	combined DI-C24, 25; DI-P10, 11; MC-P1p, 3p, 4p, 9p, 11, 13-15, AC-C5p	MC-P4
MC-P4p	combined P1p, 3p, 4p	MC-P1
MC-P4p	combined P1p, 3p, 4p	MC-P2
MC-P4p	combined P1p, 3p, 4p, 12, DI-P13p	MC-P3
MC-P4p	combined DI-C24, 25; DI-P10, 11; MC-P1p, 3p, 4p, 9p, 11, 13-15, AC-C5p	MC-P4
MC-P5	in Acute Care	AC-C27
MC-P6	combined MC-C27, 28, 34p, P6	MC-C15
MC-P7	in Acute Care	AC-C27

3 <sup>rd</sup> Ed.	Action	4 <sup>th</sup> Ed.
MC-P8p	combined MC-C31-33, P8p; DI-P16	MC-C17
MC-P8p	reworded	MC-C19
MC-P9	combined DI-C24, 25; DI-P10, 11; MC-P1p, 3p, 4p, 9p, 11, 13-15, AC-C5p	MC-P4
MC-P10	combined DI-C24, 25; DI-P10, 11; MC-P1p, 3p, 4p, 9p, 11, 13-15, AC-C5p	MC-P4
MC-P11	combined DI-C24, 25; DI-P10, 11; MC-P1p, 3p, 4p, 9p, 11, 13-15, AC-C5p	MC-P4
MC-P12	combined P1p, 3p, 4p, 12, DI-P13p	MC-P3
MC-P13	combined DI-C24, 25; DI-P10, 11; MC-P1p, 3p, 4p, 9p, 11, 13-15, AC-C5p	MC-P4
MC-P14	combined DI-C24, 25; DI-P10, 11; MC-P1p, 3p, 4p, 9p, 11, 13-15, AC-C5p	MC-P4
MC-P15	combined DI-C24, 25; DI-P10, 11; MC-P1p, 3p, 4p, 9p, 11, 13-15, AC-C5p	MC-P4
MC-P16	combined AC-C16, MC-P16	AC-C14
MC-P17	eliminated	
MC-CP1.1	combined CP1.1-1.9, AD-C14p	MC-CP1
MC-CP1.2	combined CP1.1-1.9, AD-C14p	MC-CP1
MC-CP1.3	combined CP1.1-1.9, AD-C14p	MC-CP1
MC-CP1.4	combined CP1.1-1.9, AD-C14p	MC-CP1
MC-CP1.5	combined CP1.1-1.9, AD-C14p	MC-CP1
MC-CP1.6	combined CP1.1-1.9, AD-C14p	MC-CP1
MC-CP1.7	combined CP1.1-1.9, AD-C14p	MC-CP1
MC-CP1.8	combined CP1.1-1.9, AD-C14p	MC-CP1
MC-CP1.9	combined CP1.1-1.9, AD-C14p	MC-CP1
<b>Acute Care</b>		
AC-C1	unchanged	AC-C1
AC-C2	unchanged	AC-C2
AC-C3	reworded	AC-C3
AC-C4	unchanged	AC-C4
AC-C5p	combined DI-P14, AC-C5p	DI-P9
AC-C5p	combined DI-C24, 25; DI-P10, 11; MC-P1p, 3p, 4p, 9p, 11, 13-15, AC-C5p	MC-P4
AC-C6	reworded	AC-C5
AC-C7	reworded	AC-C6
AC-C8	reworded	AC-C7
AC-C9	reworded	AC-C8

3 <sup>rd</sup> Ed.	Action	4 <sup>th</sup> Ed.
AC-C10	reworded	AC-C9
AC-C11	unchanged	AC-C10
AC-C12	unchanged	AC-C11
AC-C13	unchanged	AC-C12
AC-C14	reworded	AC-C13
AC-C15	combined AC-C16, MC-P16	AC-C14
AC-C16	reworded	AC-C15
AC-C17	reworded	AC-C16
AC-C18	reworded	AC-C17
AC-C19	reworded	AC-C18
AC-C20	reworded	AC-C19
AC-C21	inherent in	AC-C19
AC-C22	unchanged	AC-C20
AC-C23	reworded	AC-C21
AC-C24	reworded	AC-C22
AC-C25	reworded	AC-C23
AC-C26	reworded	AC-C24
AC-C27	reworded	AC-C24
AC-C28	reworded	AC-C24
AC-C29	reworded	AC-C25
AC-C30	reworded	AC-C25
AC-C31	reworded	AC-C26
AC-C32	combined C32-39	AC-C27
AC-C33	combined C32-39	AC-C27
AC-C34	combined C32-39	AC-C27
AC-C35	combined C32-39	AC-C27
AC-C36	combined C32-39	AC-C27
AC-C37	combined C32-39	AC-C27
AC-C38	combined C32-39	AC-C27
AC-C39	combined C32-39	AC-C27
AC-C40	reworded	AC-C28
AC-C41	reworded	AC-C29
AC-C42	reworded	AC-C30
AC-C43	reworded	AC-C31
AC-C44	reworded	AC-C32
AC-C45	reworded	AC-C32
AC-C46	reworded	AC-C33
AC-P1	eliminated	
AC-P2	combined P2, 6,7 10, 11, 13, 14,	AC-P3
AC-P3p	reworded	AC-P1
AC-P3p	combined P3p, 5	AC-P2
AC-P4	combined P4, 8, 9, 12, 15-21; MC-P2; PH-P6. 7; PH-CP3.2	AC-P4

3 <sup>rd</sup> Ed.	Action	4 <sup>th</sup> Ed.
AC-P5	reworded	AC-P2
AC-P6	combined P2, 6,7 10, 11, 13, 14,	AC-P3
AC-P7	combined P2, 6,7 10, 11, 13, 14,	AC-P3
AC-P8	combined P4, 8, 9, 12, 15-21; MC-P2; PH-P6. 7; PH-CP3.2	AC-P4
AC-P9	combined P4, 8, 9, 12, 15-21; MC-P2; PH-P6. 7; PH-CP3.2	AC-P4
AC-P10	combined P2, 6,7 10, 11, 13, 14,	AC-P3
AC-P11	combined P2, 6,7 10, 11, 13, 14,	AC-P3
AC-P12	combined P4, 8, 9, 12, 15-21; MC-P2; PH-P6. 7; PH-CP3.2	AC-P4
AC-P13	combined P2, 6,7 10, 11, 13, 14,	AC-P3
AC-P14	combined P2, 6,7 10, 11, 13, 14,	AC-P3
AC-P15	combined P4, 8, 9, 12, 15-21; MC-P2; PH-P6. 7; PH-CP3.2	AC-P4
AC-P16	combined P4, 8, 9, 12, 15-21; MC-P2; PH-P6. 7; PH-CP3.2	AC-P4
AC-P17	combined P4, 8, 9, 12, 15-21; MC-P2; PH-P6. 7; PH-CP3.2	AC-P4
AC-P18	combined P4, 8, 9, 12, 15-21; MC-P2; PH-P6. 7; PH-CP3.2	AC-P4
AC-P19	combined P4, 8, 9, 12, 15-21; MC-P2; PH-P6. 7; PH-CP3.2	AC-P4
AC-P20	combined P4, 8, 9, 12, 15-21; MC-P2; PH-P6. 7; PH-CP3.2	AC-P4
AC-P21	combined P4, 8, 9, 12, 15-21; MC-P2; PH-P6. 7; PH-CP3.2	AC-P4
AC-CP1.1	reworded	AC-CP1
AC-CP1.2	reworded	AC-CP1
AC-CP2.1	reworded	AC-CP1
AC-CP3.1	reworded	AC-CP1
AC-CP4.1	reworded	AC-CP1
AC-CP5.1	reworded	AC-CP1
AC-CP6.1	reworded	AC-CP1
<b>Therapeutic Modalities</b>		
TM-C1	combined C1, 9, PA-C19p	TM-C8
TM-C2	combined C2, 3	TM-C9
TM-C3	combined C2, 3	TM-C9
TM-C4	reworded	TM-C6
TM-C5	reworded	TM-C5
TM-C6	reworded	TM-C2
TM-C7	reworded	TM-C3
TM-C8	reworded	TM-C4
TM-C9	combined C1, 9, PA-C19p	TM-C8

