



## ATHLETIC TRAINING SERVICES PROPOSAL & CONTRACT

TIMBERLANE REGIONAL SCHOOL DISTRICT 2013-2014

Date: 3/5/2013                      Athletic Trainers: To Be Determined

Athletic Director: Angelo Fantasia                      Business Administrator: George Stokinger  
Superintendent of Schools: Dr. Earl Metzler

### 1.0 INTRODUCTION

- A. Access Sports Medicine agrees to provide comprehensive athletic training services to the Timberlane Regional School District.

### 2.0 CONTRACT PERIOD

- A. One year term including the 2013-2014 school year.

### 3.0 PROPOSED SERVICES:

- A. Access will provide a NATA Board Certified and NH licensed Athletic Trainer to Timberlane Regional High School and a second NATA Board Certified and NH licensed Athletic Trainer to Timberlane Regional Middle School. The High School Athletic Trainer will provide training room, practice and game coverage for a minimum of twenty (20) hours per week in the fall, twenty (20) hours per week in winter and twenty (20) hours per week in the spring. Monday through Friday on regular school days unless there is a scheduled game. Home game coverage will be provided pursuant to the season schedule(s). Away game coverage is limited to only varsity football. The hours of coverage will be determined by the Athletic Director of the High School and Access Sports Medicine; and will vary according to the High School's needs and the Access Athletic Trainer's availability during a given season. Coverage resulting from any changes to the agreed upon schedules will be contingent upon availability of Access Sports Medicine to provide it.
  
- B. The Middle School Athletic Trainer will provide training room practice and game coverage for a total of twelve and a half (12.5) hours per week in the fall, twelve and a half (12.5) hours per week in the winter and twelve and a half hours per week in the spring. Monday through Friday on regular school days unless there is a scheduled game. Home game coverage will be provided pursuant to the season schedule(s). The hours of coverage will be determined by the Athletic Director of the Middle School and Access Sports Medicine; and will vary according to the Middle School's needs and the Access Athletic Trainer's availability during a given season. Coverage resulting from any changes to the agreed upon schedules will be contingent upon availability of Access Sports Medicine to provide it.

- C. Access uses the following definition of a certified athletic trainer: An allied health professional that has successfully completed the college/university undergraduate degree; fulfilled the certification of the NATA; has passed the NATA certification examination administered by the NATA Board of Certification. The six domains of Athletic Training as defined by the NATA-BOC are:
1. Prevention of athletic injuries.
  2. Recognition and evaluation of athletic injuries.
  3. Management, treatment and disposition of athletic injuries.
  4. Rehabilitation of athletic injuries.
  5. Organization and administration of the athletic training programs.
  6. Education and counseling of athletes and coaches.
- D. In conjunction with the Athletic Director, the Athletic Trainer will supervise the organization and management of the athletic training room.
- E. Accurate records will be kept by the Athletic Trainer on all athletes referred to, evaluated, or treated by the Athletic Trainer. Records will be kept in the athletic director's office or in the school nurse's office, on a strictly confidential basis.
- F. When indicated, the Athletic Trainer will refer the athlete to the appropriate health care professional only after consultation with and prior approval from the parents or guardian.
- G. The parents/guardians, appropriate coaches, Athletic Trainer, Athletic Director and School Nurse will be notified of all athlete injuries and any findings affecting the athlete's status.
- H. Any athlete referred to Access Sports Medicine & Orthopaedics by the Athletic Trainer will be given an appointment within 24 hours at the Access Plaistow location (2.5 miles from both middle school and high school) Monday - Friday, or will have the option to go to the Access Walk-In Injury Clinic in Exeter, NH (16.5 miles away). Access Walk-In Injury Clinic is open Monday through Saturday at One Hampton Rd in Exeter. Access Sports Medicine has office locations in Plaistow, Exeter, Raymond and Portsmouth.**
- I. The Athletic Trainer will remain as consistent and visible as possible to facilitate an effective working relationship with the Athletic Director, coaches and athletes at the school. The Athletic Trainer will be at the competition site during specified game coverage. Priority coverage of simultaneous athletic events will be determined per agreement of the Athletic Director and Athletic Trainer.
- J. During practice sessions, the Athletic Trainer will coordinate athletic training duties out of the training room at the start of each day and then will proceed to the practice areas.

