



UNITED STATES MARINE CORPS
TRAINING AND EDUCATION COMMAND
1019 ELLIOT ROAD
QUANTICO, VIRGINIA 22134

TECOMO 6260 Ch 1
C 469

17 SEP 2012

TRAINING AND EDUCATION ORDER 6260 Ch 1

From: Commanding General, Training and Education Command
To: Distribution List

Subj: SPORTS MEDICINE AND INJURY PREVENTION PROGRAM

Encl: (1) Replacement pages 2-3 of Training and Education Command Order
(TECOM) 6260

1. Purpose. To direct a pen change to the basic Order.

2. Scope

a. In paragraph 3.b and 4 delete "G-3" and replace with Marine Air Ground Task Force (MAGTF) Training and Education (T&E) Standards Division's (MTESD) "MTESD".

b. Remove pages 2-3 and replace with enclosure (1).

3. Information. Sports Medicine and Injury Prevention (SMIP) Program within Training Command has expanded beyond The Basic School, Officer Candidates School and the Schools of Infantry to include Marine Corps Combat Service Support School (MCCSSS), Fort Leonard Wood and Marine Aviation Training Support Group (MATSG)-21. This change allows for direction in TECOM Order 6260 to apply to these and any future sites. Program management responsibilities for SMIP have moved from the G-3 to MTESD.

4. Filing Instructions. This change transmittal will be filed immediately following the signature page of the basic Order.


T. M. MURRAY

Copy to: Chief, Bureau of Medicine and Surgery (N3M)
Headquarters, United States Marine Corps (HS)
Commanding General, Marine Corps Recruit Depot Parris Island
Commanding General, Marine Corps Recruit Depot San Diego
Commanding General, Training Command
Commanding Officer, The Basic School
Commanding Officer, Officer Candidate School
Commanding Officer, School of Infantry East
Commanding Officer, School of Infantry West
Commanding Officer, Naval Medical Logistics Command

DISTRIBUTION STATEMENT A: Approved for public release; distribution is unlimited

TECOMO 6260 Ch 1
17 SEP 2012

Commanding Officer, MCCSSS
Commanding Officer, MATSG-21
Officer in Charge, Marine Corps Detachment Fort Leonard Wood

c. Tasks

(1) Commanding General (CG), TECOM. Act as overall SMIP lead with functional area tasks as follows:

(a) G-1

1. Provide technical guidance and assistance for personnel administration and management.

2. Assist SMIP Program Management (PM) in interface with local Human Resource Offices (HROs).

(b) MTESD

1. Provide SMIP PM and overall program coordination and execution.

2. In collaboration with entry level training (ELT) sites, develop Certified Athletic Trainer (ATC) position descriptions (PD's).

3. Serve as primary interface for SMIP related activities and primary reviewer for external agency requested research or information.

4. Serve as SMIP fund manager (e.g. Program Objective Memorandum submissions, supply funding allocations, etc.).

5. Maintain awareness of SMIP related (e.g. m/s injuries, boot fitting, etc.) research activities in ELT units.

6. Seek periodic SMIP program review from Headquarters U.S. Marine Corps Health Services and Safety Division as needed.

(c) G-7

1. Distribute funds for personnel, supplies and equipment in support of SMIP.

2. Provide accounting support for SMIP program.

3. Provide liaison with external organizations on SMIP fiscal matters.

(2) CGs, Marine Corps Recruit Depots

(a) Designate a SMIP coordinator (O-3/above or civilian equivalent) to provide interface with SMIP PM in all aspects of the SMIP program to include:

1. Local United States Marine Corps/Navy Medicine integration, to ensure compliance with enclosures (1) and (2).

2. ATC recruitment and hiring, in accordance with procedures outlined in enclosure (3).

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3. Allocation and use of SMIP related funds.

4. Reporting of SMIP related metrics (e.g. injury tracking, attrition due to m/s injuries, fitness test performance, recycle rates, etc.).

5. Scheduling of work hours and placement of ATCs within respective commands. In scheduling ATCs, special emphasis will be placed on utilizing them in primary prevention activities outlined in enclosure (4).

6. If some or all of ATCs are procured via contracts, serve as Contracting Officer Representative and technical liaison for ATCs with responsibilities to include the following:

a. Ensure contract compliance.

b. Evaluate performance.

c. Provide interface with Naval Medical Logistic Command (NAVMEDLOGCOM).

7. If ATCs are procured via General Support (GS)/National Security Personnel Systems (NAPS), designate a selecting official with responsibilities to include the following:

a. Position description (PD) development in collaboration with SMIP PM.

b. Evaluate performance.

c. Provide interface with the local HRO.

d. Maintain ATC credentials to include certification and other pertinent documents.

(b) Allocate adequate space, with computer and phone, within USMC owned spaces and near Navy operated medical spaces (Battalion Aid Stations, etc.) for the function of ATCs employed in support of SMIP. These locations will serve as Athletic Training Rooms, described in enclosure (5).

(c) Notify SMIP PM of SMIP related (e.g. m/s injuries, boot fitting, etc.) research activities.

