



2MIN DRILL® During this performance checkout evaluate the team's ability to deliver high-quality CPR, manage athletic equipment, and properly prepare an athlete for transport.

Organization: NY Giants

Program Date: May 4, 2017

Game-Day Practice-Day Camp-Day

Group Members:

SET-UP

| | |
|--|--|
| HAT: Leigh Weiss Assist AT1: Justin Mauer Assist AT2: Michael Baum Assist AT3: Sideline Emergency Kits: at 50 yard line ALS Equipment: at 50 yard line with NR-P AED: with ALS Admin AED: DNA | Team MD: Russell Warren, MD AMP: Kameno Bell, MD Neuro: NA EMS: EMT-P: Jason Emmel, Tony Vagueiro, Joe Dyl, Henry Ruiz Rig: MetLife |
|--|--|

PRIMARY OBJECTIVES

- Checks for response
- Checks for no/abnormal/gasping breaths (5-10 seconds)
- ACTIVATES** team emergency action plan
- Checks Carotid **PULSE** (no more than 10 seconds)

REPOSITIONING

- Reposition to supine
- Reposition to cervical neutral
 - Apprehension Inc S/S Block

S/U

INITIATES HIGH-QUALITY CPR

- / Correct compression **HAND PLACEMENT**
- / **ADEQUATE RATE:** At least 100/min (i.e., delivers each set of 30 chest compressions in 18 seconds or less)
- / **ADEQUATE DEPTH:** Delivers compressions at least 2 inches in depth (at least 23 out of 30)
- / **ALLOWS COMPLETE CHEST RECOIL** (at least 23 out of 30)

MINIMIZES INTERRUPTIONS

- / **FACE MASK / HELMET REMOVAL** before completion of first set of compressions **Instructor Comments:**
- / Open airway using MJT
- / Gives 2 breaths with BVM in less than 10 seconds
- / Initiates chest compressions if unable to ventilate.
- / **Secure patent airway 2 breaths from BVM**
- / **Clears airway of vomit with Pump**

DEFIBRILLATION

/ **DURING FIRST SET OF COMPRESSIONS:** Second rescuer arrives with DEFIBRILLATOR and BVM
INSTRUCTOR COMMENT:

/ First rescuer continues compressions while second rescuer properly applies and sets up DEFIBRILLATOR
INSTRUCTOR COMMENT:

/ Second rescuer clears victim, allowing DEFIBRILLATOR to analyze – RESCUERS SWITCH
INSTRUCTOR COMMENT:

/ If DEFIBRILLATION is indicated, second rescuer clears victim again and delivers shock
INSTRUCTOR COMMENT:

/ **SECOND RESCUER** gives 30 compressions immediately after shock delivery (2 cycles)
INSTRUCTOR COMMENT:

/ **FIRST RESCUER** successfully delivers 2 breaths with BMV (for 2 cycles)
INSTRUCTOR COMMENT:

MAINTAIN primary objectives during EQUIPMENT REMOVAL

/ Maintain in-line stabilization
 Facemask removed with minimal movement Helmet removed with minimal movement

/ T-cut in jersey beginning at neckline

/ Shoulder pads removed without unnecessary movement Straps cut prior to strings

/ Undergarment cut

/ Pack-n-fill all voids

INSTRUCTOR COMMENT:

TRANSFER to rigid support

/ Transfer to rigid support without unnecessary movement
 Logroll Lift-slide

/ Pack-n-fill all voids

/ Secured to rigid using CIDs without unnecessary movement

All emergency response equipment used during final testing was that of the organization.

All emergency response equipment has been serviced, is compliant with local regulations, and is certified ready for use.

Sports Medicine Concepts, Inc., Audit Statement

At the time this report was issued, the organization was recognized as having successfully completed this exercise with verified compliant emergency response equipment in accordance with Sports Medicine Concepts, Inc., sports emergency care standards and best practices. This report is thus certified accurate as an indicator that the organization meets best practice standards.

Signature of Report Preparer

Date: May 4, 2017

Supervising Signature

Michael Cendoma, MS, A5C

Program Director, Sports Medicine Concepts, Inc.

Date: May 4, 2017



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Organization:

- Game-Day Practice-Day Camp-Day

Program Date:

Group Members:

SET-UP

| | |
|--------------------------|----------|
| HAT: | Team MD: |
| Assist AT1: | AMP: |
| Assist AT2: | Neuro: |
| Assist AT3: | EMS: |
| Sideline Emergency Kits: | EMT-P: |
| ALS Equipment: | Rig: |
| AED: | |
| Admin AED: | |

PRIMARY OBJECTIVES

- Checks for response
- Checks for no/abnormal/gasping breaths (5-10 seconds)
- ACTIVATES** team emergency action plan
- Checks Carotid **PULSE** (no more than 10 seconds)

REPOSITIONING

- Reposition to supine
- Reposition to cervical neutral
 - Apprehension Inc S/S Block

S/U

INITIATES HIGH-QUALITY CPR

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- / **ALLOWS COMPLETE CHEST RECOIL** (at least 23 out of 30)

MINIMIZES INTERRUPTIONS

- / **FACE MASK / HELMET REMOVAL** before completion of first set of compressions **Instructor Comments:**
- / Open airway using MJT
- / Gives 2 breaths with BVM in less than 10 seconds
- / Initiates chest compressions if unable to ventilate.
- / **Secure patent airway 2 breaths from BVM**
- / **Clears airway of vomit with Pump**

DEFIBRILLATION

/ **DURING FIRST SET OF COMPRESSIONS:** Second rescuer arrives with DEFIBRILLATOR and BVM
INSTRUCTOR COMMENT:

/ First rescuer continues compressions while second rescuer properly applies and sets up DEFIBRILLATOR
INSTRUCTOR COMMENT:

/ **Second rescuer clears victim, allowing DEFIBRILLATOR to analyze – RESCUERS SWITCH**
INSTRUCTOR COMMENT:

/ **If DEFIBRILLATION is indicated, second rescuer clears victim again and delivers shock**
INSTRUCTOR COMMENT:

/ **SECOND RESCUER** gives 30 compressions immediately after shock delivery (2 cycles)
INSTRUCTOR COMMENT:

/ **FIRST RESCUER** successfully delivers 2 breaths with BMV (for 2 cycles)
INSTRUCTOR COMMENT:

MAINTAIN primary objectives during EQUIPMENT REMOVAL

/ **Maintain in-line stabilization**
 Facemask removed with minimal movement **Helmet removed** with minimal movement

/ T-cut in **jersey** beginning at neckline

/ **Shoulder pads** removed without unnecessary movement **Straps** cut prior to strings

/ **Undergarment** cut

/ **Pack-n-fill** all voids

INSTRUCTOR COMMENT:

TRANSFER to rigid support

/ **Transfer to rigid support** without unnecessary movement
 Logroll Lift-slide

/ **Pack-n-fill** all voids

/ **Secured** to rigid using CIDs without unnecessary movement

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Signature of Report Preparer

Date:

Supervising Signature

Michael Cendoma, MS, ATC

Program Director, Sports Medicine Concepts, Inc.

Date:

Program: **NY Giants** Program Date: **May 4, 2017**

TEAM MEMEBERS: **Medical**

X

HIGH-QUALITY CPR PERFORMANCE CRITERIA During this performance checkout evaluate the team's ability to deliver high-quality CPR, manage protective athletic equipment, and effectively employ BLS/ALS airway adjuncts.

PRIMARY OBJECTIVES

- Checks for response
- Checks for no/abnormal/gasping breaths (5-10 seconds)
- ACTIVATES** team emergency action plan
- Checks Carotid **PULSE** (no more than 10 seconds)

REPOSITIONING

- Reposition to supine
- Reposition to cervical neutral
- Apprehension Inc S/S Block **TEAM'S RESPONSE:**

S/U

INITIATES HIGH-QUALITY CPR

- / Correct compression **HAND PLACEMENT**
- / **ADEQUATE RATE:** At least 100/min (i.e., delivers each set of 30 chest compressions in 18 seconds or less)
- / **ADEQUATE DEPTH:** Delivers compressions at least 2 inches in depth (at least 23 out of 30)
- / **ALLOWS COMPLETE CHEST RECOIL** (at least 23 out of 30)

MINIMIZES INTERRUPTIONS

- / **FACE MASK / HELMET REMOVAL** before completion of first set of compressions **INSTRUCTOR COMMENT: Team elects to remove helmet in life-threatening emergency situations**
- / Open airway using MJT **INSTRUCTOR COMMENT:**
- / Gives 2 breaths with BVM in less than 10 seconds
- / Re-attempt MJT and 2 breaths with BVM
- / **BLS Airway adjunct and 2 breaths from BVM** **INSTRUCTOR COMMENT: Medical team has each at an will make appropriate decision at time**
- / OPA
- / NPA
- / **Clears airway of vomit with Pump** **INSTRUCTOR COMMENT:**
- / **ALS Airway adjunct and 2 breaths from BVM** **INSTRUCTOR COMMENT: team has each and will make an appropriate decision at time**
- / LMA
- / EGC
 - With aid of laryngoscope*
- / King LT
 - With aid of laryngoscope*
- / ETI
 - Video laryngoscope
- / **RSI (See RSI Checkout)**

DEFIBRILLATION Skill Evaluation and SWITCH

During this phase, evaluate the team's ability to switch roles and to DEFIBRILLATE

In 2Minutes or Less!®.

s/u

/ **DURING FIRST SET OF COMPRESSIONS:** Second rescuer arrives with DEFIBRILLATOR and BVM
INSTRUCTOR COMMENT: 35T

/ First rescuer continues compressions while second rescuer properly applies and sets up DEFIBRILLATOR
INSTRUCTOR COMMENT: 35T

/ **Second rescuer clears victim, allowing DEFIBRILLATOR to analyze – RESCUERS SWITCH**
INSTRUCTOR COMMENT: 35T

/ **If DEFIBRILLATION is indicated, second rescuer clears victim again and delivers shock**
INSTRUCTOR COMMENT: 35T

/ Both rescuers **RESUME HIGH-QUALITY CPR** immediately after shock delivery:
(Compressions resume in less than 10s following first shock from DEFIBRILLATOR)
INSTRUCTOR COMMENT: 35T

/ **SECOND RESCUER** gives 30 compressions immediately after shock delivery (2 cycles)
INSTRUCTOR COMMENT: 35T

/ **FIRST RESCUER** successfully delivers 2 breaths with BMV (for 2 cycles)
INSTRUCTOR COMMENT: 35T

ALTERNATE SCENARIOS / DISCUSSION POINTS

Considering the expertise and emergency equipment that can be organized, is it possible to removal all the protective athletic equipment from an athlete and transfer them to a rigid support prior to initiation of CPR or in-between CPR cycles during a CRASH scenario involving head and neck trauma while minimizing interruption of CPR cycles? Are the answers any different for CRASH and NON-CRASH scenarios?

Uncontrolled vomiting or seizure should trigger RSI

INSTRUCTOR COMMENTS

35T

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Michael Cendoma, MS, ATC
Program Director, Sports Medicine Concepts, Inc

e-Signature: *MJ Cendoma*



AIRWAY MANAGEMENT MATRIX This matrix involves deliberate decision-making pertaining to development of best-practice pre-hospital BLS and ALS airway management strategies.