- K. In the event that the Athletic Trainer is unable to cover the contract because of sickness or any other reason, Access may substitute an equally qualified Athletic Trainer and/or other clinical staff who will provide services within their scope of practice, so long as staff is available.
- L. In the event of an injury sustained by an opposing team player, the Athletic Trainer will provide immediate first aid injury assessment/care, and if necessary, the Athletic Trainer will follow up with a call to the opposing team player's school.
- M. The Athletic Trainer will be available upon request to provide educational programs throughout the school year. Programs could include, but are not limited to, information provided to coaches, parents, and health classes on prevention and care of athletic injuries, nutrition or general first aid and concussions for athletes.
- N. Athletic Trainer will implement, if so desired by the school, a Student Athletic Trainer Program.
- O. The Athletic Trainer will be evaluated by the Athletic Director at the conclusion of each year. The evaluation will be confidential and will be provided in writing to the Access Athletic Training Director. If at any time during the Terms of this Agreement, the School has any concerns with respect to the Athletic Trainer's performance, the School shall immediately contact the Access Athletic Training Director.

#### 4.0 MEDICAL PROGRAMS PROVIDED BY ACCESS SPORTS MEDICINE:

- A. The Athletic Trainer will provide additional injury evaluation assessment to School athletes at no charge.
- B. Access Sports Medicine & Orthopaedics will have the right to publicize that they provide athletic training services to the Timberlane Regional School District. Any onsite promotions shall occur only with the prior approval of the Athletic Director.
- C. As employees of Access Sports Medicine & Orthopaedics, Athletic Trainers will wear apparel including but not limited to shirts, jackets, hats, and pants featuring the Access logo at all times while providing athletic training services either at the School or when traveling with teams.
- D. Coverage for rescheduled makeup events if given at least 48 hours notice of the change. With less than 48 hours notice, Access Sports Medicine will make every attempt to provide coverage but cannot guarantee it.

**E. Access Sports Medicine & Orthopaedics will provide comprehensive concussion management services to student athletes of the Timberlane School District.**

- a. The Athletic Trainer will provide ImPACT baseline testing FREE OF CHARGE to all participant athletes (ages 11 and older). Baseline testing will be administered and tracked by the Athletic Trainer. Athletes will be eligible for a repeat baseline once every two (2) school years.**

**ImPACT is a research-based 20 minute computer test developed to help medical professionals determine an athlete's readiness to return to play. ImPACT is recognized as one tool in a concussion management protocol. *It should be understood that ImPACT alone will not be used for medical clearance and determining return to play.***

- b. Access will provide verification of ImPACT Baseline Testing by a Credentialed ImPACT Consultant (CIC) Physician and identification of any flagged or abnormal tests. Tests may be sent for review by a neuropsychologist if deemed necessary by CIC Physician.**
- c. Post-Injury Concussion Management will be available to Timberlane School District athletes using the comprehensive and customized Access Sports Medicine Protocol. Methodology used in protocol includes but is not limited to:
  - i. Preseason ImPACT baseline testing**
  - ii. Post-Injury ImPACT testing and interpretation by a Credentialed ImPACT Consultant**
  - iii. Patient-specific work and school accommodation evaluation**
  - iv. Vestibular Rehabilitation**
  - v. Sub-symptom threshold exercise training**
  - vi. Zurich Guideline Return to Play Protocol**
  - vii. Post-Concussion Syndrome treatment**
  - viii. Omega-3 Fatty Acid Supplementation****

*\*ImPACT Baseline Test administration and verification is included in the Athletic Training Services Contract. Initial post-injury identification, evaluation, and post injury management by the athletic trainer is included in the Athletic Training Services Contract. Because all post concussion athletes now require Physician and Parental clearance for return to sport (NH Concussion Law SB402) and have the option to receive post-concussion care by a physician of their choice, the billing for those same Physician services will be the responsibility of the injured athlete and are not included in the services to be rendered under this Contract. Any services provided onsite at the school by an Access Sports Medicine Physician or Athletic Trainer are included under this contract and not billed separately to the school or the athlete.*

