

**AGREEMENT FOR OPERATING PROTOCOLS BETWEEN PHYSICIAN AND  
ATHLETIC TRAINER**

This Agreement is entered into this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, between the below-named Physician, and the athletic trainer(s) employed or contracted by AT Direct Sports Medicine, LLC (the “Athletic Trainer”). This Agreement shall govern the operating protocols between the Physician and Athletic Trainer.

**I. Physician Information**

Name: Kareem Shaarawy, MD

License No.: 45249 Expiration: 1/22/2021

Practice Name: Barrow Sports Medicine

Address: 222 W. Thomas Road Suite 304  
Phoenix, AZ 85013  
\_\_\_\_\_

Tel: 602-406-7887 Cell: 858-337-2452  
Fax: 602-212-4766 Email: kareem.shaarawy@dignityhealth.org

**II. Athletic Trainer Information**

Name: \_\_\_\_\_, ATC, LAT  
Arizona Board of Athletic Training License No.: \_\_\_\_\_

Organization: AT Direct Sports Medicine, LLC  
6424 E Fairfield St  
Mesa, AZ 85205  
Tel: 520-235-0067  
Email: [cerickson@atdirectsportsmedicine.com](mailto:cerickson@atdirectsportsmedicine.com)

**III. Legal Authority**

Arizona Revised Statutes, Title 32, Chapter 41 (A.R.S. § 32-4101, *et seq.*), and specifically A.R.S. § 32-4103 (providing for the direction of athletic trainers by a physician).

Arizona Administrative Code, Title 4, Chapter 49, and specifically R4-49-405 (Direction of a Licensed Physician).

## **IV. Operating Protocols**

### **A. Patient Population**

The patient population is reasonably expected to consist of athletes for scholastic, amateur, collegiate, and professional teams and organizations under contract with AT Direct Sports Medicine, LLC; individuals otherwise participating in athletic events covered by AT Direct Sports Medicine, LLC, and its employed or contracted athletic trainers; and patients referred by the Physician to the Athletic Trainer for appropriate treatment.

### **B. Contact**

Physician and Athletic Trainer shall be available at the above-listed contact information.

### **C. Patient Assessment and Treatment**

The Athletic Trainer is authorized for the following assessment and treatment:

- Evaluation of head injuries for referral to Physician as necessary;
- Patient evaluation, re-evaluation, and differential diagnosis;
- Emergency/acute care and stabilization of injuries and illnesses as appropriate;
- Treatment and rehabilitation of any musculoskeletal injuries not requiring further referral.

The Athletic Trainer may use the following modalities or therapeutic techniques:

- Cold and heat packs;
- Manual mobilization and distraction;
- The reduction of dislocations of joints if there is vascular concern;
- Temporary splinting and strapping as indicated;
- Manufacture and fitting of braces, splints, and other appropriate orthoses as ordered;
- Rehabilitation and reconditioning of patients with respect to functional activities for strength, flexibility, cardiovascular fitness and appropriate sport-specific skills;
- Massage as appropriate;
- Whirlpool, aqua therapy, and other appropriate forms of water therapy;
- Prevention of injury via programs to improve strength, flexibility, cardiovascular fitness and sport-specific skills.

#### **D. Head Injury and Other Special Situations**

All head injuries involving loss of consciousness or memory shall be cleared by a Medical Doctor prior to return to participation. Brachial plexus injuries of a repetitive nature and excessive duration are to be cleared by a Medical Doctor prior to return to participation.

#### **E. Emergency Facility and EMS Activation**

Any acute medical emergency shall be handled with the care and prudence reasonably expected of a duly licensed athletic trainer. EMS shall be activated when indicated, and if applicable, the parent/guardian is notified as soon as practical. Any such incident shall be conveyed to the supervising Physician as soon as practical.

#### **F. Records and Notifications**

Accurate records shall be maintained at all times. These shall include initial injury reports, S.O.A.P. notes, initial evaluations and reassessments, change of status notes, treatments and discharge notes, and any contact with the parents/guardian. Notification of parents and coaches shall occur whenever possible and practical. Regular notification of status and injuries shall be conveyed to Physician as often as practical. If there are any injuries requiring removal of play or referrals, the directing Physician should be notified.

#### **G. Substitution of Physician**

In Physician's absence, Physician will appoint another qualified medical doctor to perform the supervisory duties required. Physician acknowledges that such absences may occur due to hospital on-call duties, conferences, or personal reasons, and shall make reasonable efforts to anticipate such absences and appoint a substitute physician as necessary.

#### **H. Other**

If not specifically addressed herein, the parties agree that the Athletic Trainer is otherwise authorized to perform any assessment or treatment that is within the scope of the duties and responsibilities of a licensed athletic trainer as set forth in Arizona Revised Statutes, Title 32, Chapter 41, Arizona Administrative Code, Title 4, Chapter 49, or otherwise permitted by the Arizona Board of Athletic Training and within the scope and practice of their education and training. If there are any questions or concerns, the directing Physician should be contacted immediately.

#### **V. Duration of Agreement**

This Agreement shall be valid for two (2) years from the date first indicated above. This Agreement shall be nullified and revoked effective immediately upon the suspension

or revocation of the respective licenses of the Physician or Athletic Trainer.

**Physician Acknowledgment**

I have read and understand the foregoing Agreement, and agree to its terms.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Physician Print Name

**Athletic Trainer Acknowledgment**

I have read and understand the foregoing Agreement, and agree to its terms.

AT DIRECT SPORTS MEDICINE, LLC

\_\_\_\_\_  
Date

By \_\_\_\_\_  
Casey McKay, Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Athletic Trainer Signature

\_\_\_\_\_, ATC, LAT  
Athletic Trainer Print Name