PRIMARY OBJECTIVES

| | |
|--|--|
| Gain control of athlete | <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> H <input type="checkbox"/> I |
| Checks for response | <input type="checkbox"/> A <input checked="" type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> H <input type="checkbox"/> I |
| Check Carotid pulse for 10s | <input type="checkbox"/> A <input checked="" type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> H <input type="checkbox"/> I |
| Open airway using MJT | <input type="checkbox"/> A <input checked="" type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> H <input type="checkbox"/> I |
| Remove FM if unable to perform MJT | <input type="checkbox"/> A <input checked="" type="checkbox"/> B <input checked="" type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> H <input type="checkbox"/> I |
| Open airway using MJT with FM removed | <input type="checkbox"/> A <input checked="" type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> H <input type="checkbox"/> I |
| Check for no/abnormal/gasping breath (5-10s) | <input type="checkbox"/> A <input checked="" type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> H <input type="checkbox"/> I |
| Activate EAP | <input type="checkbox"/> A <input type="checkbox"/> B <input checked="" type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> H <input type="checkbox"/> I |
| Jersey / Shoulder pad prep | <input type="checkbox"/> A <input type="checkbox"/> B <input checked="" type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> H <input type="checkbox"/> I |
| *Running the code <input type="checkbox"/> A-Man <input checked="" type="checkbox"/> MD <input type="checkbox"/> AMP <input type="checkbox"/> Neuro | |

TRIANGLE REPOSITIONING

AMP Preferred Position A B C Other:

Head Exchange

A-Man stays w/AMP off to side AMP at A B-Man takes control during exchange/AMP has head and airway

B-Man takes control during exchange and maintains throughout

EMT-P Preferred Position A B C Other:

Head Exchange

A-Man stays w/AMP off to side AMP at A B-Man takes control during exchange/AMP has head and airway

B-Man takes control during exchange and maintains throughout

GAME-DAY AIRWAY MANAGEMENT PREFERENCES

| | |
|---|---|
| <input checked="" type="checkbox"/> BVM <input type="checkbox"/> w/O2 | <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> AMP <input checked="" type="checkbox"/> EMT-P |
| If unable to ventilate with BVM | <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> AMP <input checked="" type="checkbox"/> EMT-P |
| <input checked="" type="checkbox"/> OPA <input type="checkbox"/> NPA <input type="checkbox"/> Alternate ALS airway device | |
| Indications for alternate ALS airway device | <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> AMP <input checked="" type="checkbox"/> EMT-P |
| <input type="checkbox"/> Preferred method <input checked="" type="checkbox"/> UTV <input type="checkbox"/> Difficult | |
| <input type="checkbox"/> Replace adjunct | |
| Preferred alternative airway device | <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> AMP <input checked="" type="checkbox"/> EMT-P <input type="checkbox"/> EMT |
| <input type="checkbox"/> LMA <input type="checkbox"/> King-LT <input type="checkbox"/> Combi <input checked="" type="checkbox"/> ETT | |
| Double set-up for difficult airway | <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> AMP <input checked="" type="checkbox"/> EMT-P <input type="checkbox"/> EMT |
| <input checked="" type="checkbox"/> Video <input type="checkbox"/> Glide <input type="checkbox"/> Blade <input type="checkbox"/> ETT | |
| AED During double set-up <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> AMP <input type="checkbox"/> EMT-P <input checked="" type="checkbox"/> EMT |
| Indications for RSI | |
| <input checked="" type="checkbox"/> Difficult airway <input type="checkbox"/> Neuro <input checked="" type="checkbox"/> Seizure <input type="checkbox"/> NA | |
| RSI Site: <input type="checkbox"/> On-field <input checked="" type="checkbox"/> Tunnel <input type="checkbox"/> Rig | |

PRACTICE-DAY AIRWAY MANAGEMENT PREFERENCES

BVM w/O2

If unable to ventilate with BVM

OPA NPA Alternate ALS airway device

Indications for alternate ALS airway device

Preferred method UTV Difficult
 Replace adjunct

Preferred alternative airway device

LMA King-LT Combi ETT

Double set-up for difficult airway

Video Glide Blade ETT

AED During double set-up Y N

Indications for RSI

Difficult airway Neuro Seizure NA

RSI Site: On-field Tunnel Rig

A B C AMP EMT-P
 A B C AMP EMT-P
 A B C AMP EMT-P
 A B C AMP EMT-P EMT
 A B C AMP EMT-P EMT
 A B C AMP EMT-P EMT

CAMP-DAY AIRWAY MANAGEMENT PREFERENCES

BVM w/O2

If unable to ventilate with BVM

OPA NPA Alternate ALS airway device

Indications for alternate ALS airway device

Preferred method UTV Difficult
 Replace adjunct

Preferred alternative airway device

LMA King-LT Combi ETT

Double set-up for difficult airway

Video Glide Blade ETT

AED During double set-up Y N

Indications for RSI

Difficult airway Neuro Seizure NA

RSI Site: On-field Tunnel Rig

A B C AMP EMT-P
 A B C AMP EMT-P
 A B C AMP EMT-P
 A B C AMP EMT-P EMT
 A B C AMP EMT-P EMT
 A B C AMP EMT-P EMT

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Signature of Report Preparer
Date: MJ Cendoma
Supervising Signature
Michael Cendoma, MS, ATC
Program Director, Sports Medicine Concepts, Inc.
Date: May 7, 2017