3 <sup>rd</sup> Ed.	Action	4 <sup>th</sup> Ed.
TM-C10	combine C10-18	TM-C7
TM-C11	combine C10-18	TM-C7
TM-C12	combine C10-18	TM-C7
TM-C13	combine C10-18	TM-C7
TM-C14	combine C10-18	TM-C7
TM-C15	combine C10-18	TM-C7
TM-C16	combine C10-18	TM-C7
TM-C17	combine C10-18	TM-C7
TM-C18	combine C10-18	TM-C7
TM-C19	reworded	TM-C1
TM-C20	combine C20, 21	TM-C10
TM-C21	combine C20, 21	TM-C10
TM-C22	reworded	TM-C11
TM-P1	combined P1, 3, 9p	TM-P1
TM-P2	reworded	TM-P2
TM-P3	combined P1, 3, 9p	TM-P1
TM-P4	reworded	TM-P4
TM-P5	combined P5-7	TM-P5
TM-P6	combined P5-7	TM-P5
TM-P7	combined P5-7	TM-P5
TM-P8	reworded	TM-P2
TM-P9p	combined P1, 3, 9p	TM-P1
TM-P9p	reworded	TM-P2
TM-P9p	reworded	TM-P6
TM-P10	reworded	TM-P3
TM-CP1.1	combined CP1.1-2	TM-CP1
TM-CP1.2	combined CP1.1-2	TM-CP1
TM-CP2	combined CP1.1-2	TM-CP1
Conditioning & Rehabilitative Exercise (Therapeutic Exercise)		
EX-C1	reworded & added PA-C19p	EX-C1
EX-C2	combined C2, 3, 5, 8, 11-14	EX-C7
EX-C3	combined C2, 3, 5, 8, 11-14	EX-C7
EX-C4	unchanged	EX-C3
EX-C5	combined C2, 3, 5, 8, 11-14	EX-C7
EX-C6	unchanged	EX-C6
EX-C7	reworded	EX-C2
EX-C8	combined C2, 3, 5, 8, 11-14	EX-C7
EX-C9	reworded	EX-C4
EX-C10	reworded	EX-C5
EX-C11	combined C2, 3, 5, 8, 11-14	EX-C7

3 <sup>rd</sup> Ed.	Action	4 <sup>th</sup> Ed.
EX-C12	combined C2, 3, 5, 8, 11-14	EX-C7
EX-C13	combined C2, 3, 5, 8, 11-14	EX-C7
EX-C14	combined C2, 3, 5, 8, 11-14	EX-C7
EX-C15	reworded	EX-C8
EX-C16	reworded	EX-C9
EX-P1p	combined P1p, 2p	EX-P1
EX-P1p	combined P1p, 3	EX-P6
EX-P2p	combined P1p, 2p	EX-P1
EX-P2p	moved part to P1	EX-P2
EX-P3	combined P1p, 3	EX-P6
EX-P4	reworded	EX-P4
EX-P5	reworded	EX-P5
EX-P6	unchanged	EX-P7
EX-P7	unchanged	EX-P3
EX-CP1.1	combined CP1.1-1.10	EX-CP1
EX-CP1.2	combined CP1.1-1.10	EX-CP1
EX-CP1.3	combined CP1.1-1.10	EX-CP1
EX-CP1.4	combined CP1.1-1.10	EX-CP1
EX-CP1.5	combined CP1.1-1.10	EX-CP1
EX-CP1.6	combined CP1.1-1.10	EX-CP1
EX-CP1.7	combined CP1.1-1.10	EX-CP1
EX-CP1.8	combined CP1.1-1.10	EX-CP1
EX-CP1.9	combined CP1.1-1.10	EX-CP1
EX-CP1.10	combined CP1.1-1.10	EX-CP1
Pharmacology		
PH-C1	Combined C1-3	PH-C1
PH-C2	Combined C1-3	PH-C1
PH-C3	Combined C1-3	PH-C1
PH-C4	reworded	PH-C2
PH-C5	Combined C5, 13, 14, 15-24	PH-C3
PH-C6	eliminated	
PH-C7	reworded	PH-C7
PH-C8	reworded	PH-C8
PH-C9	combined C9, 10, 12	PH-C4
PH-C10	combined C9, 10, 12	PH-C4
PH-C11	reworded	PH-C5
PH-C12	combined C9, 10, 12	PH-C4
PH-C13	Combined C5, 13, 14, 15-24	PH-C3
PH-C14	Combined C5, 13, 14, 15-24	PH-C3
PH-C15	reworded	PH-C10

3 <sup>rd</sup> Ed.	Action	4 <sup>th</sup> Ed.
PH-C16	Combined C5, 13, 14, 15-24	PH-C3
PH-C17	Combined C5, 13, 14, 15-24	PH-C3
PH-C18	Combined C5, 13, 14, 15-24	PH-C3
PH-C19	Combined C5, 13, 14, 15-24	PH-C3
PH-C20	Combined C5, 13, 14, 15-24	PH-C3
PH-C21	Combined C5, 13, 14, 15-24	PH-C3
PH-C22	Combined C5, 13, 14, 15-24	PH-C3
PH-C23	Combined C5, 13, 14, 15-24	PH-C3
PH-C24	Combined C5, 13, 14, 15-24	PH-C3
PH-C25	reworded	PH-C10
	new	PH-C11
	new	PH-C6
	new	PH-C9
PH-P1	reworded	PH-P1
PH-P2	combined P2-5	PH-P2
PH-P3	combined P2-5	PH-P2
PH-P4	combined P2-5	PH-P2
PH-P5	combined P2-5	PH-P2
PH-P6	combined P4, 8, 9, 12, 15-21; MC-P2; PH-P6. 7; PH-CP3.2	AC-P4
PH-P7	combined P4, 8, 9, 12, 15-21; MC-P2; PH-P6. 7; PH-CP3.2	AC-P4
	new	PH-P3
PH-CP1.1	eliminated	
PH-CP1.2	eliminated	
PH-CP1.3	eliminated	
PH-CP2.1	eliminated	
PH-CP3.1	eliminated	
PH-CP3.2	combined P4, 8, 9, 12, 15-21; MC-P2; PH-P6. 7; PH-CP3.2	AC-P4
<b>Psychosocial Intervention &amp; Referral</b>		
PS-C1	eliminated	
PS-C2	reworded	PS-C1
PS-C3	combined C3p, 22	PS-C2
PS-C4p	reworded	PS-C3
PS-C4p	reworded	PS-C4
PS-C4p	reworded	PS-C5
PS-C5	reworded	PS-C6
PS-C6	combined C6, 7, 19	PS-C7
PS-C7	combined C6, 7, 19	PS-C7
PS-C8	reworded	PS-C8

