Sports Medicine Australia (SMA) was founded in 1963 and is a national multidisciplinary organisation of professionals committed to working together to enhance the health of all Australians through safe participation in sport, recreation and physical activity. SMA is Australia’s peak advisory body on all medical and health issues for active people – from weekend enthusiasts of all ages through to elite level competition.

SMA has a broad membership of sports medicine and health professionals, researchers and academics, sports trainers, sporting clubs and community members, all of whom share an interest in safe sport and physical activity. SMA’s multidisciplinary approach to sports medicine and science has played an important part in the success of Australia’s athletes and sporting teams, and SMA members’ shared knowledge and skills play an important part in keeping all Australians active and healthy. SMA members can be found at every level of physical activity and sport from elite competition to grass-roots participation.

SMA provides expert information, advice and commentary on issues such as government policy and funding for sports medicine and community activity through to sports health, gender equity, participation of the aged in sport, safe sport for children and drugs in sport problems. SMA also plays an active role in educating professionals and sports-minded community members and in assisting all active people to achieve optimal benefits from their exercise, activity and competition.

http://sma.org.au

The Australasian College of Sports Physicians (ACSP) is the professional body representing sports physicians in both Australia and New Zealand. Sports physicians are committed to excellence in the practice of medicine as it applies to all aspects of physical activity. Safe and effective sporting performance at all levels is a major locus. Alongside this is the increasing recognition of the importance of exercise in the prevention and treatment of common and often serious medical conditions, such as arthritis, heart disease, diabetes and many cancers. The ACSP was founded by a dedicated group of like-minded practitioners in 1985.

http://www.acsp.org.au

Sports Doctors Australia (SDrA) is a professional society of medical practitioners dedicated to promoting and communicating the highest levels of knowledge, research and education in sports medicine. It consists of doctors from a wide area of specialties including general practice, emergency medicine, rehabilitation medicine and orthopaedics. Many have postgraduate degrees in sports medicine and have vast experience as team doctors.

http://www.sportsdoctors.com.au

Australian Physiotherapy Association (APA)—Sport Physiotherapy Group

The Australian Physiotherapy Association (APA) is the peak body representing the interests of Australian physiotherapists and their patients. The APA is a national organisation with specialty subgroups including Sports Physiotherapy Australia (SPA). Members of SPA have experience and knowledge of the latest evidence-based practice, skilled assessment and diagnosis of sports injuries, and use effective ‘hands-on’ management techniques to assist recovery and prevent injury.

http://www.physiotherapy.asn.au
Sports Dietitians Australia (SDA) is a national organisation of qualified sports dietitians. SDA is leading the promotion of healthy eating to enhance the performance of all Australians whatever their level of physical activity. Sports dietitians assist Australians to make healthier food choices by providing accurate nutrition information based on scientific principles. Sports dietitians work with elite and recreational athletes, sporting clubs, active children and anyone whose nutrition needs play an important part in achieving their health and activity goals.

http://www.sportsdietitians.com.au

The Australasian Academy of Podiatric Sports Medicine (AAPSM) encourages research in the areas of musculoskeletal pathomechanics, biomechanical analysis and orthotic control as applied to the athletic community.

The AAPSM also encourages accumulation of statistics in the area of sports medicine in order to develop sound methods of prevention and treatment of sports injuries. The AAPSM participates in the annual Conference of Science and Medicine in Sport to disseminate current knowledge to the profession, allied professions and those engaged in the treatment of amateur, professional or individual athletics.

http://www.aapsm.org.au

College of Sport and Exercise Psychologists

The APS College of Sport and Exercise Psychologists is a professional association of psychologists who are interested in how participation in sport, exercise and physical activity may enhance personal development and wellbeing throughout the life span.

The College of Sport and Exercise Psychologists develops and safeguards the standards of practice and supervised experience. It sets the quality of service in sport and exercise psychology and advises and makes recommendations regarding the education and training of sport and exercise psychologists.

http://www.groups.psychology.org.au/csep/

Exercise Sports Science Australia

Founded in 1991, Exercise & Sports Science Australia (ESSA), formerly known as the Australian Association for Exercise and Sports Science (AAESS), is a professional organisation that is committed to establishing, promoting and defending the career paths of tertiary-trained exercise and sports science practitioners. ESSA’s vision is to enhance the health and performance of all Australians through the support of exercise and sports science professionals.

http://www.essa.org.au
FOREWORD

Sports Medicine Australia is a national multidisciplinary organisation of professionals committed to enhancing the health of all Australians through safe participation in sport, recreation and physical activity.