NON-CRASH RSI COMPETENCY MATRIX

| RECOMMENDED TIME OF COMPLETION | ACTION | X | DISCUSSION POINTS / COMMENTS |
|--|---|--|------------------------------|
| Zero minus 10 minutes <input type="checkbox"/> WNL | Preparation Provide BLS Component Remove protective athletic equipment using spine injury precautions IN 2MIN or Less!® Assembled all equipment Assembled all drugs Assess for difficult airway Double-Setup | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | |
| Zero minus 5 minutes <input type="checkbox"/> WNL | Preoxygenation | <input type="checkbox"/> | |
| Zero minus 3 minutes <input type="checkbox"/> WNL | Pretreatment Agent: _____ dosage IVP _____ Agent: _____ dosage IVP _____ | <input type="checkbox"/> <input type="checkbox"/> | |
| Zero <input type="checkbox"/> WNL | Paralysis with induction Induction Agent: _____ dosage IVP _____ <i>followed immediately by</i> Paralytic Agent: _____ dosage IVP _____ | <input type="checkbox"/> <input type="checkbox"/> | |
| Zero plus 20-30 seconds <input type="checkbox"/> WNL | Positioning Position patient for optimal laryngoscopy Remove OPA Sellick's maneuver | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | |
| Zero plus 45 seconds <input type="checkbox"/> WNL | Placement with proof: Assess mandible for flaccidity Perform intubation Confirm placement | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | |
| Zero plus 1 minute <input type="checkbox"/> WNL | Postintubation management: Long-term sedation/paralysis as indicated | <input type="checkbox"/> | |
| Zero plus 4 minutes <input type="checkbox"/> WNL | Management of Protective Athletic Equipment Remove protective athletic equipment using spine-injury precautions BEFORE placing on rigid support | <input type="checkbox"/> <input type="checkbox"/> | |
| Zero plus 5 minutes <input type="checkbox"/> WNL | Transfer and Immobilization: Transfer to rigid support Cervical spine stabilized in neutral Cervical collar placed on athlete Athlete secured to rigid support | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | |
| Zero plus 7 minutes <input type="checkbox"/> WNL | Transport | <input type="checkbox"/> | |



CRASH RSI COMPETENCY MATRIX

| RECOMMENDED TIME OF COMPLETION | ACTION | X | DISCUSSION POINTS / COMMENTS |
|---|--|--|------------------------------|
| Zero plus 2Min or Less!® <input type="checkbox"/> WNL | BLS / Intubation Preparation Maintain BMV with high flow oxygen Assembled all equipment Assess for difficult airway Double-Setup Position for optimal laryngoscopy Sellick's maneuver | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | |
| Zero <input type="checkbox"/> WNL | Placement with proof: Assess mandible for flaccidity Perform intubation Confirm placement | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | |
| Zero plus 1 minute <input type="checkbox"/> WNL | Post-intubation management: Long-term sedation/paralysis as Indicated | <input type="checkbox"/> | |
| Zero plus 4 minutes <input type="checkbox"/> WNL | Management of Protective Athletic Equipment Remove protective athletic equipment using spine-injury precautions BEFORE placing on rigid support | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | |
| Zero plus 5 minutes <input type="checkbox"/> WNL | Transfer and Immobilization: Transfer to rigid support Cervical spine stabilized in neutral Cervical collar placed on athlete Athlete secured to rigid support | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | |
| Zero plus 7 minutes <input type="checkbox"/> WNL | Transport Ambulance leaves scene | <input type="checkbox"/> | |

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Signature of Report Preparer

Date:

Supervising Signature

Michael Cendoma, MS, ATC

Program Director, Sports Medicine Concepts, Inc.

Date:

Program: **NYG** Program Date: **May 4, 2017**
 TEAM MEMEBERS: **Medical team**

X **AIRWAY MANAGEMENT AND RESCUE BREATHING PERFORMANCE CRITERIA** During this performance checkout evaluate the team's ability to manage protective athletic equipment and effectively employ BLS/ALS airway adjuncts.

PRIMARY OBJECTIVES

- Checks for response
- Checks for no/abnormal/gasping breaths (5-10 seconds)
- ACTIVATES** team emergency action plan
- Checks Carotid **PULSE** (no more than 10 seconds)

REPOSITIONING

- Reposition to supine
- Reposition to cervical neutral
- Apprehension Inc S/S Block TEAM'S RESPONSE: 35T

S/U

INITIATES HIGH-QUALITY CPR

- / Correct compression **HAND PLACEMENT**
- / **ADEQUATE RATE:** At least 100/min (i.e., delivers each set of 30 chest compressions in 18 seconds or less)
- / **ADEQUATE DEPTH:** Delivers compressions at least 2 inches in depth (at least 23 out of 30)
- / **ALLOWS COMPLETE CHEST RECOIL** (at least 23 out of 30)

MINIMIZES INTERRUPTIONS

- / **FACE MASK / HELMET REMOVAL** before completion of first set of compressions **INSTRUCTOR COMMENT: Combo tool approach helmet removal in a life-threatening emergency**
- / Open airway using MJT **INSTRUCTOR COMMENT: face mask removal to facilitate MJT**
- / Gives 2 breaths with BVM in less than 10 seconds
- / Re-attempt MJT and 2 breaths with BVM
- BLS Airway adjunct and 2 breaths from BVM**
- / OPA **INSTRUCTOR COMMENT:**
- / NPA
- / **Clears airway of vomit with Pump** **INSTRUCTOR COMMENT:**
- ALS Airway adjunct and 2 breaths from BVM**
- / LMA **INSTRUCTOR COMMENT: all avail**
- / EGC
- With aid of laryngoscope*
- / King LT
- With aid of laryngoscope*
- / ETI
- Video laryngoscope*
- / **RSI (See RSI Checkout)**

