



***AMERICAN CHIROPRACTIC
BOARD OF
SPORTS PHYSICIANS™***

CERTIFIED CHIROPRACTIC SPORTS PHYSICIAN®
(CCSP®)

CANDIDATE HANDBOOK

TABLE OF CONTENTS

INFORMATION AND INSTRUCTIONS

INTRODUCTION	3
ELIGIBILITY	3-4
FEES	4
CANCELLATION/REFUND POLICY	4
NAME/ADDRESS CHANGE	4
APPLICATION PROCEDURE	4-5
SPECIAL NEEDS APPLICANTS	5
PREPARING FOR EXAM	5
RESPONSIBILITIES TO APPLICANTS	6
EXAMINATION DESCRIPTION	6-7
EXAM ADMINISTRATION REGULATIONS/PROCEDURES	7-8
TERMINATION OF EXAM ADMINISTRATION	8-9
CANCELLATION OF SCORES	9-10
REPORTING OF SCORES	10
REWRITING FAILED EXAMINATION	10
HAND GRADING	10-11
APPEALS PROCEDURES	11-19
EXAMINATION CONSTRUCTION	19-20
TEST GRADING	20-21
CPR POLICY	22
CCSP PROGRAM CONTENT GUIDELINES	23-30
CCSP TEST PLAN	31
CCSP RECOMMENDED READING LIST	32-33
CODE OF ETHICS	34-37
POSITION PAPER: PRE-PARTICIPATION PHYSICAL EXAM	38-40
POSITION PAPER: WEIGHT LOSS IN WRESTLING	41-47
INTER-ASSOCIATION TASK FORCE FOR APPROPRIATE CARE OF THE SPINE CONSENSUS STATEMENT	48-49
BLOODBORNE PATHOGENS OPINION STATEMENT	50-55
RECERTIFICATION & CONTINUING EDUCATION POLICY	57-64
RECORDS AND FILE RETENTION POLICY	64-67

FORMS INCLUDED IN THIS HANDBOOK

SPECIAL NEEDS APPLICATION	56
EXAMINATION APPLICATION	68-69

AMERICAN CHIROPRACTIC BOARD OF SPORTS PHYSICIANS™ CCSP® CANDIDATE HANDBOOK

The American Chiropractic Board of Sports Physicians™ (ACBSP™) is a private, non-profit, professional credentialing organization which sponsors both the Certified Chiropractic Sports Physician® (CCSP®) and the Diplomate American Chiropractic Board of Sports Physicians® (DACBSP®) Certification Programs, including the CCSP and the DACBSP Certification Examinations. The purpose and goal of the ACBSP Certification Program is the development, maintenance, evaluation, promotion, and administration of thorough, rigorous, examination-based, professional credentialing programs in the field of chiropractic sports medicine. The ACBSP Certification Program is designed to assess and objectively measure the professional knowledge and competency of chiropractic doctors, physicians, and practitioners engaged in the specialty of chiropractic sports medicine.

In order to become certified as a Certified Chiropractic Sports Physician (CCSP), each candidate must satisfy all educational eligibility requirements established by the ACBSP Board, and must demonstrate an acceptable and appropriate level of understanding and knowledge in all subject areas tested by the CCSP Certification Examination. Any individual seeking Diplomate certification must satisfy all CCSP certification requirements, successfully complete the written and the practical examinations, and fulfill all educational, experiential, and written requirements established by the ACBSP for DACBSP certification. *For more information regarding the DACBSP requirements please request a DACBSP Candidate Handbook.* All individuals certified by the ACBSP Certification Program must also demonstrate an ongoing professional commitment to the field of chiropractic sports medicine.

ACBSP Certification Program requirements and eligibility standards are applied fairly, impartially, and consistent with applicable laws. The ACBSP Certification Program will not discriminate against any candidate on the basis of an unlawful reason, and will grant the candidate certification without regard to a candidate's membership or non-membership in any organization, association or other group.

It is the policy of the ACBSP to work affirmatively to ensure that all persons, regardless of race, color, creed, national origin, sex, religion, marital status, age, handicap status or reliance on public assistance, political opinion or affiliation, or military service will be treated fairly and equally in employment or program participation, including certification and recertification.

Eligibility:

1. The applicant must hold the degree of Doctor of Chiropractic from a CCE accredited college.
2. The applicant must show evidence of having successfully completed a post graduate program from a CCE accredited college in a Sports Injury and Physical Fitness curriculum of at least 100 credit hours for the CCSP certification and an additional 200 hours for the DACBSP certification. The chiropractic college from which the applicant has completed his/her course of study must certify to the ACBSP that the applicant has satisfactorily completed the appropriate hours of postgraduate instruction.
3. A doctor of chiropractic, who possesses a current Athletic Trainer (ATC) Certification and can provide documentation of such, is not required to

- complete the 100 hours of postgraduate education in Sports Injuries and Physical Fitness to be eligible to sit for the CCSP examination.
4. The applicant must possess a license to practice chiropractic and be in good standing with the respective state licensing/registration agency.
 5. The candidate must submit an application on a form specified by the ACBSP within the ACBSP's designated deadline (45 days prior to examination).

Fees:

Examination fees will apply as follows:

CCSP: First time - \$350 Retake - \$300

Examination fees can be paid by money order, cashiers check or personal check made payable to the **ACBSP**; or Visa or MasterCard are accepted. These fees **must** accompany the application form.

Cancellation/Refund Policy:

\$50.00 of the examination fee is non-refundable. Without documented medical emergency, no refund will be made unless a written notice of withdrawal is received at least two weeks prior to the exam date. Individuals filing withdrawal notices received 14-28 days prior to the exam will receive a 50% refund.

Application forms and fees from one examination may be carried over or transferred to another examination. Applicants must submit a letter of intent when applying for an examination at a later date.

Name or Address Change:

The ACBSP requests that it be notified promptly in case of a change of name or address.

In the case of name change, examinees must send to the ACBSP office, a copy of the certificate of marriage or court order of name change before ACBSP records can be entered under a new name. Examinees should be sure to use their original name on the application and correspondence, if they have not yet changed their name officially with the ACBSP.

Application Procedures:

An application for all ACBSP examinations is included at the end of this handbook. Candidates may also obtain an application from the ACBSP website at www.acbsp.com or from the ACBSP National Office at:

ACBSP
103 South 6th Street
Estherville, IA 51334-2360
Or by telephone: (712) 362-8860
Or by fax: (712) 362-8609
Or by e-mail: acbsp@myclearwave.net

When submitting an ACBSP examination application, applicants must observe and obey deadlines:

1. *Application Deadline:* The completed, signed application form, exam fee and supporting documents must be received by the ACBSP no later than 45 days prior to the examination date. Applications received after this date WILL NOT BE ACCEPTED UNDER ANY CIRCUMSTANCE.
2. *Cancellation Deadline:* In order to be eligible for a partial refund, written cancellation notice is required no later than 14 days before the test date.
3. *Specific Needs Application Deadline:* Those candidates requiring special accommodations must send a request for such (see form in this handbook) within 90 days prior to the test date.

Applicants are also cautioned to read and follow instructions noted on the application form. Illegible information or improperly completed forms can prevent the processing of an application. *NOTE: Examinee registration requires the submission of properly completed application with appropriate fees. Any improperly completed application, or one without fees, will be returned. The properly completed application must then be resubmitted and postmarked by the application deadline.*

The ACBSP accepts no responsibility for misdirected mail because of illegible address, post office error or failure to promptly notify the ACBSP of address change.

Applicants are encouraged to keep a photocopy of their application for their records in the event that a question may arise.

Approximately 4-5 weeks before the date of the examination administration, the ACBSP's examination service will mail the applicant an admission slip that specifies the test site. This slip, along with a picture ID and a current *professional* level CPR certification card is required for admittance into the testing area. The CPR card must be the original, no photocopies are accepted.

Special Needs Applicants:

The ACBSP will give consideration to applicants requiring special testing arrangements because of a handicap or religious convictions. In order to be eligible, applicants must indicate to the ACBSP that they are requesting special testing arrangements. Applicants must additionally submit an ACBSP Special Needs Application, along with the required substantiating documentation, in accordance with the deadlines. A Special Needs application is included in this manual. The ACBSP reserves the right to review each request and evaluate it on its own individual merits. Additional fees may be assessed to cover necessary special arrangements.

Preparing for the ACBSP Examination:

Candidates for the examination should remember that the purpose of the ACBSP is to conduct certification activities in a manner that upholds standards for competent practice in the health care specialty of Certified Chiropractic Sports Physicians. Postgraduate CCSP programs are the foundation for ACBSP examination preparation. Candidates are encouraged to discuss the rigors of the examination with other certificants, as well as with their course professors and instructors. Individuals are encouraged to take review courses when available. The ACBSP does not conduct or sponsor review courses. Candidates for examination should realize that there are no trick questions or questions in areas that are not specific to the practice of a CCSP.

Responsibilities to Applicants for Certification or Recertification:

1. The ACBSP complies with all requirements of applicable federal and state laws (e.g. Americans with Disabilities Act of 1990) with respect to all certification and recertification activities and requires compliance of all contractors and/or providers of services for the certification and recertification programs.
2. The ACBSP provides competently proctored examination sites at least twice annually.
3. The ACBSP shall not accept alternatives to the criteria set forth as required for initial certification. Specifically, the clinical degree and license to practice are essential under the law and cannot be subsumed by any amount of alternative experience. The one hundred (100) hours of study in sports injuries and physical fitness; or the possession of an Athletic Trainer (ATC) Certification must be completed. To alter this requirement might serve to jeopardize the consumer of quality assured services.
4. The ACBSP, in notification of examination results, provides failing applicants with information on general content areas of deficiency.
5. The ACBSP assures that each applicant's examination results are held confidential. However, the ACBSP will update the public listing of active certificants within three months after each examination so that the consumer may make informed choices about providers according to certification status.
6. The ACBSP publishes, on their website, a current list of those persons certified including their name, certification designation, office address, telephone number and e-mail address. This listing is to assist the public and other certificants in making referrals to certified clinicians and choice of accredited providers. No other information shall be made public.
7. The ACBSP disciplines certificants for conduct deemed harmful to the public or inappropriate to the discipline. Any disciplinary action may be contested through the Ethics or Appeals Procedures.

Examination Description:

1. The examination is prepared and scored by an examination service, and administered by the ACBSP.
2. It is written in a multiple choice format, consisting of approximately 225 questions.
3. Please note that only one response should be marked for each item; items that contain two or more marked responses (or no responses) receive no credit.
4. The examination consists of 4 hours of actual testing, with the entire administration taking approximately 5 hours.
5. Individual test questions are selected on an objective, national basis by a test committee composed of the ACBSP, the chiropractic college postgraduate faculty and chiropractic practitioners. Each test question appearing on the examination undergoes extensive review, both before and after the administration.
6. The ACBSP offers two official testing dates per year. The examination may be administered in more than one location simultaneously on those test dates. Determination of test sites is based upon applicant distribution and administrative considerations.
7. Upcoming test dates will be posted on the ACBSP website, www.acbsp.com or are available by contacting the ACBSP Associate Director.

8. The ACBSP reserves the right to relocate and/or cancel an examination administration at one or more test sites for any legitimate reason due to circumstances beyond its control.

General Exam Administration Regulations and Procedures:

1. The examination will be given on the day and at the time scheduled.
2. Candidates will be assigned a seat.
3. Testing aids and materials are not permitted at the test center. These prohibited materials include, but are not limited to, the following: pens; pagers; beepers; calculators; watch calculators; books; pamphlets; notes; rulers; highlighter pens; stereos or radios with headphones; telephones; cell phones; watch alarms (including those with flashing lights or alarm sounds); stop watches; dictionaries; translators; and any electronic or photographic devices.
4. Candidates may not eat, drink, or use tobacco during testing time.
5. Candidates should dress in such a way that they can adapt to any room temperature.
6. While the test session is in progress or during breaks, candidates may not communicate with anyone other than test center staff concerning the examination.
7. Candidates will not be permitted to leave the test center vicinity during the examination administration session or during breaks.
8. During the test session or during breaks, access to telephones and personal items, such as a cell phone, briefcase, or study materials, will not be permitted.
9. Candidates may not remove, reproduce, and/or disclose test questions or any part of a test by any means (e.g., hard copy, verbally, electronically) to any person or entity.
10. Candidates must report to the test center at least 15 minutes before their scheduled appointment for check-in procedures. If they arrive late, they may not be admitted and their fee will not be refunded.
11. Candidates will be asked to complete a confidentiality statement at the test center. If they do not sign the statement, they cannot sit for the exam, and their fees will NOT be refunded.
12. Other than personal identification, personal items are not allowed in the testing room. Candidates may not have access to any personal items during the test session or during breaks.
13. Test centers do not have large waiting areas. Friends or relative who accompany a candidate to the test center will not be permitted to wait in the test center or be in contact with the candidate while they are taking the test.
14. Exam administration sessions begin at sign-in, end at sign-out, and include breaks. Candidates will be required to sign the test center log before and after the test session and any time they leave or enter the testing room.
15. The test center administrator may provide the candidates with scratch paper that may be replaced as needed during testing. They may not take their own scratch paper to the test, nor may they remove scratch paper from the testing room at any time.
16. If a candidate needs to leave their seat at any time, they must raise their hand and request permission. When granted, the timing of the test will not stop. The candidate must have the administrator's permission to leave the room during the test. Any time lost during an unscheduled break cannot be made up.
17. Repeated unscheduled breaks will be documented and reported to the ACBSP.

18. If at any time during the exam administration a candidate has a problem, or for any reason they need the test center administrator, they must raise their hand.

In rare instances, unanticipated problems may require late starts and/or rescheduling of an examination. The ACBSP is not responsible or liable for any inconvenience, expenses, or other personal damages incurred by examinees because of a late start, rescheduled test, or delay in the reporting of scores.

Termination of Examination Administration/Grounds for Dismissal:

The test center administrator/supervisor or proctor is authorized to dismiss a candidate from an examination administration, and the ACBSP may cancel their scores, or take other appropriate action, where there is a reasonable basis for concluding that the candidate has engaged in any of the following conduct:

1. Using or attempting to use someone else to take the test.
2. Failing to provide acceptable personal identification.
3. Having access to, or using, notes or any prohibited aid related to the test.
4. Creating a disturbance (disruptive behavior in any form will not be tolerated; the test administrator/supervisor has sole discretion in determining whether specific conduct constitutes disruptive behavior).
5. Communicating, in any manner, with another person other than the test administrator/supervisor or proctor, about the test during the administration, including attempting to give or receive assistance.
6. Attempting to remove scratch paper from the testing room.
7. Exceeding time permitted for a scheduled break.
8. Working on any part of the test or marking the answer sheet after time has been called.
9. Eating or drinking in the testing room.
10. Leaving the testing room or test center vicinity without permission.
11. Removing or attempting to remove, examination related materials, or portion of a test in any format from the testing room.
12. Engaging in any dishonest or unethical conduct, such as cheating.
13. Failing to follow any other examination administration regulations: set forth in ACBSP policies; given by the test administrator/supervisor; or specified in any examination materials.

The CCSP and DACBSP Certification Examinations are confidential, and contain copyrighted material. All test materials, including test books and answer documents, are the sole property of the ACBSP and must be returned to the test supervisor after each administration. No portion of such materials may be retained by examinees.

The ACBSP reserves the right to take all action including, but not limited to, barring a candidate from future testing and/or canceling their scores for failure to comply with the test administrator/supervisor's directions. If a candidate's scores are canceled, they will be notified of such action and its basis, and their examination fees will not be refunded.

Although tests are administered under strict supervision and security measures, examination irregularities may sometimes occur. Candidates are required to contact the ACBSP as soon as possible to report any observed behavior that may lead to an invalid score – for example, someone copying from another test taker, taking a test

for someone else, having access to test questions before the exam, or using notes or unauthorized aids. All information will be held in confidence.

Cancellation of Scores by the ACBSP:

Test Security Issues. The ACBSP strives to report scores that accurately reflect the performance of every testing candidate. Accordingly, the ACBSP's standards and procedures for administering exams have two primary goals: giving candidates a fair and secure opportunity to demonstrate their abilities; and preventing some candidates from gaining an unfair advantage over others.

To promote these objectives, the ACBSP reserves the right to cancel any examination scores under the following circumstances, as determined by the ACBSP: **(1) examination administration irregularity; (2) discrepancy in candidate personal identification; (3) candidate misconduct; or (4) invalid scores.** Reviews of scores by the ACBSP are confidential.