One of the key reasons for the formation of Sports Medicine Australia was to ensure athletes are able to access the best available sports medicine care. Over many years sports trainers, along with many other sports medicine professionals, have continued to play a major role in athlete care at all levels of sport. This is particularly so in community sporting settings where the sports trainer is often the first respondent to an athlete injury and a key part of the sports medicine referral network.

Athlete care, including preparation for competition, injury treatment and injury management, is as important today as it has ever been and sports trainers continue to be an integral part of the sports medicine team at all levels of sport.

Sports Medicine Australia, through the Safer Sport Program, has for many years been the primary training body for sports trainers in Australia. Sports Medicine for Sports Trainers has long been the leading reference text in the education of sports trainers in Australia. It has been specifically developed to incorporate the fundamental skills and knowledge required in the role of a sports trainer based on the latest sports medicine research and contemporary best practice. This 10th edition of Sports Medicine for Sports Trainers continues this tradition.

Thank you for participating in this important training program.

Dr Rob Reid
Safer Sport Delegate
Sports Medicine Australia National Board
EDITOR’S NOTE AND ACKNOWLEDGEMENTS

The Tenth Edition of *Sports Medicine for Sports Trainers* builds on the previous editions by once again compiling evidence-based information sourced from the latest available scientific information and peer-reviewed guidelines. One of the key changes is that the Tenth Edition now also incorporates the Sports Medicine Australia (SMA) Level 1 and Level 2 Sports Trainer curriculums. This has resulted in several new sections, including an introduction to basic sports massage, and more comprehensive coverage of topics such as sports taping to reflect the curriculum requirements for SMA Level 2 Sports Trainer accreditation. Another change is that the chapter on sports injury prevention has been substantially modified to reflect a focus on the concept of sports injury prevention being a system comprised of a collection of inter-related processes that includes, but is not limited to, warm-up programs and protective equipment alone.

A hierarchy of evidence was used in determining what should be included in the content of the Tenth Edition. Whenever possible, information was based on peak or expert advisory body guidelines, such as the Australian Resuscitation Council crisis management guidelines, or on expert consensus group guidelines, such as in the revised section on the management of concussion in sport. For topics where such clear guidelines do not exist the text was updated based on expert input from a range of sports medicine health professionals and other industry experts who provided information on the latest best practice approaches used in the field of sports medicine, and further drawing when possible on the most recent peer-reviewed scientific publications.

Given the broad range of topics covered in this book, input was required from a diverse range of individuals and organisations with expertise in the areas covered. This being the case and also taking into consideration that the Tenth Edition does represent an ongoing evolution since the introduction many years ago of the SMA Safer Sport Program and the resultant First Edition, it is impossible to list all who have contributed to this latest edition. However, SMA would like to especially acknowledge:

The editors, authors and contributors to all previous editions and other publications utilised in the SMA Safer Sport Program and, in particular, Dean Dudley who edited the Ninth Edition

The Sports Medicine Australia Board of Directors, State Branches, Discipline Groups, Executive Management Group and Education Managers Group for providing direction, suggestions, corrections, and additions to the text

Dr Rob Reid, who provided substantial technical direction, content and editorial assistance

The SMA ACT Branch for assistance in organising the main photo shoot, and also to Daramalan College Canberra for hosting this.

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INTRODUCTION

About this book

This book has been developed primarily as a reference text for the Sports Medicine Australia Safer Sport Program Sports Trainer courses and provides introductory information related to the range of competencies required of people operating as sports trainers. However, it can also be used in conjunction with other secondary, tertiary and vocational health-related courses including units of competency from the Australian SIS 10 Sport, Fitness and Recreation Training Package. Additionally, it will also be of interest and use as a reference for all people interested in safe sport and physical activity.

Consistent with the breadth of the role of the sports trainer, the book covers several areas and draws upon expertise and research provided by a wide range of health professionals, scientists and other practitioners in the areas of sports medicine and sports science.

Sports Medicine Australia Safer Sport Program

The SMA Safer Sport Program was developed by SMA with the philosophy of providing a safe environment for all Australians who engage in sport and to maximise participation in physical activity. The Safer Sport Program aims to achieve this by providing courses for all people involved or interested in sport or physical activity with a distinct emphasis on gaining practical skills, such as sports injury prevention, immediate injury management and crisis management techniques, that can be used in a sporting environment.

The training material in the Safer Sport Program courses has been developed by SMA's professional members from the most recent available evidence and research in sports medicine and sports science. The Safer Sport Program courses include Sports Medicine Awareness, Sports First Aid, Level 1 Sports Trainer, Level 2 Sports Trainer and other courses developed to improve prevention and management of injuries and medical conditions potentially associated with participation in sport and physical activity.

Successful completion of the SMA Safer Sport Program Level 1 and Level 2 Sports Trainer courses entitles the participant to accreditation as an SMA Sports Trainer. SMA Sports Trainer accreditation is recognised by most Australian sporting organisations for the provision of first contact sports medicine services.