**F. Access Sports Medicine & Orthopaedics will provide CSMi Sports Ware Online Injury Tracking for use by the Athletic Trainer as an online way to record, manage and report athlete information.**

- G. Included in this proposal, Access will provide Physician coverage (when available) for all home football games.**
- H. Access will also provide FREE Physician injury clinics in the training room at Timberlane Regional High School to be scheduled and coordinated by the ATC.**
- P. Access will provide all student athletes the opportunity to receive a FREE sports pre-participation physical at any one of our designated sports physical nights scheduled each July or August prior to pre-season training for Fall Sports.**
- Q. Access will provide a 4-6 week speed and agility clinic each summer at Timberlane Regional High School. Access Sports Medicine sees a dramatic decrease in injuries in the athletes that participate in strength and conditioning programs. Athletes will have the opportunity to participate in the clinic at a significant discount to regular rates.**

4.0 SERVICES PROVIDED BY THE TIMBERLANE REGIONAL SCHOOL DISTRICT:

- A. The Schools will provide the appropriate space, equipment, equipment maintenance and supplies necessary to conduct operations safely and adequately as determined by the Athletic Director and Athletic Trainer.
- B. Double Coverage: An additional trainer will be provided for the dates that need double coverage only if those dates are negotiated at the beginning of the school year with the Access Athletic Training Director. Also, Access cannot guarantee double coverage for games that are moved to an off-site location, but will make the best effort to find a second Athletic Director with proper notification by the Athletic Director. There is no additional charge for double coverage.
- C. Support and assistance to the Athletic Trainer in coordinating medical treatment for injured athletes.
- D. Materials and supplies as determined by the Athletic Trainer.
- E. The Athletic Director will provide event schedule coverage request to Access Sports Medicine in writing at least four weeks prior to the first coverage of each season.
- F. The School understands and agrees that the Athletic Trainer will have final say over whether an injured athlete may resume competition in a practice or game situation, if a physician who is under contract with or acting on behalf of the School is not present.

- G. All injuries will be screened by the Athletic Trainer. If the Athletic Trainer is not present the coach must notify the Athletic Trainer regarding any injuries within 24 hours or as soon as possible.
- H. The School agrees to notify the Athletic Trainer of all schedule changes at least 48 hours prior to the event whenever possible.
- I. Immediate notice of event cancellation.
- J. The School shall obtain the Authorization for Sports Medicine Services and Consent to Treatment for each student participating on any sports team or who otherwise uses the services of the Athletic Trainer. The School shall use the form attached hereto as Exhibit A and incorporated herein by reference. Copies of such Authorization Forms shall be placed in the student's record located in the School Nurse's office, Athletic Director's office or the athletic training room.
- K. The School understands and agrees that the Athletic Trainer is supervised by clinical staff at Access Sports Medicine & Orthopaedics and that the Athletic Trainer will discuss confidential information, as appropriate, with his or her supervisor.
- L. The School will support the efforts of ImpACT Testing and concussion awareness and education, by agreeing to participate, allowing education of parents, coaches and athletes, as well as supplying a computer lab of PCs or MACs in order to coordinate supervised baseline testing. All computers must have an external mouse. **Installing the ImpACT local install option on all School computers used for testing is preferred.** School computers should have and Macromedia Flash Player 10.1 or newer and a broadband internet connection. (Explorer 6.0 and above or FireFox 1.5 or above or Safari for the MAC running OSX 10.2 or above). All other tech requirements will be supplied to the School for preparation prior to testing.
- M. The School shall obtain the ImpACT Permission Slip for each student athlete who is being tested with the ImpACT test. The School shall use the form attached Hereto as Exhibit B and incorporated herein by reference. Copies of such ImpACT Permission Slip shall be placed in the student's record located in the Athletic Directors office.
- N. The school shall support the efforts of using CSMi Sports Ware Online Injury Tracking by supplying a computer or tablet in the Athletic Training room with internet connection in order to successfully access the program.
- O. At the School's option, an acceptable location for Access Sports Medicine's banner or sign to be displayed at all home athletic events.
- P. If made available by the school, game PA announcements and event program advertisements recognizing Access Sports Medicine as the provider of Timberlane Regional School District athletic training services at all home events.