(d) Provide copies of Unfunded Priority List, Mid-Year Review and/or other funding requests to SMIP PM.

(3) CG, Training Command

(a) Direct Commanding Officers of Formal Learning Centers that utilize TECOM funded ATCs to designate a SMIP coordinator (O-3 above or civilian equivalent).

17 SEP 2012

(b) The SMIP Coordinator will reside within the chain of command of the S-3 and provide interface with SMIP PM in all aspects of the SMIP program to include tasks identical to paragraph 3c(2) of this Order.

(c) In the case of contracted ATCs serve as primary interface with NAVMEDLOGCOM. In the case of GS/NSPS positions, serve on hiring boards during interviews at ELT sites.



UNITED STATES MARINE CORPS
TRAINING AND EDUCATION COMMAND (C46)
1019 ELLIOT ROAD
QUANTICO, VIRGINIA 22134-5010

TECOMO 6260
C461

AUG 18 2008

TRAINING AND EDUCATION COMMAND ORDER 6260

From: Commanding General
To: Distribution List

Subj: SPORTS MEDICINE AND INJURY PREVENTION (SMIP) PROGRAM

Ref: (a) CG MCCDC ltr to Navy Surgeon General (SG) of 5 Dec 02
(b) National Athletic Trainers Association, Board of Certification (BOC), Standards of Professional Practice

Encl: (1) Memorandum of Agreement between CG, TECOM and Navy Surgeon General
(2) Supervision of Certified Athletic Trainers by Navy Physician Supervisor
(3) Hiring Procedures for Certified Athletic Trainers
(4) Primary Prevention Activities of Certified Athletic Trainers
(5) Description of the Athletic Training Room as a Component of SMIP

1. Situation. The transformation from civilian to Marine is complex and entails profound physical, character and mental development. The physical transformation entails risk, which if not mitigated properly, can lead to unnecessary attrition. In FY-03, a pilot program was implemented per reference (a) to address this problem, a principal component of which was the utilization of civilian Certified Athletic Trainers (ATC). The pilot program was successful and led to Entry Level Training (ELT) commanders requesting additional ATCs.

2. Mission. In ELT, mitigate attrition and lost work-days associated with musculoskeletal (m/s) injuries through the use of ATCs.

3. Execution

a. Commander's Intent. It is my intent to equip recruits/officer candidates and Marines with the physical skills and capabilities to succeed upon entry into the Operating Forces while recognizing the risk for injury. We will manage that risk through prevention by examining our training practices but, if injuries occur, we will provide personnel in ELT the right support, at the right time, and at the right place to maintain their physical readiness. I see this program as a complement to existing Naval Medicine capabilities especially in the area of injury prevention. Through this program, we will impart on our Marines an understanding and acceptance that contemporary injury prevention and sports medicine practices both increase physical performance and prevent m/s injuries.

b. Concept of Operations. The knowledge, skills and abilities (KSAs) of ATCs will be utilized in ELT commands to the greatest extent possible as outlined in reference (b). The program will be characterized by centralized management through TECOM G-3 and decentralized execution with command and control being exercised through TECOM major subordinate commands (MSC's).

c. Tasks

(1) Commanding General, Training and Education Command. Act as overall SMIP lead with functional area tasks as follows:

(a) G-1

1. Provide technical guidance and assistance for personnel administration and management.

2. Assist SMIP Program Management (SMIP PM) in interface with local Human Resource Offices (HROs).

(b) G-3

1. Provide SMIP PM and overall program coordination and execution.

2. In collaboration with ELT sites, develop ATC position descriptions (PD's).

3. In the case of contracted ATCs serve as primary interface with Naval Medical Logistic Command (NAVMELOG). In the case of GS/NSPS positions, serve on hiring boards during interviews at ELT sites.

4. Serve as primary interface for SMIP-related activities and primary reviewer for external agency requested research or information.

5. Serve as SMIP fund manager (e.g. Program Objective Memorandum submissions, supply funding allocations, etc.).

6. Maintain awareness of SMIP-related (eg m/s injuries, boot fitting, etc.) research activities in ELT units.

7. Seek periodic SMIP program review from HQMC HS and SD as needed.

(c) G-7

1. Distribute funds for personnel, supplies and equipment in support of SMIP.

2. Provide accounting support for SMIP program.

3. Provide liaison with external organizations on SMIP fiscal matters.

(2) Commanding Generals, Marine Corps Recruit Depots (MCRDs).

(a) Designate a SMIP coordinator (O-3/above or civilian equivalent) to provide interface with SMIP PM in all aspects of the SMIP program to include:

1. Local USMC/Navy Medicine integration, to ensure compliance with enclosures (1) and (2).

2. ATC recruitment and hiring, in accordance with procedures outlined in enclosure (3).

3. Allocation and use of SMIP related funds.

4. Reporting of SMIP-related metrics (e.g. Injury tracking, attrition due to m/s injuries, fitness test performance, recycle rates, etc.).

5. Scheduling of work hours and placement of ATCs within respective commands. In scheduling ATCs, special emphasis will be placed on utilizing them in primary prevention activities outlined in enclosure (4).