3 <sup>rd</sup> Ed.	Action	4 <sup>th</sup> Ed.
PS-C9	combine C9, 10	PS-C9
PS-C10	combine C9, 10	PS-C9
PS-C11	reworded	PS-C10
PS-C12	eliminated	
PS-C13	combined C12, C18	PS-C12
PS-C14	combined C14-17	PS-C11
PS-C15	combined C14-17	PS-C11
PS-C16	combined C14-17	PS-C11
PS-C17	combined C14-17	PS-C11
PS-C18	combined C12, C18	PS-C12
PS-C19	combined C6, 7, 19	PS-C7
PS-C20	combined C20-21	PS-C13
PS-C21	combined C20-21	PS-C13
PS-C22	combined C3p, 22	PS-C2
PS-C23	eliminated	
PS-C24	reworded	PS-C14
PS-C25	unchanged	PS-C3
	new	PS-C15
PS-P1	eliminated	
PS-P2	eliminated	
PS-P3	eliminated	
PS-P4	eliminated	
PS-P5	eliminated	
PS-P6	eliminated	
PS-CP1.1	combined CP1.1-1.3	PS-CP1
PS-CP1.2	combined CP1.1-1.3	PS-CP1
PS-CP1.3	combined CP1.1-1.3	PS-CP1
PS-CP2.1	reworded	PS-CP2
<b>Nutritional Aspects of Injury &amp; Illness</b>		
NU-C1	combined C1, 6	NU-C1
NU-C2	eliminated	
NU-C3	reworded	NU-C2
NU-C4	reworded	NU-C3
NU-C5	reworded	NU-C4
NU-C6	combined C1, 6	NU-C1
NU-C7	combined C7, 9	NU-C5
NU-C8	reworded	NU-C6
NU-C9	combined C7, 9	NU-C5
NU-C10p	combined C10p, C25	NU-C15
NU-C10p	reworded	NU-C7

3 <sup>rd</sup> Ed.	Action	4 <sup>th</sup> Ed.
NU-C11	reworded	NU-C8
NU-C12	combined C12, 17, 20, 21	NU-C12
NU-C13	combined C13, 14	NU-C9
NU-C14	combined C13, 14	NU-C9
NU-C15	reworded	NU-C10
NU-C16	reworded	NU-C11
NU-C17	combined C12, 17, 20, 21	NU-C12
NU-C18	reworded	NU-C13
NU-C19	reworded	NU-C19
NU-C20	combined C12, 17, 20, 21	NU-C12
NU-C21	combined C12, 17, 20, 21	NU-C12
NU-C22	reworded	NU-C18
NU-C23	combined C23, 24	NU-C14
NU-C24	combined C23, 24	NU-C14
NU-C25	combined C10p, C25	NU-C15
NU-C26	reworded	NU-C16
NU-C27	reworded	NU-C17
	new	NU-C20
NU-P1	combined P1-4	NU-P3
NU-P2	combined P1-4	NU-P3
NU-P3	combined P1-4	NU-P3
NU-P4	combined P1-4	NU-P3
	new	NU-P1
	new	NU-P2
NU-CP1.1	combined CP1.1-1.5	NU-CP1
NU-CP1.2	combined CP1.1-1.5	NU-CP1
NU-CP1.3	combined CP1.1-1.5	NU-CP1
NU-CP1.4	combined CP1.1-1.5	NU-CP1
NU-CP1.5	combined CP1.1-1.5	NU-CP1
NU-CP1.6	reworded	NU-CP2
NU-CP1.7	reworded	NU-CP2
<b>Administration</b>		
AD-C1	reworded	AD-C1
AD-C2	combined C2, 3, 5, 17, 20	AD-C2
AD-C3	combined C2, 3, 5, 17, 20	AD-C2
AD-C4	reworded	AD-C3
AD-C5	combined C2, 3, 5, 17, 20	AD-C2
AD-C6	reworded	AD-C4
AD-C7	combined C7, 17	AD-C7
AD-C8	combined C8, 43	AD-C8

3 <sup>rd</sup> Ed.	Action	4 <sup>th</sup> Ed.
AD-C9	in ProfDevlp	PD-C1
AD-C10	combined C9, 10	AD-C9
AD-C11	combined C9, 10	AD-C9
AD-C12	combined C12, 13	AD-C10
AD-C13	combined C12, 13	AD-C10
AD-C14p	reworded	AD-C11
AD-C14p	combined DI-C27, AD-C14p	DI-C17
AD-C14p	combined CP1.1-1.9, AD-C14p	MC-CP1
AD-C15	reworded	AD-C12
AD-C16	reworded	AD-C13
AD-C17	combined C2, 3, 5, 17, 20	AD-C5
AD-C18	reworded	AD-C14
AD-C19	unchanged	AD-C6
AD-C20	combined C2, 3, 5, 17, 20	AD-C5
AD-C21	combined C21-23, 25-27	AD-C15
AD-C22	combined C21-23, 25-27	AD-C15
AD-C23	combined C21-23, 25-27	AD-C15
AD-C24	eliminated	
AD-C25	combined C21-23, 25-27	AD-C15
AD-C26	combined C21-23, 25-27	AD-C15
AD-C27	combined C21-23, 25-27	AD-C15
AD-C28	reworded	AD-C17
AD-C29	combined C7, 17	AD-C7
AD-C30	reworded	AD-C18
AD-C31	combined C31, 33, 35, 36, 45	AD-C20
AD-C32	reworded	AD-C19
AD-C33	combined C31, 33, 35, 36, 45	AD-C20
AD-C34	in PsychoSoc	PS-C7
AD-C35	combined C31, 33, 35, 36, 45	AD-C20
AD-C36	combined C31, 33, 35, 36, 45	AD-C20
AD-C37	reworded	AD-C21
AD-C38	combined C38-39	AD-C22
AD-C39	combined C38-39	AD-C22
AD-C40	in ProfDevlp	PD-C3
AD-C41	in ProfDevlp	PD-C9
AD-C42	in ProfDevlp	PD-C5
AD-C43	combined C8, 43	AD-C8
AD-C44	in ProfDevlp	PD-C7
AD-C45	combined C31, 33, 35, 36, 45	AD-C20
AD-C46	combine AD-C46, AD-P8	PD-P4
AD-P1	reworded	AD-P1
AD-P2	reworded	AD-P2