1. Examination Administration Irregularities. "Examination administration irregularities" refers to problems with the administration of an exam. When examination administration irregularities occur, they may affect an individual or groups of test takers. Such problems include, without limitation, administrative errors (such as improper timing, improper seating, defective materials, and defective equipment); improper access to test content; and other disruptions of exam administrations (including, but not limited to, natural disasters and other emergencies). When examination administration irregularities occur, the ACBSP may decline to score the exam, or may cancel the examination scores. When deemed appropriate, the ACBSP may give affected candidates the opportunity to take the exam again as soon as possible without charge.
2. Personal Identification Discrepancies. When, in the ACBSP's judgment or the judgment of the test center personnel, there is a discrepancy in a candidate's personal identification, the candidate may be dismissed from the test center; in addition, the ACBSP may decline to score the exam, or may cancel the test scores.
3. Candidate Misconduct. When, in the ACBSP's judgment or the judgment of the test center personnel, there is misconduct in connection with an exam or test administration, the candidate may be dismissed from the test center. Additionally, the ACBSP may decline to score the exam, or may cancel the test scores. Misconduct means a failure to comply with the requirements, procedures, and regulations described in ACBSP policies. Misconduct also includes access to secure test questions prior to the exam administration.
4. Invalid Scores. The ACBSP may also cancel scores if, in its judgment, there is substantial evidence that they are invalid for any reason. Evidence of invalid scores may include, but is not limited to, the following: discrepancies with regard to a candidate's handwriting; unusual answer patterns; and inconsistent performance on different parts of the examination. Before canceling scores pursuant to this paragraph, the ACBSP will: notify the candidate in writing explaining its concerns; provide the candidate with an opportunity to submit information that addresses the concerns explained in such notice; consider any such information submitted by the candidate; and offer the candidate a choice of options. The options may include voluntary

score cancellation, a free retest, or arbitration in accordance with ACBSP policies.

Reporting of Scores:

1. A passing grade shall be determined by appropriate psychometric standard deviation.
2. Exam results will be mailed directly to all candidates approximately 8-10 weeks after the administration of the examination. Scores will NOT be reported over the telephone. Telephone calls requesting score information or special handling only delay processing.
3. After successfully completing the certification examination, a certificate will be issued approximately 4-6 weeks after receipt of the test scores.

Rewriting Failed Examination:

1. Failed candidates are eligible to sit for a re-examination at a subsequent test by reapplying.
2. The examination may be taken a maximum of 3 times before additional educational hours are required. At that time, the additional educational hours of postgraduate study in sports injury must be taken and proof of such hours must be submitted to the ACBSP in writing from an accredited chiropractic college. Such educational hours should be in those areas determined as deficient on the failing doctor's previous examination(s).
3. Candidates must successfully complete the written examination 3 years from the date of completion of the CCSP program.

Hand Grading:

The ACBSP, in conjunction with their professional examination service, conducts extensive post examination analyses to ensure that reported scores are accurate. Included in these analyses is a comparison of the scores obtained in samples of answer sheets that have been both mechanically scored and scored by hand. Also, all unsuccessful written examination scores found to be at or near the cut score are hand scored. Thus, it is extremely doubtful that any examination score will be changed from "fail" to "pass" if rescored manually. For this reason, the ACBSP does not encourage examinees to request hand grading for verification of their scores. However, in the event that an applicant feels that an error in scoring may have occurred, the ACBSP will honor a request for hand grading. Such a request must be submitted in writing and because there are expenses involved with regrading a written or practical examination (and is the responsibility of the doctor requesting the regrading) must be accompanied by the currently applicable fee. **Requests for hand grading must be postmarked within 30 days after scores are released to examinees.** This written request should be sent by certified mail to the ACBSP office. The written request for review must contain the following information:

- a) Identity and signature of the candidate submitting the request.
- b) Reason the request is being made.
- c) The specific examination(s) the evaluation is to address.
- d) Those requesting review of a practical examination should indicate which station(s) they wish to have regraded.

Within forty-five (45) days of the receipt of a complete, properly written appeal and the proper fees, the candidate will be notified in writing of the results of their

regrading, regardless of the outcome. The fees for regrading are as follows:

Written Examination (DACBSP® or CCSP®):	\$50.00
Practical Examination (DACBSP®):	\$50.00 per station reviewed

Appeals Procedures:

CCSP or DACBSP certificants and candidates seeking certification or recertification agree that: these procedures are a fair process for resolving certification complaint or appeal matters; they will be bound by decisions made pursuant to these procedures; these procedures are governed by the principles of the law of the State of Iowa; and, these procedures do not constitute a contract between the ACBSP Certification Program and the candidate or certificant.

General Provisions

1. **Nature of the Process.** The ACBSP Certification Program is directed, administered, and supervised by the ACBSP Board of Directors. All challenges regarding actions of and by the ACBSP Certification Program are governed by the comprehensive and exclusive rules contained in these procedures. This appeal process is the only way to resolve all ACBSP application, eligibility, examination, and other certification or recertification challenges, complaints and/or claims of irregularities.

Because these informal procedures are not legal proceedings, they are designed to operate without the assistance of attorneys. While a party may choose to be represented by an attorney, candidates and certificants are encouraged to communicate directly with the ACBSP Certification Program. If a party has retained an attorney, that lawyer will be directed to communicate with the ACBSP Certification Program through the ACBSP Legal Counsel.

2. **Participants.** The ACBSP Board Secretary, the Certification Appeals Committee, the ACBSP Board of Directors, and any other authorized representative of the ACBSP Certification Program may be involved in deciding matters to be resolved or arising under these procedures.
3. **Time Requirements.** The ACBSP Certification Program will make every effort to follow the time requirements noted in these appeal procedures. However, the ACBSP Certification Program's failure to meet a time requirement will not prohibit the handling or final resolution of any matter arising under these procedures. ACBSP candidates or certificants are required to comply with all time requirements specified in this document. Unless provided otherwise, time extensions or postponements may be granted by the ACBSP Certification Program if a timely, written request explaining a reasonable cause is submitted.
4. **Litigation/Other Proceedings.** The ACBSP Certification Program may accept and resolve a dispute arising under these proceedings when civil or criminal litigation, or other proceedings related to the dispute, are also before a court, regulatory agency, or professional body. The ACBSP Certification Program may also continue or delay the resolution of any appeal, complaint, or other matter.

5. Confidentiality. In order to protect the privacy of all parties involved in matters arising under these procedures, all material prepared by, or submitted to, the ACBSP Certification Program will be confidential. Disclosure of material prepared by, or submitted to, the ACBSP Certification Program is permitted only when specifically authorized by ACBSP Certification Program policy, the Board of Directors, the Certification Appeals Committee, or the Board Secretary. In addition, the identity of the members of the Certification Appeals Committee will remain confidential and will not be released without the specific authorization of each member.

Among other information, the ACBSP Certification Program will not consider the following materials and documents to be confidential:

- a. Published certification and eligibility criteria;
 - b. Records and materials which are disclosed as the result of a legal requirement;
 - c. Upon the written request of a candidate or certificant, any certification information concerning certification status or application materials which the candidate or certificant would like made available to other credentialing agencies, professional organizations, or similar bodies; and,
 - d. All final published decisions and orders of the Board of Directors, the Certification Appeals Committee, or the Board Secretary.
6. Failure to Disclose/Improper, False, or Misleading Representations. The ACBSP Board Secretary, at the direction of the Board of Directors, may temporarily or permanently prevent and bar an individual from being certified or recertified, or may issue any other appropriate directive(s), where an ACBSP candidate or certificant fails to disclose information related to certification or recertification requested by the ACBSP Certification Program, or where the candidate or certificant makes an improper, false or misleading representation to the ACBSP Certification Program.

Where a penalty, discipline, order, or other directive is issued by the ACBSP Certification Program under this Section, the candidate or certificant involved may seek review and appeal under these procedures.

7. Failure to Cooperate. Where a candidate or certificant fails or refuses to cooperate fully with the ACBSP Certification Program concerning matters arising under, or related to, these procedures, and it is determined that the lack of cooperation is without good cause, the Board of Directors, or other authorized representative, may penalize or discipline the individual. Among other penalties or disciplines, the Board may temporarily or permanently prevent and bar an individual from being certified or recertified, or may issue any other appropriate directive(s).

Where a penalty, discipline, order, or other directive is issued by the ACBSP Certification Program under this Section, the candidate or certificant involved may seek review and appeal under these procedures.

8. Following notice, and a reasonable opportunity to present a response to the Board of Directors, the ACBSP Board Secretary, at the direction of the Board of Directors, may temporarily or permanently prevent an individual from being certified or recertified, including the termination, suspension, or revocation of ACBSP certification, or may issue any other appropriate

directive(s), where the candidate or certificant was the subject of any complaint or similar matter relating to his/her professional activities as a chiropractic practitioner, or where the candidate or certificant is the subject of matters or proceedings involving criminal charges, lesser offenses, or similar matters regardless of: when the alleged violation occurred; and, whether the professional license of the candidate or certificant was in good standing at the time of the ACBSP decision or action. Where a penalty, discipline, order, or other directive is issued by the ACBSP Certification Program under this Section, the candidate or certificant involved may seek review and appeal under these procedures.

Certification Program Actions and Decisions Concerning the Certification Process

1. Certification Application Actions. Under the supervision of the Board Secretary or other authorized representative, the ACBSP Certification Program will make one of the following determinations and decisions with regard to a candidate's application for the ACBSP certification and examination eligibility: (a) accept the application; (b) request additional or supplemental information; or, (c) reject the application on the ground(s) that the candidate does not meet the necessary and specific certification eligibility requirements, or the candidate has violated, or acted contrary to, an ACBSP Certification Program policy or rule.
2. Certification Examination(s) Actions. The ACBSP Certification Program will notify each candidate whether he/she has achieved a passing or failing score on the CCSP or the DACBSP Certification Examination. Where a candidate acts contrary to ACBSP policies during the administration of the CCSP or the DACBSP Certification Examination(s), the candidate may be prevented from taking or completing the Examination(s).
3. Recertification Application Actions. The ACBSP Certification Program will make one of the following decisions with regard to a certificant's Recertification Application: (a) grant recertification; (b) conditionally accept the Recertification Application, pending satisfactory completion of all Certification Program requirements; (c) request additional information; or, (d) reject the application on the ground(s) that the certificant does not meet the necessary criteria for recertification, or the certificant has violated, or acted contrary to, an ACBSP Certification Program policy or rule.

Circumstances for Review or Appeal of an Adverse Certification Program Decision

1. Appeal Limitations. A candidate or certificant may submit an appeal of an adverse ACBSP Certification Program action, decision, or determination under the following circumstances where certification or recertification has been denied:
 - a. The candidate was found to be ineligible to take or complete the CCSP or the DACBSP Certification Examination(s);
 - b. The candidate did not pass and successfully complete the CCSP or the DACBSP Certification Examination(s); or,
 - c. The candidate or certificant failed to satisfy a CCSP or DACBSP certification or recertification requirement, including those requirements related to qualifications, education, and experience, or was otherwise ineligible for certification or recertification.

Initial Request for Review/Content and Time Period for Submitting a Request for Review to the ACBSP Board Secretary

A candidate or certificant may submit a written request for review of an adverse action or decision **within thirty (30) days** of the date of the action by notifying the Board Secretary in writing and stating with particularity the nature of the request and the specific facts and circumstances supporting the request, including all reasons why the action or decision should be changed or modified. The candidate or certificant must also provide accurate copies of all supporting documents. A request for review may be in letter or other clear written form, must identify the candidate or certificant, and must state that the document is a Request for Review by the Board Secretary.

Informal Review by the ACBSP Board Secretary

1. Board Secretary Actions. Upon receipt, and in the first instance, all requests for review will be considered informally by the ACBSP Board Secretary or other authorized ACBSP representative. Following review of the candidate's or certificant's appeal and request for review, the Board Secretary will acknowledge receipt of the request within thirty (30) days and may take one of the following actions:
 - a. Uphold or modify the adverse action or decision, or take other appropriate action, in writing with the approval of the Board of Directors; or,
 - b. Refer the matter to the Certification Appeals Committee for review and resolution as an appeal.
2. Referral of Request/First Appeal. In the event that a request for review is referred to the Certification Appeals Committee for resolution, the Board Secretary will provide the Certification Appeals Committee with all relevant materials, including the documents and materials submitted by the candidate or certificant.

First Appeal/Certification Appeals Committee

1. Circumstances and Limitations of First Appeal. Subject to the limitations below, in the following circumstances a first appeal will be heard and resolved by the Certification Appeals Committee where: the matter has been referred by the Board Secretary; or, a candidate or certificant is dissatisfied with the final informal review and action of the Board Secretary, and requests an appeal consistent with these procedures.

Only the following actions and decisions of the Board Secretary may be appealed by the candidate or certificant:

- a. The candidate was found to be ineligible to sit for the CCSP or the DACBSP Certification Examination(s);
- b. The candidate was barred or otherwise prohibited from taking or completing the CCSP or the DACBSP Certification Examination(s);
- c. The candidate's CCSP or the DACBSP Certification Examination(s) was re-scored and he/she has failed to pass the examination(s);
- d. The candidate was found to be ineligible for certification due to his/her failure to satisfy a certification requirement, including those requirements

- related to qualifications, education, and experience, or was otherwise ineligible for certification; or,
- e. The certificant was denied recertification based upon his/her Recertification Application or failure to satisfy one or more recertification requirements, or was otherwise ineligible for recertification.

Time Period for Submitting First Appeal

A candidate or certificant seeking to present a first appeal to the Certification Appeals Committee must submit a written appeal consistent with the requirements of these procedures to the ACBSP Certification Program within thirty (30) days of the date of the final action and decision of the Board Secretary. The time for filing the appeal may be enlarged by the Certification Appeals Committee upon written request by the candidate or certificant received at least fifteen (15) days prior to the appeal deadline.

Contents Of and Grounds for First Appeal

1. Required Information For First Appeal. In order for an appeal to be considered by the Certification Appeals Committee, the appeal submission must contain the following information:
 - a. The identity and signature of the individual candidate or certificant submitting the appeal;
 - b. All objections, corrections, and factual information the candidate or certificant believes to be relevant to the appeal;
 - c. The names, addresses, and telephone numbers of any persons with factual information relevant to the appeal, and a clear description of the factual information available from these persons; and,
 - d. Copies of any and all relevant documents, exhibits, or other information the candidate or certificant wants to submit in support of the appeal.
2. Grounds for First Appeal. In order for an appeal to be considered by the Certification Appeals Committee, the appeal submission must contain substantial information supporting at least one of the following grounds, and a detailed explanation of the reasons for the appeal:
 - a. The candidate's eligibility to sit for the CCSP or the DACBSP Certification Examination(s), or other eligibility for certification, was denied incorrectly;
 - b. The candidate's CCSP or DACBSP Certification Examination(s) was scored incorrectly, or was not credited with an appropriate response to particular questions, and as a direct result of the incorrect scoring the candidate is entitled to receive a passing score on the examination(s);
 - c. The candidate was barred or otherwise prohibited incorrectly from taking the CCSP or the DACBSP Certification Examination(s); or,
 - d. The certificant's Recertification Application was incorrectly rejected under the relevant recertification standards, and the certificant would have qualified for recertification if the correct standards had been applied, or the certificant was otherwise incorrectly found ineligible for recertification.

Requests for Hearing of First Appeal/In-Person, Telephone and Record Hearings

1. In-Person and Telephone Hearings. Within fifteen (15) days of submitting an appeal, a candidate or certificant may request, in writing, an informal in-

person or telephone hearing before the Certification Appeals Committee. Any request for an in-person or telephone hearing must contain the following information:

- a. If the candidate or certificant requests a hearing by telephone, the telephone number where the candidate or certificant can be reached on the day and at the time scheduled for the hearing;
 - b. If the candidate or certificant intends to appear at the hearing in-person with an attorney or other representative, the name, address, and telephone number of the attorney or representative; and,
 - c. If the candidate or certificant intends to present witnesses at the hearing, the names, addresses, and telephone numbers of the proposed witnesses, and a clear description and summary of the information to be offered by such witnesses.
2. Appeal Hearings on the Written Record. In the event that the candidate or certificant does not request an in-person or telephone hearing, the appeal will be resolved and decided based on the appropriate written record, as determined by the Certification Appeals Committee.

First Appeal Hearings

1. Certification Appeals Committee. The ACBSP Board of Directors will appoint authorized representatives of the Certification Program to serve as the Certification Appeals Committee to resolve each certification appeal.
2. Scheduling Of Appeal/Telephone and In-Person Hearings. Within forty-five (45) days of receipt of a complete, proper, and written appeal, the Certification Appeals Committee will schedule a date and time for consideration of the appeal, generally not later than one-hundred twenty (120) days after receipt of the appeal, and notify the candidate or certificant of the appeal date and time. Where the candidate or certificant has requested a telephone or in-person hearing, a designated member of the Certification Appeals Committee will convene, preside over, and conduct an appeal hearing.
3. Collection and Receipt of Information. The Certification Appeals Committee will conduct an informal hearing designed to collect and weigh all of the available proof and information. The Certification Appeals Committee will receive and consider all information appearing to be relevant to the subject matter of the hearing. No formal or legal rules of evidence and procedure will apply to appeal hearings. The candidate or certificant, or a legal representative, will be permitted to ask questions of witnesses at the discretion of the Certification Appeals Committee. Objections relating to relevance of information and other procedural issues will be decided by the Certification Appeals Committee, and these decisions are not subject to appeal.
4. Candidate/Certificant Presentations. The candidate or certificant may make an oral presentation at a hearing and will respond to questions asked by the Certification Appeals Committee.
5. Legal Counsel. ACBSP Legal Counsel may be present at an appeal hearing and may conduct the hearing with the Certification Appeals Committee. Legal

or other representatives of the appealing party do not have the privilege of the floor and are bound by the determinations and rulings of the Certification Appeals Committee and ACBSP Legal Counsel.

