

Curriculum Requirements

DESCRIPTION OF PROGRAM

1. Faculty and students are to be provided with a clear written description of the program and its content including learning goals, course objectives, supervised clinical practice assignments and competencies required for graduation.
2. The statement of goals and objectives should provide the basis for program planning, implementation and evaluation. It should be rationally derived and compatible with both the mission of the post-secondary institution(s) and the expectations of the profession as reflected in Scope of Practice (see “Scope of Practice” in [Official Documents, #1-40](#) in the *Canadian Athletic Therapists Association Policy and Procedure Manual*) and further described in the companion document, CATA Program Curriculum in Athletic Therapy. Competencies enumerated in the companion document represent important guidelines for curriculum design, development of individual course content and structuring of clinical experiences. These competencies should be achieved with the framework of appropriately sequenced basic science, clinical science, and athletic health care units, modules, and/or courses of instruction, accompanied or followed by a series of structured laboratory and clinical experiences. It is not the purpose of this exercise to evaluate teaching methodology, but rather the measurable outcome of the teaching process.
3. Curriculum content should include appropriate instructional emphasis on specified subject matter areas as reflected in the companion curricular document. Program personnel responsible for curriculum planning should keep informed of the current scope of practice of the profession as a basis for program planning and revision.
4. A program should regularly assess its goals and standards for appropriateness and demonstrate its ability to identify and respond to changes in the needs and expectations of its communities of interest.
5. In agreement with the mission goals and standards of the post-secondary institution and program, other courses of study may be necessary or desirable. Programs are encouraged to incorporate general education, liberal arts, and humanities studies within their curricula, and to provide opportunities for later academic and career growth.
6. Learning and scholarship must be demonstrated in the following subject matter areas:
 - a) prevention of athletic injuries/illness
 - b) assessment of athletic injuries/illness
 - c) first aid and emergency care
 - d) therapeutic modalities
 - e) therapeutic exercise

- f) administration of athletic training programs
 - g) human anatomy
 - h) human physiology
 - i) exercise physiology
 - j) kinesiology/biomechanics
 - k) food and nutrition
 - l) sport psychology
 - m) pharmacology
 - n) pathology
 - o) progression of rehabilitation principles
7. This subject matter should constitute the academic "core" of the curriculum. Learning and scholarship involves teaching of required subject matter in a structured classroom environment, modules, independent and technologically enhanced learning experiences. In addition to the core subject matter areas, inclusion of other learning experiences, including formal course work, may be necessary to insure that students are provided sufficient opportunity to attain the desired competencies. Advanced and/or specialized courses in the core subject matter areas and courses in chemistry, physics, statistics and research design are recommended. The breadth and scope of the athletic therapy curriculum should be such that it is analogous to an academic major in the educational unit in which it is housed (e.g., BSc in PE or BSc in Kinesiology).
8. Program personnel must ensure that the objectives, content and activities stated in the curriculum represent current concepts and practice.
9. The athletic therapy curriculum is to include provision for a minimum of 150 clinical and 150 field hours under the direct supervision of a qualified clinical and field instructor in an acceptable clinical and field setting. However, it is recommended that the minimum 150 hours of experience be expanded within the athletic therapy program as much as possible up to the maximum 600 field and 600 clinical required for the Certification Examination.
10. Clinical experiences should be initiated early in the student's program and should be designed to provide the student with sufficient opportunity to develop specific competencies pertaining to the health care of the athlete. These competencies are identified within the psychomotor aspects of each of the domains included in the companion document, CATA Program Curriculum in Athletic Therapy. While development of psychomotor skills should represent a major focus of the student's clinical experience, ample opportunity should also be available for development and demonstration of competencies within the cognitive and the affective aspects of each domain identified in the companion curriculum document.
11. The primary clinical setting should include the athletic therapy room(s), athletic practices, and competitive events. The athletic therapy room is considered to be "a designated physical facility located within the post-secondary institution or within acceptable affiliated clinical setting in which comprehensive athletic health care services are provided". Comprehensive health care services include practice and game preparation, injury/illness evaluation, first aid and emergency care, follow-up care, rehabilitation and related services.

12. Ample opportunity should be provided for student coverage of athletic practices and competitive events in a variety of men's and women's sports including, but not limited to, high risk activities such as football, soccer, hockey, wrestling, basketball, gymnastics, volleyball, lacrosse and rugby. These experiences should also include adequate opportunities for observation of and involvement in the first aid and emergency care of a variety of acute athletic injuries and illnesses.
13. In order to broaden and supplement clinical experiences, the sponsoring institution may establish formal affiliation with other institutions within the immediate geographical area for provision of clinical experience settings including athletic therapy rooms and athletic practices and games in secondary schools, colleges and universities, or professional sports organizations. Use of affiliated clinical settings should be considered an extension of the clinical aspect of the program and thus subject to established standards and criteria. It is recommended that no more than one-half of the student's total clinical experience be gained in an affiliated clinical setting.
14. Supervised clinical experiences should involve daily personal contact between the clinical instructor and the student in the same clinical setting. Clinical instructors should be readily accessible to students for on-going instruction and guidance on a daily basis. An effective ratio of students to clinical instructors should be maintained. Determination of an effective student-clinical instructor ratio should be based upon consideration of the total work load of clinical instructors, availability and adequacy of clinical facilities, and the number and nature of athletic programs being covered. A ratio which does not exceed eight students to one clinical instructor during the course of an academic year is recommended.
15. Post-secondary institutions are also encouraged to utilize a variety of community based health care facilities to supplement, but not replace, student experiences in the primary clinical setting. These settings may include sports medicine clinics, private Athletic Therapy clinics, physical therapy and/or rehabilitation clinics, college or university health centres, hospital emergency rooms, physician's offices, or other appropriate health care facilities.
16. Practitioner competencies should provide the basis for deriving the objectives and activities constituting the program's curriculum. Both program competencies and curriculum objectives should be consistent with the stated level of practitioner preparation. The level is delineated in the program's goals and objectives statements and encompasses the knowledge, skill and behaviour expected of graduates upon entry into the field.

INSTRUCTIONAL PLAN

Instruction must follow a plan which:

1. Documents appropriate learning experiences and curriculum sequencing to develop the competencies necessary for graduation, including appropriate instructional materials, classroom presentations, discussion, demonstrations, and supervised clinical and field practice.
2. Includes clearly written course syllabi that describe learning objectives and competencies to be achieved for both didactic and supervised clinical and field education components.

3. Documents frequent evaluation of students to assess their acquisition of:
 - a) knowledge, problem identification and problem solving skills; and
 - b) psychomotor, behavioural, and clinical and field competencies.