ALTERNATE SCENARIOS / DISCUSSION POINTS

INSTRUCTOR COMMENTS

35T

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Michael Cendoma, MS, ATC
Program Director, Sports Medicine Concepts, Inc

e-Signature: *MJ Cendoma*



CLINICAL CRITERIA Matrix This matrix involves deliberate decision-making pertaining to ruling out neurological injury and development of best-practice on-field management strategies.

| Δ | Game-Day | | | | | | | | | | | Comments |
|--------|---|---|--|---|---|------------------------------|---|--------------------------------|-----------------------------|--|--|----------|
| A-Man: | <input checked="" type="checkbox"/> HAT | <input type="checkbox"/> ATC | <input type="checkbox"/> MD | <input type="checkbox"/> AMP | <input type="checkbox"/> Neuro | <input type="checkbox"/> EMT | <input type="checkbox"/> EMT-P | <input type="checkbox"/> Coach | <input type="checkbox"/> NA | | | |
| B-Man: | <input type="checkbox"/> HAT | <input checked="" type="checkbox"/> ATC | <input type="checkbox"/> MD | <input type="checkbox"/> AMP | <input type="checkbox"/> Neuro | <input type="checkbox"/> EMT | <input type="checkbox"/> EMT-P | <input type="checkbox"/> Coach | <input type="checkbox"/> NA | | | |
| C-Man: | <input type="checkbox"/> HAT | <input type="checkbox"/> ATC | <input checked="" type="checkbox"/> MD | <input type="checkbox"/> AMP | <input type="checkbox"/> Neuro | <input type="checkbox"/> EMT | <input type="checkbox"/> EMT-P | <input type="checkbox"/> Coach | <input type="checkbox"/> NA | | | |
| D-Man: | <input type="checkbox"/> HAT | <input type="checkbox"/> ATC | <input type="checkbox"/> MD | <input checked="" type="checkbox"/> AMP | <input type="checkbox"/> Neuro | <input type="checkbox"/> EMT | <input type="checkbox"/> EMT-P | <input type="checkbox"/> Coach | <input type="checkbox"/> NA | | | |
| E-Man: | <input type="checkbox"/> HAT | <input type="checkbox"/> ATC | <input type="checkbox"/> MD | <input type="checkbox"/> AMP | <input checked="" type="checkbox"/> Neuro | <input type="checkbox"/> EMT | <input type="checkbox"/> EMT-P | <input type="checkbox"/> Coach | <input type="checkbox"/> NA | | | |
| F-Man: | <input type="checkbox"/> HAT | <input type="checkbox"/> ATC | <input type="checkbox"/> MD | <input type="checkbox"/> AMP | <input type="checkbox"/> Neuro | <input type="checkbox"/> EMT | <input checked="" type="checkbox"/> EMT-P | <input type="checkbox"/> Coach | <input type="checkbox"/> NA | | | |
| G-Man: | <input type="checkbox"/> HAT | <input type="checkbox"/> ATC | <input type="checkbox"/> MD | <input type="checkbox"/> AMP | <input type="checkbox"/> Neuro | <input type="checkbox"/> EMT | <input checked="" type="checkbox"/> EMT-P | <input type="checkbox"/> Coach | <input type="checkbox"/> NA | | | |
| H-Man: | <input type="checkbox"/> HAT | <input type="checkbox"/> ATC | <input type="checkbox"/> MD | <input type="checkbox"/> AMP | <input type="checkbox"/> Neuro | <input type="checkbox"/> EMT | <input checked="" type="checkbox"/> EMT-P | <input type="checkbox"/> Coach | <input type="checkbox"/> NA | | | |
| I-Man: | <input type="checkbox"/> HAT | <input type="checkbox"/> ATC | <input type="checkbox"/> MD | <input type="checkbox"/> AMP | <input type="checkbox"/> Neuro | <input type="checkbox"/> EMT | <input checked="" type="checkbox"/> EMT-P | <input type="checkbox"/> Coach | <input type="checkbox"/> NA | | | |