The SMA Safer Sport Program and the Australian Qualifications Framework

The Australian Qualifications Framework (AQF) is the national policy for regulated qualifications in Australian education and training. It incorporates the qualifications from each education and training sector into a single comprehensive national qualifications framework.

AQF qualifications certify the knowledge and skills that a person has achieved through study, training, work and life experience. An AQF qualification is the result of an accredited complete program of learning that leads to formal certification that a graduate has achieved learning outcomes as described in the AQF. An AQF qualification is recognised throughout Australia and also by some other countries. For more information about the AQF visit the website (www.aqf.edu.au).

AQF qualifications are classified according to a system of 10 levels ranging from Certificate I (Level 1) to a Doctoral Degree (Level 10). An SMA Sports Trainer accreditation represents training and competencies of a Certificate III standard under the AQF. Sports Medicine Australia and many SMA training partners award Statements of Attainment and provide recognition of prior learning (RPL) for certain SMA Safer Sport Program qualifications.

AQF qualifications are grouped by industry sectors into several different training packages. Each qualification in the training packages includes a prescribed number and types of units of competency to achieve the award of that particular qualification. The SMA Sports Trainer accreditation is aligned with units of competency from the SIS 10 Sport, Fitness and Recreation Training Package, in particular units from the SIS30810 Certificate III Sports Trainer qualification.

Recognition of prior learning (RPL)

The SMA recognition of prior learning (RPL) process recognises the competencies that may already have been achieved either through other courses or training you have participated in or from work or life experience. If what you have learned at work or elsewhere is relevant to the course or prerequisites for a course, you may not have to do those parts of the course again.
Applying for recognition of prior learning

There is a specific process to determine whether you can be granted exemption from units of competency or from prerequisites for enrolling in a course. If you apply for recognition of prior learning or current competency, you will be given the course ‘learning outcomes’ and ‘performance criteria’ of the unit(s) of competency and asked to document details of your experience to allow comparison of your knowledge and skills against the course competencies. In most cases, you will then be asked to attend an interview with course and RPL experts. Before the interview you will be provided with information on what kinds of information or any other help you may need at the interview as well as details on how you might be assessed. You may have a friend, relative or expert join you at the interview. At the interview, the interviewers may help you complete your application form if necessary.

If your application is successful, you will not be required to do certain parts of your course or will be granted prerequisites. In some cases, before a decision is made on your application you may be asked to provide extra information or you may ask to provide additional information to assist in the assessment of your application.

If you are interested in more information regarding this process, contact your local SMA state/territory branch.

Career prospects

Sports trainers can seek employment on either a voluntary or paid basis and work at all levels of sport in Australia from amateur to professional sport. Especially at the community level, sports trainers are an integral part of sport in Australia and have a vital role in ensuring that sport and physical activity are safer and more enjoyable for all who are involved.

There is an increasing number of paid and career sports trainers who receive remuneration for their time working with athletes and assisting with the provision of sports medicine coverage services, both directly for sporting clubs and at sporting events. For more information about becoming involved in this type of work, contact your local SMA branch.
## LEARNING OUTCOMES

1. Explain the operations expected of a sports trainer and the contexts in which they should be applied
2. Describe the accepted roles and responsibilities of a sports trainer
3. Demonstrate accepted safety and privacy practices
4. Detail ways of developing positive relationships with health care professionals
5. Demonstrate effective communication with athletes, coaches, parents and health care professionals
6. Detail professional development programs and options
7. Describe the components and processes necessary to establish a fair and equitable sporting environment
8. Demonstrate a range of emergency hand signals
9. Describe ethical and legal issues related to the activities of a sports trainer
10. Demonstrate effective communication skills between injured athletes and support staff
11. Demonstrate safe handling, maintenance and storage protocols of sports medicine equipment
12. Describe methods of accurately recording the details of an injured athlete

## ASSESSMENT OF OUTCOMES

### Underpinning knowledge

Oral or written questions may be asked relating to the conduct and behaviour of sports trainers with respect to their accepted roles and responsibilities. You may also be asked to complete an online learning task related to equality in sport and submit copies of completed online tasks.

### Practical demonstration

You may be asked to show how you would document the treatment of your athletes or manage their personal medical information. You may also be required to identify specific items of sports medicine equipment and describe their purpose.