6. **Witnesses.** All witnesses, except the candidate or certificant, will be excluded from the hearing except during presentation of their information. Hearings are confidential and private. No observers are permitted without special permission from the Certification Appeals Committee.
7. **Hearing Record.** A taped, written, or similar record of the hearing may be made by the Certification Appeals Committee, or another person designated by the Certification Appeals Committee.
8. **Expenses.** The candidate or certificant will be responsible for her/his own expenses associated with the appeal, including all expenses associated with attendance at the hearing, witnesses, or the duplication of materials. The ACBSP Certification Program will bear other general costs of conducting the hearing, including costs associated with the activities of the Certification Appeals Committee and other Certification Program representatives and staff.
9. **Closing of Hearing Record.** The hearing and appeal record will be closed following the conclusion of the hearing, unless otherwise directed by the Certification Appeals Committee or other authorized representative. The candidate/certificant or the Certification Appeals Committee may request that the record remain open for up to thirty (30) days for the purpose of receiving additional information or written materials relevant to the appeal. The Certification Appeals Committee may deny requests to keep the record open, and such a denial is not subject to appeal.

First Appeal Determination/Decision of the Certification Appeals Committee

Following the close of the appeal record, the Certification Appeals Committee will review the record of the appeal, including the action or decision of the Board Secretary and the information and materials received from the candidate or certificant. The Certification Appeals Committee will resolve and decide the appeal based on the record, including relevant and credible information presented by the candidate or certificant. The appeal decision will include the findings of the Certification Appeals Committee and a summary of the relevant facts upon which the decision is based. The appeal decision will be prepared and issued under the direction of the Certification Appeals Committee, or other authorized representative, within thirty (30) days of the closing of the first appeal record, or as soon thereafter as is practical.

Final Appeal/Final Appeal to the Board of Directors

1. **Grounds for Final Appeal.** If a candidate or certificant chooses to challenge and appeal the first appeal decision, a final appeal may be submitted to the Board of Directors. The grounds to appeal a first appeal decision are strictly limited to the following grounds:
 - a. **Procedural error:** The first appeal decision misapplied a procedural rule contained in these rules, and the rule misapplication significantly prejudiced the candidate or certificant with respect to the outcome of the appeal decision;

- b. New or previously undiscovered information: Following the issuance of the first appeal decision, the candidate or certificant located relevant information and facts that were not previously available and that would have significantly affected the outcome of the first appeal decision in the candidate's or certificant's favor;
- c. Misapplication of certification standards: The first appeal decision misapplied the relevant certification or recertification standards, and the misapplication significantly prejudiced the candidate or certificant and the outcome of the appeal decision; or,
- d. Contrary to the information presented: The first appeal decision is clearly contrary to the most substantial information in the record.

With respect to the grounds listed in Sections 1.a. and 1.c., above, the Board of Directors will consider only arguments that were previously presented to the Certification Appeals Committee in the first appeal.

Time Period for Submitting Final Appeal/Content of Final Appeal

1. Time Period for Submitting Appeal. A candidate or certificant may submit a written appeal, signed by the candidate or certificant, to the Board of Directors within thirty (30) days of the date of the first appeal decision of the Certification Appeals Committee. Any appeals received beyond this date will not be reviewed or considered by the Board of Directors, unless special permission is granted by the Chair of the Board of Directors.
2. Contents of Final Appeal. Consistent with all other requirements, a final appeal to the Board of Directors must state and include the following information:
 - a. The identity and signature of the individual candidate or certificant submitting the appeal;
 - b. A detailed explanation of the reasons and basis for the appeal, as defined and limited by Section M, above;
 - c. All objections, corrections, and factual information the candidate or certificant believes to be relevant to the appeal, including all documents and exhibits in support of the appeal; and,
 - d. The names, addresses, and telephone numbers of any person not previously identified with factual information relevant to the appeal, and a clear description of the factual information available from these persons.

Board of Directors Final Appeal Process

1. Scheduling Of Final Appeal. Within sixty (60) days of receipt of a complete and proper written appeal, the Board of Directors will schedule a date, usually not later than the next or second regularly scheduled Board meeting, on which to consider the appeal. The ACBSP Certification Program will notify the candidate or certificant of the date the appeal will be considered.
2. Appeal Review. The Board of Directors will conduct an informal hearing designed to review and consider all of the available proof and information, including the record of the first appeal and the materials submitted by the candidate or certificant.

3. Candidate/Certificant Appearances before the Board. At least thirty (30) days prior to the date scheduled for a final appeal review, a candidate or certificant may request the opportunity to appear before the Board of Directors concerning the appeal. The Board Chair, or other authorized representative(s), will determine whether a request to appear before the Board is accepted. In the event that a request to appear is accepted, the Board of Directors may limit the appearance in any manner, or may require the candidate or certificant to present certain information or materials. Denials of requests to appear before the Board are not subject to appeal.

Final Decision of the Board of Directors

Following the review of a final appeal, the Board of Directors will review the record of the appeal and, thereafter, resolve and decide the appeal based on the record. The Board will consider all relevant information and include a summary of its findings in the appeal decision. The Board may affirm, modify, or reverse the decision of the Certification Appeals Committee based on its findings. The Board will issue its final appeal decision within thirty (30) days of the end of the review of the appeal, or as soon thereafter as is practical.

Finalizing and Closing Appeals

1. Conditions for Closing the Appeal. An appeal will be closed, and all proceedings ended, when any of the following occurs:
 - a. An appeal has been resolved and decided by the Board Secretary, the Certification Appeals Committee, or the Board of Directors, and the allowable time period for the filing of an appeal under these procedures and rules has passed or lapsed; or,
 - b. The appeal has been withdrawn or terminated by the candidate or certificant

Examination Construction:

All examination materials are copyrighted material of the ACBSP. No reproduction or duplication of these materials are permitted, unless authorized by the ACBSP. All draft materials utilized by examination development committee members are kept secured in a double locked enclosed area and inventoried regularly. All committee members sign confidentiality agreements when generating and/or reviewing examination materials. Any material considered unusable is shredded prior to disposal.

All duplication of examination materials has been done in a closed environment under secure arrangements. All test documents utilized by exam candidates have unique control numbers. Any examination materials delivered to an examination site by courier service have an inventory list that is signed off prior to delivery and upon opening. Once used and repackaged for courier shipment, the inventory list is completed and initialed again.

All candidates are examined utilizing the same form of the comprehensive written examination. No equivalent forms of the competency evaluation are needed. The ACBSP has established a policy that all examinations will be generated in English. Written translations of the competency evaluation are not available. No adaptations of the evaluation material are utilized at this time. Accommodations for candidates

with disabilities are dealt with on an individual basis in accordance with the Americans with Disabilities Act.

Test items utilized in the examination have been keyed to an examination blueprint and validated by the collective judgment of the subject matter experts utilized as item writers, as well as source documents from the sports injury and physical fitness field. All of these activities have been conducted under the direction of a consultant psychometrician subject to standards acceptable to the National Organization of Certification Agencies (USA).

A panel has been utilized outside of the examination development committee to review the work of the committee and to monitor the validation procedures utilized by the committee, the linkages of the test items to the examination blueprint, and associated content specifications. The procedures utilized by the panel minimized content error on the part of the committee and have provided assurances that the committee followed generally accepted principles in item development. Each examination question has undergone this process and the items were entered into an item-banking computerized program, which allows the ACBSP to maintain all of the specifications of the test item relating to its linkage to the examination blueprint, job analysis and content validity.

After a sufficient pool of questions was developed and banked into the software, an assessment was made of the number of test items developed for each content domain to ensure that there was a sufficient pool of items in each major/minor content area. Once satisfied that a sufficient pool of items existed, a form of the examination was generated according to the content specifications. This form was subjected to yet another field reviewed by a selected group of certificants. After signing the appropriate confidentiality forms, the reviewers rated the worthiness of the test and test items according to predetermined criteria. A consultant psychometrician reviewed comments, edits, and recommendations and made necessary changes.

A cut-score committee was assembled to establish the passing point of the examinations. The committee members selected were screened for their qualifications in the field of sports injuries and physical fitness. The members selected did not include any certificants involved in the item development process. The cut-score procedure utilized was a modified Angoff procedure for determining the various passing points on the written exam. Each member of the committee rated each criterion that will be used in the grading of the examinations and a running mean score was calculated. When completed, the cut score for each of the examinations was determined, including the variance, standard deviation and the standard error of measurement. Each member of the multiple-choice exam Angoff cut-score committee was responsible for determining the passing point as it related to the minimally competent candidate. Prior to their initial rating, committee members were trained on cut-score methodology and provided a worksheet outlining the process with space on the worksheet to be used in describing the minimally competent candidate.

Test Grading:

After the administration of the multiple-choice examination, Scantron answer sheets are shipped to the consultant psychometrician for grading. Each examination answer sheet is machine scored. After scoring, a roster of candidate scores for each

examination is generated. After the rosters have been generated, a determination of passing and failing scores is made based on the predetermined cut score.

After the scores are generated and verified, each exam form is subject to item analysis procedures. The item analysis program is designed to determine the strength of the test item as it relates to the ability of the test item to discriminate between candidates who know the information and candidates who are deficient. The item analysis program also provides information regarding the performance of individual test items in relation to a candidate's overall performance. An alpha reliability coefficient and the difficulty level of individual items are calculated. If there is an issue surrounding the validity and reliability of the examination form in relation to candidate performance, a standard error of measurement is computed. The rationale for utilizing a standard error of measurement rests on the assumption that a sampling error may occur in the selection of test items from the content areas outlined. If warranted, the standard error of measurement can be utilized to adjust the cut score in either direction.

For those candidates who do not achieve the required cut score, diagnostic score reports will be generated outlining the passing and failing percentage scores in each of the outlined major content areas. All passing candidates will receive a letter indicating their successful achievement on the competency evaluation. Once score reports have been generated and disseminated, aggregate information is assembled into a report summarizing the examination process. All of the information will be reported in aggregate fashion with no breach in confidentiality as it relates to individual candidates and their respective scores.

CPR Policy:

All candidates for the CCSP® and DACBSP® Examinations must be certified in CPR. This CPR certification may be obtained as part of a college course. The candidate for the examination is responsible for obtaining the CPR certification on their own, if it is not offered by the college. The following stipulations will apply:

1. It is the responsibility of the college that conducts the 100-Hour CCSP® course to inform their students of this requirement. It is also the responsibility of the college to point out the student's responsibility in obtaining this certification, if it is not being offered by the college itself.
2. **IMPORTANT!** The CPR certification obtained by the students **should** be from one of the following: ***Basic Life Support for the Healthcare Provider*** from the American Heart Association (AHA), or ***Professional Rescuer*** from the American Red Cross. Although there may be other acceptable organizations, it **MUST** be a level of certification training that is given to health professionals as opposed to the lay public.

Basic Life Support consists of:

1 Person CPR
2 Person CPR
Infant CPR
Airway Obstruction
AED

3. In addition to the above requirements, the CPR class must have a hands-on component where the student demonstrates skills to an instructor.
4. In order to sit for the examination, a candidate must bring their **current** CPR certification card to the test site. This must be the original card, copies will not be accepted. Failure to bring this card will result in an inability to sit for the examination.
5. The ACBSP™ requires that doctors maintain current recertification in CPR. *(Please refer to the ACBSP™ Recertification Policy for additional information).*

AMERICAN CHIROPRACTIC BOARD OF SPORTS PHYSICIANS™

CCSP® CATEGORY GUIDELINES 100 HOURS

I. CONCEPTS OF THE SPORTS PHYSICIAN

- A. Sports Psychology
 - 1. Overview of psychology of the athlete
 - 2. Psychological evaluation of the athlete
 - 3. Psychological preparation of the athlete
 - 4. Clinical applications

- B. Exercise & Fitness Concepts
 - 1. Introduction to health and fitness programs
 - 2. Implementation of health and fitness programs
 - 3. Management of health and fitness programs

- C. The Sports Practice
 - 1. How to develop a sports practice
 - 2. The role of the chiropractic sports physician in the sports medicine team
 - 3. Philosophical considerations of treating athletes

- D. Pre-participation Exams
 - 1. Establishing a complete exam protocol (office or school)
 - 2. Evaluation of the young athlete
 - 3. Evaluation of the mature athlete
 - 4. Setting up multi-station/multi-disciplinary exams
 - 5. Medical legal aspects of the pre-participation exam

- E. Coaching Principals
 - 1. Motivation
 - 2. Skill development
 - 3. Coaching techniques

- F. Athletic Training Principals
 - 1. Fundamentals of physical training
 - 2. Speed, agility, neuromuscular coordination
 - 3. Cardiovascular endurance
 - 4. Strength and conditioning
 - 5. Detraining over training
 - 6. Off season training
 - 7. Specific Adaption to Imposed Demand (SAID) Principal

II. EXERCISE PHYSIOLOGY

- A. Muscle physiology
 - 1. Basic physiology of muscle contraction
 - 2. Fast twitch vs. slow twitch muscle fibers
 - 3. Muscle metabolism during exercise
 - 4. Delayed Onset Muscular Soreness (DOMS)
 - 5. Muscle fatigue

- B. Aerobic vs. Anaerobic Training
 1. Definitions
 2. Aerobic exercise concepts and clinical uses
 3. Anaerobic training/concepts of weight training
 4. Anaerobic threshold

- C. Cardiovascular Physiology (basic)
 1. VO2 Max
 2. Training effects on cardiac physiology
 3. Cardiorespiratory function

- D. Fuel Metabolism
 1. Fuel types during various forms of exercise

- E. Body Composition
 1. Measurement techniques
 2. Changes with different types of exercise

- F. Fitness Evaluation
 1. Fitness parameters
 2. Testing protocols

III. CLINICAL BIOMECHANICS

- A. Principals of Bio-physics (basic)
 1. Definition of force terminology
 2. Classes of levers
 3. Static and dynamics/principles of motion

- B. Functional Anatomy
 1. Muscle shape classifications
 2. Joint configurations
 3. Principals of leverage

- C. Kinesiology
 1. Eccentric vs. Concentric contraction
 2. Muscle actions
 3. Principals of muscle coordination
 4. Muscle substitution

- D. Mechanics of Injury
 1. Intrinsic and extrinsic causation

- E. Joint Function
 1. Proprioception
 2. Joint stability
 3. Physiological vs. Anatomical joint definitions
 4. Joint motion

IV. SPORTS NUTRITION

- A. Diet
 1. Principals of dietary composition
 2. Diet construction

3. Principles of weight gain and loss
- B. Supplementation
 1. Vitamins and performance
 2. Supplementation principals
- C. Special Considerations
 1. Diabetes
 2. Anemia
 3. Eating disorders
- D. Ergogenic Aids
 1. Blood doping
 2. Erythropoietin
 3. Nutritional
 4. Drugs
- E. Diet and Metabolism
 1. Metabolic rates
- F. Drugs and Medications Commonly Used in Athletics
 1. Legal
 - a. Anti-inflammatories
 - b. Cortisone
 - c. Other drug classes
 2. Illegal
 - a. Growth Hormone (GH)
 - b. Anabolic steroids
- G. Substance Abuse
 1. Alcohol
 2. Drug testing
 3. Intervention
- H. Fluid Regulation
 1. Physiology of fluid and electrolyte regulation
 2. Fluid and electrolyte replacement

V. ADJUNCTIVE THERAPY/PROCEDURES

- A. Modalities
 1. Basic physics
 2. Specific clinical uses
 3. Indications/contraindications
 4. Current modalities commonly used
- B. Rehabilitation principals
 1. Muscle tension and rehab
 2. SAID principal
 3. Basic normative figures for measurement
 4. Techniques/apparatus
- C. Pain-Edema Spasm
 1. Physiology

- D. Supports/Taping (basic principals)
- E. Musculoskeletal/Neurological Therapeutics
 - 1. PNF
 - 2. Soft tissue treatment techniques
 - a. Nimmo
 - b. Stretch and Spray
 - c. Transverse friction massage
 - 3. Stretching techniques

VI. DIAGNOSTIC IMAGING FOR SPORTS INJURIES

- A. Interaction with Consultants
 - 1. Protocols for ordering studies
- B. Differential Examination Procedures (when to use what)
- C. Pediatrics/Adolescents
 - 1. Epiphyseal injuries
- D. Imaging Acute vs. Chronic Conditions
 - 1. Use of stress views
 - 2. Follow-up
- E. Special Modalities
 - 1. MRI
 - 2. Bone scan
 - a. Ge
 - b. Te
 - 3. CT
 - 4. Arthrogram
 - 5. Arthroscopy