## 6.0 EXPERIENCE

- A. Access Sports Medicine & Orthopaedics currently provides comprehensive Athletic Training Services for Exeter High School in Exeter, NH, Winnacunnet High School in Hampton, NH, Portsmouth High School in Portsmouth, NH and Spaulding High School in Rochester, NH. Access Sports Medicine & Orthopaedics provides part-time or per diem trainer coverage for Newmarket High School in Newmarket, NH, Epping High School in Epping, NH, Raymond High School in Raymond, NH, and Portsmouth Christian Academy in Dover, NH. Access provides physician coverage and training room visits for Phillips Exeter Academy in Exeter, NH.

All Athletic Training Services rendered by Access Sports Medicine & Orthopaedics are overseen by Sports Medicine Physicians and the Director of Athletic Training. Athletic Trainers employed by Access maintain regular contact with staff physicians, all trainers meet quarterly to share ideas and ways to improve the programs or troubleshoot problems at participating schools.

## 7.0 PROFESSIONAL REFERENCES:

- A. Bill Ball – Athletic Director – Exeter High School, Exeter, NH  
[bball@sau16.org](mailto:bball@sau16.org) – (603)775-8406  
a. Access provides comprehensive Athletic Training Services for Exeter High School.
- B. Carol Dozibrin – Athletic Director – Winnacunnet High School, Hampton, NH  
[cdozibrin@winnacunnet.org](mailto:cdozibrin@winnacunnet.org) – (603) 926-3395  
a. Access provides comprehensive Athletic Training Services for Winnacunnet High School.
- C. Rus Wilson – Athletic Director – Portsmouth High School, Portsmouth, NH  
[rwilson@portsmouth.k12.nh.us](mailto:rwilson@portsmouth.k12.nh.us) – (603) 436-7100  
a. Access provides comprehensive Athletic Training Services for Portsmouth High School.
- D. Kevin Hebert – Athletic Director – Spaulding High School, Rochester, NH  
[hebert.k@rochesterschools.com](mailto:hebert.k@rochesterschools.com) – (603) 332-0757  
a. Access provides comprehensive Athletic Training Services for Spaulding High School.
- E. Gordon Coole – Head Athletic Trainer – Phillips Exeter Academy, Exeter, NH  
[gcoole@exeter.edu](mailto:gcoole@exeter.edu) – (603) 777-3491  
a. Access provides physician medical coverage and training room visits for Phillips Exeter Academy athletics.
- F. Davinney Brazeau – Athletic Director – Raymond High School, Raymond, NH  
[d.brazeau@sau33.com](mailto:d.brazeau@sau33.com) – (603) 895-6616  
a. Access provides per diem game coverage and athletic training room visits at Raymond High School. Access provides ImPACT baseline testing administration.
- G. Larry Averill – Athletic Director – Epping High School, Epping, NH  
[averill@sau14.org](mailto:averill@sau14.org) – (603) 679-5472

- a. Access provides per diem game coverage and athletic training room visits at Epping High School. Access provides ImPACT baseline testing administration.
- H. Kristin Krantz – Athletic Director – Newmarket Junior/Senior High School, Newmarket, NH  
[krantzk@newmarket.k12.nh.us](mailto:krantzk@newmarket.k12.nh.us) – (603) 292-7963
  - a. Access provides per diem game coverage and athletic training room visits at Newmarket Junior Senior High School. Access provides ImPACT baseline testing administration.

#### 8.0 INSURANCE:

- A. Access agrees to maintain current professional liability insurance for a minimum of \$1,000,000/\$3,000,000. Access will make available proof of insurance to the Athletic Director.
- B. Both the Timberlane Regional School District and Access Sports Medicine & Orthopaedics will agree to indemnify and hold each other harmless from and against all claims, demands, cost, expense, and losses caused by the negligence of the other party.