6. If some or all of ATCs are procured via contracts, serve as contracting officer representative (COR) and technical liaison (TL) for ATCs with responsibilities to include the following:

- a. Ensure contract compliance.
- b. Evaluate performance.
- c. Provide interface with NAVMEDLOGCOM.

7. If ATCs are procured via GS/NSPS systems, designate a selecting official with responsibilities to include the following:

- a. Position description (PD) development in collaboration with SMIP PM.
- b. Evaluate performance.
- c. Provide interface with the local HRO.
- d. Maintain ATC credentials to include certification and other pertinent documents.

(b) Allocate adequate space, with computer and phone, within USMC-owned spaces and near Navy operated medical spaces (Battalion Aid Stations, etc.) for the function of ATCs employed in support of SMIP. These locations will serve as Athletic Training Rooms (ATRs), described in enclosure (5).

(c) Notify SMIP PM of SMIP-related (eg m/s injuries, boot fitting, etc.) research activities.

(d) Provide copies of Unfunded Priority List (UPL), Mid-Year Review (MYR) and/or other funding requests to SMIP PM.

(3) Commanding General, Training Command

(a) Direct Commanding Officers of The Basic School, Officer Candidates School and the Schools of Infantry to designate a SMIP coordinator (O-3 above or civilian equivalent).

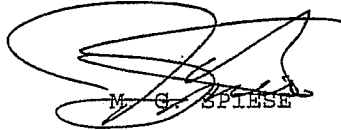
(b) The SMIP Coordinator will reside within the chain of command of the S-3 and provide interface with SMIP PM in all aspects of the SMIP program to include tasks identical to paragraph 3c(2) of this Order.

4. Administration and Logistics. Recommendations for changes to this Order may be submitted to CG TECOM (G-3, SMIP PM).

5. Command and Signal

a. Command. SMIP PM will serve as TECOM lead for the SMIP program and will serve as primary liaison between TECOM MSC's and supporting external agencies.

b. Signal. This Order is effective the date signed.



M. S. SPIESE

Copy to: Chief, Bureau of Medicine and Surgery (M3M)
Headquarters, United States Marine Corps (HS)
Commanding General, Marine Corps Recruit Depot Parris Island
Commanding General, Marine Corps Recruit Depot San Diego
Commanding General, Training Command
Commanding Officer, The Basic School
Commanding Officer, Officer Candidates School
Commanding Officer, School of Infantry-East
Commanding Officer, School of Infantry-West
Commanding Officer, Naval Medical Logistics Command



DEPARTMENT OF THE NAVY
 BUREAU OF MEDICINE AND SURGERY
 2300 E STREET NW
 WASHINGTON, DC 20372-5300

UNITED STATES MARINE CORPS
 TRAINING AND EDUCATION COMMAND
 1019 ELLIOT ROAD
 QUANTICO, VIRGINIA 22134-5027

MEMORANDUM OF AGREEMENT
 BETWEEN
 UNITED STATES NAVY BUREAU OF MEDICINE AND SURGERY
 AND
 UNITED STATES MARINE CORPS TRAINING AND EDUCATION COMMAND

Subj: SUPPORT FOR SPORTS MEDICINE AND INJURY PREVENTION (SMIP)
 PROGRAM

- Ref: (a) CG, MCCDC Itr 6000 C469 dtd 5 Dec 02
 (b) CNO (N093) Itr 6310 Ser. M00/02U114001318 dtd 12 May 03
 (c) National Athletic Trainers Association, Board of Certification (BOC), Standards of Professional Practice, implemented 1 Jan 2006.
 (d) DoD 6025.18-R, DoD Health Information Privacy Regulation

1. PURPOSE. This Memorandum of Agreement (MOA) codifies collaboration between United States Navy Bureau of Medicine and Surgery (BUMED) and United States Marine Corps (USMC) Training and Education Command (TECOM) for continuation of the USMC SMIP program. References (a) and (b) established initial collaboration beginning in FY-03.

2. EFFECTIVE PERIOD

a. The provisions of this MOA will commence after mutual acceptance, as indicated by the latest signature date contained in this MOA.

b. This MOA will remain in effect continually until terminated. Both parties agree to conduct an annual review of this MOA on its anniversary date.

c. This MOA may be terminated in whole or in part upon receipt of written notice by any of signatories. A 90-day notice must be given prior to this termination date. The notice of termination must specify the reason for proposed termination. This MOA may be terminated immediately by operation of rule or regulation, or because of national security requirements. In case of mobilization or other emergency, this agreement will remain in force only within suppliers' capabilities.

3. MODIFICATIONS. This MOA may be modified upon mutual consent by written amendment when all parties sign such amendment. The party proposing change (s) will notify the other parties in writing at least 90 days before the proposed effective date of the change.

4. SCOPE. A principal component of SMIP is the functioning of civilian nationally Certified Athletic Trainers (ATCs) who, integrated with BUMED assets, will operate from

Subj: SUPPORT FOR SPORTS MEDICINE AND INJURY PREVENTION (SMIP)
PROGRAM

locations optimizing access to the ATC by injured Marines and Officer Candidates/Recruits. This MOA delineates responsibilities and procedures of TECOM and BUMED. ATCs will provide athletic training services within their scope of practice, described in reference (c).