VII. CPR AND EMERGENCY PROCEDURES

- A. First Aid
 - 1. Primary vs. secondary surveys
 - 2. ABC's
- B. Acute Care
 - 1. Head trauma
 - 2. Neck and spine trauma
 - 3. Chest and viscera trauma
 - 4. Environmental injury
 - 5. Diabetic emergencies
 - 6. Extremity trauma
- C. Patient Transport
- D. CPR Certification

VIII. CLINICAL COMPETENCY

- A. Head and Neck
 - 1. EENT
 - 2. Soft tissues

3. Dental considerations
 - a. TMJ
 - b. Protective devices
 - c. Tongue, teeth, and gums
 4. Neurological Syndromes
 - a. Brachial plexus stretch injury ("Burners")
 - b. Thoracic outlet syndrome
 5. C-Spine
 6. Head trauma
- B. Extremities: Upper and Lower
1. Differential diagnosis (by selective tension)
 2. Treatment/management
 - a. Of specific injuries
 3. Manipulative procedures
 - a. Specific joints
 - b. Kinetic chain
 4. Bone and joint trauma
 - a. Fractures
 - b. Stress fractures/stress reaction
 - c. Sprain/strain
 5. Soft tissue injury
 - a. Sprain strain
 - b. Tendinitis/bursitis/capsulitis
 - c. Contusions (myositis ossificans)
- C. Thoracic Area - Spine, Rib Cage, Viscera
1. Cardiopulmonary considerations
 2. Diagnosis
 3. Treatment/management
 - a. Scoliosis
 - b. Scheuermann's
 4. Visceral injury
 - a. Pneumothorax
 - b. Hemothorax
 - c. Cardiac contusion
 5. Bone and joint trauma
 - a. Compression fractures
 - b. Rib fractures
 - c. Costochondritis
 6. Soft tissue injury
 - a. Intercostal strains
 - b. Back muscle strains
- D. Lumbar Area - Spine, Abdomen, Perineum, Pelvis
1. Diagnosis
 - a. Spondylosis/spondylolisthesis
 - b. Hyperextension injury
 - c. Pelvis stress fractures
 - d. Coccygeal injuries
 - e. Sacroiliac injuries
 2. Treatment/management
 3. Genital injury, etc.
 4. Bone and joint trauma

5. Soft tissue Injury
 - a. Hernias
 - b. Abdominal strains
 - c. Organ trauma
 - d. Bursitis/tendonitis
 - e. Contusions
 - f. Strains

IX. ENVIRONMENT AND THE ATHLETE

- A. Heat/Cold
 1. Acclimatization
 2. Effects on activity
 3. Injuries
 - a. Frostbite
 - b. Hypothermia
 - c. Hyperthermia
- B. Altitude
 1. Acclimatization
 2. Altitude sickness
- C. Pollution
 1. Effects on activity
 2. With pre-existing respiratory disease
- D. Surfaces/Terrain
 1. Shoe/surface interaction
 2. Surfaces and injury
 3. Field conditions (physical responsibility)
- E. Equipment (basics)
 1. Protective
 2. Participatory
 3. Fitting and maintenance overview

X. SPECIAL CLINICAL CONSIDERATIONS

- A. Systemic Conditions
 1. Skin
 - a. Infections
 - b. Abrasions
 - c. Infestations
 2. Anemia
 - a. Pathological
 - b. Exercise induced
 3. Diabetes
 4. Asthma
 5. Epilepsy
- B. Female Athlete
 1. Physiological differences from males
 2. Injury incidence
 3. Exercise and the menstrual cycle

- 4. Exercise and pregnancy
- C. Pediatric
 - 1. Growth and injury
 - 2. Psychological motivation
- D. Geriatric
 - 1. Psychology and motivation
 - 2. Exercise and aging
 - 3. Underlying systemic disease
 - 4. Exercise prescriptions
- E. Cultural/Ethnic Considerations
 - 1. Black and Hispanic populations - special considerations- anthropometry
- F. Differentially Abled Athletes
 - 1. Special Olympics: pre-exam
 - 2. Overview of types of athletes

XI. MEDICO-LEGAL ASPECTS

- A. Ethics
 - 1. Athletes, teams, and the media
 - 2. Confidentiality
 - 3. Misconduct
 - 4. Sovereign immunity
- B. Negligence
 - 1. Definition and elements
 - 2. Legal duty
 - 3. Degrees of and contributory
 - 4. Waivers, releases, and statute of limitations
 - 5. Assumption of risk
- C. Malpractice
 - 1. Definition
 - 2. Variation in state laws
- D. Miscellaneous
 - 1. Civil vs. criminal
 - 2. Elements of tort actions
 - 3. Contract liability
 - 4. Respondeat superior - ultra vires acts

**RECOMMENDATIONS FOR WEIGHT OF BODY AREAS FOR THE CLINICAL
COMPETENCY PORTION OF THE CCSP EXAMINATION**

DIAGNOSIS OF SPORTS INJURIES

1. Head and Neck
2. Thoracolumbar spine/Pelvis, Sacrum, Coccyx/Ribs
3. Lower Extremity (in order of importance)
 - a. Knee/ankle
 - b. Hip
 - c. Foot
 - d. Lower leg and thigh.
4. Upper Extremity (in order of importance)
 - a. Shoulder
 - b. Elbow
 - c. Wrist
 - d. Hand
 - e. Forearm
5. Heart/Lung/Abdomen Viscera

TREATMENT OF SPORTS INJURIES

1. Lower Extremity
2. Upper Extremity
3. Thoracolumbar Spine/Pelvis, Sacrum, Coccyx/Ribs
4. Head and Neck
5. Heart/Lung/Abdominal Viscera

PREVENTION OF SPORTS INJURIES

1. Heart/Lung/Abdominal Viscera (Emphasis on Cardiac)
2. Lower Extremity
3. Upper Extremity
4. Head and Neck
5. Thoracolumbar Spine/Pelvis, Sacrum, Coccyx /Ribs

AMERICAN CHIROPRACTIC BOARD OF SPORTS PHYSICIANS™

CCSP® EXAMINATION TEST PLAN

CATEGORY (PERCENTAGE OF TEST)

I. Basic Element (33.4%)

- A. Concepts of a Sports Physician (5.8%)
- B. Exercise Physiology (6.7%)
- C. Clinical Biomechanics (8.0%)
- D. Sports Nutrition (5.8%)
- E. Environment and the Athlete (4.0%)
- F. Medical/Legal Aspects (3.1%)

II. Clinical Element (66.6%)

- A. Clinical Competency (40%)
 - 1. Diagnosis of Sports Injuries (16%)
 - 2. Treatment of Sports Injuries (16%)
 - 3. Prevention of Sports Injuries (8.0%)
- B. Diagnostic Imaging (8.9%)
- C. CPR and Emergency Procedures (5.3%)
- D. Special Clinical Considerations (4.4%)
- E. Adjunctive Therapy (8.0%)

AMERICAN CHIROPRACTIC BOARD OF SPORTS PHYSICIANS™

CCSP® RECOMMENDED READING LIST

TEXTBOOKS

Functional Soft Tissue Examination and Treatment by Manual Methods, Warren Hammer 3rd ED 2007; Jones and Bartlett; ISBN-10: 763733105; ISBN-13: 978-0-7637-3310-0; Price Range: \$102 - \$168

Conservative Management of Sports Injuries; Hyde and Gengenbach, 2nd ED 2007; Jones and Bartlett; ISBN-10: 763732524; ISBN-13: 978-0-7637-3252-3; Price Range: \$58 - \$158

Orthopaedic Examination, Evaluation and Intervention; Mark Dutton 2nd ED 2008 w/DVD; McGraw-Hill; ISBN-10: 71474013; ISBN-13: 978-0-07-147401-6; Price Range: \$63 - \$84

Essentials of Skeletal Radiology, 3rd ED, Yochum T, Rowe, L; Lippincott, Williams & Wilkins, 2005 (2 volume set); ISBN-10: 0-7817-3946-2; ISBN-13: 9780781739467; Price Range: \$183 - \$385

Exercise Physiology: Energy, Nutrition and Human Performance, 5th ED 2001 Lippincott, Williams and Wilkins; ISBN-10: 0-7817-2544-5; ISBN-13: 9780781725446; Price Range: \$15 - \$81

Essentials of Strength Training and Conditioning, Baechele TR and Earle 3rd ED, 2008 NSCA (Human Kinetics); ISBN-10: 736058036; ISBN-13: 9780736058032; Price Range: \$10 - \$79

Brady Pre-Hospital Emergency Care, Mistovich and Karren, 8th ED 2008 Pearson, Prentice Hall; ISBN-10: 131741438; ISBN-13: 978-0-13-174143-0; Price Range: \$45 - \$85

Physical Agents in Rehabilitation 3rd Ed, Michelle H. Cameron, Saunders / Elsevier 2009; ISBN-10: 1-4160-3257-1; ISBN-13: 9781416032571; Price Range: \$40 - \$60

Sports Injury: Prevention and Rehabilitation, Shamus and Shamus, 2001 McGraw-Hill; ISBN-10: 00-7-135475-1; ISBN-13: 9780071354752; Price Range: \$46 - \$112

Athletic Taping and Bracing 2nd ED, David Perrin; Human Kinetics 2005; ISBN-10: 0-7360-4811-1; ISBN-13: 978-0-7360-4811-8; Price Range: \$28 - \$52

Sport Notes, Field and Clinical Examination Guide by Dawn Gulick 2008 www.fadavis.com; ISBN-13: 9780803618756; Price Range: \$27

American Heart Association BLS for Healthcare Providers **OR** American Red Cross CPR/AED for the Professional Rescuer

REFERENCED JOURNALS

Strength and Conditioning, National Strength and Conditioning Association, Human Kinetics; Price: \$120/year

Journal of Strength and Conditioning Research, Kraemer WJ Editor, Human Kinetics

Journal of Chiropractic Medicine, National University of Health Sciences, Elsevier

RECOMMENDED READING IN CANDIDATE HANDBOOK

American Chiropractic Board of Sports Physicians™ Certification Program Code of Ethics Outline and Structure, 1998

Position Paper on Preparticipation Physical Examinations, American Chiropractic Board of Sports Physicians™, Fall 1998

Position Paper on Weight Loss in Wrestling, American Chiropractic Board of Sports Physicians™, April 1999

Inter-Association Task Force for Appropriate Care of the Spine Consensus Statement, May 1998

Position Paper on Blood Borne Pathogens, ACA Council on Sports Injuries & Physical Fitness

RECOMMENDED READING IN CANDIDATE HANDBOOK (cont.)

ACSM Position Papers; on www.acbsp.com

Revised Concussion Parameters, American Academy of Neurology, March 1997

Emergency Removal of Football Helmets. Patel MN, Rund DA, The Physician and Sportsmedicine. Vol. 22(9); 57-59, 1994

Position Paper on Prepubescent Strength Training, National Strength and Conditioning Association, 1995

OTHER RECOMMENDED REFERENCES

<http://www.nasca-lift.org/videos/displayvideos.asp>

AMERICAN CHIROPRACTIC BOARD OF SPORTS PHYSICIANS™

CODE OF ETHICS

Introduction

The American Chiropractic Board of Sports Physicians™ (ACBSP™ or Board) is a voluntary, non-profit, professional credentialing board which certifies qualified chiropractic doctors, physicians, and practitioners engaged in the field of sports medicine who have met the professional knowledge standards established by the Board. Regardless of any other professional affiliation, the ACBSP™ Code of Ethics (Code) applies to: all individuals certified by the ACBSP™ as a Certified Chiropractic Sports Physicians/Practitioner® (CCSP®), or as a Diplomate of the American Chiropractic Board of Sports Physicians® (DACBSP®); and, those individuals seeking ACBSP™ certification (candidates). The Code serves as the minimal ethical standards for the professional behavior of ACBSP™ certificants and candidates.

The Code is designed to provide both appropriate ethical practice guidelines and enforceable standards of conduct for all certificants and candidates. The Code also serves as a professional resource for chiropractic physicians and practitioners, as well as for those served by ACBSP™ certificants and candidates, in the case of a possible ethical violation.

Preamble/General Guidelines

Among other primary goals, the ACBSP™ is dedicated to the implementation of appropriate professional standards designed to serve patient welfare and the profession. First and foremost, ACBSP™ practitioners give priority to patient interests, and act in a manner that promotes integrity and reflects positively on the profession, consistent with accepted moral, ethical and legal standards.

Generally, an ACBSP™ certificant or candidate has the obligation to:

- deal fairly with all patients in a timely fashion, and provide quality chiropractic services to patients, by utilizing all necessary professional resources in a technically appropriate and efficient manner, and by considering the cost-effectiveness of treatments;
- respect and promote the rights of patients by offering only professional services that he/she is qualified to perform, and by adequately informing patients about the nature of their conditions, the objectives of the proposed treatment, treatment alternatives, possible outcomes, and the risks involved;
- maintain the confidentiality of all patient information, unless: the information pertains to illegal activity; the patient expressly directs the release of specific information; or, a court or government agency lawfully directs the release of the information.
- avoid conduct which may cause a conflict with patient interests, and disclose to patients any circumstances that could be construed as a conflict of interest or an appearance of impropriety, or that could otherwise influence, interfere with, or compromise the exercise of independent professional clinical judgment;
- engage in moral and ethical business practices by providing accurate and truthful representations concerning his/her professional qualifications and other relevant information in advertising and other representations; and,
- further the professionalism of the specialty of chiropractic sports medicine by: being truthful with regard to research sources, findings, and related professional activities; maintaining accurate and complete research records; and, respecting the intellectual property and contributions of others.

Section A

Compliance with Laws, Policies, and Rules Relating to the Profession

1. The certificant/candidate will be aware of, and comply with, all applicable federal, state, and local laws and regulations governing the profession. The certificant/candidate will not knowingly participate in, or assist, any acts in violation of applicable laws and regulations governing the profession. Lack of awareness or misunderstanding of these laws and regulations does not excuse inappropriate or unethical behavior. The certificant/candidate will be responsible for understanding these obligations.
2. The certificant/candidate will be aware of, and comply with, all ACBSP™ rules, policies, and procedures. Lack of awareness or misunderstanding of an ACBSP™ rule, policy, or procedure does not excuse inappropriate or unethical behavior. The certificant/candidate will not knowingly participate in, or assist, any acts of violation of any ACBSP™ rules, policies, and procedures. The certificant/candidate will be responsible for understanding these obligations.
3. The certificant/candidate will make appropriate efforts to promote compliance with, and awareness of, all applicable laws, regulations, and ACBSP™ rules and policies governing the profession.
4. The certificant/candidate will make appropriate efforts to prevent violations of all applicable laws, regulations, and ACBSP™ rules and policies governing the profession.
5. The certificant/candidate will provide accurate and truthful representations of all eligibility information, and will submit valid application materials for fulfillment of current certification and recertification requirements.
6. The certificant/candidate will maintain the security, and prevent the disclosure, of ACBSP™ Certification Program examination information and materials.
7. The certificant/candidate will report any possible violations of this Code of Ethics to the appropriate government authority and to the appropriate ACBSP™ representative upon a reasonable and clear factual basis.
8. The certificant/candidate will cooperate fully with the ACBSP™ concerning the review of possible ethics violations and the collection of related information.

Section B

Professional Practice Obligations

1. The certificant/candidate will deliver competent chiropractic treatment or services in a timely manner, and will provide quality patient care applying appropriate professional skill and competence.
2. The certificant/candidate will recognize the limitations of his/her professional ability, and will only provide and deliver professional services for which he/she is qualified. The certificant/candidate will be responsible for determining his/her own professional abilities based on his/her education, knowledge, competency, extent of practice experience in the field, and other relevant considerations.
3. The certificant/candidate will use all health-related resources in a technically appropriate and efficient manner.
4. The certificant/candidate will provide chiropractic services based on patient needs and the cost-effectiveness of treatments, and will avoid unnecessary treatment or services. The certificant/candidate will provide treatment that is both appropriate and necessary to the condition of the patient.
5. The certificant/candidate will exercise diligence and thoroughness in providing patient care, and in making professional diagnoses and recommendations solely for the patient's benefit, free from any prejudiced or biased judgment. The certificant/candidate who offers his/her services to the public will not decline a patient based on age, gender, race, color, sexual orientation, national origin, or any other basis that would constitute unlawful discrimination.

6. The certificant/candidate will provide appropriate professional referrals when it is determined that he/she is unable to provide competent professional medical assistance.
7. The certificant/candidate will prepare and maintain all necessary, required, or otherwise appropriate records concerning his/her professional practice, including all records related to treatment of his/her patients.
8. The certificant/candidate will consult with other health care professionals when such consultation is appropriate, or when requested by the patient.
9. The certificant/candidate will not act in a manner that may compromise his/her clinical judgment or his/her obligation to deal fairly with all patients. The certificant/candidate will not allow medical conditions, personal problems, psychological distress, substance abuse, or mental health difficulties to interfere with his/her professional clinical judgment or performance.
10. The certificant/candidate will be truthful and accurate in all advertising and representations concerning qualifications, experience, competency, and performance of services, including representations related to professional status and/or areas of special competence. The certificant/candidate will not make false or deceptive statements concerning his/her: training, experience, or competence; academic training or degrees; certification or credentials; institutional or association affiliations; services, or, fees for services.
11. The certificant/candidate will not make explicit or implicit false or misleading statements about, or guarantees concerning, any treatment or service, orally or in writing.