| Δ | Practice-Day | | | | | | | | | | | Comments |
|--------|---|---|-----------------------------|------------------------------|--------------------------------|---|---|--------------------------------|-----------------------------|--|--|----------|
| A-Man: | <input checked="" type="checkbox"/> HAT | <input type="checkbox"/> ATC | <input type="checkbox"/> MD | <input type="checkbox"/> AMP | <input type="checkbox"/> Neuro | <input type="checkbox"/> EMT | <input type="checkbox"/> EMT-P | <input type="checkbox"/> Coach | <input type="checkbox"/> NA | | | |
| B-Man: | <input type="checkbox"/> HAT | <input checked="" type="checkbox"/> ATC | <input type="checkbox"/> MD | <input type="checkbox"/> AMP | <input type="checkbox"/> Neuro | <input type="checkbox"/> EMT | <input type="checkbox"/> EMT-P | <input type="checkbox"/> Coach | <input type="checkbox"/> NA | | | |
| C-Man: | <input type="checkbox"/> HAT | <input checked="" type="checkbox"/> ATC | <input type="checkbox"/> MD | <input type="checkbox"/> AMP | <input type="checkbox"/> Neuro | <input type="checkbox"/> EMT | <input type="checkbox"/> EMT-P | <input type="checkbox"/> Coach | <input type="checkbox"/> NA | | | |
| D-Man: | <input type="checkbox"/> HAT | <input checked="" type="checkbox"/> ATC | <input type="checkbox"/> MD | <input type="checkbox"/> AMP | <input type="checkbox"/> Neuro | <input type="checkbox"/> EMT | <input type="checkbox"/> EMT-P | <input type="checkbox"/> Coach | <input type="checkbox"/> NA | | | |
| E-Man: | <input type="checkbox"/> HAT | <input checked="" type="checkbox"/> ATC | <input type="checkbox"/> MD | <input type="checkbox"/> AMP | <input type="checkbox"/> Neuro | <input type="checkbox"/> EMT | <input type="checkbox"/> EMT-P | <input type="checkbox"/> Coach | <input type="checkbox"/> NA | | | |
| F-Man: | <input type="checkbox"/> HAT | <input type="checkbox"/> ATC | <input type="checkbox"/> MD | <input type="checkbox"/> AMP | <input type="checkbox"/> Neuro | <input type="checkbox"/> EMT | <input checked="" type="checkbox"/> EMT-P | <input type="checkbox"/> Coach | <input type="checkbox"/> NA | | | |
| G-Man: | <input type="checkbox"/> HAT | <input type="checkbox"/> ATC | <input type="checkbox"/> MD | <input type="checkbox"/> AMP | <input type="checkbox"/> Neuro | <input type="checkbox"/> EMT | <input checked="" type="checkbox"/> EMT-P | <input type="checkbox"/> Coach | <input type="checkbox"/> NA | | | |
| H-Man: | <input type="checkbox"/> HAT | <input type="checkbox"/> ATC | <input type="checkbox"/> MD | <input type="checkbox"/> AMP | <input type="checkbox"/> Neuro | <input checked="" type="checkbox"/> EMT | <input type="checkbox"/> EMT-P | <input type="checkbox"/> Coach | <input type="checkbox"/> NA | | | |
| I-Man: | <input type="checkbox"/> HAT | <input type="checkbox"/> ATC | <input type="checkbox"/> MD | <input type="checkbox"/> AMP | <input type="checkbox"/> Neuro | <input checked="" type="checkbox"/> EMT | <input type="checkbox"/> EMT-P | <input type="checkbox"/> Coach | <input type="checkbox"/> NA | | | |

| Δ | Camp-Day | | | | | | | | | | | Comments |
|--------|---|---|-----------------------------|------------------------------|--------------------------------|---|---|--------------------------------|-----------------------------|--|--|----------|
| A-Man: | <input checked="" type="checkbox"/> HAT | <input type="checkbox"/> ATC | <input type="checkbox"/> MD | <input type="checkbox"/> AMP | <input type="checkbox"/> Neuro | <input type="checkbox"/> EMT | <input type="checkbox"/> EMT-P | <input type="checkbox"/> Coach | <input type="checkbox"/> NA | | | |
| B-Man: | <input type="checkbox"/> HAT | <input checked="" type="checkbox"/> ATC | <input type="checkbox"/> MD | <input type="checkbox"/> AMP | <input type="checkbox"/> Neuro | <input type="checkbox"/> EMT | <input type="checkbox"/> EMT-P | <input type="checkbox"/> Coach | <input type="checkbox"/> NA | | | |
| C-Man: | <input type="checkbox"/> HAT | <input checked="" type="checkbox"/> ATC | <input type="checkbox"/> MD | <input type="checkbox"/> AMP | <input type="checkbox"/> Neuro | <input type="checkbox"/> EMT | <input type="checkbox"/> EMT-P | <input type="checkbox"/> Coach | <input type="checkbox"/> NA | | | |
| D-Man: | <input type="checkbox"/> HAT | <input checked="" type="checkbox"/> ATC | <input type="checkbox"/> MD | <input type="checkbox"/> AMP | <input type="checkbox"/> Neuro | <input type="checkbox"/> EMT | <input type="checkbox"/> EMT-P | <input type="checkbox"/> Coach | <input type="checkbox"/> NA | | | |
| E-Man: | <input type="checkbox"/> HAT | <input checked="" type="checkbox"/> ATC | <input type="checkbox"/> MD | <input type="checkbox"/> AMP | <input type="checkbox"/> Neuro | <input type="checkbox"/> EMT | <input type="checkbox"/> EMT-P | <input type="checkbox"/> Coach | <input type="checkbox"/> NA | | | |
| F-Man: | <input type="checkbox"/> HAT | <input type="checkbox"/> ATC | <input type="checkbox"/> MD | <input type="checkbox"/> AMP | <input type="checkbox"/> Neuro | <input type="checkbox"/> EMT | <input checked="" type="checkbox"/> EMT-P | <input type="checkbox"/> Coach | <input type="checkbox"/> NA | | | |
| G-Man: | <input type="checkbox"/> HAT | <input type="checkbox"/> ATC | <input type="checkbox"/> MD | <input type="checkbox"/> AMP | <input type="checkbox"/> Neuro | <input type="checkbox"/> EMT | <input checked="" type="checkbox"/> EMT-P | <input type="checkbox"/> Coach | <input type="checkbox"/> NA | | | |
| H-Man: | <input type="checkbox"/> HAT | <input type="checkbox"/> ATC | <input type="checkbox"/> MD | <input type="checkbox"/> AMP | <input type="checkbox"/> Neuro | <input checked="" type="checkbox"/> EMT | <input type="checkbox"/> EMT-P | <input type="checkbox"/> Coach | <input type="checkbox"/> NA | | | |
| I-Man: | <input type="checkbox"/> HAT | <input type="checkbox"/> ATC | <input type="checkbox"/> MD | <input type="checkbox"/> AMP | <input type="checkbox"/> Neuro | <input checked="" type="checkbox"/> EMT | <input type="checkbox"/> EMT-P | <input type="checkbox"/> Coach | <input type="checkbox"/> NA | | | |