5. TERMS AND CONDITIONS

a. BUMED will direct local Medical Treatment Facility (MTF) privileging authorities to provide the required physician at the Entry Level Training locations where there are no USMC Medical Corps assets (Marine Corp Recruit Depots at Parris Island/San Diego, Schools of Infantry at Camp Lejeune/Camp Pendleton, and Officers Candidates School/The Basic School at Quantico). A Sports Medicine fellowship trained physician will be provided when available. The physician's primary role will be providing clinical supervision for the ATCs' when they are providing athletic training services to recruits, Officer Candidates, and Marines who have sustained musculoskeletal injuries.

b. TECOM will:

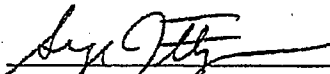
- (1) Function as SMIP Program Sponsor, per reference (a).
- (2) Provide funding for ATCs working in support of the SMIP program.
- (3) Provide funding for supplies to outfit USMC-owned spaces to function as "Athletic Training Rooms" and from which the USMC ATCs provide sports medicine services.
- (4) Upon advice from the supervising physician, remove the ATC from patient care services if deemed not clinically competent.


6. HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA): Both parties understand and will adhere to reference (d), section C3.4.

7. COMPUTER ACCESS. Upon availability, allow ATCs computer access to review notes, labs, and radiology reports. ATCs must meet all computer requirements.

8. FINANCIAL RESPONSIBILITIES. Costs incurred by each party in the sustainment of the program herein will be the sole responsibility of that party, unless otherwise stated herein.

9. ACCEPTANCES AND RATIFICATION. The provisions of the MOA are accepted upon signature and date below.


 GEORGE J. FLYNN
 Major General, U.S. Marine Corps
 Commanding General
 Training and Education Command
 Date: OCT 05 2007


 A. M. ROBINSON JR.
 Vice Admiral, Medical Corps,
 United States Navy
 Surgeon General of the Navy
 Date: 31 OCT 07

Subj: SUPERVISION OF CERTIFIED ATHLETIC TRAINERS BY NAVY PHYSICIAN
SUPERVISOR

1. Purpose. To describe supervision of Certified Athletic Trainers (ATC) by the Navy Physician Supervisor when ATCs are evaluating and treating m/s injuries.

2. Background. Per reference (b), the knowledge domains of ATCs include prevention, evaluation, treatment and rehabilitation of m/s injuries. Primary prevention activities of ATCs, as per enclosure (4), will occupy a great deal of the ATCs' focus of effort. However, when injuries occur, the ATCs' knowledge, skills and abilities (KSAs) in evaluation, treatment and rehabilitation, play a key role in complementing Navy Medicine's efforts in returning Marines in training to full duty.

Per the Memorandum of Agreement (MOA) between TECOM and BUMED, a Navy Physician Supervisor will be assigned to supervise the clinical care delivered by ATCs when they are evaluating, treating and rehabilitating m/s injuries. Supervision by the Physician Supervisor will be limited only to medical related issues. Though this individual will play an important part in ensuring quality of ATC services, the ELT command remains responsible for ATC work schedules, placement within respective units and overall command and control of the ATCs. This enables ELT commands a great deal of flexibility in utilizing ATC skills to their greatest effect.

3. Supervision of ATCs by the Navy Physician Supervisor. There are two categories of supervision provided by the Physician Supervisor, direct and indirect. They are defined as follows:

(a) Direct supervision: The physician supervisor is involved in the decision making process. This level of supervision is for all ATCs in their initial evaluation period with their physician supervisor (30 days). Direct supervision may be subdivided as follows:

(1) Verbal: The physician supervisor is contacted by telephone or direct conversation before the ATC implements or changes a regimen of care.

(2) Physically present: The physician supervisor is present through all or a significant portion of care. In the Branch Medical Clinic or Sports Medicine and Reconditioning Team (SMART) Center, direct supervision is reflected by the physician's co-signature of the patient's record before he/she departs from the facility.

(b) Indirect supervision: The physician supervisor is not required to be involved in the decision making process at the time decisions are made. This supervision is primarily accomplished through retrospective review of records, evaluation of appropriateness of consultation and referral and evaluation of events identified through occurrence screens. Retrospective record reviews will assess the adequacy of the history and physical examination; appropriateness of tests and planned course of treatments and interventions. This type of supervision will be afforded the ATC following successful completion of a 30-day probationary period and demonstrated competency of functional areas related to ATC knowledge domains.

4. Summary. The physician supervisor/ATC partnership ensures responsiveness to ELT commands while ensuring quality care of injured recruits/officer candidates/Marines.