3 <sup>rd</sup> Ed.	Action	4 <sup>th</sup> Ed.
AD-P3	reworded	AD-P3
AD-P4	unchanged	AD-P4
AD-P5	reworded	AD-P5
AD-P6	reworded	AD-P7
AD-P7	unchanged	AD-P8
AD-P8	combine AD-C46, AD-P8	PD-P4
	new	AD-P6
AD-CP1.1	eliminated	
AD-CP2.1	eliminated	
AD-CP3.1	eliminated	
AD-CP4.1	eliminated	
AD-CP4.2	eliminated	
AD-CP5.1	eliminated	
<b>Professional Development &amp; Responsibilities</b>		
PD-C1	combined C1-C4	PD-C1
PD-C2	combined C1-C4	PD-C1
PD-C3	combined C1-C4	PD-C1
PD-C4	combined C1-C4	PD-C1
PD-C5	reworded	PD-C2
PD-C6	combined C6, 7	PD-C3
PD-C7	combined C6, 7	PD-C3
PD-C8	unchanged	PD-C4
PD-C9	reworded	PD-C5
PD-C10	reworded	PD-C6
PD-C11	combined C8, 14	PD-C8
PD-C12	reworded	PD-C9
PD-C13	reworded	PD-C10
PD-C14	combined C8, 14	PD-C8
PD-C15	reworded	PD-C11
PD-C16	reworded	PD-C12
	new	PD-C7
	new	PD-C13
	new	PD-C14
	new	PD-C16
PD-P1	reworded	PD-P1
PD-P2	eliminated	
PD-P3	reworded	PD-P2
PD-CP1.1	reworded	PD-P3
PD-CP1.2	reworded	PD-C15

3 <sup>rd</sup> Ed.	Action	4 <sup>th</sup> Ed.
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**Beginning on the next page  
the competencies are  
sorted by the 4<sup>th</sup> Ed.**

Table 2

3rd Ed.	Action	4th Ed.	3rd Ed.	Action	4th Ed.
<b>Risk Management &amp; Injury Prevention</b>			RM-P8	reworded	RM-P5
RM-C1	reworded	RM-C1	RM-P4	Combined P4, 5	RM-P6
MC-C2p	in Risk Mngt	RM-C2	RM-P5	Combined P4, 5	RM-P6
RM-C2	reworded	RM-C2		new	RM-P6p
	new	RM-C3			
RM-C3	reworded	RM-C4	RM-CP2.1	combined CP2.1, 5.1-7.2	RM-CP1
RM-C4	reworded	RM-C5	RM-CP5.1	combined CP2.1, 5.1-7.2	RM-CP1
MC-C3	in Risk Mngt	RM-C6	RM-CP5.2	combined CP2.1, 5.1-7.2	RM-CP1
	new	RM-C6	RM-CP5.3	combined CP2.1, 5.1-7.2	RM-CP1
RM-C5	reworded	RM-C7	RM-CP5.4	combined CP2.1, 5.1-7.2	RM-CP1
RM-C6	reworded	RM-C8	RM-CP5.5	combined CP2.1, 5.1-7.2	RM-CP1
RM-C7	reworded	RM-C9	RM-CP6.1	combined CP2.1, 5.1-7.2	RM-CP1
RM-C8	reworded	RM-C10	RM-CP7.1	combined CP2.1, 5.1-7.2	RM-CP1
RM-C9	reworded	RM-C11	RM-CP7.2	combined CP2.1, 5.1-7.2	RM-CP1
RM-C11	reworded	RM-C12	RM-CP4.1	combined CP4.1, 8.1-9.1	RM-CP2
RM-C10	combined C10, 12-14	RM-C13	RM-CP8.1	combined CP4.1, 8.1-9.1	RM-CP2
RM-C12	combined C10, 12-14	RM-C13	RM-CP9.1	combined CP4.1, 8.1-9.1	RM-CP2
RM-C13	combined C10, 12-14	RM-C13	RM-CP3.1	reworded	RM-CP3
RM-C14	combined C10, 12-14	RM-C13	RM-CP1.1	eliminated	
RM-C15	combined C15, 16	RM-C14			
RM-C16	combined C15, 16	RM-C14	<b>Pathology of Injuries &amp; Illnesses</b>		
PA-C16	in RM	RM-C15	PA-C13	combined MC-C31-33, PA-C13	MC-C16
RM-C17	reworded	RM-C15	PA-C1	reworded	PA-C1
RM-C18	combined C18-20	RM-C16	PA-C10p	combined C6, 8, 9p, 10p, 11, 13, 14p, 15, 17	PA-C2
RM-C19	combined C18-20	RM-C16	PA-C14p	combined C6, 8, 9p, 10p, 11, 13, 14p, 15, 17	PA-C2
RM-C20	combined C18-20	RM-C16	PA-C3	combined C3, 9p-10p, 14p	PA-C2
RM-C21	combined C21, 22	RM-C17	PA-C9p	combined C6, 8, 9p, 10p, 11, 13, 14p, 15, 17	PA-C2
RM-C22	combined C21, 22	RM-C17	PA-C5	reworded	PA-C3
RM-C23	combined C23, 24	RM-C18	MC-C16	in Pathology	PA-C4
RM-C24	combined C23, 24	RM-C18	PA-C10p	combined C3, 9p-10p, 14p	PA-C4
RM-C25	reworded	RM-C19	PA-C11	combined C6, 8, 9p, 10p, 11, 13, 14p, 15, 17	PA-C4
	new	RM-C20	PA-C14p	combined C3, 9p-10p, 14p	PA-C4
			PA-C15	combined C6, 8, 9p, 10p, 11, 13, 14p, 15, 17	PA-C4
RM-P1	Combined P1-3, 6, 7	RM-P1	PA-C17	combined C6, 8, 9p, 10p, 11, 13, 14p, 15, 17	PA-C4
RM-P2	Combined P1-3, 6, 7	RM-P1	PA-C6	combined C6, 8, 9p, 10p, 11, 13, 14p, 15, 17	PA-C4
RM-P3	Combined P1-3, 6, 7	RM-P1	PA-C8	combined C6, 8, 9p, 10p, 11, 13, 14p, 15, 17	PA-C4
RM-P6	Combined P1-3, 6, 7	RM-P1			
RM-P7	Combined P1-3, 6, 7	RM-P1			
RM-P11	reworded	RM-P2			
RM-P10	reworded	RM-P3			
RM-P12	reworded	RM-P4			
RM-P9	reworded	RM-P4			

3 <sup>rd</sup> Ed.	Action	4 <sup>th</sup> Ed.
PA-C9p	combined C3, 9p-10p, 14p	PA-C4
PA-C12	reworded	PA-C5
PA-C18	reworded	PA-C5
DI-C20	combined PA-C7, DI-C20	PA-C6
PA-C7	combined PA-C7, DI-C20	PA-C6
PA-C2	eliminated	
PA-C4	eliminated	
<b>Orthopedic Assessment and Diagnosis (Injury Evaluation)</b>		
DI-C1	reworded	DI-C1
DI-C13	reworded	DI-C12
DI-C2	reworded	DI-C2
DI-C3	reworded	DI-C3
DI-C4	reworded	DI-C4
DI-C5	reworded	DI-C5
DI-C7	combined C7, 9	DI-C6
DI-C9	combined C7, 9	DI-C6
DI-C8	unchanged	DI-C7
DI-C10	combined C10-12	DI-C8
DI-C11	combined C10-12	DI-C8
DI-C12	combined C10-12	DI-C8
DI-C14	reworded	DI-C10
	new	DI-C11
DI-C15	reworded	DI-C12
DI-C16	reworded	DI-C13
DI-C19	reworded	DI-C14
DI-C21	reworded	DI-C15
DI-C26	reworded	DI-C16
AD-C14p	combined DI-C27, AD-C14p	DI-C17
DI-C27	combined DI-C27, AD-C14p	DI-C17
DI-C17	eliminated	
DI-C18	eliminated	
DI-C6	eliminated	
DI-P1	reworded	DI-P1
DI-P2	reworded	DI-P2
DI-P6	reworded	DI-P3
DI-P12	combined DI-P12, 13p	DI-P4
DI-P13p	combined DI-P12, 13p	DI-P4
DI-P3p	reworded	DI-P5
DI-P4	reworded	DI-P5
DI-P3p	combined DI-P3, 5	DI-P6
DI-P5	combined DI-P3, 5	DI-P6