### Scenario

You may be asked to locate sports medicine equipment and use it in simulated emergency situations. You may also be asked to document and record athlete assessments and treatments.
Introduction

This chapter describes the role of the sports trainer as well as the relationships between the sports trainer and sporting organisations and Sports Medicine Australia (SMA). It is essential that all candidates have a clear understanding of the role, relationships and responsibilities of a sports trainer. The sports trainer must be able to:

- understand and operate within their scope of practice
- adhere to accepted safety and privacy practices
- contribute to a safe, fair and equitable sporting environment
- communicate effectively with athletes, coaches, parents and health care professionals
- work collaboratively with, and refer appropriately to, health care professionals
- appreciate ethical issues surrounding first aid and sports medicine
- handle, maintain and store sports medicine equipment
- identify continuing education and development options.

What is a sports trainer?

Sports trainers are members of the sports medicine team who are able to provide basic injury prevention and management techniques as well as assist in improving athletic performance. Sports trainers provide a crucial link between the athlete, coach and sports medicine health professionals. They are often the first to respond when an athlete requires assistance with an injury or medical condition; however, their role is more comprehensive than simply providing first aid only. The sports trainer’s role includes:

- implementing appropriate injury prevention protocols
- preparing players for competition
- providing the appropriate immediate management of injuries
- providing immediate crisis management of severe injuries
- informed referral of injuries to a more qualified health professional for further advice and management
- working in conjunction with health professionals, such as physiotherapists or doctors, to ensure a safe return to play for injured players
- educating players and coaching staff in relation to return to play principles.

Applying these skills improves the likelihood of a good outcome for anyone who has a sports-related injury or illness.

The role of the sports trainer varies depending on the type and level of the team. With high level sports teams, sports trainers usually work in conjunction with health professionals, such as doctors and physiotherapists. However, in community level sport, the sports trainer is likely to be the only person present with any medical training.

Figure 1.1 The sports trainer

Under the Sports Medicine Australia Safer Sport Program, sports trainers can be accredited as either a Level 1 or Level 2 Sports Trainer. The requirements to achieve accreditation as an SMA Level 1 Sports Trainer include:

- having a current Apply First Aid Certificate, or equivalent
- having a current Cardiopulmonary Resuscitation (CPR) Certificate
- completion of the SMA Safer Sport Program Level 1 Sports Trainer course, or equivalent.

Accredited Level 2 Sports Trainers are expected to be able to provide appropriate care of athletes to a
more advanced standard than Level 1 Sports Trainers. The requirements for SMA Level 2 accreditation include:

- fulfilment of the accreditation criteria for a Level 1 Sports Trainer
- completion of the SMA Safer Sport Program Level 2 Sports Trainer course, or equivalent.

Sports trainers can operate as volunteers or they may work for remuneration in return for their time and expertise. In either case, sports trainers should be aware of, and always operate in accordance with, the Sports Trainer Code of Ethics, which is discussed later in this chapter.

The sports trainer will be expected to provide support and advice to a range of people involved in sport, including amateur and professional athletes, their coaches, managers and other sports administrators. The sports trainer’s role may therefore include tasks related to:

- athlete health and wellbeing
- athlete performance
- athlete education and development
- legal documentation and responsibility
- budgeting and acquisition of medical equipment and consumables
- liaison with sporting officials and administration decision makers
- first aid and emergency care of athletes.

**Sports trainers and the law**

Although sports trainers are not registered or regulated health practitioners under Australian law, the role of the sports trainer is still subject to some legal restrictions. Therefore, sports trainers need to be familiar with their legal obligations.

There are some legal principles that all sports trainers should understand and be careful to comply with, including:

1. consent
   - informed consent
   - implied consent
2. duty of care
3. negligence
4. scope of practice
5. restricted practices.

**Consent**

The principle of consent recognises that all athletes have the right to accept or refuse treatment or assistance. There are two main types of consent sports trainers need to be aware of:

1. Informed consent – sometimes also known as actual consent or express consent. For informed consent, the athlete or the parent/guardian specifically gives the sports trainer permission to help or render assistance. To gain a proper informed consent, it is necessary to explain to the athlete the likely benefits of the suggested treatment or intervention, as well as the possible risks and the alternative options available to them.
2. Implied consent – consent not actually granted by the person but implied from their actions or silence. It is based on what a reasonable person would usually expect to be done in the circumstances. For example, in an emergency situation, an unconscious athlete’s consent to assistance is implied.

**Duty of care**

Duty of care describes the duty of all people to take reasonable care to act in a way that will not cause harm to a person under their care. It also includes the obligation to provide assistance, if possible, but does not oblige a person to provide assistance if doing so would at the same time put them at risk.

As part of their role to provide assistance and emergency care to athletes, a sports trainer usually has an implied duty of care to provide assistance as effectively as they can within the limitations of their scope of practice and without putting themselves at risk. As part of the their duty of care, once they have started to provide assistance the sports trainer should stay with the person requiring assistance until more qualified health care professionals arrive.