PRIMARY OBJECTIVES

- Gain control of athlete
- Checks for response
- CAB

REPOSITIONING

- Reposition to supine
 - Catchers position
 - Hand placement on helmet
- Reposition to neutral cervical
- Finger test
- Pack – n - fill
- Contraindications:
 - Apprehension
 - Bony Block
 - Pain
 - Inc S/S

| ON-FIELD ASSESSMENT | | |
|---|---|--|
| <input type="checkbox"/> | Check LOC | |
| <input type="checkbox"/> | INQUIRES OF MOI | |
| <input type="checkbox"/> | NECK PAIN <input type="checkbox"/> Scale of 0-10 | |
| <input type="checkbox"/> | NEURO S/S <input type="checkbox"/> Burning, Numbness, Tingling, Radicular symptoms <input type="checkbox"/> Symptoms Uni-lateral or bi-lateral <input type="checkbox"/> Bi-Lateral Grip Strength and PF/DF | |
| <input type="checkbox"/> | PALPATION <input type="checkbox"/> Inc Pain <input type="checkbox"/> Midline <input type="checkbox"/> Inc S/S <input type="checkbox"/> Rigid Cervical Spasm | |
| <input type="checkbox"/> | VOLUNTARY ISOMETRIC CONTRACTION <input type="checkbox"/> Apprehension <input type="checkbox"/> Inc Pain <input type="checkbox"/> Inc S/S | |
| <input type="checkbox"/> | SUPINE AROM <input type="checkbox"/> Apprehension <input type="checkbox"/> Inc Pain <input type="checkbox"/> Inc S/S <input type="checkbox"/> Mild at end-range only | |
| <input type="checkbox"/> | APPREHENSION INQUIRY | |
| <input type="checkbox"/> | SEATED AROM <input type="checkbox"/> Apprehension <input type="checkbox"/> Inc Pain <input type="checkbox"/> Inc S/S <input type="checkbox"/> Mild at end-range only | |
| <input type="checkbox"/> | COMPRESSION TEST | |
| SAFELY REMOVE FROM PLAYING FIELD FOR SIDELINE ASSESSMENT | | |
| <input type="checkbox"/> | Upper / Lower Quarter Screens | |
| ACTIVATING EMS | | |
| Game-Day | Practice-Day | Camp-Day |
| <input type="checkbox"/> Radio <input type="checkbox"/> Hand signal: All Come | <input type="checkbox"/> Radio <input type="checkbox"/> Hand signal: | <input type="checkbox"/> Radio <input type="checkbox"/> Hand signal: |
| <input type="checkbox"/> Other: | <input type="checkbox"/> Other: | <input type="checkbox"/> Other: |
| INDICATION FOR ON-SITE RADIOLOGY | | |
| Clinical Criteria: | | |
| <input type="checkbox"/> | Equip-laden/oversized ready | |
| INDICATION FOR ER TRANSPORT | | |
| Clinical Criteria: | | |
| <input type="checkbox"/> Level I Trauma Center: | <input type="checkbox"/> Equip-laden/oversize ready? | |
| <input type="checkbox"/> Closest Hospital: | <input type="checkbox"/> Equip-laden/oversize ready? | |
| <input type="checkbox"/> Other: | <input type="checkbox"/> Equip-laden/oversize ready? | |
| TRANSFER PROTOCOL | | |
| <input type="checkbox"/> Log-roll | <input type="checkbox"/> Flat-lift | <input type="checkbox"/> Scoop <input type="checkbox"/> EMS Protocol Changes |
| Maintain Cervical Neutral: | <input checked="" type="checkbox"/> A | <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> H <input type="checkbox"/> I |
| Transfer: | <input type="checkbox"/> A | <input checked="" type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> H <input type="checkbox"/> I |
| Board positioning: | <input type="checkbox"/> A | <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> H <input type="checkbox"/> I |

TRANSPORT PROTOCOL

On-field Tunnel Escort:

FM removal: A B C D E F G H I
 T-cut Jersey, beginning at neckline: A B C D E F G H I
 Shoulder pad straps then strings: A B C D E F G H I
 T-cut undergarment: A B C D E F G H I
 Secure to rigid support: A B C D E F G H I

EQUIPMENT REMOVAL PROTOCOL

On-Field Tunnel ER

Transfer stabilization to: A B C D E F G H I
 Count-off helmet: A B C D E F G H I
 Remove shoulder pads: A B C D E F G H I
 C-Collar: A B C D E F G H I
 Continuum of care escort: A B C D E F G H I

All emergency response equipment used during final testing was that of the organization.

All emergency response equipment has been serviced, is compliant with local regulations, and is certified ready for use.

Sports Medicine Concepts, Inc., Audit Statement

At the time this report was issued, the organization was recognized as having successfully completed this exercise with verified compliant emergency response equipment in accordance with Sports Medicine Concepts, Inc., sports emergency care standards and best practices. This report is thus certified accurate as an indicator that the organization meets best practice standards.

Signature of Report Preparer

MJ Cendoma

Supervising Signature

Michael Cendoma, MS, ATC

Program Director, Sports Medicine Concepts, Inc.



Program: NY Giants Program Date: May 4, 2017

TEAM MEMEBERS: ATC

ON-FIELD NEUROLOGICAL ASSESSMENT PERFORMANCE CRITERIA During this performance checkout evaluate the team's ability to provide for the Primary Objectives and complete a thorough on-field neurological assessment that does not result in transport of the injured athlete.