Section C

Requirements Related to Research and Professional Activities

1. The certificant/candidate will be accurate and truthful, and otherwise act in an appropriate manner, with regard to research findings and related professional activities, and will make reasonable and diligent efforts to avoid any material misrepresentations.
2. The certificant/candidate will maintain appropriate, accurate, and complete records with respect to research findings and related professional activities.
3. When preparing, developing, or presenting research information and materials, the certificant/candidate will not copy or use, in substantially similar form, materials prepared by others without acknowledging the correct source and identifying the name of the author or publisher of such material.
4. The certificant/candidate will respect and protect the intellectual property rights of others, and will otherwise recognize the professional contributions of others.

Section D

Conflict of Interest and Appearance of Impropriety Requirements

1. The certificant/candidate will not engage in conduct which may cause an actual or perceived conflict between his/her own interests and the interests of his/her patient. The certificant/candidate will avoid conduct which causes an appearance of impropriety.
2. The certificant/candidate will act to protect the interests and welfare of the patient before his/her own interests, unless such action is in conflict with any legal, ethical, or professional obligation. The certificant/candidate will not exploit professional relationships for personal gain.
3. The certificant/candidate will disclose to patients any circumstance that could be construed as a conflict of interest or an appearance of impropriety, or that could otherwise influence or interfere with the exercise of professional judgment.
4. The certificant/candidate will refrain from offering or accepting inappropriate payments, gifts, or other forms of compensation for personal gain, unless in

- conformity with applicable laws, regulations, and ACBSP™ rules and policies.
5. The certificant/candidate will avoid conduct involving inappropriate, unlawful, or otherwise unethical monetary gain.

Section E

Compensation and Referral Disclosure Requirements

1. The certificant/candidate will charge fair, reasonable, and appropriate fees for all professional services.
2. The certificant/candidate will charge fees that accurately reflect the services and treatment provided to the patient. When setting fees, the certificant/candidate will consider: the length of time he/she has been practicing in this particular field; the amount of time necessary to perform the service; the nature of the patient's condition; his/her professional qualifications and experience; and, other relevant factors.
3. The certificant/candidate will make all appropriate disclosures to patients and prospective patients regarding any benefit paid to others for recommending or referring his/her services.
4. The certificant/candidate will make all appropriate disclosures to patients and prospective patients regarding any benefit received for recommending or referring the services of another individual.

Section F

Confidentiality Requirements

1. The certificant/candidate will maintain and respect the confidentiality of all patient information obtained in the course of a professional relationship, unless: the information pertains to illegal activity; the patient expressly directs the release of specific information; or, a court or government agency lawfully directs the release of the information.
2. The certificant/candidate will respect and maintain the privacy of his/her patients.

Section G

Misconduct Prohibitions

1. The certificant/candidate will not engage in any criminal misconduct.
2. The certificant/candidate will not engage in any sexual, physical, romantic, or otherwise intimate conduct with a current patient, or with a former patient within two years following the termination of the patient relationship.
3. The certificant/candidate will not engage in conduct involving dishonesty, fraud, deceit, or misrepresentation in professional activities.
4. The certificant/candidate will not engage in unlawful discrimination in professional activities.
5. The certificant/candidate will avoid any behavior clearly in violation of accepted moral, ethical, or legal standards that may compromise the integrity of, or reflect negatively on, the profession.

AMERICAN CHIROPRACTIC BOARD OF SPORTS PHYSICIANS™

POSITION PAPER ON THE PRE-PARTICIPATION PHYSICAL EXAMINATION (PPE)

1. The ACBSP™ endorses the performance of PPEs by chiropractors holding a DACBSP® or CCSP® certificate in good standing. DACBSPs and CCSPs are fully qualified to perform PPEs.
2. The ACBSP™ recommends that any chiropractor who performs PPEs should do so in accordance with the practical guidelines set forth in *Pre-participation Physical Evaluation, 2nd Edition*, published by the AAFP, AAP, AMSSM, AOSSM and AOASM.

For the purposes of clarity of this position paper, the standard components of history and physical examination are listed below:

Components of the History

- a. Recent or chronic injury or illness
- b. Hospitalizations or surgeries
- c. Medications
- d. Allergies
- e. Cardiovascular system
- f. Skin
- g. Neurologic system
- h. Heat illness
- i. Pulmonary system, including asthma
- j. Protective devices
- k. Eyes and vision
- l. Musculoskeletal system
- m. Weight and eating disorders
- n. Psychosocial history
- o. Immunizations
- p. Menstrual history

Components of the Examination

- a. Height and weight
- b. Examination of the head, eyes, ears, nose and throat
- c. Examination of the cardiovascular system
- d. Examination of the lungs
- e. Examination of the abdomen
- f. Examination of the male genitalia
- g. Examination of the skin
- h. Examination of the musculoskeletal system, including posture, range of motion, and joint specific testing
- i. Examination of the neurologic system

3. The goal of the cardiovascular portion of the PPE is to reliably obtain a detailed cardiovascular history, perform a competent screening examination and recognize heart disease. The ACBSP™ endorses the essential components of the cardiovascular history and screening examination as set forth by the American Heart Association. Specifically, the PPE should include history and examination sections as follows:

Cardiovascular History

- A. Due to the great importance of accurate family history, the athlete's parents should be responsible for completing the history forms.
- B. The cardiovascular history should include questions to ascertain:
 - 1) prior occurrence of exertional chest pain/discomfort or syncope/near syncope;
 - 2) prior occurrence of excessive, unexpected or unexplained shortness of breath or fatigue associated with exercise;
 - 3) past detection of a heart murmur or increased systemic blood pressure;
 - 4) family history of premature death (sudden or otherwise), or significant disability from cardiovascular disease in close relative(s) under 50 years old;
 - 5) specific knowledge of the occurrence of the following conditions in the family:
 - i) Hypertrophic cardiomyopathy
 - ii) Dilated cardiomyopathy
 - iii) Long QT syndrome
 - iv) Marfan syndrome
 - v) Clinically important arrhythmias

Cardiovascular Examination

- A. Precordial auscultation in both supine and standing positions to identify heart murmurs characteristic of left ventricular outflow obstruction.
 - B. Assessment of femoral artery pulses to exclude coarctation of the aorta.
 - C. Recognition of the physical stigmata of Marfan syndrome.
 - D. Brachial blood pressure measurement in the sitting position.
4. The ACBSP™ recommends and endorses the clearance guidelines for cardiovascular conditions established by the 26th Bethesda Conference. Definitively identified cardiovascular abnormalities should be judged by a qualified cardiologist, where feasible, for final determination of eligibility for future athletic competition.
5. The ACBSP™ recommends that its certificants work with appropriate national, state and local agencies to promote:
- a) the inclusion of DACBSPs and CCSPs in the performance of PPEs and the clearance of athletes for participation in sport.
 - b) the inclusion of the expertise of DACBSPs and CCSPs as consulting specialists when biomechanical, postural, and neuromusculoskeletal problems are encountered in PPEs performed in the primary care office.
6. The ACBSP™ recommends that DACBSP® and CCSP® certificants work professionally and collegially with other health care disciplines in a spirit of cooperation and teamwork for the benefit and welfare of the athlete.

Glossary of Abbreviations

ACBSP™	American Chiropractic Board of Sports Physicians™
PPE	Preparticipation Physical Examination
DACBSP®	Diplomate American Chiropractic Board of Sports Physicians®
CCSP®	Certified Chiropractic Sports Physician®
AAFP	American Academy of Family Physicians

AAP	American Academy of Pediatrics
AMSSM	American Medical Society for Sports Medicine
AOSSM	American Orthopaedic Society for Sports Medicine
AOASM	American Osteopathic Academy of Sports Medicine

Bibliography

1. Hunter S, Rich BSE, Smith DM, Tanner SM, Wilkerson L. Pre-participation physical evaluation, ed. Minneapolis, MN, American Academy of Family Physicians, American Academy of Pediatrics, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine, American Osteopathic Academy of Sports Medicine, 1997.
2. Maron BJ, Thompson PD, Puffer JC, et al. American Heart Association Scientific Statement: Cardiovascular pre-participation screening of competitive athletes. *Med Sci Sports Exerc* 1996; 28(12): 1445-52.
3. 26th Bethesda Conference: Recommendations for determining eligibility for competition in athletes with cardiovascular abnormalities. January 6-7, 1994. *Med Sci Sports Exerc* 1994; 26 (10 suppl):S223-283 [published erratum appears in *Med Sci Sports Exerc* 1994; 26(12): following table of contents].

AMERICAN CHIROPRACTIC BOARD OF SPORTS PHYSICIANS™

WEIGHT LOSS IN WRESTLING POSITION PAPER

Summary

The ACBSP™'s primary goal is to ensure that wrestling is safe, healthy and enjoyable for the participating athletes. Rapid weight reduction is still prevalent in wrestling despite large bodies of evidence establishing this as a risky and even dangerous procedure. To enhance the education and reduce the health risks for the participants, the ACBSP™ recommends: a multidisciplinary approach to educate coaches and wrestlers through cooperative efforts of physicians, exercise scientists, dieticians, athletic trainers, athletic administrators, coaches and parents with regards to nutrition and weight control; close monitoring of the athletes body composition throughout the season; and the institution of rules and guidelines which limit weight loss.

Introduction

Health related problems associated with rapid weight loss (weight cutting) among wrestlers have been a growing concern for clinicians and other associated health professionals (12,26,58,66). Studies have shown that high school and collegiate wrestlers who practice rapid weight loss average 2 kg per week and 20% of the wrestlers may exceed 2.7 kg (43,60,64). During a season, this process has been shown to be repeated more than 10 times by 1/3 of high school wrestlers (44,58). The health risks associated with these procedures far outweigh the benefits derived from the outcome.

Discussion

During the season, the average body fat of a wrestler is 6-7% with some as low as 3% (13,18,25,26,38,41,42,45,61). Studies have shown that the body fat percentage for off-season high school wrestlers is 8-11%, which is still well below their peers who average 15% (6,19,63). The primary methods utilized for weight loss in wrestling include exercise, fasting and various dehydration methods. These methods produce minimal fat loss while effecting body water, glycogen content and lean body mass (18,55,59,60,69,71). A small percentage of wrestlers have also used diuretics, stimulants and laxatives to reduce weight (30,43,59).

Weight loss techniques are practiced by wrestlers with the belief that competitive success will increase. However, food restriction combined with fluid deprivation has shown to drastically decrease an athlete's competitive ability (4,13,18,27). Loss of more than 2% of an athletes body weight in less than 24-48 hours will result in a decrease in aerobic performance and endurance (13,17,18,25,27,46,47). Losing more than 5% of an athlete's body weight in less than 72-96 hours will negatively effect power, muscle endurance, aerobic performance, muscle strength (especially in the large muscle groups of the legs) and mental concentration (17,25,27,46,54,64,68). Such weight loss can also decrease the body's thermoregulatory ability (4,33,53,59,67). Fluid reduction or restriction has been shown to be the most detrimental aspect to an athlete's health and performance (4,9,24). It has been shown that adaptation to dehydration is impossible (4,9,67). The greater degree of dehydration the poorer one's performance and the greater risk of health and medical problems (4,9). Research indicates that it is impossible to completely rehydrate the body in less than 24-48 hours (9). The longer the body has been dehydrated, the longer the

rehydration process will take (9,21). Also of note is that water loss due to the taking of diuretics or laxatives takes much longer to replace than water loss due to exercise (4,9). In addition, after the use of diuretics and laxatives, the body retains more fluid upon rehydration thus causing a greater weight gain (4,9).

The effects of rapid weight cutting for wrestlers have been shown to:

- \$ Reduce muscle strength (18,51,68)
- \$ Decrease anaerobic capacity (34,68)
- \$ Lower plasma and blood volume (3,61)
- \$ Increase resting and submaximal heart rate (1,3)
- \$ Decrease cardiac stroke volume (3)
- \$ Reduce endurance capacity (49)
- \$ Lower oxygen consumption (35,59)
- \$ Impair thermoregulatory processes thus increasing the risk of heat illness (1,2,3,13)
- \$ Decrease renal blood flow and kidney filtration of the blood (73,74)
- \$ Deplete muscle (18) and possibly liver glycogen which has been shown to reduce endurance (17,27), the body's ability to maintain blood glucose levels, and accelerate the breakdown of protein (3)
- \$ Deplete electrolytes which can result in impaired muscle function (3,4), coordination and possibly cardiac arrhythmia

In addition, scientific data has suggested that the same weight cutting practices may also alter hormonal status (63); diminish protein nutritional status (16); impede normal growth and development (14); effect psychological state (17,30,36,45,59); impair academic performance (8,11,67) and have severe consequences such as pulmonary emboli (10), pancreatitis (33) and reduced immune function (28).

Conclusions and Recommendations

Because weight cutting by wrestlers has been shown to increase potential health risks and be of little benefit with regards to overall athletic performance, the ACBSP™ makes the following recommendations:

1. Preseason body composition measurements of each wrestler should be performed. Males aged 16 and under with less than 7% body fat with a 3% standard error allowance and males who are sexually mature (Tanner stage 5) with less than 5% body fat should not be allowed to compete without physician clearance . Boys in Tanner stage 2 to 4 should be in the 7% to 8% range. 12-14% body fat is recommended as the minimum safe percentage for female wrestlers (50).
2. Encourage new state associations to work with National Governing Bodies in developing and implementing rules that include an effective monitoring and weight control program.
3. Strongly discourage the use of sweat boxes; whirlpools; rubber, vinyl or plastic type suits or other artificial heating devices; diuretics or other methods of quick weight reduction.
4. Educate parents, wrestlers, and coaches regarding proper nutrition and the effects of fasting and dehydration on physical performance and health.
5. Schedule and chart weigh-ins of all competing athletes 24 hours prior to, and, immediately before each match to yield an athletes true weight.

6. Preseason assessment of an athlete's nutritional demands be determined with education including intake of a balanced diet of carbohydrates, proteins and fats.
7. The ACBSP™ supports requiring wrestlers to weigh in a maximum of one hour and a minimum of one half hour before the time a dual meet is scheduled to begin and a maximum of two hours and a minimum of one half hour before the first session each day of a tournament.

REFERENCES

1. American College of Sports Medicine. Position stand: weight loss in wrestlers. *Med. Sci. Sports Exerc.*, 28,2:ix-xii, 1996.
2. American College of Sports Medicine. Position statement: weight loss in wrestlers. *Med. Sci. Sports*, 8:xi-xiii, 1976.
3. American Medical Association. Wrestling and weight control. *J.A.M.A.* 201:541-543, 1967.
4. Caldwell, J.E., E. Ahonen, and U. Nousiainen. Differential effects of sauna-, diuretic-, and exercise-induced hypohydration. *J. Appl. Physio.* 57:1018-1023, 1984.
5. Choma, C.W., G.A. Sforzo and B.A. Keller. Impact of rapid weight loss on cognitive function in collegiate wrestlers. *Med. Sci. Sports Exerc.* 30(5):746-9, 1998.
6. Cisar, C.J., G.O. Johnson, A.C. Fry, et al. Preseason body composition, build and strength as predictors of high school wrestling success. *J. Appl. Sports Sci.* 1:66-70, 1987.
7. Clark, R.R., J.M. Kuta, J.C. Sullivan, W.M. Bedford, J.D. Penner, and E.A. Studesville. A comparison of methods to predict minimal weight in high school wrestlers. *Med. Sci. Sports Exerc.* 25:151-158, 1993.
8. Connors, C.K. and A.G. Bounin. Nutritional effects on behavior of children. *Psychiatry Res.* 17:193-201. 1982.
9. Costill, D.L. and K.E. Sparks. Rapid fluid replacement following thermal dehydration. *J. Appl. Physiol.* 34:299-303, 1973.
10. Croyle, P.H., R.A. Place, and A.D. Hilgenberg. Massive pulmonary embolism in a high school wrestler. *J.A.M.A.* 241:827-828, 1979.
11. DeFeo, P., V. Gallia and G. Mazzotta. Modest decrements in plasma glucose concentration cause early impairment in cognitive function and later activation in glucose counter regulation in absence of hypoglycemic symptoms in normal man. *J. Clin. Invest.* 82:436-444, 1988.
12. Doshner, N. The effect of rapid weight loss upon the performance of wrestlers and boxers and upon the physical proficiency of college students. *Res. Q.* 15:317-324, 1944.
13. Freischlag, J. Weight loss, body composition and health of high school wrestlers. *Physician Sportsmed.* 12:121-126, 1984.