**Negligence**

Negligence as a legal concept usually refers to harm caused by carelessness or lack of skill rather than intentional harm. To establish whether an act was negligent, a court must first be satisfied that the defendant owed a duty of care to the complainant. If a duty of care was owed, then the court must decide:

- was harm foreseeable?
- what is the usual practice or standard of care?
- was it likely that harm would occur as a result of the action actually undertaken?

**Scope of practice**

Scope of practice refers to the role, responsibilities and range of tasks that are both legally and ethically appropriate for a sports trainer to undertake. The sports trainer’s scope of practice is determined by what they are legally allowed to do, their level of training and their ethical and contractual obligations. In other words, their scope of practice may vary according to the role they have been employed or contracted to undertake, but can never exceed those restricted under law. In addition, a sports trainer’s scope of practice is restricted to encompass only
skills they have acquired as a result of their training, and is further restricted to only those activities allowable under both the Sports Trainer Code of Ethics and their contract of service.

**Restricted practices**

Restricted practices are medical procedures or techniques that are specifically restricted by law. These techniques can only be used by registered health professionals who have authority under the law to do so, such as doctors, physiotherapists, podiatrists and the other health professions registered by the Australian Health Practitioner Regulation Agency. Examples of restricted practices that are illegal for sports trainers to undertake include surgical and dental procedures, prescription and supply of scheduled medications and spinal manipulation or adjustments.

If sports trainers perform, or attempt to perform, any restricted practices limited to registered health professionals, they may have legal action taken against them, including prosecution. Their sports trainer accreditation with SMA may also be cancelled.

**Insurance**

Sports trainers should ensure that they have appropriate professional indemnity insurance coverage. Sometimes, they may be covered by insurance held by the sports club or organisation they are working for, especially if they are working as volunteers. Some sports insurance policies specifically do not cover medical procedures and, accordingly, will not include work done by sports trainers; others do not cover people working for remuneration.

Therefore, it is recommended that sports trainers consider obtaining appropriate personal professional indemnity insurance, especially if they are working for more than one club or sporting organisation.

**Safety, health and wellbeing**

Sporting environments can potentially include hazards and conditions that, although unusual and unlikely, can lead to personal injury, illness or even death. These hazards can pose a significant risk to the safety, health and wellbeing of athletes, officials, supporters and sports trainers.

The following sections examine some areas in which sports trainers can identify and minimise the risk of an accident or prevent an incident from occurring that may harm the sports trainer, the athletes, the spectators or others at sporting venues and events.

**Physical health and fitness**

It is essential that sports trainers maintain a reasonable level of physical fitness as the work that many of them undertake can be physically demanding, especially in an emergency. Regular physical exercise and an appropriate diet help sports trainers to not only avoid injury and illness but may also improve their ability to provide assistance to others. Sports trainers should consider consulting an appropriate health professional, such as an exercise physiologist, physiotherapist, certified fitness instructor or personal trainer, for advice on a suitable exercise program for their personal circumstances to maximise their personal fitness.

Sports trainers should also be role models for positive physical health and fitness. Sports trainers are in a position to positively model appropriate behaviour with regard to exercise and diet, as well as drug, alcohol and tobacco use, to the athletes under their care.

![Figure 1.2 Physical health and fitness is important for sports trainers](image)

**Sun protection**

Working outdoors for an extended time often exposes sports trainers to long periods of ultraviolet (UV) radiation. Exposure to UV radiation is a major cause of sunburn, premature skin ageing, cataracts and several forms of skin cancer.

![Figure 1.3 Sun protection is important for sports trainers and athletes](image)
Sports trainers can prevent damage to themselves and their athletes by adhering to the following guidelines:

- Limit exposure to the sun, especially during the hottest parts of the day, or when the sun is at its highest, which is usually between 10 a.m. and 3 p.m.
- Wear sun protective clothing, such as collared long-sleeve shirts, hats or sun visors and eye protection.
- Wear high sun protection factor (SPF) sunscreens (SPF 30+ or higher). Ensure that sunscreen is applied to all sun-exposed skin.
- Provide shelter or shade for break periods in play and provide constant shade for officials, coaches and non-active athletes where possible.

Obstructed, slippery or untidy working areas

The working area or medical room and areas set aside for athletes should be kept clean and free of clutter. Obstructions, tripping hazards and slippery surfaces can create injury hazards to all present. Untidy working areas may also make it harder to locate important equipment promptly and prevent a quick and appropriate response to an emergency.

Serviceability of and faulty sports medicine equipment and incorrect storage

Missing, damaged or faulty sports medicine equipment can potentially put an athlete’s life in danger. Regular stocktakings and inspection of equipment prior to providing sports training services is an important part of the sports trainers’ role.