#### 9.0 COST PROPOSAL

- A. The Timberlane Regional School District agrees to pay Access Sports Medicine a flat rate of \$29,320 for the 2013-2014 school year for all of the services listed within above contract. This includes the requested Athletic Training services for both Timberlane Regional High School and Timberlane Regional Middle School. Any services offered by Access Sports Medicine & Orthopaedics that are not included in this flat rate have been clearly identified within the proposal.

#### 10.0 PAYMENT SCHEDULE

- A. \$9,773.34 for the fall season will be due no later than November 30, 2013.
- B. \$9,773.33 for the winter season will be due no later than March 30, 2014.
- C. \$9,773.33 for the spring season will be due no later than June 30, 2014.
- D. Payments are to be paid to the order of Access Sports Medicine and sent directly to:

**Access Sports Medicine**  
**Attn: Mary Lovely**  
**1 Hampton Road**  
**Exeter, NH 03833**



10.0 CONTACTS

A. All questions and inquiries regarding this proposal should be directed to:

Karen Kay, CSCS, CES, Director of Athletic Training  
(603)775-7575 ext. 3111 - [karenkay@accesssportsmed.com](mailto:karenkay@accesssportsmed.com) or  
Eric Cimon, Community Relations Director  
(603)775-7575 ext. 3060 - [ecimon@accesssportsmed.com](mailto:ecimon@accesssportsmed.com).

Thank you for your consideration.

Contract Proposal 2013-2014:

The parties agree to adopt this proposal and to activate athletic training services for the 2013-2014 academic years, consistent with the finalized event schedule. This agreement may be terminated at the conclusion of the 2013-2014 academic year with four weeks written notice given by either party or by mutual agreement at any time. Contract renewal for subsequent years will require re-negotiation.

\_\_\_\_\_  
Timberlane Regional School District Athletic Director

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Access Sports Medicine Administrator

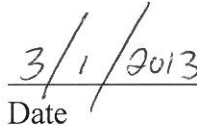
  
\_\_\_\_\_  
Date



Exhibit A

**AUTHORIZATION FOR SPORTS MEDICINE SERVICES AND CONSENT FOR TREATMENT**

I, the undersigned, am the parent/legal guardian of, \_\_\_\_\_, a minor and student-athlete at \_\_\_\_\_, who plans on participating in \_\_\_\_\_.

(Name of school) (Sport(s))

I, hereby give consent for a Certified Athletic Trainer, an employee of Access Sports Medicine & Orthopaedics or other Access Sports Medicine & Orthopaedics' clinical staff, who is contracted by the school to provide sports medicine services for the above minor. Sports medicine services include, but are not limited to: administering first aide for athletic injuries, providing initial treatment and management of acute injuries, and assessing athletic injuries at the request of the athlete, the athlete's coach, or the athlete's parent/guardian. The Athletic Trainer and/or sports medicine clinical staff will perform only those procedures that are within their training, credential limitations and scope of professional practice to prevent, care for and rehabilitate athletic injuries. I understand that a written report of any athletic injury assessment will be confidentially maintained in the files of the training room or school nurse's office.

I, hereby authorize the Athletic Trainer and/or other Access Sports Medicine & Orthopaedics clinical staff who provide services to the above-named athlete to disclose information about the injury assessments and post injury status. This will be done as needed, with the coaching staff, Athletic Director of the school and if necessary; the school nurse, any treating healthcare provider and/or consulting concussion management specialist.

I understand that there is no charge to me for the above listed athletic training services. If the athlete is in need of further treatment by a physician, or of rehabilitation services for the injury, he or she may see the physician or provider of his/her choice. Injured athletes that have seen a physician must submit written clearance from that physician to the Athletic Trainer prior to being permitted to resume activity. This Authorization shall remain in effect for one sports season beginning with the date set forth below.