3 <sup>rd</sup> Ed.	Action	4 <sup>th</sup> Ed.
DI-P7	reworded	DI-P7
DI-P8	reworded	DI-P7
DI-P9	reworded	DI-P8
AC-C5p	combined DI-P14, AC-C5p	DI-P9
DI-P14	combined DI-P14, AC-C5p	DI-P9
DI-P17	reworded	DI-P10
DI-P15	eliminated	
DI-CP1.1	combined CP1.1-6	DI-CP1
DI-CP1.2	combined CP1.1-6	DI-CP1
DI-CP1.3	combined CP1.1-6	DI-CP1
DI-CP2.1	combined CP1.1-6	DI-CP1
DI-CP3.1	combined CP1.1-6	DI-CP1
DI-CP4.1	combined CP1.1-6	DI-CP1
DI-CP5.1	combined CP1.1-6	DI-CP1
DI-CP6	combined CP1.1-6	DI-CP1
<b>Medical Conditions &amp; Disabilities (General Medical Conditions &amp; Disabilities)</b>		
MC-C1	reworded	MC-C1
MC-C2p	reworded	MC-C2
	new	MC-C3
MC-C4	reworded	MC-C4
MC-C5	reworded	MC-C5
MC-C6	reworded	MC-C6
MC-C10	combined C7, 10, 34p	MC-C7
MC-C34p	combined C7, 10, 34p	MC-C7
MC-C7	combined C7, 10, 34p	MC-C7
MC-C8	reworded	MC-C8
MC-C9	unchanged	MC-C9
MC-C11	reworded	MC-C10
MC-C14	combined C14, 15, 19, 30	MC-C11
MC-C15	combined C14, 15, 19, 30	MC-C11
MC-C19	combined C14, 15, 19, 30	MC-C11
MC-C30	combined C14, 15, 19, 30	MC-C11
DI-C22p	combined MC-C17p; DI-C17p, C22p	MC-C12
DI-C23	combined MC-C17p; DI-C17p, C22p	MC-C12
MC-C17p	combined MC-C17p; DI-C17p, C22p	MC-C12
MC-C17p	combined MC-C17p, 18	MC-C13
MC-C18	combined MC-C17p, 18	MC-C13
DI-C22p	combined MC-C20-25; DI-C22p	MC-C14

3 <sup>rd</sup> Ed.	Action	4 <sup>th</sup> Ed.
MC-C20	combined MC-C20-25; DI-C22p	MC-C14
MC-C21	combined MC-C20-25; DI-C22p	MC-C14
MC-C22	combined MC-C20-25; DI-C22p	MC-C14
MC-C23	combined MC-C20-25; DI-C22p	MC-C14
MC-C24	combined MC-C20-25; DI-C22p	MC-C14
MC-C25	combined MC-C20-25; DI-C22p	MC-C14
MC-C27	combined MC-C27, 28, 34p, P6	MC-C15
MC-C28	combined MC-C27, 28, 34p, P6	MC-C15
MC-C34p	combined MC-C27, 28, 34p, P6	MC-C15
MC-P6	combined MC-C27, 28, 34p, P6	MC-C15
MC-C26	combined C26, 29, 34p-36	MC-C16
MC-C29	combined C26, 29, 34p-36	MC-C16
MC-C34p	combined C26, 29, 34p-36	MC-C16
MC-C35	combined C26, 29, 34p-36	MC-C16
MC-C36	combined C26, 29, 34p-36	MC-C16
DI-P16		MC-C17
MC-C31	combined MC-C31-33, P8p; DI-P16	MC-C17
MC-C32	combined MC-C31-33, P8p; DI-P16	MC-C17
MC-C33	combined MC-C31-33, P8p; DI-P16	MC-C17
MC-P8p	combined MC-C31-33, P8p; DI-P16	MC-C17
	new	MC-C18
	new	MC-C18
MC-C37	reworded	MC-C19
MC-P8p	reworded	MC-C19
	new	MC-C20
	new	MC-C22
MC-C12	eliminated	
MC-C13	eliminated	
MC-P1p	combined P1p, 3p, 4p	MC-P1
MC-P3p	combined P1p, 3p, 4p	MC-P1
MC-P4p	combined P1p, 3p, 4p	MC-P1
MC-P1p	combined P1p, 3p, 4p	MC-P2
MC-P3p	combined P1p, 3p, 4p	MC-P2
MC-P4p	combined P1p, 3p, 4p	MC-P2
MC-P12	combined P1p, 3p, 4p, 12, DI-P13p	MC-P3
MC-P1p	combined P1p, 3p, 4p, 12, DI-P13p	MC-P3
MC-P3p	combined P1p, 3p, 4p, 12, DI-P13p	MC-P3

3 <sup>rd</sup> Ed.	Action	4 <sup>th</sup> Ed.
MC-P4p	combined P1p, 3p, 4p, 12, DI-P13p	MC-P3
DI-P13p	combined P1p, 3p, 4p, 12, DI-P13p	MC-P3
AC-C5p	combined DI-C24, 25; DI-P10, 11; MC-P1p, 3p, 4p, 9p, 11, 13-15, AC-C5p	MC-P4
DI-C24	combined DI-C24, 25; DI-P10, 11; MC-P1p, 3p, 4p, 9p, 11, 13-15, AC-C5p	MC-P4
DI-C25	combined DI-C24, 25; DI-P10, 11; MC-P1p, 3p, 4p, 9p, 11, 13-15, AC-C5p	MC-P4
DI-P10	combined DI-C24, 25; DI-P10, 11; MC-P1p, 3p, 4p, 9p, 11, 13-15, AC-C5p	MC-P4
DI-P11	combined DI-C24, 25; DI-P10, 11; MC-P1p, 3p, 4p, 9p, 11, 13-15, AC-C5p	MC-P4
MC-P10	combined DI-C24, 25; DI-P10, 11; MC-P1p, 3p, 4p, 9p, 11, 13-15, AC-C5p	MC-P4
MC-P11	combined DI-C24, 25; DI-P10, 11; MC-P1p, 3p, 4p, 9p, 11, 13-15, AC-C5p	MC-P4
MC-P13	combined DI-C24, 25; DI-P10, 11; MC-P1p, 3p, 4p, 9p, 11, 13-15, AC-C5p	MC-P4
MC-P14	combined DI-C24, 25; DI-P10, 11; MC-P1p, 3p, 4p, 9p, 11, 13-15, AC-C5p	MC-P4
MC-P15	combined DI-C24, 25; DI-P10, 11; MC-P1p, 3p, 4p, 9p, 11, 13-15, AC-C5p	MC-P4
MC-P1p	combined DI-C24, 25; DI-P10, 11; MC-P1p, 3p, 4p, 9p, 11, 13-15, AC-C5p	MC-P4
MC-P3p	combined DI-C24, 25; DI-P10, 11; MC-P1p, 3p, 4p, 9p, 11, 13-15, AC-C5p	MC-P4
MC-P4p	combined DI-C24, 25; DI-P10, 11; MC-P1p, 3p, 4p, 9p, 11, 13-15, AC-C5p	MC-P4
MC-P9	combined DI-C24, 25; DI-P10, 11; MC-P1p, 3p, 4p, 9p, 11, 13-15, AC-C5p	MC-P4
MC-P17	eliminated	
AD-C14p	combined CP1.1-1.9, AD-C14p	MC-CP1
MC-CP1.1	combined CP1.1-1.9, AD-C14p	MC-CP1
MC-CP1.2	combined CP1.1-1.9, AD-C14p	MC-CP1