14. Hansen, N.C. Wrestling with "making weight." *Physician Sportsmed.* 6:106-111, 1978.
15. Hoey, J. Wrestling hyperthermia and dehydration. *CMAJ* 158(9):1171-2, 1998.
16. Horswill, C.A., S.H. Park and J.N. Roemmich. Changes in the protein nutrition status of adolescent wrestlers. *Med. Sci. Sports Exerc.* 22:599-604, 1990.
17. Horswill, C.A., R.C. Hickner, J.R. Scott, D.L. Costill, and D. Gould. Weight loss, dietary carbohydrate, modifications and high intensity physical performance. *Med. Sci. Sports Exerc.* 22:470-476, 1990.
18. Houston, M.E., D.A. Marrin, H.J. Green, and J.A. Thomson. The effect of rapid weight reduction on physiological functions in wrestlers. *Physical Sportsmed.* 9:73-78, 1981.
19. Hughes, R.A., T.J. Housh, and G.O. Johnson. Anthropometric estimations of body composition across a season. *J. Appl. Sports Sci. Res.* 5:71-76, 1992.
20. Iowa High School Athletic Association. Wellness update #4: Nutritional supplements; protein and amino acids. 1997.
21. Iowa High School Athletic Association. Wellness update #1: Safe weight loss. 1998.
22. Iowa High School Athletic Association. Wellness update #2: Healthy weight gain. 1998.
23. Iowa High School Athletic Association. Wellness update supplement: Healthful suggestions to increase calorie intake. 1998.
24. Jons, J.L., J.J. Jones, N.R.. Buss, C.M. Knebel, D.H. Nielsen, and R.A. Oppliger. A multisystem approach to body composition analysis of high school wrestlers. *Physical Therapist* 73(6, Suppl.):S42, 1993.
25. Kelly, J.M., B.A. Gorney, and K.K. Kalm. The effect of a collegiate wrestling season on body composition, cardiovascular fitness, and muscular strength, and endurance. *Med. Sci. Sports Exerc.* 10:119-124, 1978.
26. Kenny, H.E. The problem of making weight for wrestling meets. *J. Health Phys. Ed.* 1:24, 1930.
27. Klinzing, J.E. and W. Karpowicz. The effect of rapid weight loss and rehydration on a wrestling performance test. *J. Sports Med.* 26:149-145, 1986.
28. Kono, I., H. Kitao, M. Matsuda, S. Haga, and H. Fukushmia. Weight reduction in athletes may adversely affect phagocytic function of monocytes. *Physician Sportsmed.* 16:56-65, 1988.
29. Kuta, J.M., R.R. Clark, L.M. Webber, and A. Ward. Intra and intertester reliability of skinfold measurements in high school wrestlers. *Med. Sci. Sports Exerc.* 22:S110, 1990.
30. Lakin, J.A., S.N. Steen, and R.A. Oppliger. Eating behaviors, weight loss methods, and nutritional practices of high school wrestlers. *J. Community Health Nurs.* 7:223-234, 1990.
31. Landry, G.L., R.A. Oppliger, S.A. Foster and A.C. Lambrecht. Reduction of unhealthy

- weight loss methods by a minimum weight rule in high school wrestlers. *American Medical Society for Sports Medicine Annual Meeting*, p. 41, 1995.
32. Landry, R.V., R.A. Oppliger, A.C. Shetler and G.L. Landry. The Wrestler's Diet: A Guide to Healthy Weight Loss. *Chicago: Gatorade Publication*, 1990, pp. 1-17.
 33. McDermott, W.V., M.K. Bartlett, and P.J. Culver. Acute pancreatitis after prolonged fast and subsequent surfeit. *N. Engl. J. Med.* 254:379-80, 1956.
 34. McMurray, R.G., C.R. Proctor, and W.L. Wilson. Effects of caloric deficit and dietary manipulation on aerobic and anaerobic exercise. *Int. J. Sports Med.* 12:167-172, 1991.
 35. Melby, C.L., W.D. Schmidt, and D. Corrigan. Resting metabolic rate in weight-cycling collegiate wrestlers compared with physically active, noncycling control subjects. *Am. J. Clin. Nutr.* 52:409-414, 1990.
 36. Morgan, W.P. Psychological effects of weight reduction in the college wrestler. *Med. Sci. Sports Exerc.* 2:24-27, 1970.
 37. Mourier, A, A.X. Bigard, E. de Kerviler, B. Roger, H. Legrand and C.Y. Guezennec, Combined effects of calorie restriction and branched chain amino acid supplementation on body composition and exercise performance in elite wrestlers. *Int. J. Sports Med.* 18(1):47-55, 1997.
 38. Nagle, F.J., W.P. Morgan, R.O. Hellickson, R.C. Serfass and J.F. Alexander. Spotting success traits in Olympic contenders. *Physician Sportsmed.* 3:31-34, 1975.
 39. National Federation of High School Associations. Wrestling Rules 1997-98. Kansas City, MO: National Federation of High School Associations, 1997.
 40. Oppliger, R.A., G.L. Landry, S.A. Foster and A.C. Lambrecht. Wisconsin minimum weight rule curtails weight cutting practices of high school wrestlers. *Clin. J. Sport Med.* 8(1):26-31, 1998.
 41. Oppliger, R.A., R.D. Harms, D.L. Herrmann, C.M. Streich, and R.R. Clark. The Wisconsin wrestling minimal weight project: a model for wrestling weight control. *Med. Sci. Sports Exerc.* 27:1220-1224, 1995.
 42. Oppliger, R.A. and C.M. Tipton. Weight prediction equation tested and available. *Iowa Med.* 75:449-452, 1985.
 43. Oppliger, R.A., G.L. Landry, S.A. Foster, and A.C. Lambrecht. Bulimic behaviors among high school wrestler: a statewide survey. *Pediatr. Res.* 94:826-831, 1993.
 44. Oppliger, R.A. and R.H. Congdon. Implementing minimal weight prediction equations for high school wrestlers. *Iowa Med.* 77:444-446, 1987.
 45. Oppliger, R.A., D.H. Neilsen, and C.G. Thompson. Minimal weight predicted by bioelectrical impedance and anthropometric equations. *Med. Sci. Sports Exerc.* 23:247-253, 1991.
 46. Oppliger, R.A. Accuracy of body fat testing among high school wrestlers confirmed. *Med. Sci. Sports Exerc.* 24(Suppl.):S10, 1992.

47. Park, S.H., J.N. Roemmich, and C.A. Horswill. A season of wrestling and weight loss by adolescent wrestlers: effect on anaerobic arm power. *J. Appl. Sports. Sci. Res.* 4:1-4, 1990.
48. Rankin, J.W., J.V. Ocel and L.L. Craft, Effect of weight loss and refeeding diet composition on anaerobic performance in wrestlers. *Med. Sci. Sports Exerc.* 28(10):1292-9, 1996.
49. Ribisl, P.M., and W.G. Herbert. Effect of rapid weight reduction and subsequent rehydration upon the physical working capacity of wrestlers. *Res. Q.* 41:536-541, 1970.
50. Roberts, W.O. Certifying wrestlers' minimum weight: a new requirement. *Physician Sportsmed.* 26(10):79-81, 1998.
51. Roemmich, J.N., W.E. Sinning. Sport seasonal changes in body composition, growth, power and strength of adolescent wrestlers. *Int. J. Sports Med.* 17:92-99, 1996.
52. Roemmich, J.N., W.E. Sinning. Weight loss and wrestling training: effects on nutrition, growth, maturation, body composition, and strength. *J. Appl. Physiol.* 82(6):1751-9. 1997.
53. Sazmbraski, E.J., D.T. Foster, P.M. Gross, and C.M. Tipton. Iowa wrestling study: weight loss and urinary profiles of collegiate wrestlers. *Med. Sci. Sports* 8:105-108, 1976.
54. Serfass, R.C., G.A. Stuff, J.F. Alexander, and J.L. Ewing. The effects of rapid weight loss and attempted rehydration on strength and endurance of the hand muscle in college wrestlers. *Res. Q. Exerc. Sports* 55:46-52, 1984.
55. Sherman, W.M., D.L. Costill, W.J. Fink, F.C. Hagerman, L.E. Armstrong , and T.S. Murray. Effect of 42.2 m footrace and subsequent rest or exercise on muscle glycogen and enzymes. *J. Appl. Physiol.* 55:1219-1224, 1983.
56. Singer, R.N. and S.A. Weiss. Effects of weight reduction on selected anthropometric, physical, and performance measures of wrestlers. *Res. Q.* 39:361-369, 1968.
57. Sossin, K., F. Gizis, L.F. Marquart and J. Sobal. Nutritional beliefs, attitudes, and resource use of high school wrestling coaches. *Int. J. Sport Nutr.* 7(3):219-28, 1997.
58. Steen, S.N. and K.D. Brownell. Patterns of weight loss and regain in wrestlers: has the tradition changed? *Med. Sci. Sports Exerc.* 22:762-768, 1990.
59. Steen, S.N., R.A. Oppliger, and K.D. Brownell. Metabolic effects of repeated weight loss and regain in adolescent wrestlers. *J.A.M.A.* 260:47-50, 1988.
60. Steen, S.N. and S. McKinney. Nutritional assessment of college wrestlers. *Physician Sportsmed.* 14:100-116, 1986.
61. Stine, G., R. Ratliff, G. Shierman, and W.A. Grana. Physical profile of the wrestlers at the 1977 NCAA Championships. *Physician Sportsmed.* 7:98-105, 1979.
62. Strauss, R.H., R.R. Lanese, and W.B. Malarkey. Weight loss in amateur wrestlers and its effect on serum testosterone. *J.A.M.A.* 254:3337-3338, 1985.

63. Thorland, W.G., C.M. Tipton, R.W. Bowers, et al. Midwest wrestling study: prediction of minimal weight for high school wrestlers. *Med. Sci. Sports Exerc.* 23:1102-1110, 1991.
64. Tipton, C.M., T.K. Tchong, and W.D. Paul. Evaluation of the Hall method for determining minimum wrestling weights. *J. Iowa Med. Soc.* 59:571-574, 1969.
65. Tipton, C.M. and T.K. Tchong. Iowa wrestling study: weight loss in high school students. *J.A.M.A.* 214:1269-1274, 1970.
66. Tuttle, W.W. The effects of weight loss by dehydration and withholding of food on the physiologic response of wrestlers. *Res. Q.* 14:158-166, 1943.
67. Vaccaro, P., C.W. Zauner, and J.R. Cade. Changes in body weight, hematocrit, and plasma protein concentration due to dehydration and rehydration in wrestlers. *J. Sports Med. Phys. Fitness* 16:45-53, 1976.
68. Webster, S., R. Rutt, and A. Weltman. Physiological effects of a weight loss regimen practiced by college wrestlers. *Med. Sci. Sports Exerc.* 22:229-234, 1990.
69. Weissinger, E., T.J. Housh, G.O. Johnson, and S.A. Evans. Weight loss behavior in high school wrestling: wrestler and parent perception. *Pediatr. Exerc. Sci.* 3:64-73, 1991.
70. Widerman, P.M. and R.D. Hagen. Body weight loss in a wrestler preparing for competition: a case report. *Med. Sci. Sports Exerc.* 14:413-418, 1982.
71. Woods, E.R., C.D. Wilson and R.P. Masland. Weight control methods in high school wrestlers. *J. Adolesc. Health Care* 9:394-397, 1988.
72. Wroble R.R. and D.P. Moxley Weight loss patterns and success rates in high school wrestlers. *Med. Sci. Sports Exerc.* 30(4):625-8, 1998.
73. Zambraski, E.J., C.M. Tipton, T.K. Tchong, H.R. Jordan, A.C. Vailas, and A.K. Callahan. Iowa wrestling study: changes in urinary profiles of wrestlers prior to and after competition. *Med. Sci. Sports* 7:217-220, 1975.
74. Zambraski, E.J., C.M. Tipton, H.R. Jordan, W.K. Palmer and T.K. Tchong. Iowa wrestling study: urinary profiles of state finalists prior to competition. *Med. Sci. Sports* 6:129-132, 1974.

INTER-ASSOCIATION TASK FORCE FOR APPROPRIATE CARE OF THE SPINE CONSENSUS STATEMENT

In May 1998, the ACBSP™ was able to send a representative to participate in the Inter-Association Task Force for Appropriate Care of the Spine, which was organized by the National Athletic Trainers Association. Drs. Tom Hyde and Andy Klein facilitated the ACBSP™ representation at this meeting. Jay Greenstein, DC, CCSP® represented the ACBSP™ at this multi-disciplinary summit to develop guidelines for the appropriate care of the spine-injured athlete. In addition, the task force identified additional areas of concern and ideas for future projects. The task force will draft a letter to athletic helmet manufacturers, NOCSAE, and sports governing bodies recommending that football helmet face masks should be attached by loop straps and not be bolted on, in order to facilitate appropriate emergency management by medical personnel. They will also be drafting a letter to athletic helmet manufacturers and NOCSAE recommending that loop straps be made of a material that is easy to cut, and the producers of loop straps provide appropriate tools to cut/remove the loop straps that they manufacture. The ACBSP™ has voted to endorse the NATA Position Statement and adopt these preliminary guidelines. The ACBSP™ will continue to contribute in a cooperative effort to the further development of this topic in the future. The ACBSP™ wishes to thank Dr. Greenstein for again representing the profession in an exemplary manner. The first draft was approved by the ACBSP™ Board of Directors and states:

Mission of the Summit:

To develop guidelines for the pre-hospital management of the physically active with suspected spinal injury.

GENERAL GUIDELINES

- * Any athlete suspected of having a spinal injury should not be moved and should be managed as though a spinal injury exists.
- * The athlete's airway, breathing and circulation, neurological status and level of consciousness should be assessed.
- * The athlete should not be moved unless absolutely essential to maintain airway, breathing and circulation.
- * If the athlete must be moved to maintain airway, breathing and circulation, the athlete should be placed in a supine position while maintaining spinal immobilization.
- * When moving a suspected spine injured athlete, the head and trunk should be moved as a unit. One accepted technique is to manually splint the head to the trunk.
- * The Emergency Medical Services system should be activated.

FACE MASK REMOVAL

- * The face mask should be removed prior to transportation, regardless of current respiratory status.
- * Those involved in the pre-hospital care of injured football players should have the tools for face mask removal readily available.

FOOTBALL HELMET REMOVAL

The athletic helmet and chin strap should only be removed...

- * if the helmet and chin strap do not hold the head securely, such that immobilization of the helmet does not also immobilize the head.
- * if the design of the helmet and chin strap is such that even after removal of the face mask the airway cannot be controlled, or ventilation provided.
- * if the face mask cannot be removed after a reasonable period of time.
- * if the helmet prevents immobilization for transportation in an appropriate position.

HELMET REMOVAL

Spinal immobilization must be maintained while removing the helmet.

- * Helmet removal should be frequently practiced under proper supervision.
- * Specific guidelines for helmet removal need to be developed.
- * In most circumstances, it may be helpful to remove cheek padding and/or deflate air padding prior to helmet removal.

EQUIPMENT

Appropriate spinal alignment must be maintained.

- * There needs to be a realization that the helmet and shoulder pads elevate an athlete's trunk when in the supine position.
- * Should either be removed, or if only one is present, appropriate spinal alignment must be maintained.
- * The front of the shoulder pads can be opened to allow access for CPR and defibrillation.

This task force encourages the development of a local emergency care plan regarding the pre-hospital care of the athlete with a suspected spine injury. This plan should include communication with the institution's administration and those directly involved with the assessment and transportation of the injured athlete. All providers of pre-hospital care should practice and be competent in all of the skills identified in these guidelines before they are needed in an emergency situation.

These guidelines were developed as a consensus statement by;

Douglas M. Kleiner, PhD, ATC, FACSM, (Chair), National Athletic Trainers' Association; Jon L. Almquist, ATC, National Athletic Trainers' Association Secondary School Athletic Trainers Committee; Julian Bailes, M.D., American Association of Neurological Surgeons; John C. Biery, DO, FAOASM, FACSM, American Osteopathic Academy of Sports Medicine; Pepper Burruss, ATC, PT, Professional Football Athletic Trainers' Society; Alexander M. Butman, Dsc, REMT-P, National Registry of Emergency Medical Technicians; Jerry Diehl, National Federation of State High School Associations; Robert Domeier, M.D., National Association of Emergency Medical Services Physicians; Kent Falb, ATC, PT, National Athletic Trainers' Association; Henry Feuer, M.D., National Football League Physicians Society; Jay Greenstein, DC, CCSP®, American Chiropractic Board of Sports Physicians™; Letha Y. Griffin, M.D., American Orthopaedic Society for Sports Medicine; National Collegiate Athletic Association Committee on Competitive Safeguards and Medical Aspects of Sports; Bob Hannemann, M.D., American Academy of Pediatrics Committee on Sports Medicine and Fitness; Margaret Hunt, ATC, United States Olympic Committee; Daniel Kraft, M.D., American Medical Society for Sports Medicine; James Laughnane, ATC, National Athletic Trainers' Association College and University Athletic Trainers' Committee; Connie McAdam, MICT, National Association Emergency Medical Technicians; Dennis A. Miller, ATC, PT, National Athletic Trainers' Trainers' Association; Michael Oliver, National Operating Committee on Safety and Equipment; Andrew N. Pollak, M.D., Orthopaedic Trauma Association; Dan Smith, DPT, ATC, American Physical Therapy Association Sports Physical Therapy Section; David Thorson, M.D., American Academy of Family Physicians; Patrick R. Trainor, ATC, National Association of Intercollegiate Athletics; Robert G. Watkins, M.D., American Academy of Orthopaedic Surgeons Committee on the Spine; Stuart Weinstein, M.D., American College of Sports Medicine; North American Spine Society; Physiatric Association of Spine, Sports & Occupational Rehabilitation.