Parent/Guardian Name(print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
Relationship to student athlete \_\_\_\_\_ Cell/Work phone \_\_\_\_\_  
Home Address \_\_\_\_\_ Home phone \_\_\_\_\_

Student Athlete Name \_\_\_\_\_ Sex \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Allergies \_\_\_\_\_  
Current Medications (ie asthma inhalers, epi-pen, etc) \_\_\_\_\_  
Physical impairments \_\_\_\_\_  
Other pertinent medical history (surgeries, diabetes, seizures, heart condition, etc) \_\_\_\_\_

Physician Name \_\_\_\_\_ Physician Phone \_\_\_\_\_

**Pre-Participation Head Injury/Concussion Reporting:**

Has student ever experienced a traumatic head injury (a blow to the head)? Yes \_\_\_ No \_\_\_ If yes, when? Dates(month/year) \_\_\_\_\_

Has student ever received medical attention for a head injury? Yes \_\_\_ No \_\_\_ If yes, when? Dates(month/year) \_\_\_\_\_

If yes, please describe the circumstances: \_\_\_\_\_

Was student diagnosed with a concussion? Yes \_\_\_ No \_\_\_ If yes, when? Dates(month/year) \_\_\_\_\_

Duration of symptoms (such as headache, difficulty concentrating, fatigue) for most recent concussion: \_\_\_\_\_

Student Athlete Signature \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

**Statement Acknowledging Receipt of Education and Responsibility to Report Signs/Symptoms of Concussion:**

I, \_\_\_\_\_ of \_\_\_\_\_ School hereby acknowledge having received education about the signs, symptoms and risk of sports related concussion. I also acknowledge my responsibility to report to the school athletic trainer, coaches, parent(s)/guardian(s) any signs/symptoms of a concussion.

Signature and Printed Name of student athlete \_\_\_\_\_

Date \_\_\_\_\_

I, the parent/guardian of the student athlete named above, hereby acknowledge having received education about the signs/symptoms and risk of sport related concussion.

Signature and Printed Name of student athlete \_\_\_\_\_

Date \_\_\_\_\_



Exhibit B

Dear Parent/Guardian,

The Timberlane School District is currently implementing an innovative program for our student-athletes. This program will assist our team physicians/athletic trainers in evaluating and treating head injuries (e.g., concussion). In order to better manage concussions sustained by our student-athletes, we have acquired a software tool called ImPACT (Immediate Post Concussion Assessment and Cognitive Testing). ImPACT is a computerized exam utilized in many professional, collegiate, and high school sports programs across the country to successfully diagnose and manage concussions. If an athlete is believed to have suffered a head injury during competition, ImPACT is used to help determine the severity of head injury and when the injury has fully healed.

The computerized exam is given to athletes before beginning contact sport practice or competition. This non-invasive test is set up in "video-game" type format and takes about 15-20 minutes to complete. It is simple, and actually many athletes enjoy the challenge of taking the test. Essentially, the ImPACT test is a preseason physical of the brain. It tracks information such as memory, reaction time, speed, and concentration. It, however, is not an IQ test.

If a concussion is suspected, the athlete will be required to re-take the test. The test data will enable health professionals to determine when return-to-play is appropriate and safe for the injured athlete. If an injury of this nature occurs to your child, you will be promptly contacted with all the details.

We wish to stress that the ImPACT testing procedures are non-invasive, and they pose no risks to your student-athlete. We are excited to implement this program given that it provides us the best available information for managing concussions and preventing potential long term effects that can occur with multiple concussions. The Timberlane School District administration, coaching, and athletic training staffs are striving to keep your child's health and safety at the forefront of the student athletic experience. Please return the attached page with the appropriate signatures. If you have any further questions regarding this program please feel free to contact the Athletic Trainer or Athletic Director.

Sincerely,

Access Sports Medicine & Orthopaedics



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## Consent Form

For use of the Immediate Post-Concussion Assessment and Cognitive Testing (ImPACT)

I have read the attached information. I understand its contents. I have been given an opportunity to ask questions and all questions have been answered to my satisfaction. I agree to participate in the ImPACT Concussion Management Program.

**Printed Name of Athlete** \_\_\_\_\_

**Sport** \_\_\_\_\_

\_\_\_\_\_  
Signature of Athlete

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date