3 <sup>rd</sup> Ed.	Action	4 <sup>th</sup> Ed.
MC-CP1.3	combined CP1.1-1.9, AD-C14p	MC-CP1
MC-CP1.4	combined CP1.1-1.9, AD-C14p	MC-CP1
MC-CP1.5	combined CP1.1-1.9, AD-C14p	MC-CP1
MC-CP1.6	combined CP1.1-1.9, AD-C14p	MC-CP1
MC-CP1.7	combined CP1.1-1.9, AD-C14p	MC-CP1
MC-CP1.8	combined CP1.1-1.9, AD-C14p	MC-CP1
MC-CP1.9	combined CP1.1-1.9, AD-C14p	MC-CP1
<b>Acute Care</b>		
AC-C1	unchanged	AC-C1
AC-C2	unchanged	AC-C2
AC-C3	reworded	AC-C3
AC-C4	unchanged	AC-C4
AC-C6	reworded	AC-C5
AC-C7	reworded	AC-C6
AC-C8	reworded	AC-C7
AC-C9	reworded	AC-C8
AC-C10	reworded	AC-C9
AC-C11	unchanged	AC-C10
AC-C12	unchanged	AC-C11
AC-C13	unchanged	AC-C12
AC-C14	reworded	AC-C13
AC-C15	combined AC-C16, MC-P16	AC-C14
MC-P16	combined AC-C16, MC-P16	AC-C14
AC-C16	reworded	AC-C15
AC-C17	reworded	AC-C16
AC-C18	reworded	AC-C17
AC-C19	reworded	AC-C18
AC-C20	reworded	AC-C19
AC-C21	inherent in	AC-C19
AC-C22	unchanged	AC-C20
AC-C23	reworded	AC-C21
AC-C24	reworded	AC-C22
AC-C25	reworded	AC-C23
AC-C26	reworded	AC-C24
AC-C27	reworded	AC-C24
AC-C28	reworded	AC-C24
AC-C29	reworded	AC-C25
AC-C30	reworded	AC-C25
AC-C31	reworded	AC-C26
AC-C32	combined C32-39	AC-C27
AC-C33	combined C32-39	AC-C27
AC-C34	combined C32-39	AC-C27

3 <sup>rd</sup> Ed.	Action	4 <sup>th</sup> Ed.
AC-C35	combined C32-39	AC-C27
AC-C36	combined C32-39	AC-C27
AC-C37	combined C32-39	AC-C27
AC-C38	combined C32-39	AC-C27
AC-C39	combined C32-39	AC-C27
MC-P5	in Acute Care	AC-C27
MC-P7	in Acute Care	AC-C27
AC-C40	reworded	AC-C28
AC-C41	reworded	AC-C29
AC-C42	reworded	AC-C30
AC-C43	reworded	AC-C31
AC-C44	reworded	AC-C32
AC-C45	reworded	AC-C32
AC-C46	reworded	AC-C33
<b>Acute Care</b>		
AC-P3p	reworded	AC-P1
AC-P3p	combined P3p, 5	AC-P2
AC-P5	reworded	AC-P2
AC-P10	combined P2, 6, 7 10, 11, 13, 14,	AC-P3
AC-P11	combined P2, 6, 7 10, 11, 13, 14,	AC-P3
AC-P13	combined P2, 6, 7 10, 11, 13, 14,	AC-P3
AC-P14	combined P2, 6, 7 10, 11, 13, 14,	AC-P3
AC-P2	combined P2, 6, 7 10, 11, 13, 14,	AC-P3
AC-P6	combined P2, 6, 7 10, 11, 13, 14,	AC-P3
AC-P7	combined P2, 6, 7 10, 11, 13, 14,	AC-P3
AC-P12	combined P4, 8, 9, 12, 15-21; MC-P2; PH-P6. 7; PH-CP3.2	AC-P4
AC-P15	combined P4, 8, 9, 12, 15-21; MC-P2; PH-P6. 7; PH-CP3.2	AC-P4
AC-P16	combined P4, 8, 9, 12, 15-21; MC-P2; PH-P6. 7; PH-CP3.2	AC-P4
AC-P17	combined P4, 8, 9, 12, 15-21; MC-P2; PH-P6. 7; PH-CP3.2	AC-P4
AC-P18	combined P4, 8, 9, 12, 15-21; MC-P2; PH-P6. 7; PH-CP3.2	AC-P4
AC-P19	combined P4, 8, 9, 12, 15-21; MC-P2; PH-P6. 7; PH-CP3.2	AC-P4
AC-P20	combined P4, 8, 9, 12, 15-21; MC-P2; PH-P6. 7; PH-CP3.2	AC-P4
AC-P21	combined P4, 8, 9, 12, 15-21; MC-P2; PH-P6. 7; PH-CP3.2	AC-P4
AC-P4	combined P4, 8, 9, 12, 15-21; MC-P2; PH-P6. 7; PH-CP3.2	AC-P4
AC-P8	combined P4, 8, 9, 12, 15-21; MC-P2; PH-P6. 7; PH-CP3.2	AC-P4

3 <sup>rd</sup> Ed.	Action	4 <sup>th</sup> Ed.
AC-P9	combined P4, 8, 9, 12, 15-21; MC-P2; PH-P6. 7; PH-CP3.2	AC-P4
MC-P2	combined P4, 8, 9, 12, 15-21; MC-P2; PH-P6. 7; PH-CP3.2	AC-P4
PH-CP3.2	combined P4, 8, 9, 12, 15-21; MC-P2; PH-P6. 7; PH-CP3.2	AC-P4
PH-P6	combined P4, 8, 9, 12, 15-21; MC-P2; PH-P6. 7; PH-CP3.2	AC-P4
PH-P7	combined P4, 8, 9, 12, 15-21; MC-P2; PH-P6. 7; PH-CP3.2	AC-P4
AC-P1	eliminated	
AC-CP1.1	reworded	AC-CP1
AC-CP1.2	reworded	AC-CP1
AC-CP2.1	reworded	AC-CP1
AC-CP3.1	reworded	AC-CP1
AC-CP4.1	reworded	AC-CP1
AC-CP5.1	reworded	AC-CP1
AC-CP6.1	reworded	AC-CP1
Therapeutic Modalities		
PA-C19p	combined TM-C1, PA-C19p	TM-C1
TM-C19	reworded	TM-C1
TM-C6	reworded	TM-C2
TM-C7	reworded	TM-C3
TM-C8	reworded	TM-C4
TM-C5	reworded	TM-C5
TM-C4	reworded	TM-C6
TM-C10	combine C10-18	TM-C7
TM-C11	combine C10-18	TM-C7
TM-C12	combine C10-18	TM-C7
TM-C13	combine C10-18	TM-C7
TM-C14	combine C10-18	TM-C7
TM-C15	combine C10-18	TM-C7
TM-C16	combine C10-18	TM-C7
TM-C17	combine C10-18	TM-C7
TM-C18	combine C10-18	TM-C7
PA-C19p	combined C1, 9, PA-C19p	TM-C8
TM-C1	combined C1, 9, PA-C19p	TM-C8
TM-C9	combined C1, 9, PA-C19p	TM-C8
TM-C2	combined C2, 3	TM-C9
TM-C3	combined C2, 3	TM-C9
TM-C20	combine C20, 21	TM-C10
TM-C21	combine C20, 21	TM-C10
TM-C22	reworded	TM-C11