Subj: HIRING PROCEDURES FOR CERTIFIED ATHLETIC TRAINERS

1. Purpose. To describe hiring procedures for Certified Athletic Trainers (ATC) at Entry Level Training (ELT) sites.
2. Background. ATCs fill a critical role in ELT and collaborative SMIP PM/command engagement is necessary to ensure that the most qualified candidates are selected for employment.
3. Hiring for contracted positions. When an ATC vacancy occurs, or the command is authorized additional ATC position(s), the following actions will occur:
 - a. Individual designated by ELT command as Contracting Officer Representative (COR) will notify SMIP PM and contracting company (CC) of vacancy.
 - b. CC will advertise for ATC opening.
 - c. CC will forward the most qualified ATC resumes to COR and SMIP PM.
 - d. COR will also forward resumes to the individual designated as the Navy Physician Supervisor.
 - e. SMIP PM/COR/Physician Supervisor will confer on candidates, and COR will inform CC of those candidates who will be invited to an ELT command site visit. Site visit will be funded by TECOM.
 - f. COR will sponsor the site visit of ATC candidates and introduce candidate to key individuals within the command to include: CO, XO, G/S-3, Training Company reps and Navy Physician Supervisor. Site visit will allow key individuals to provide input on candidates. Candidates will be shown training areas and ATRs. To the extent possible, SMIP PM will be present during these site visits. Key individuals visited during site visit will provide input to COR on ATC candidates.
 - g. Following site visit, COR will again confer with SMIP PM on ATC candidates and collaboratively make recommendation to CC to offer position to most qualified ATC.
 - h. ATC offered position and if he/she accepts, begins on start date agreed upon by ATC, CC and COR. If ATC does not accept, steps a to g above repeated until ATC hired.
4. Hiring for GS/NSPS positions. When an ATC vacancy occurs within an established GS/NSPS position, or when a contracted ATC position is being converted to a GS/NSPS position, the following procedure occur:
 - a. Selecting official notifies HRO and SMIP PM of vacancy.
 - b. HRO begins process of advertising, recruiting, etc. in accordance with local civilian hiring procedures.
 - c. Qualified individuals selected for interview will be notified of interview opportunity. Interview dates/times will be coordinated with SMIP PM.
 - d. A hiring board will convene to interview candidates. The board will consist of the following: Selecting official, SMIP PM, SMIP coordinator and Navy Physician Supervisor. The ATC receiving majority of votes will be selected.
5. Summary. The collaborative effort outlined above will ensure buy-in of key stakeholders as well as ensure quality of ATCs.

Enclosure (3)

Subj: PRIMARY PREVENTION ACTIVITIES OF CERTIFIED ATHLETIC TRAINERS

1. Purpose. To describe primary prevention activities expected of ATCs at Entry Level Training (ELT) sites.

2. Background. Primary prevention is defined as all activities undertaken to prevent injuries from happening. Different from secondary or tertiary prevention which involves actions undertaken to prevent symptoms and sequelae of injuries after they occur, primary prevention activities are within the KSAs of ATCs and will be utilized to the fullest extent at ELT sites where they are employed. Primary prevention is a multi-disciplinary effort and ATCs will complement similar efforts by Safety departments of respective ELT sites as well as those by Navy Medicine.

3. Examples of primary prevention activities:

- Injury Prevention Classes taught at:
 - o Drill Instructor School - MCRDs
 - o Staff Orientation Course - OCS
 - o Marine Combat Instructor Course - SOIs
 - o Martial Arts Instructor Trainer Course - TBS (MACE).
- ATCs discuss injury prevention strategies with training companies at pick-up brief each cycle.
- ATCs observe PT and discuss proper techniques with staff.
- ATCs inspect PT equipment and obstacles.
- ATCs assist in the development of strength and conditioning programs for recruits/officer candidates/Marines in training and in remedial programs.
- Conditioning hike route inspection.
- Provide instruction and consultation to Field Corpsmen on contemporary m/s injury prevention and treatment techniques.

4. Summary. Injury prevention preserves Marines. Injury prevention is the responsibility of Marines and ATCs will assist them in this effort along with executing their duties related to m/s evaluation and treatment.

Subj: DESCRIPTION OF THE ATHLETIC TRAINING ROOM AS A COMPONENT OF SMIP

1. Purpose. To describe the Athletic Training Room (ATR) concept as a component of SMIP.

2. Background

a. Most injuries in physical training are minor in severity and involve the m/s system. Though minor in severity, these injuries can become debilitating over time and lead to lost training days and attrition if not treated promptly and effectively. In partnership with Navy Medicine, a key component of SMIP is delivering the right care, at the right time in order to reduce lost training days and attrition due to m/s injury.

b. In order to do this, ELT sites will establish ATRs to support physical training.

c. The primary purposes of ATRs are to:

(1) Provide responsive access to m/s injury assessment and treatment.

(2) Serve as a location from which personnel can obtain other services within the scope of practice of an ATC (e.g., pre-physical event stretching and taping, post-physical event ice treatments) which are preventative in nature.

3. Description. ATRs will be located within USMC-owned spaces and near Navy operated medical spaces (Battalion Aid Stations, etc.), and have adequate space, computer and phone for the function of ATCs employed in support of SMIP. ATR layouts will vary considerably from one ELT site to the other based on geography and facility differences.

The ATR concept is designed to be "modular" in nature, whereby the ATC with minimal equipment (ATC kit or bag), can "breakaway" to support field training. Commanders may designate multiple locations to serve as ATRs based on local needs. ELT units will support ATCs with transportation assets when services are provided over a dispersed training area.