PRIMARY OBJECTIVES

- Checks for response
- Checks for no/abnormal/gasping breaths (5-10 seconds)

- ACTIVATES** team emergency action plan
- Checks Carotid **PULSE** (no more than 10 seconds)

REPOSITIONING

- Reposition to supine
- Reposition to cervical neutral
 - Apprehension Inc S/S Block **TEAM'S RESPONSE: 35T**

ON-FIELD ASSESSMENT

checks LOC

NECK PAIN
 Midline Scale of 0-10 **TEAM'S RESPONSE: 35T**
INSTRUCTOR COMMENT: 35T

NEURO S/S
 Upper Q-Screen Lower Q-Screen Bilateral **TEAM'S RESPONSE: 35T**
INSTRUCTOR COMMENT: 35T

PALPATION
 Inc Pain Midline Inc S/S Rigid Cervical Spasm **TEAM'S RESPONSE: 35T**
INSTRUCTOR COMMENT: 35T

VOLUNTARY ISOMETRIC CONTRACTION
 Inc Pain Apprehension Inc S/S **TEAM'S RESPONSE: 35T**
INSTRUCTOR COMMENT: 35T

SUPINE AROM
 Mild at end-range only Inc Pain Apprehension Inc S/S **TEAM'S RESPONSE: 35T**
INSTRUCTOR COMMENT: 35T

APPREHENSION INQUIRY
 Absent Present **TEAM'S RESPONSE: 35T**
INSTRUCTOR COMMENT: 35T

SEATED AROM
 Mild at end-range only Inc Pain Apprehension Inc S/S **TEAM'S RESPONSE: 35T**
INSTRUCTOR COMMENT: 35T

COMPRESSION TEST

cont

SAFELY REMOVE FROM PLAYING FIELD SIDELINE ASSESSMENT

Upper Quarter Screen Lower Quarter Screen

ALTERNATE SCENARIOS / DISCUSSION POINTS

Under what conditions would this athlete be permitted to RTP?

What are the key fuses that would indicate the need to transport the athlete?

INSTRUCTOR COMMENTS

35T

Sports Medicine Concepts, Inc., Audit Statement

At the time this report was issued, the organization was recognized as having successfully completed this exercise in accordance with Sports Medicine Concepts, Inc., sports emergency care standards and best practices. This report is thus certified accurate.

This Sports Medicine Concepts, Inc., representative is authorized to sign this report.

**Michael Cendoma, MS, ATC
Program Director, Sports Medicine Concepts, Inc**

e-Signature: Mj Cendoma



Program: NY Giants Program Date: May 4, 2017

TEAM MEMEBERS: Medical Team

× **NON-CRASH NEUROLOGICAL TRANSPORT** During this performance checkout evaluate the team's ability to provide for the Primary Objectives, recognize need for transport, and demonstrate proper preparation for transport.

PRIMARY OBJECTIVES

- Checks for response
- Checks for no/abnormal/gasping breaths (5-10 seconds)

- ACTIVATES** team emergency action plan
- Checks Carotid **PULSE** (no more than 10 seconds)

REPOSITIONING

- Reposition to supine
- Reposition to cervical neutral
 - Apprehension Inc S/S Block **TEAM'S RESPONSE: 35T**

ON-FIELD ASSESSMENT

- checks LOC

- NECK PAIN**
 - Midline Scale of 0-10 **TEAM'S RESPONSE: 35T****INSTRUCTOR COMMENT: 35T**

- NEURO S/S**
 - Upper Q-Screen Lower Q-Screen Bilateral **TEAM'S RESPONSE: 35T****INSTRUCTOR COMMENT: 35T**

- PALPATION**
 - Inc Pain Midline Inc S/S Rigid Cervical Spasm **TEAM'S RESPONSE: 35T****INSTRUCTOR COMMENT: 35T**

- VOLUNTARY ISOMETRIC CONTRACTION**
 - Inc Pain Apprehension Inc S/S **TEAM'S RESPONSE: not typical of MDs assessment****INSTRUCTOR COMMENT: 35T**

- SUPINE AROM**
 - Mild at end-range only Inc Pain Apprehension Inc S/S **TEAM'S RESPONSE: not typical of MDs assessment****INSTRUCTOR COMMENT: 35T**

- APPREHENSION INQUIRY**
 - Absent Present **TEAM'S RESPONSE: not typical of MDs assessment****INSTRUCTOR COMMENT: 35T**

- SEATED AROM**
 - Mild at end-range only Inc Pain Apprehension Inc S/S **TEAM'S RESPONSE: not typical of MDs assessment****INSTRUCTOR COMMENT: 35T**

Cont

ACTIVATE EMS

Activate EMS Removes **FACEMASK** while waiting for EMS

INSTRUCTOR COMMENT: 35T

TRANSFER to rigid support

Logroll Flat lift / Lift-Slide **INSTRUCTOR COMMENT:** team elected to use flat lift for smaller, logroll-push for lgr athletes

Properly Manages Protective ATHLETIC EQUIPMENT:team will use torso-lift if supine removal fails

Cuts jersey beginning at **NECKLINE**, then across shoulders Cuts shoulder pad **STRAPS, THEN STRINGS**
 Cuts any **UNDERGARMENTS** Removes **FACEMASK** **PACK AND FILL** all voids

INSTRUCTOR COMMENT: 35T

MONITOR Primary Objectives

CAB In-Line Stabilization **INSTRUCTOR COMMENT:** 35T

ALTERNATE SCENARIOS / DISCUSSION POINTS

INSTRUCTOR COMMENTS

35T

Sports Medicine Concepts, Inc., Audit Statement

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This Sports Medicine Concepts, Inc., representative is authorized to sign this report.

Michael Cendoma, MS, ATC
Program Director, Sports Medicine Concepts, Inc

e-Signature: *MJ Cendoma*

Sports Medicine Concepts