3 <sup>rd</sup> Ed.	Action	4 <sup>th</sup> Ed.
TM-P1	combined P1, 3, 9p	TM-P1
TM-P3	combined P1, 3, 9p	TM-P1
TM-P9p	combined P1, 3, 9p	TM-P1
TM-P2	reworded	TM-P2
TM-P8	reworded	TM-P2
TM-P9p	reworded	TM-P2
TM-P10	reworded	TM-P3
TM-P4	reworded	TM-P4
TM-P5	combined P5-7	TM-P5
TM-P6	combined P5-7	TM-P5
TM-P7	combined P5-7	TM-P5
TM-P9p	reworded	TM-P6
TM-CP1.1	combined CP1.1-2	TM-CP1
TM-CP1.2	combined CP1.1-2	TM-CP1
TM-CP2	combined CP1.1-2	TM-CP1
Conditioning & Rehabilitative Exercise (Therapeutic Exercise)		
EX-C1	reworded & added PA-C19p	EX-C1
PA-C19p	combined EX-C1, PA-C19p	EX-C1
EX-C7	reworded	EX-C2
EX-C4	unchanged	EX-C3
EX-C9	reworded	EX-C4
EX-C10	reworded	EX-C5
EX-C6	unchanged	EX-C6
EX-C11	combined C2, 3, 5, 8, 11-14	EX-C7
EX-C12	combined C2, 3, 5, 8, 11-14	EX-C7
EX-C13	combined C2, 3, 5, 8, 11-14	EX-C7
EX-C14	combined C2, 3, 5, 8, 11-14	EX-C7
EX-C2	combined C2, 3, 5, 8, 11-14	EX-C7
EX-C3	combined C2, 3, 5, 8, 11-14	EX-C7
EX-C5	combined C2, 3, 5, 8, 11-14	EX-C7
EX-C8	combined C2, 3, 5, 8, 11-14	EX-C7
EX-C15	reworded	EX-C8
EX-C16	reworded	EX-C9
EX-P1p	combined P1p, 2p	EX-P1
EX-P2p	combined P1p, 2p	EX-P1
EX-P2p	moved part to P1	EX-P2
EX-P7	unchanged	EX-P3
EX-P4	reworded	EX-P4
EX-P5	reworded	EX-P5

3 <sup>rd</sup> Ed.	Action	4 <sup>th</sup> Ed.
EX-P1p	combined P1p, 3	EX-P6
EX-P3	combined P1p, 3	EX-P6
EX-P6	unchanged	EX-P7
EX-CP1.1	combined CP1.1-1.10	EX-CP1
EX-CP1.10	combined CP1.1-1.10	EX-CP1
EX-CP1.2	combined CP1.1-1.10	EX-CP1
EX-CP1.3	combined CP1.1-1.10	EX-CP1
EX-CP1.4	combined CP1.1-1.10	EX-CP1
EX-CP1.5	combined CP1.1-1.10	EX-CP1
EX-CP1.6	combined CP1.1-1.10	EX-CP1
EX-CP1.7	combined CP1.1-1.10	EX-CP1
EX-CP1.8	combined CP1.1-1.10	EX-CP1
EX-CP1.9	combined CP1.1-1.10	EX-CP1
Pharmacology		
PH-C1	Combined C1-3	PH-C1
PH-C2	Combined C1-3	PH-C1
PH-C3	Combined C1-3	PH-C1
PH-C4	reworded	PH-C2
PH-C13	Combined C5, 13, 14, 15-24	PH-C3
PH-C14	Combined C5, 13, 14, 15-24	PH-C3
PH-C16	Combined C5, 13, 14, 15-24	PH-C3
PH-C17	Combined C5, 13, 14, 15-24	PH-C3
PH-C18	Combined C5, 13, 14, 15-24	PH-C3
PH-C19	Combined C5, 13, 14, 15-24	PH-C3
PH-C20	Combined C5, 13, 14, 15-24	PH-C3
PH-C21	Combined C5, 13, 14, 15-24	PH-C3
PH-C22	Combined C5, 13, 14, 15-24	PH-C3
PH-C23	Combined C5, 13, 14, 15-24	PH-C3
PH-C24	Combined C5, 13, 14, 15-24	PH-C3
PH-C5	Combined C5, 13, 14, 15-24	PH-C3
PH-C10	combined C9, 10, 12	PH-C4
PH-C12	combined C9, 10, 12	PH-C4
PH-C9	combined C9, 10, 12	PH-C4
PH-C11	reworded	PH-C5
	new	PH-C6
PH-C7	reworded	PH-C7
PH-C8	reworded	PH-C8
	new	PH-C9
PH-C15	reworded	PH-C10
PH-C25	reworded	PH-C10
	new	PH-C11

3 <sup>rd</sup> Ed.	Action	4 <sup>th</sup> Ed.
PH-C6	eliminated	
PH-P1	reworded	PH-P1
PH-P2	combined P2-5	PH-P2
PH-P3	combined P2-5	PH-P2
PH-P4	combined P2-5	PH-P2
PH-P5	combined P2-5	PH-P2
	new	PH-P3
PH-CP1.1	eliminated	
PH-CP1.2	eliminated	
PH-CP1.3	eliminated	
PH-CP2.1	eliminated	
PH-CP3.1	eliminated	
Psychosocial Intervention & Referral		
PS-C2	reworded	PS-C1
PS-C22	combined C3p, 22	PS-C2
PS-C3	combined C3p, 22	PS-C2
PS-C25	unchanged	PS-C3
PS-C4p	reworded	PS-C3
PS-C4p	reworded	PS-C4
PS-C4p	reworded	PS-C5
PS-C5	reworded	PS-C6
AD-C34	in PsychoSoc	PS-C7
PS-C19	combined C6, 7, 19	PS-C7
PS-C6	combined C6, 7, 19	PS-C7
PS-C7	combined C6, 7, 19	PS-C7
PS-C8	reworded	PS-C8
PS-C10	combine C9, 10	PS-C9
PS-C9	combine C9, 10	PS-C9
PS-C11	reworded	PS-C10
PS-C14	combined C14-17	PS-C11
PS-C15	combined C14-17	PS-C11
PS-C16	combined C14-17	PS-C11
PS-C17	combined C14-17	PS-C11
PS-C13	combined C12, C18	PS-C12
PS-C18	combined C12, C18	PS-C12
PS-C20	combined C20-21	PS-C13
PS-C21	combined C20-21	PS-C13
PS-C24	reworded	PS-C14
	new	PS-C15
PS-C1	eliminated	