If ATRs and/or ATCs are located within Navy-owned medical spaces ELT units will ensure formal USN-USMC agreements are in place to ensure continuity of ATR placement. Notify SMIP PM when USMC-funded ATRs and/or ATCs are to be located in Navy-owned spaces.

4. Summary. The ATR concept is responsive to ELT commands and complements Navy Medicine efforts.



DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
2300 E STREET NW
WASHINGTON, DC 20372-5300

UNITED STATES MARINE CORPS
TRAINING AND EDUCATION COMMAND
1019 ELLIOT ROAD
QUANTICO, VIRGINIA 22134-5027

MEMORANDUM OF AGREEMENT
BETWEEN
UNITED STATES NAVY BUREAU OF MEDICINE AND SURGERY
AND
UNITED STATES MARINE CORPS TRAINING AND EDUCATION COMMAND

Subj: SUPPORT FOR SPORTS MEDICINE AND INJURY PREVENTION (SMIP)
PROGRAM

Ref: (a) CG, MCCDC Itr 6000 C469 dtd 5 Dec 02
(b) CNO (N093) Itr 6310 Ser. M00/02U114001318 dtd 12 May 03
(c) National Athletic Trainers Association, Board of Certification (BOC), Standards of Professional Practice, implemented 1 Jan 2006.
(d) DoD 6025.18-R, DoD Health Information Privacy Regulation

1. PURPOSE. This Memorandum of Agreement (MOA) codifies collaboration between United States Navy Bureau of Medicine and Surgery (BUMED) and United States Marine Corps (USMC) Training and Education Command (TECOM) for continuation of the USMC SMIP program. References (a) and (b) established initial collaboration beginning in FY-03.

2. EFFECTIVE PERIOD

a. The provisions of this MOA will commence after mutual acceptance, as indicated by the latest signature date contained in this MOA.

b. This MOA will remain in effect continually until terminated. Both parties agree to conduct an annual review of this MOA on its anniversary date.

c. This MOA may be terminated in whole or in part upon receipt of written notice by any of signatories. A 90-day notice must be given prior to this termination date. The notice of termination must specify the reason for proposed termination. This MOA may be terminated immediately by operation of rule or regulation, or because of national security requirements. In case of mobilization or other emergency, this agreement will remain in force only within suppliers' capabilities.

3. MODIFICATIONS. This MOA may be modified upon mutual consent by written amendment when all parties sign such amendment. The party proposing change (s) will notify the other parties in writing at least 90 days before the proposed effective date of the change.

4. SCOPE. A principal component of SMIP is the functioning of civilian nationally Certified Athletic Trainers (ATCs) who, integrated with BUMED assets, will operate from

Subj: SUPPORT FOR SPORTS MEDICINE AND INJURY PREVENTION (SMIP)
PROGRAM

locations optimizing access to the ATC by injured Marines and Officer Candidates/Recruits. This MOA delineates responsibilities and procedures of TECOM and BUMED. ATCs will provide athletic training services within their scope of practice, described in reference (c).

5. TERMS AND CONDITIONS

a. BUMED will direct local Medical Treatment Facility (MTF) privileging authorities to provide the required physician at the Entry Level Training locations where there are no USMC Medical Corps assets (Marine Corp Recruit Depots at Parris Island/San Diego, Schools of Infantry at Camp Lejeune/Camp Pendleton, and Officers Candidates School/The Basic School at Quantico). A Sports Medicine fellowship trained physician will be provided when available. The physician's primary role will be providing clinical supervision for the ATCs' when they are providing athletic training services to recruits, Officer Candidates, and Marines who have sustained musculoskeletal injuries.

b. TECOM will:

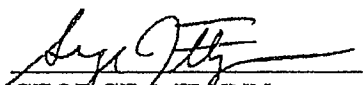
- (1) Function as SMIP Program Sponsor, per reference (a).
- (2) Provide funding for ATCs working in support of the SMIP program.
- (3) Provide funding for supplies to outfit USMC-owned spaces to function as "Athletic Training Rooms" and from which the USMC ATCs provide sports medicine services.
- (4) Upon advice from the supervising physician, remove the ATC from patient care services if deemed not clinically competent.


6. HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA): Both parties understand and will adhere to reference (d), section C3.4.

7. COMPUTER ACCESS. Upon availability, allow ATCs computer access to review notes, labs, and radiology reports. ATCs must meet all computer requirements.

8. FINANCIAL RESPONSIBILITIES. Costs incurred by each party in the sustainment of the program herein will be the sole responsibility of that party, unless otherwise stated herein.

9. ACCEPTANCES AND RATIFICATION. The provisions of the MOA are accepted upon signature and date below.


GEORGE J. FLYNN
Major General, U.S. Marine Corps
Commanding General
Training and Education Command
Date: OCT 05 2007


A. M. ROBINSON JR.
Vice Admiral, Medical Corps,
United States Navy
Surgeon General of the Navy
Date: 31 OCT 07

Subj: SUPERVISION OF CERTIFIED ATHLETIC TRAINERS BY NAVY PHYSICIAN
SUPERVISOR

1. Purpose. To describe supervision of Certified Athletic Trainers (ATC) by the Navy Physician Supervisor when ATCs are evaluating and treating m/s injuries.