The sports trainer should ensure that:

- all equipment is regularly tested for condition and serviceability (e.g. stretchers and treatment tables)
- faulty equipment is marked clearly as ‘NOT FOR USE’ or discarded immediately
- use-by dates of consumables are routinely checked and out-of-date stock discarded
- the packaging of stock is regularly checked for intact seals and sterility
- equipment is stored safely and appropriately considering its weight (e.g. heavy equipment is stored closer to the ground)
- equipment and consumables are stored appropriately according to their frequency of use (e.g. protective gloves should be readily visible and accessible)
- infectious material is discarded according to biohazard regulations.

Relationships with other health care professionals

As a sports trainer, developing and maintaining relationships with other health care professionals is a vital part of your role in the management of athletes that you are assisting. Close liaison with health professionals is also a valuable opportunity to enhance your own continuing education.

Although sports trainers are often the first person in the sports medicine team to respond to a sports-related injury or illness, the sports trainer’s role is limited according to their scope of practice and skills. Sports trainers, therefore, need to have a clear understanding of their role as a member of the sports medicine team including, in particular, the need to refer athletes to more qualified health care professionals where this is appropriate. Sports trainers must also remember that it is inappropriate and unethical for them to attempt to provide a diagnosis for any injury or health condition. A diagnosis can only be established by a health professional.
Flow chart 1.1 outlines the role of the sports trainer from the time of injury to the time when the athlete is cleared to return to play.

As can be seen from the flow chart, the sports trainer plays a role in athlete injury management, both at the early stages of management and in the course of assisting with the rehabilitation process as directed by health care professionals in the period prior to the athlete returning to play. The following categories of health care professionals commonly form part of the sports medicine team that the sports trainer may be working or communicating with:

- doctors
- physiotherapists
- exercise and sport scientists
- psychologists
- dietitians
- podiatrists.

These health professionals may prescribe or suggest treatments or programs to the athlete, and the sports trainer may be able to assist with implementing or supervising them. For this reason, it is useful for the sports trainer to have a basic understanding of medical terminology and protocols, although the health professional will usually specify exactly what should be done and when. Ensuring that the athlete complies fully with any professional advice is an important and valuable role of the sports trainer.

The sports trainer and professionalism

Athletes, officials and health care professionals will judge a sports trainer by the following attributes.

Professional conduct

Sports trainers should work within the parameters of the Sports Trainer Code of Ethics (discussed later in this chapter) and never operate outside of their scope of practice. Always display an ‘athlete first’ philosophy and make the athlete’s health, safety and wellbeing the first priority.

Dress and presentation

Ensure your dress and presentation are of a high standard and maintain the highest standard of personal hygiene and personal health. The dress, presentation and conduct of sports trainers all reinforce their ability to perform their duties.

Ideally, the uniform should be sufficiently visible and recognisable so that the sports trainer can be easily identified, especially in the event of an emergency. For sports that do not specify or require a particular uniform, SMA accredited sports trainers are entitled and encouraged to wear the SMA approved uniform with the SMA logo.

Communication skills

All forms of documentation should be thorough, legible and able to be understood by the athlete and other health care professionals. Verbal communication should be clear, concise and non-threatening. When responding to an emergency or other incident, a sports trainer’s capacity to remain calm and communicate clearly will assist the athlete in distress and improve the sports trainer’s ability to make and implement decisions effectively.

Hand signals and other non-verbal communication

It is important to know how to communicate non-verbally with other medical staff during emergencies. This is particularly important in situations where noise or distance prevents verbal communication. To achieve effective communication in these circumstances, sports trainers and other health professionals may use a variety of hand signals to signal their intentions or request additional assistance.

It is important to remember that hand signals are not necessarily the same in all sports or even among all clubs, so the sports trainer must ensure that any...
hand signals to be used are understood by those to whom they are directed. Examples of hand signals that may be used are shown in Figures 1.6 to 1.12.

**ASSISTANCE REQUIRED**

Figure 1.6 Assistance required signal – hand left (a) and right (b) over head

**UNCONSCIOUS ATHLETE**

Figure 1.7 Unconscious athlete signal – hand up (a) and down (b) across face

**ATHLETE NOT BREATHING**

Figure 1.8 Athlete not breathing signal – hand left (a) and right (b) across mouth

**SUSPECTED SPINAL INJURY**

Figure 1.9 Suspected spinal injury signal

**STRETCHER REQUIRED**

Figure 1.10 Stretcher required signal

**ADDITIONAL FIRST AID SUPPLIES REQUIRED**

Figure 1.11 First aid supplies required signal
Sports trainer continuing education and development

Sports medicine is an ever-changing field. As new scientific and medical research is undertaken, changes in medical knowledge and practices continue to evolve and improve. These changes require that sports trainers continually seek to update their knowledge and skills in line with current standards and best practice. Continuing education also allows sports trainers to learn new techniques and further expand their skills.