3 <sup>rd</sup> Ed.	Action	4 <sup>th</sup> Ed.
PS-C12	eliminated	
PS-C23	eliminated	
PS-P1	eliminated	
PS-P2	eliminated	
PS-P3	eliminated	
PS-P4	eliminated	
PS-P5	eliminated	
PS-P6	eliminated	
PS-CP1.1	combined CP1.1-1.3	PS-CP1
PS-CP1.2	combined CP1.1-1.3	PS-CP1
PS-CP1.3	combined CP1.1-1.3	PS-CP1
PS-CP2.1	reworded	PS-CP2
<b>Nutritional Aspects of Injury &amp; Illness</b>		
NU-C1	combined C1, 6	NU-C1
NU-C6	combined C1, 6	NU-C1
NU-C3	reworded	NU-C2
NU-C4	reworded	NU-C3
NU-C5	reworded	NU-C4
NU-C7	combined C7, 9	NU-C5
NU-C9	combined C7, 9	NU-C5
NU-C8	reworded	NU-C6
NU-C10p	reworded	NU-C7
NU-C11	reworded	NU-C8
NU-C13	combined C13, 14	NU-C9
NU-C14	combined C13, 14	NU-C9
NU-C15	reworded	NU-C10
NU-C16	reworded	NU-C11
NU-C12	combined C12, 17, 20, 21	NU-C12
NU-C17	combined C12, 17, 20, 21	NU-C12
NU-C20	combined C12, 17, 20, 21	NU-C12
NU-C21	combined C12, 17, 20, 21	NU-C12
NU-C18	reworded	NU-C13
NU-C23	combined C23, 24	NU-C14
NU-C24	combined C23, 24	NU-C14
NU-C10p	combined C10p, C25	NU-C15
NU-C25	combined C10p, C25	NU-C15
NU-C26	reworded	NU-C16
NU-C27	reworded	NU-C17
NU-C22	reworded	NU-C18
NU-C19	reworded	NU-C19

3 <sup>rd</sup> Ed.	Action	4 <sup>th</sup> Ed.
	new	NU-C20
NU-C2	eliminated	
	new	NU-P1
	new	NU-P2
NU-P1	combined P1-4	NU-P3
NU-P2	combined P1-4	NU-P3
NU-P3	combined P1-4	NU-P3
NU-P4	combined P1-4	NU-P3
NU-CP1.1	combined CP1.1-1.5	NU-CP1
NU-CP1.2	combined CP1.1-1.5	NU-CP1
NU-CP1.3	combined CP1.1-1.5	NU-CP1
NU-CP1.4	combined CP1.1-1.5	NU-CP1
NU-CP1.5	combined CP1.1-1.5	NU-CP1
NU-CP1.6	reworded	NU-CP2
NU-CP1.7	reworded	NU-CP2
<b>Administration</b>		
AD-C1	reworded	AD-C1
AD-C2	combined C2, 3, 5, 17, 20	AD-C2
AD-C3	combined C2, 3, 5, 17, 20	AD-C2
AD-C5	combined C2, 3, 5, 17, 20	AD-C2
AD-C4	reworded	AD-C3
AD-C6	reworded	AD-C4
AD-C17	combined C2, 3, 5, 17, 20	AD-C5
AD-C20	combined C2, 3, 5, 17, 20	AD-C5
AD-C19	unchanged	AD-C6
AD-C29	combined C7, 17	AD-C7
AD-C7	combined C7, 17	AD-C7
AD-C43	combined C8, 43	AD-C8
AD-C8	combined C8, 43	AD-C8
AD-C10	combined C9, 10	AD-C9
AD-C11	combined C9, 10	AD-C9
AD-C12	combined C12, 13	AD-C10
AD-C13	combined C12, 13	AD-C10
AD-C14p	reworded	AD-C11
AD-C15	reworded	AD-C12
AD-C16	reworded	AD-C13
AD-C18	reworded	AD-C14
AD-C21	combined C21-23, 25-27	AD-C15
AD-C22	combined C21-23, 25-27	AD-C15
AD-C23	combined C21-23, 25-27	AD-C15

3 <sup>rd</sup> Ed.	Action	4 <sup>th</sup> Ed.
AD-C25	combined C21-23, 25-27	AD-C15
AD-C26	combined C21-23, 25-27	AD-C15
AD-C27	combined C21-23, 25-27	AD-C15
AD-C28	reworded	AD-C17
AD-C30	reworded	AD-C18
AD-C32	reworded	AD-C19
AD-C31	combined C31, 33, 35, 36, 45	AD-C20
AD-C33	combined C31, 33, 35, 36, 45	AD-C20
AD-C35	combined C31, 33, 35, 36, 45	AD-C20
AD-C36	combined C31, 33, 35, 36, 45	AD-C20
AD-C45	combined C31, 33, 35, 36, 45	AD-C20
AD-C37	reworded	AD-C21
AD-C38	combined C38-39	AD-C22
AD-C39	combined C38-39	AD-C22
AD-C24	eliminated	
AD-P1	reworded	AD-P1
AD-P2	reworded	AD-P2
AD-P3	reworded	AD-P3
AD-P4	unchanged	AD-P4
AD-P5	reworded	AD-P5
	new	AD-P6
AD-P6	reworded	AD-P7
AD-P7	unchanged	AD-P8
AD-CP1.1	eliminated	
AD-CP2.1	eliminated	
AD-CP3.1	eliminated	
AD-CP4.1	eliminated	
AD-CP4.2	eliminated	
AD-CP5.1	eliminated	
<b>Professional Development &amp; Responsibilities</b>		
AD-C9	in ProfDevlp	PD-C1
PD-C1	combined C1-C4	PD-C1
PD-C2	combined C1-C4	PD-C1
PD-C3	combined C1-C4	PD-C1
PD-C4	combined C1-C4	PD-C1
PD-C5	reworded	PD-C2
AD-C40	in ProfDevlp	PD-C3
PD-C6	combined C6, 7	PD-C3
PD-C7	combined C6, 7	PD-C3
PD-C8	unchanged	PD-C4

3 <sup>rd</sup> Ed.	Action	4 <sup>th</sup> Ed.
AD-C42	in ProfDevlp	PD-C5
PD-C9	reworded	PD-C5
PD-C10	reworded	PD-C6
AD-C44	in ProfDevlp	PD-C7
	new	PD-C7
PD-C11	combined C8, 14	PD-C8
PD-C14	combined C8, 14	PD-C8
AD-C41	in ProfDevlp	PD-C9
PD-C12	reworded	PD-C9
PD-C13	reworded	PD-C10
PD-C15	reworded	PD-C11
PD-C16	reworded	PD-C12
	new	PD-C13
	new	PD-C14
PD-CP1.2	reworded	PD-C15
	new	PD-C16
PD-P1	reworded	PD-P1
PD-P3	reworded	PD-P2
PD-CP1.1	reworded	PD-P3
AD-C46	combine AD-C46, AD-P8	PD-P4
AD-P8	combine AD-C46, AD-P8	PD-P4
PD-P2	eliminated	