2. Background. Per reference (b), the knowledge domains of ATCs include prevention, evaluation, treatment and rehabilitation of m/s injuries. Primary prevention activities of ATCs, as per enclosure (4), will occupy a great deal of the ATCs' focus of effort. However, when injuries occur, the ATCs' knowledge, skills and abilities (KSAs) in evaluation, treatment and rehabilitation, play a key role in complementing Navy Medicine's efforts in returning Marines in training to full duty.

Per the Memorandum of Agreement (MOA) between TECOM and BUMED, a Navy Physician Supervisor will be assigned to supervise the clinical care delivered by ATCs when they are evaluating, treating and rehabilitating m/s injuries. Supervision by the Physician Supervisor will be limited only to medical related issues. Though this individual will play an important part in ensuring quality of ATC services, the ELT command remains responsible for ATC work schedules, placement within respective units and overall command and control of the ATCs. This enables ELT commands a great deal of flexibility in utilizing ATC skills to their greatest effect.

3. Supervision of ATCs by the Navy Physician Supervisor. There are two categories of supervision provided by the Physician Supervisor, direct and indirect. They are defined as follows:

(a) Direct supervision: The physician supervisor is involved in the decision making process. This level of supervision is for all ATCs in their initial evaluation period with their physician supervisor (30 days). Direct supervision may be subdivided as follows:

(1) Verbal: The physician supervisor is contacted by telephone or direct conversation before the ATC implements or changes a regimen of care.

(2) Physically present: The physician supervisor is present through all or a significant portion of care. In the Branch Medical Clinic or Sports Medicine and Reconditioning Team (SMART) Center, direct supervision is reflected by the physician's co-signature of the patient's record before he/she departs from the facility.

(b) Indirect supervision: The physician supervisor is not required to be involved in the decision making process at the time decisions are made. This supervision is primarily accomplished through retrospective review of records, evaluation of appropriateness of consultation and referral and evaluation of events identified through occurrence screens. Retrospective record reviews will assess the adequacy of the history and physical examination; appropriateness of tests and planned course of treatments and interventions. This type of supervision will be afforded the ATC following successful completion of a 30-day probationary period and demonstrated competency of functional areas related to ATC knowledge domains.

4. Summary. The physician supervisor/ATC partnership ensures responsiveness to ELT commands while ensuring quality care of injured recruits/officer candidates/Marines.

Subj: HIRING PROCEDURES FOR CERTIFIED ATHLETIC TRAINERS

1. Purpose. To describe hiring procedures for Certified Athletic Trainers (ATC) at Entry Level Training (ELT) sites.
2. Background. ATCs fill a critical role in ELT and collaborative SMIP PM/command engagement is necessary to ensure that the most qualified candidates are selected for employment.
3. Hiring for contracted positions. When an ATC vacancy occurs, or the command is authorized additional ATC position(s), the following actions will occur:
 - a. Individual designated by ELT command as Contracting Officer Representative (COR) will notify SMIP PM and contracting company (CC) of vacancy.
 - b. CC will advertise for ATC opening.
 - c. CC will forward the most qualified ATC resumes to COR and SMIP PM.
 - d. COR will also forward resumes to the individual designated as the Navy Physician Supervisor.
 - e. SMIP PM/COR/Physician Supervisor will confer on candidates, and COR will inform CC of those candidates who will be invited to an ELT command site visit. Site visit will be funded by TECOM.
 - f. COR will sponsor the site visit of ATC candidates and introduce candidate to key individuals within the command to include: CO, XO, G/S-3, Training Company reps and Navy Physician Supervisor. Site visit will allow key individuals to provide input on candidates. Candidates will be shown training areas and ATRs. To the extent possible, SMIP PM will be present during these site visits. Key individuals visited during site visit will provide input to COR on ATC candidates.
 - g. Following site visit, COR will again confer with SMIP PM on ATC candidates and collaboratively make recommendation to CC to offer position to most qualified ATC.
 - h. ATC offered position and if he/she accepts, begins on start date agreed upon by ATC, CC and COR. If ATC does not accept, steps a to g above repeated until ATC hired.
4. Hiring for GS/NSPS positions. When an ATC vacancy occurs within an established GS/NSPS position, or when a contracted ATC position is being converted to a GS/NSPS position, the following procedure occur:
 - a. Selecting official notifies HRO and SMIP PM of vacancy.
 - b. HRO begins process of advertising, recruiting, etc. in accordance with local civilian hiring procedures.
 - c. Qualified individuals selected for interview will be notified of interview opportunity. Interview dates/times will be coordinated with SMIP PM.
 - d. A hiring board will convene to interview candidates. The board will consist of the following: Selecting official, SMIP PM, SMIP coordinator and Navy Physician Supervisor. The ATC receiving majority of votes will be selected.
5. Summary. The collaborative effort outlined above will ensure buy-in of key stakeholders as well as ensure quality of ATCs.