BLOODBORNE PATHOGENS OPINION STATEMENT

AMERICAN CHIROPRACTIC ASSOCIATION **COUNCIL ON SPORTS INJURIES AND PHYSICAL FITNESS**

INTRODUCTION:

The Occupational Safety and Health Administration recognizes the need for a regulation that prescribes safeguards to protect workers against the health hazards from exposure to blood and certain body fluids containing bloodborne pathogens, and to reduce their risk to this exposure. There is a rapidly increasing participation and exposure of chiropractors in sports medicine as emergency responders. The chiropractic sports practitioner must have the knowledge and the plan in place prior to the risk of exposure. This document is intended to provide information and guidelines as they relate to sports chiropractic.

DEFINITIONS:

BLOOD:

Under the OSHA rule, blood means human blood, blood products, or blood components. Bloodborne pathogens are microorganisms that are present in blood, blood products, and other potentially infectious materials (OPIM).

OTHER POTENTIALLY INFECTIOUS MATERIALS (OPIM):

Other potentially infectious materials (OPIM), defined by the Centers for Disease Control as:

- semen
- vaginal secretions
- cerebrospinal fluid
- pleural fluid
- peritoneal fluid
- pericardial fluid
- amniotic fluid
- synovial fluid
- breast milk (not all authorities agree)
- saliva in dental procedures.

OCCUPATIONAL EXPOSURE:

Occupational exposure means a "reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of employees' duties."

UNIVERSAL PRECAUTIONS:

Universal precautions is a method of infection control in which all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens. Universal precautions are to be observed in all situations where

there is a potential for contact with blood or other potentially infectious material. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids are to be considered potentially infectious.

PERSONAL PROTECTIVE EQUIPMENT (PPE):

Personal protective equipment refers to specialized clothing or equipment worn for protection from exposure to blood or other potentially infectious materials. Personal protective equipment will be considered “appropriate” only if it does not permit blood or other potentially infectious substances and contaminated materials to pass through to or reach a provider’s work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time the protective equipment is in use. Hypoallergenic alternatives (e.g., hypoallergenic or powderless gloves) must be available to people who have an allergic sensitivity to protective equipment. Personal protective equipment consists of, but is not limited to, gloves, face shields, masks, and eye protection, gowns, aprons, and similar items.

GUIDELINES AND PRECAUTIONARY MEASURES:

1. Identify in advance, as much as possible, the type and degree of anticipated exposure that you and other responders are likely to encounter.
2. In work areas where there is a reasonable likelihood of exposure to blood or other potentially infectious materials, one must not engage in activities that can transmit bloodborne pathogens. This includes activities such as, eating, drinking, applying cosmetics or lip balm, smoking, and handling contact lenses.
3. Gloves shall be worn where it is reasonably anticipated that one will have hand contact with blood, other potentially infectious materials, non-intact skin, and mucous membrane. Disposable gloves are not to be washed or decontaminated for re-use and are to be replaced when they become contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised. Gloves should be made of latex, nitrile, rubber, or other water impervious materials. If glove material is thin or flimsy, double gloving can provide an additional layer of protection. Always inspect your gloves for tears or punctures before putting them on. If a glove is damaged, don’t use it!
4. Masks in combination with eye protection devices, such as goggles or glasses with solid side shield, or chin length face shields, are to be worn whenever splashes, spray, splatter, or droplets of blood or other potentially infectious materials may be generated. They are to be worn when eye, nose, or mouth contamination can reasonably be anticipated.
5. In instances when gross contamination can reasonably be anticipated, appropriate protective clothing shall be worn. This includes:
 - lab coats
 - gowns
 - aprons
 - clinic jackets
 - caps
 - shoe covers

- booties
 - similar outer garments
6. All contaminated equipment and work surfaces will be decontaminated after completion of procedures and immediately or as soon as feasible after any spill of blood or other potentially infectious materials. Decontamination will be accomplished by utilizing bleach solutions or EPA registered germicides.
 7. Make certain that anyone providing treatment to athletes must check oneself for any cuts, sores, and/or wounds. These must be covered with a bandage or dressings with no fluid seepage. If any open wounds are present, it is best to avoid providing first aid until the wound is healed.
 8. Do not contaminate the first aid/trauma bag with blood, it is best that someone else hands you the materials from the bag. Anyone assisting the main provider must also take proper precautions.
 9. Equipment that has been contaminated with blood or other potentially infectious materials shall be decontaminated prior to reuse.
 10. Handwashing is one of the most important and easiest practices used to prevent transmission of bloodborne pathogens. If you are working on the field, or an area without access to handwashing facilities, you should use an antibacterial cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes. If these alternative methods are used, hands should be washed with soap and running water as soon as feasible.

PROPER CLEAN UP OF A BLOOD SPILL:

1. Wear gloves.
2. If there is debris, remove glass and other sharp materials with brush and dust pan, plastic scoop, etc. Do not use your hands.
3. Be sure to discard all material into a puncture resistant container that is properly labeled for biohazardous waste disposal.
4. Use absorbent materials, such as a paper towel to soak up the spilled materials. Always wipe towards the center of the spill.
5. After removing visual remainders of the spill, clean the area with disinfectant/detergent active against bloodborne pathogens. A solution of 5.25% of sodium hypochlorite (household bleach/Clorox) diluted between 1:10 and 1:100 with water. The standard recommendation is to use at least a quarter cup of bleach per one gallon of water. Allow it to stay in contact with the contaminated area for 20 minutes. If other bacterial/virucidal agent is used, check the label to make sure that it meets the requirement and follow manufacturer's instructions on its proper use.
6. Wipe the area of the disinfectant.
7. Apply disinfectant/detergent a final time, allowing agent to set for 10 minutes to air dry.

8. Place all contaminated items in a properly labeled biohazard bag. All towels or materials used to clean up the spill must be properly disposed of, according to state and federal regulations.
9. Wash your hands.

ASEPTIC TECHNIQUE FOR GLOVE REMOVAL:

1. Grasp the palm of the glove with your opposite hand.
2. Slowly pull of the glove, inside out, being careful not to touch the contaminated areas of your glove with your ungloved hand.
3. Scrunch the glove into a ball with your gloved hand.
4. Carefully slide your index finger inside your remaining glove.
5. Pull off your remaining glove, inside out, over your scrunched glove.
6. Dispose of the gloves in the biohazard trash receptacle and wash your hands immediately.

MEDICAL SUPPLY LIST:

Note: This is a basic list. There are certain sports that may require specific equipment and materials. Suit your medical bag to the specific needs of your sports event, in addition to this list.

Latex or nitrile gloves
Antibacterial hand cleanser
Scissors/trauma shears
Bandages (various sizes and shapes)
Sterile gauze pads (4 x 4)
Abdominal pads
Mass trauma dressing
Adhesive tape
Ziploc bags
Splints, variety of sizes
Pocket mask with oxygen inlet (several)
Household bleach or bacterial/virucidal agent
Bag Valve Mask
Wound cleanser
Antibacterial cream
Portable suction unit
Alcohol swabs
Betadine swabs
BP cuff
Stethoscope
Kling
Normal saline/sterile water
Note pad and pen
Scrub brushes

Pocket mask
Eye protection
Face protection
Liquid proof gowns
Biohazard disposal bags with labels

REFERENCES

1. Assessing a Bloodborne Pathogens Program. (Johnson LF; Occup Health Saf, 1998 March).
2. Bloodborne Pathogens Compliance Directive. U.S. Dept. of Labor, Occupational Safety & Health Administration, OSHA Directive CPL 2-2.44D (1999, November)
3. Bloodborne Pathogens Final Standard: Summary of Key Provisions. OSHA Fact Sheet 92-46.
4. Bloodborne Pathogens. Office of Occupational Medicine (1998). Addresses the bloodborne pathogen standard as it applies to dental and medical offices.
5. Bloodborne Pathogens Exposure Control Plan. Oklahoma State University Physical Plant, 1995, June).
6. Bloodborne Pathogens Reference and Training Manual. University of Wisconsin-Madison, 1997.
7. Bloodborne Pathogens. Department of Occupational Health and Safety. University of Delaware, 1997.
8. Bloodborne Pathogens' Unseen Dangers. (Johnson LF; Occupational Health & Safety, 1996 September).
9. Bloodborne Pathogens Risk and Precautions Among Urban Fire-Rescue Workers. (Carrillo L; Journal of Occupational & Environmental Medicine, 1996 September).
10. Bloodborne Pathogen Transmission in Health Care Workers. Risks and Prevention Strategies. (Cardo DM; Infect Dis Clin North Am, 1997 June).
11. Healthcare Workers and Bloodborne Pathogens: Knowledge, Concerns, & Practices. (Ryan ME; Gastroenterol Nurs, 1996 May-Jun).
12. Infection Control: HIV/AIDS and Other Bloodborne Pathogens. (Casey KM; Nurs Spectr (Fla), 1998 Jan 12).
13. Infection Control Recommendations for the Dental Office and the Dental Laboratory. ADA Council on Scientific Affairs and ADA Council on Dental Practice, 1996.
14. Nitrile gloves. GIWU LLC.
15. New Position Statement. Regulations on Bloodborne Pathogens in the School Setting. National Association of School Nurses, Inc. (Nasnewsletter, 1997 May).

16. Occupational Exposure to Bloodborne Pathogens: Precautions for Emergency Responders. OSHA 3130 (1998 (revised)).
17. Occupational Exposure to Bloodborne Pathogens. OSHA 3127 (1996 (revised)).
18. Occupational Exposure of Health Care Workers to Bloodborne Pathogens, Proposal for a Systematic Intervention Approach. (Corser WD; AAOHN, 1998 May).
19. Orthopedic Trauma Surgeons' Attitudes and Practices Towards Bloodborne Pathogens. (McCarthy ML; Journal of Orthopedic Trauma, 1996).
20. Post-exposure Evaluation and Follow-up Requirements Under OSHA's Standard for Occupational Exposure to Bloodborne Pathogens. American Dental Association. (December 1997).
21. Shielding Eyes Against Bloodborne Pathogens. (Roll D; Occupational Health & Safety, 1997, March).

Recertification:

In order to protect and serve the public and profession, all ACBSP certificants must recertify their credential on a yearly basis. The recertification program is designed to enhance the continued competence of the certificants. The public listing on the ACBSP website, www.acbsp.com, clearly indicates those that are current with their recertification. The complete ACBSP Recertification and Continuing Education Policy follow:

AMERICAN CHIROPRACTIC BOARD OF SPORTS PHYSICIANS™ RECERTIFICATION AND CONTINUING EDUCATION POLICY

I. Introduction.

Effective January 1, 2001, this policy sets forth information regarding ACBSP recertification requirements, including certain changes in the standards, guidelines and procedures of the ACBSP Policy on Continuing Education. While the objectives of the Continuing Education Program remain the same, these revisions are intended to clarify all requirements and guidelines concerning the ACBSP recertification process and to simplify administrative procedures.

II. Statement of Purposes.

The ACBSP Board of Directors has established a Continuing Education Program as part of the recertification process for ACBSP certificants: Diplomates of the American Chiropractic Board of Sports Physicians (DACBSP) and Certified Chiropractic Sports Physicians/Practitioners (CCSP). Among other purposes, the Recertification and Continuing Education Policy is intended to: promote continued competence by requiring ACBSP certificants to demonstrate a current level of professional knowledge and skills; and, encourage ACBSP certificants to advance and enhance their knowledge and skills within the sports chiropractic profession in order to become recertified.

III. Recertification Process and Requirements.

As explained in this policy, certificants may become recertified by either: retaking and passing the appropriate ACBSP Certification Examination(s); or, meeting the educational and professional activity requirements of the ACBSP Continuing Education Program. Additionally, all ACBSP certificants must maintain current CPR certification in order to maintain certification.

All examination policies, deadlines, fees and site availability rules apply to any examination retake for recertification purposes. A doctor cannot receive his/her certification and recertification from the same examination(s).

A. Certification Examination Retake. Certificants may choose to retake their respective Certification Examination(s) in order to become recertified.

1. CCSP Requirement. Successful completion of the CCSP Certification Examination.

2. **DACBSP Requirement. Successful completion of both the written and practical DACBSP Certification Examinations.**

B. Continuing Education Program. Certificants may seek recertification through continuing education activities. A minimum number of continuing education units (CEUs) must be accumulated every one-year period following ACBSP certification, as described below. The ACBSP has established the following CEU requirements:

1. **CCSP Requirements.** Completion of twelve (12) CEUs every one-year period.
2. **DACBSP Requirements.** Completion of twenty-four (24) CEUs every one-year period.

The ACBSP grants CEUs to certificants for participation in educational and practical activities meeting specific criteria, as described in this policy. Credits may only be applied to the one-year period in which they are earned. Therefore, unless otherwise permitted by this policy, credits earned in excess of the requirements may not be applied to the next or a previous one-year period.

C. Maintenance of CPR Certification. In order to become recertified, all certificants must maintain current CPR/AED certification from one of the following organizations: American Heart Association (BLS for the Healthcare Provider) or American Red Cross (Professional Rescuer). CPR recertification must be documented by submitting a photocopy of the renewed card to the ACBSP office.

IV. General Continuing Education Requirements.

The ACBSP has established a yearly (12 month) time period, or cycle, for the completion of recertification requirements. Under the Continuing Education Program, a certificant must earn the required number of CEUs within each one-year period in order to become recertified.

- A. Initial Period.** The initial period under this policy began January 1, 1996 and ended December 31, 1998.
- B. One-Year Period.** Effective January 1, 2001, each continuing education unit cycle applicable to all ACBSP certificants will be a one-year period, i.e., January 1, 2001 through December 31, 2001, and each one-year period thereafter. Continuing education requirements become effective January 1 of each year following initial certification, except as otherwise permitted by this policy. The rationale for a one-year period is that protocols for the emergency management of an injured individual are in transition (i.e. traumatic brain injury, concussion) and emergency medicine skills are infrequently required to be used, but mastery of these skills is of very high importance.
- C. Application of CCSP Credits to DACBSP Requirement.** A CCSP who successfully achieves DACBSP certification within the same one-year period may apply to ACBSP for permission to use CEUs previously credited to the CCSP requirements toward the DACBSP continuing education requirement.

The application must be in writing and must state, in detail, the reasons that the request should be granted.

- D. Reporting Continuing Education Activities/Maintenance of Personal Records.** All certificants must maintain in their possession, documented proof of completion of any applicable continuing education activity, including copies of any documentation submitted to the ACBSP. Renewal forms and documentation should be submitted to the ACBSP within thirty (30) days upon completion of the continuing education activity. A renewal form is available from the ACBSP office upon request; the form is also posted on the ACBSP web site (www.acbsp.com). The ACBSP may request additional information or clarification of a specific program or activity prior to final acceptance and granting of credit, or at a future time.
- E. Fees.** The ACBSP will assess a yearly recertification fee for recording, tracking, maintaining and reporting CEUs to all certificants. An invoice will be sent to the certificant for the fee in the year that it is due. The annual fee will be assessed for the recertification period or year following initial certification. Beginning January 1, 2004, the annual fee must be paid by January 31 in order to maintain active certification/recertification status. Recertification fees will be determined by the Board of Directors on an annual basis.
- F. Reduction or Waiver of CEU Requirements.** The ACBSP will consider requests for the reduction or waiver of recertification fee requirements based on specific, individual, mitigating circumstances, including undue hardships and unforeseen circumstances which prevent timely completion of such requirements. Requests for the reduction or waiver of recertification fee requirements must be submitted in writing and must contain complete information supporting the request for the reduction or waiver. ACBSP retains the sole and exclusive authority to grant or deny a reduction or waiver request. Formal notification of the ACBSP decision will be forwarded to the certificant.
- 1. Retired/Disabled/Military Certificants.** Any certificant who has withdrawn from active chiropractic practice due to retirement, disability, or active-duty military services and wishes to keep his/her certification active must immediately notify the ACBSP in writing. Recertification fees will be reduced by 50% for only the time that the certificant is not practicing. CEU requirements will still be required on an annual basis and current CPR certification will be required. Documentation of retirement, disability or active-duty military services must be provided to the ACBSP office for verification.
 - 2. Full-time Faculty Certificants.** Any certificant who is also a full-time faculty and wishes to keep his/her certification active must immediately notify the ACBSP in writing. Recertification fees will be reduced by 50% for only the time that the certificant is a full-time faculty. CEU requirements will still be required on an annual basis and current CPR certification will be required.
- G. Inactive Certification Status.** A certificant will become inactive and placed on an inactive list of certificants, under the following circumstances:

1. **Withdrawal from Practice/Retired Inactive Status.** Any certificant who has withdrawn from active chiropractic practice must immediately notify the ACBSP and will be placed on an inactive list of retired certificants. Such retired certificants are permitted to retain inactive certification status and may seek to activate certification upon application to the ACBSP, under policies to be established by the Board of Directors.
2. **Failure to Meet Recertification Requirements.** If a certificant fails to meet the appropriate recertification requirements within an established one-year period, the certificant will be placed on an inactive list, unless otherwise permitted by this policy. Such inactive certificants are prohibited from identifying themselves as certified by the ACBSP, until such time as active certification status has been granted by ACBSP, within its sole and exclusive authority, appropriately.