Some of the continuing education options available to sports trainers are:
- SMA Level 2 Sports Trainer accreditation
- Certificate III Sports Trainer qualification
- advanced first aid and emergency care certification
- annual re-accreditation of resuscitation qualifications
- three-year re-accreditation of sports trainer and sports first aid qualifications
- SMA Safer Sport Program Short Courses
- SMA sports trainer conferences
- SMA education seminars
- The Australian Conference of Science and Medicine in Sport.

As sports trainers need to effectively manage their time to balance the differing tasks required of them and also need to communicate effectively with athletes, coaches, health professionals and others, development of both time management and communication skills is also valuable.

Sports trainer equipment

The quantity and type of equipment required for a sports trainer will be determined largely by:
- the sports trainer’s designated role within the team
- specific equipment requirements of the sport
- the level of competition
- the budget.

However, a sports trainer should carry a few essential items at all times in a hip pack that contains the following items as a minimum:
- resuscitation mask
- protective gloves
- sterile gauze
- sterile gauze bandages
- triangular bandage.

The sports trainer should also have access to:
- comprehensive first aid supplies that are regularly restocked and maintained (see Appendix A for suggested minimum contents)
- ice or ice packs
- access to a telephone or mobile phone and a list of emergency telephone numbers
- notebook, documentation forms and several pens.

A copy of the latest edition of *Sports Medicine for Sports Trainers* should also be carried.

Documentation for sports trainers

Sports trainers must make a record of all medical encounters they have with an athlete. Correct documentation of all medical encounters provides legal protection for the sports trainer, the athlete and the sport, and can be important in the event of an insurance or compensation claim by an athlete.
In all Australian states and territories, written documentation and reporting of injuries is mandatory under workplace health and safety laws. This is especially relevant for sports trainers who are working with professional athletes as this type of legislation specifically applies to them.

All sports trainer documentation must:
- be accurate and legible
- be written in black ink, with any corrections marked and signed for
- be signed and dated by the sports trainer
- be stored in accordance with regulatory policy as determined by national or state/territory legislation and the rules or requirements of the sporting organisation or club.

An important piece of legislation relating to the collection and storage of medically related information is the Privacy Act. This establishes the Australian National Privacy Principles encompassing rules on the collection, use and storage of information, including medical records. Information about and explanations of the National Privacy Principles can be found on the Office of the Australian Information Commissioner website (www.privacy.gov.au).

**Injury report form**

It is important for the sports trainer to keep clear and accurate records of all sports-related injuries and medical conditions being managed, whether emergencies or minor incidents, regardless of how serious a sports trainer perceives the incident to be at the time.

**WHY USE AN INJURY REPORT FORM?**

Injury report forms provide a record of the sports trainer’s observations, assessment and management of a particular injury. Injury report forms are for:
- the sports trainer’s records
- the club’s records
- the provision of referral information to health care professionals
- legal purposes – accurate and complete records are essential should legal action be taken against the sports trainer or the club.

SMA injury report forms also ensure that key steps in the appropriate management regimen of injured athletes are not accidently omitted, as well as providing a national standard of care to which all SMA accredited sports trainers are expected to conform.

Injury report forms are also an important part of sports injury prevention as they can be used to identify injury trends or patterns within teams, clubs or sports that can help to identify likely contributory factors. Correcting these contributory factors can reduce the likely incidence of future injuries. Injury report forms are available on the SMA website (www.sma.org.au). There is also an injury report form in Appendix C.

**Athlete medical profile forms**

It is important for the sports trainer to have an accurate medical profile form on file for every athlete that is completed during the pre-season and updated at least yearly. It should include information about current and previous medical conditions and injuries.

**WHY USE A MEDICAL PROFILE FORM?**

Medical profile forms (see Appendix D) allow the sports trainer to be aware of any specific conditions an athlete has and to thereby be prepared should an emergency arise. The forms also ensure the sports trainer has emergency contact details for every athlete under their care.

Any information gathered by the sports trainer regarding an athlete, including their medical history or injuries, is privileged information. This information must be used with discretion and must preserve the privacy and rights of the athlete as well as meeting the needs of the club. In accordance with the National Privacy Principles, the athlete must always be told why the information is being collected and that they have the right to access that information. Any data collected must be protected from misuse and loss, and from unauthorised modification.

Occasionally, the sports trainer may experience a conflict of interest, such as if they are asked to reveal information to the employing club, coach or other official about an injury or illness and its effect on the athlete’s ability to compete. The sports trainer must have the athlete’s permission before revealing any such information to a third party.