Subj: PRIMARY PREVENTION ACTIVITIES OF CERTIFIED ATHLETIC TRAINERS

1. Purpose. To describe primary prevention activities expected of ATCs at Entry Level Training (ELT) sites.

2. Background. Primary prevention is defined as all activities undertaken to prevent injuries from happening. Different from secondary or tertiary prevention which involves actions undertaken to prevent symptoms and sequelae of injuries after they occur, primary prevention activities are within the KSAs of ATCs and will be utilized to the fullest extent at ELT sites where they are employed. Primary prevention is a multi-disciplinary effort and ATCs will complement similar efforts by Safety departments of respective ELT sites as well as those by Navy Medicine.

3. Examples of primary prevention activities:

- Injury Prevention Classes taught at:
 - o Drill Instructor School - MCRDs
 - o Staff Orientation Course - OCS
 - o Marine Combat Instructor Course - SOIs
 - o Martial Arts Instructor Trainer Course - TBS (MACE)
- ATCs discuss injury prevention strategies with training companies at pick-up brief each cycle.
- ATCs observe PT and discuss proper techniques with staff.
- ATCs inspect PT equipment and obstacles.
- ATCs assist in the development of strength and conditioning programs for recruits/officer candidates/Marines in training and in remedial programs.
- Conditioning hike route inspection.
- Provide instruction and consultation to Field Corpsmen on contemporary m/s injury prevention and treatment techniques.

4. Summary. Injury prevention preserves Marines. Injury prevention is the responsibility of Marines and ATCs will assist them in this effort along with executing their duties related to m/s evaluation and treatment.

Subj: DESCRIPTION OF THE ATHLETIC TRAINING ROOM AS A COMPONENT OF SMIP

1. Purpose. To describe the Athletic Training Room (ATR) concept as a component of SMIP.

2. Background

a. Most injuries in physical training are minor in severity and involve the m/s system. Though minor in severity, these injuries can become debilitating over time and lead to lost training days and attrition if not treated promptly and effectively. In partnership with Navy Medicine, a key component of SMIP is delivering the right care, at the right time in order to reduce lost training days and attrition due to m/s injury.

b. In order to do this, ELT sites will establish ATRs to support physical training.

c. The primary purposes of ATRs are to:

(1) Provide responsive access to m/s injury assessment and treatment.

(2) Serve as a location from which personnel can obtain other services within the scope of practice of an ATC (e.g., pre-physical event stretching and taping, post-physical event ice treatments) which are preventative in nature.

3. Description. ATRs will be located within USMC-owned spaces and near Navy operated medical spaces (Battalion Aid Stations, etc.), and have adequate space, computer and phone for the function of ATCs employed in support of SMIP. ATR layouts will vary considerably from one ELT site to the other based on geography and facility differences.

The ATR concept is designed to be "modular" in nature, whereby the ATC with minimal equipment (ATC kit or bag), can "breakaway" to support field training. Commanders may designate multiple locations to serve as ATRs based on local needs. ELT units will support ATCs with transportation assets when services are provided over a dispersed training area.

If ATRs and/or ATCs are located within Navy-owned medical spaces ELT units will ensure formal USN-USMC agreements are in place to ensure continuity of ATR placement. Notify SMIP PM when USMC-funded ATRs and/or ATCs are to be located in Navy-owned spaces.

4. Summary. The ATR concept is responsive to ELT commands and complements Navy Medicine efforts.

DRAFT SMIP ORDER STAFFING COMMENT MATRIX (2d STAFFING)						
SOURCE	PAGE	PARA	COMMENT	ELF UNIT RATIONALE	LECOM DECISION/RATIONALE	
TECOM G-1, G-7, SD	NA	NA	Concur, no comments	NA	NA	
OCS	NA	NA	Concur, no comments	NA	NA	
TBS	NA	NA	Concur, no comments	NA	NA	
SOLE	NA	NA	Concur, no comments	NA	NA	
SOL-W	NA	NA	Concur, no comments	NA	NA	
MCRDSD	NA	NA	Concur, no comments	NA	NA	
MCRDPI	NA	NA	Concur, no comments	NA	NA	
HQMC (HS)	2	3.c.(1)	Consider addition of paragraph 3.c.(1)(b), Seek review and advice from HQMC (HS) and (SD) as needed.	Medical and safety advice and expertise will help ensure the highest quality and greatest effectiveness of the SMIP program.	Change incorporated.	
HQMC (HS)	Enclosure (4)	2	Change "Different from secondary or tertiary prevention which involves treatment of injuries after they occur" to "Different from secondary or tertiary prevention which involves actions undertaken to prevent symptoms and sequelae of injuries after they occur"	Better adherence to strict definitions of levels of prevention.	Change incorporated.	
HQMC (HS)	Enclosure (4)	4	Change, "The focus of Navy Medicine on treatment limits providers from engaging in primary prevention activities. Injury prevention is the responsibility of Marines and ATCs will assist them . . . " to "Prevention preserves assets. Injury prevention is the responsibility of Marines, and ATCs will assist them . . . "	Recommend change of wording.	Change incorporated.	