In order to regain active status, a certificant must make application to the ACBSP, within six (6) months of the date of inactive status. In order to be considered, the certificant is required to: submit a written statement to the ACBSP Board, explaining and detailing a compelling reason/basis for the reactivation; and, complete the appropriate recertification requirements consistent with this policy. If a certificant fails to regain active status following the end of the six-month period, inactive certificants will be removed from all lists of certificants. In the event that active certification status is sought thereafter, the individual must reapply for certification and successfully complete the respective certification process.

V. Continuing Education Activity Guidelines.

All continuing education activities are subject to ACBSP review and approval. Therefore, in order to ensure acceptance of a continuing education activity, certificants are strongly encouraged to contact the ACBSP prior to participating in an activity to confirm whether credit may be granted for completion of such activity.

- A. **Categories of Acceptable Activities.** Unless otherwise noted by this policy, all continuing education activities must be sports medicine or fitness related in order to be accepted by the ACBSP.
 1. **Formal Academic Educational Courses.** This category includes participation in educational programs designed to enhance physician knowledge and clinical competency and to improve patient care. Programs must be related to the field of chiropractic sports medicine. Such activities must be completed following initial certification and must satisfy the quality guidelines described in Section V. C, below.
 2. **Professional Conferences, Meetings, Seminars, Workshops.** This category includes attendance at qualified professional conferences, meetings, seminars and workshops (events) designed to enhance physician knowledge and clinical competency and to improve patient care. Participation in events must satisfy the quality guidelines described in Section V.C, below. Qualified events may include, but are not limited to: the ACBSP Annual Chiropractic Sports Sciences

Symposium; and, other professional and educational activities, subject to review and approval by the ACBSP.

3. **Scientific Papers and Publications.** This category includes development, authorship and/or presentation of scientific papers, abstracts and publications intended for chiropractic physician education. An original scientific paper is defined as one that reflects a search of literature, appends a bibliography and contains original data gathered by the author. Such activities may include, but are not limited to: a published manuscript in a peer-reviewed journal; and, a book, or chapter of a book related to the field of chiropractic sports medicine. A copy of the paper/publication in finished form must be submitted to the ACBSP for review and approval. Papers and publications will be judged on a case-by-case basis and the number of CEUs granted will not exceed 50% of the annual continuing education requirement.
4. **Professional Services.** This category includes activities involving substantive participation or service related to the review, evaluation, development and application of chiropractic sports physician knowledge and competency. Such activities may include, but are not limited to: service on ACBSP examination committees, including Angoff Value, Item Writer and Item Evaluation Committees; defined service in a specific project as a professional consultant or subject matter expert related to the field of chiropractic sports medicine; and, service on a medical team or as a treating doctor during a nationally recognized athletic event. CEUs for service on a medical team or as a treating doctor during a nationally recognized event will be calculated as 0.25 CEU per hour of active participation with a maximum of 50% of the annual continuing education requirement allowed per year. A verification form is available from the ACBSP office upon request; the form is also posted on the ACBSP web site (www.acbsp.com).

A DACBSP or CCSP who completes an internship at an Olympic Training Center, or is a member of a medical team for the Goodwill Games, PanAmerican Games or the Olympic Games for the United States will fulfill the entire continuing education requirement for the one-year period in which they served.

5. **DACBSP Mentorship of CCSP.** This category includes participation in activities specifically by CCSPs under the direct supervision of a mentoring DACBSP. Only CCSPs may earn continuing education credit under this category. In order for any activity to be approved and accepted, the CCSP and mentoring DACBSP must submit a detailed plan for ACBSP review at least thirty (30) days prior to the proposed date of the activity, including the following information: the subject and practice area(s) addressed by each proposed activity; the anticipated number of contact hours to be earned for each proposed activity and relevant dates; the number of credits requested upon completion of each activity; the names, addresses and contact information of both the CCSP and DACBSP; and, an express, written and signed statement by both certificants indicating that the mentorship will not involve any type of monetary exchange between parties. CCSPs must maintain a written daily journal, including

detailed explanations of the skills learned and knowledge gained during the mentored experience and may be required to prepare patient summary case reports. CCSPs will be granted 1.0 CEU for every four (4) hours of practical activity completed, with a maximum of 8.0 CEUs that may be earned under this category during any one-year period. Credit is not granted for coffee breaks, social functions, or time allotted to business or administrative matters.

6. **Home Study.** This category includes self-educational activities designed to enhance knowledge and clinical competency and to improve patient care. Such activities may include, but are not limited to: the review and analysis of professional journals recognized by the professional, scientific community, and successful completion of the self test (quiz) included in the journal. Quiz results must be sent in to the ACBSP Board Secretary. All activities must be reviewed and approved by the ACBSP. Certificants will be granted 1.0 CEU per quiz successfully completed and approved. In any given one-year period, CCSPs and DACBSPs may earn a maximum of 3.0 CEUs under this category.

On-line Course Learning: CEUs can be earned on-line and must satisfy the quality guidelines described in Section V.C, below. In any given one-year period, CCSPs and DACBSPs may earn a maximum of 50% of the annual continuing education requirement per year

7. **Non-ACBSP Certifications and Specialties.** This category includes the satisfaction, completion and maintenance of professional certification(s) in sports-related disciplines, administered by other recognized organizations, including: Athletic Training Certification by the National Athletic Trainer's Association Board of Certification; EMT Certification by an authorized EMT certifying organization; and Certified Strength and Conditioning Specialist by the NSCA Certification Commission. In any given one-year period, CCSPs and DACBSPs will be exempt from ACBSP continuing education requirements, as long as all certification and recertification requirements are completed in compliance with the respective organization's requirements. A request for exemption, including supporting documentation of such other recognized certification(s), must be submitted to the ACBSP for review and approval.

8. **Other Continuing Education Activities.** This category includes other continuing education activities that may be considered for credit by the ACBSP.

B. Categories of Unacceptable Activities. Programs comprised of Adjustive techniques will not be approved for CEU credits without the express, written consent of the ACBSP

C. Quality Program Guidelines and Requirements. Unless otherwise noted by this policy, all CEU activities accepted by the ACBSP must satisfy the following guidelines and requirements. These rules are provided to assist certificants in evaluating whether a program or activity may satisfy ACBSP Continuing Education requirements. These standards are not intended to

suggest that a program appearing to satisfy these criteria will be approved or disapproved by the ACBSP.

1. **Relevant Content.** The activity must have significant intellectual or practical content, the primary objective of which is to improve the professional competence of participants. The activity must be an organized program of learning designed to provide education in subjects directly relating to sports and/or fitness medicine.
 2. **Stated Objectives.** The activity must have stated and printed educational objectives. The objectives must state what the practitioner will know or be able to do upon completion of the activity.
 3. **Non-Restricted Participation.** The program must be described in a detailed statement prepared by the sponsor or certificant which explains the type of audience for whom the activity is designed and the relevancy of the program to the professional practice needs of participants. The activity must be non-discriminatory and open to all practitioners interested in the subject matter.
 4. **Instructor Competency.** The credentials of the program instructors must be provided to the ACBSP. The instructors must have appropriate expertise and adequate credentials necessary to conduct the program effectively, including knowledge of content area, qualification by relevant experience and competence as an instructor.
 5. **Attendance Records.** The sponsor or provider must monitor the CEU activity for attendance and maintain records to assure that participants may be given proper credit for continuing education.
 6. **Course Materials.** Each participant must be provided with thorough, high quality and carefully prepared written course materials before or at the time of the activity. Although written materials may not be appropriate to all courses, they are expected to be utilized whenever possible.
 7. **Adequate Facilities.** The program must assure that proper facilities and equipment are provided to enable the presenter to teach effectively. The activity must be presented in a suitable setting conducive to education, including the provision of adequate writing space or surface for participants.
- D. Granting Credit.** In all cases, credit is granted only after the educational activity has been completed and documented. Unless stated otherwise in this policy, certificants will be granted 1.0 CEU for each contact hour of professional or educational activity completed, consistent with the terms of this policy. Beyond the initial hour, one-half CEU (0.5) will be granted for completion of at least thirty (30) additional minutes, but less than sixty (60) minutes. Credit is not granted for coffee breaks, social functions, or time allotted to business or administrative matters.
- E. Credit Denial.** The ACBSP reserves the sole and exclusive right to evaluate all programs and activities on an individual basis, and to deny credits at its discretion to those which do not meet the criteria described in this policy.

The number of CEUs indicated for a program by other organizations will be considered by the ACBSP in its evaluation. However, the ACBSP reserves the sole and exclusive right to make final determination of the number of credits granted. The certificant will be notified of a decision where CEUs are reduced or denied, including the basis for such action.

AMERICAN CHIROPRACTIC BOARD OF SPORTS PHYSICIANS™

RECORDS AND FILE RETENTION POLICY

Effective November 10, 1997

Section 1: The ACBSP™'s Records Management program provides systematic control of information from creation to final disposition. The Records Management program also provides a timetable and consistent procedures for maintaining the ACBSP's information including all media, moving the records to inactive storage when appropriate, and disposing of the records when they are no longer valuable to the organization. The ACBSP™ shall keep current and complete books and records of account and shall also keep minutes of the proceedings of its members and Board of Directors, and shall keep these records at the registered or principal office of record. The ACBSP shall keep the names and addresses of the numbers and the due payment status of each certificant. Any voting member in good standing may inspect the books and records of the ACBSP at any reasonable time. All files will be held in the strictest confidence.

File contents will not be discussed unofficially at meetings or informally in the office. The Board Secretary shall determine file content. A candidate database will be maintained to ensure consistent documentation of certification criteria. This includes examination scores and any other certification qualifications. ACBSP Board of Director members and all committees appointed by the ACBSP will maintain strict confidentiality of certification files and other candidate information. In addition, file contents will not be available to the public, employers or other certificants. Public information may include whether or not an individual has certification, the date of certification, however, specific examination scores or specific qualifications will not be made public. Information regarding minimum qualifications, which all candidates must satisfy, to be approved may be released.

Section 2: Reason for Policy - The Records Management policy will do the following: reduce the cost of records maintenance; retain records as required by federal, state, and other regulatory agencies; preserve the records that are vital to the ACBSP; and provide needed documentation in the event of litigation.

Section 3: Records Retention Schedule - The ACBSP Records Retention Schedule applies to all ACBSP certification materials. In addition, this retention schedule applies to all formats of information, including but not limited to hard copy paper records, electronic media, and microforms. Electronic records must be maintained according to the following retention schedule and destroyed when the retention period for that format has been met. Electronic records such as word processing documents may be destroyed if a paper copy has been made and filed in the ACBSP's record keeping system.

ACCOUNTS RECEIVABLE RECORDS

This series consists of documentation of charges made (i.e. invoices) and payments

received for goods and services provided by the ACBSP. Accounts receivables exist when there is a timing difference between providing the goods or services and the payment of the same.

Recommended retention: 7 fiscal years

ACCREDITATION RECORDS

This consists of reports and supporting information documenting the process of becoming accredited by the ACBSP and/or activities associated with reporting and/or confirming accreditation or certification. These documents include examination applications, their supporting documentation and materials supporting a doctor's achievement of DACBSP®/CCSP® certification.

Recommended retention: Retain records pertaining to current certification as long as the certificant remains current. If the certificant fails to maintain their credential the certificant's records will be maintained for two accreditation periods prior to destruction.

ADMINISTRATIVE POLICY RECORDS

This series may include chronological reading files, bound reports, tape recordings, photographs, examination results and other information types, all of which document the activities of the certificant.

Recommended retention: 3 years.

ADMINISTRATIVE SUPPORT RECORDS

This series documents the administrative records that are used to carry out the functions of the office.

Recommended retention: 3 fiscal years

ADMISSIONS APPLICATIONS

This series consists of applications of candidates that have been denied, declined admission or did not successfully complete the examination.

Recommended retention: 4 years from which application is processed provided no litigation is pending. As long as a candidate is eligible to complete the certification process, their files will be maintained.

ANNOUNCEMENTS AND INFORMATION: ROUTINE

This series consists of information transmitted between parties. This information does not result in the formulation of policy or contract. It may be transmitted electronically or in hard copy; internally between employees, or externally; and may include but is not limited to notices of seminars, conferences or workshops, queries regarding processes or ideas, electronic journals and general information of programs.

Recommended retention: Retain until obsolete, superseded or administrative value is lost.

ASSESSMENT RESULTS AND CANDIDATE SCORES

This series consists of answer sheets, practical grading sheets, cut score reports, job analysis reports and statistical reports.

Recommended retention: Permanently

BALLOTS

This series consists of ballots used by internal departmental or college committees.

Recommended retention: 60 calendar days after ballots counted and results posted.

BANK STATEMENTS

Recommended retention: 1 fiscal year.

BILLING RECORDS - SUBCONTRACTOR

This series consists of subcontractor information regarding billing, and includes monthly reconciliation records, invoices and correspondence.

Recommended retention: 3 fiscal years.

BUDGET FILES

This series consists of internal budget worksheets and files.

Recommended retention: 3 fiscal years.

COMMITTEE FILES

This series documents the service of individuals on ACBSP committees and boards.

Recommended retention: Retain until obsolete, superseded or administrative value is lost.

CONTINUING EDUCATION REQUIREMENTS

These documents are related to the certificant maintaining eligibility through continuing education.

Recommended retention: Documentation will remain in a certificant's individual file for a period of three years following the end of each certifying period. It is recommended that each certificant maintain his/her personal file of documentation of certification notice, CCSP® and/or DACBSP® certificate and maintenance of continuing education requirements. Upon notification that candidate is deceased, their file will be retained for historic records and possible future recognition.

CONTRACT FOR PROFESSIONAL SERVICES

This series consists of contracts for consulting services provided by non-ACBSP sources.

Recommended retention: 3 fiscal years after termination of contract

ENDOWMENT/DONOR/GIFT FILES

This series documents financial contributions received from individual donors and from business and industry sources. Master record maintained at ACBSP offices.

Recommended retention: 5 fiscal years.

EQUIPMENT FILES

This series documents purchases of equipment, and may include but is not limited to warranties and purchase information.

Recommended retention: 4 years after disposal of equipment.

EXPENSE BUDGET / REVENUE FORMS

This series consists of the forms sent to the ACBSP Office, and are used to set up accounts and reimbursements.

Recommended retention: Budget Office: 3 fiscal years.

FINANCIAL REPORTS

This series consists of copies of departmental computer generated fiscal reports.

Recommended retention: Permanently.

GRIEVANCE RECORDS

This series consists of department copies of grievance files.

Recommended retention: 7 years after grievance resolved and appeal process is exhausted.

INFORMATION REQUEST RECORDS

This series consists of correspondence accumulated in answering inquiries from the public, and may be held electronically in word processing files.

Recommended retention: 60 days after response.

MEMORANDA

This series consists of interoffice or interdepartmental communications, which do not subsequently result in the formulation of policies.

Recommended retention: Retain until obsolete, superseded or administrative value is lost.

PAYROLL RECORDS

This series may include but is not limited to copies of payroll records, such as W-2's, Earnings Records, Deduction Registers, and departmental abstracts. Master record maintained at Payroll.

Recommended retention: Payroll Master Record: 7 calendar years.

CERTIFICANT EDUCATION RECORDS

This series consists of departmental copies of exam applications, transcripts, correspondence and certification information. Master record maintained at the ACBSP Office.

Recommended retention: Retain records pertaining to current certification as long as the certificant remains current. If the certificant fails to maintain their credential the certificant's records will be maintained for two accreditation periods prior to destruction.

TELEPHONE MESSAGES

This series consists of common telephone message books or slips filled out by employees, and may also include electronic phone messages.

Recommended retention: Retain until obsolete, superseded or administrative value is lost.

VENDOR INVOICE (PV)

This series consists of the vendor invoice used to pay external billings from vendors. Master record maintained at Disbursement Services.

Recommended retention: 7 fiscal years.

WORKSHOP / SYMPOSIUM RECORDS

This series consists of registration fees, publications and correspondence related to workshops conducted or sponsored by the ACBSP.

Recommended retention: 3 fiscal years.

*Please refer to the ACBSP Continuing Education Policy for complete information regarding keeping your certification current and in good standing with the ACBSP.

Revised July 31, 1998

Revised May 1, 2003