**Equity issues in sport**

A sports trainer is required to provide and promote an equitable competition environment within their sporting team/event. An understanding of harassment, discrimination and child abuse is expected of sports trainers so they may understand the detrimental effect these issues have on athlete health and wellbeing.

*Harassment* consists of offensive, abusive, belittling or threatening behaviour directed at a person or persons. To qualify as harassment, the behaviour must be unwelcome and the sort of behaviour a reasonable person would recognise as unwelcome.

*Discrimination* involves making choices about how we treat other people. Those choices can be made using real and relevant information or they can be based on prejudice, stereotypes and bias. Some
discrimination, such as sexual harassment and racial discrimination, is unlawful. Other discrimination is not unlawful but it may still be unwelcome or inappropriate, such as when a coach shows favouritism towards their own child over other players. All such discrimination is undesirable if it leads to unfair treatment of players, members and other participants in recreation and sport.

What is fair discrimination?
Fair discrimination is based on actual individual differences in capability or suitability. For example, fair discrimination practices should be applied to sporting team selection. To arrive at the best possible team, coaches and selectors must discriminate between the available players to decide who will be in the starting team and what positions they will play. In junior and sub-junior sport, coaches and selectors also have an additional responsibility to ensure fair participation. Their selection choices should be based upon relevant criteria, such as ability, attitude, effort and attendance at practice, which are all fair and legitimate criteria to apply to team selection.

What is unlawful discrimination?
Equal opportunity laws require that all people should be treated equally and not discriminated against because of:
- race
- age
- gender
- religion
- marital status
- sexuality
- disability
- pregnancy.

However, some of these factors, including age, gender and whether a person has a disability, can have significant effects on sporting ability. To take these differences into account, and to ensure there is fair competition, it is allowable and appropriate for teams to be organised into groups, such as age groups or sometimes single-sex groups.

Child abuse in sport
Child abuse can occur through someone doing something harmful to a child or young person, or by not providing for or protecting a child or young person. Child abuse can cause long-lasting emotional, physical and behavioural damage.

The four main types of child abuse are set out below.

1. Sexual abuse/sexual misconduct: any sexual act or sexual threat imposed on a child or young person, including suggestive behaviour and inappropriate touching. For example, a coach holding their arms longer than necessary around a participant to teach a golf swing or tennis serve, or watching an athlete change or shower.

2. Physical abuse: non-accidental injury and/or harm to a child or young person caused by a parent, caregiver or another person, including other children. Examples include hitting or physically punishing a young person for losing an event, pushing or shoving them or throwing equipment at them.

3. Emotional abuse: includes any behaviour that may emotionally or psychologically harm a child or young person, including verbal abuse, threats, bullying, harassment or excessive and unreasonable demands. Examples include continual yelling or name-calling, belittling children verbally, racial vilification or encouraging violent behaviour at training or at the game.

4. Neglect: occurs where a child or young person is at risk of harm or is harmed by the failure to provide them with the basic physical and emotional necessities of life. In sport, neglect can include keeping a child on the field who has sustained an injury to improve the chance of winning the game or discouraging children from drinking water before a competition as it may add weight and compromise a weigh-in.

‘Play by the Rules’ is a partnership between the Australian Sports Commission and all state/territory sport and recreation and anti-discrimination agencies and provides further information and online learning on how to prevent and deal with discrimination, harassment and child abuse in the sport and recreation industry (see www.playbytherules.com.au).
Sports trainer code of ethics

All SMA accredited sports trainers agree to operate in accordance with the SMA Sports Trainer Code of Ethics. This code describes best practice policy for all sports trainers.

Sports trainers must agree to, and operate in accordance with, the code’s three key principles:

1. It is the primary role of sports trainers to apply their knowledge and skills to help make sport and recreation safer. This is achieved by implementing appropriate injury prevention regimes; in the case of injury, it is achieved by applying appropriate initial management procedures and by referring injuries, as necessary, to a more qualified health professional for further advice and management.

2. The sports trainer must clearly understand their defined roles and responsibilities and has a moral responsibility to work within the limits of their qualifications and, hence, not assume roles outside of those predetermined ones. In keeping within the limits of their qualifications, the sports trainer must, if appropriate, refer injuries to a more qualified health professional.

3. Sports trainers are trained to provide definite skills and knowledge (as outlined in their roles and responsibilities) to sports clubs/sporting events, and it is acceptable to receive remuneration for their time and involvement with that club/event. However, it is clearly inappropriate, and outside of the role for which the sports trainer has been educated, for a sports trainer to offer themselves as a primary health care practitioner and charge on a fee-for-service basis.

If a sports trainer is found to be acting outside of the above guidelines, they will be investigated by the SMA and may have their certification/accreditation revoked.