**Daily Logbook**

Federico Angel

V00650952

EPHE 344

Instructor: Brad Curry

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**Dates of Events**

|  |  |  |
| --- | --- | --- |
| Date | Time | Hours |
| 09/14/2010  | 7:10 am- 8:10 am | 1 |
| 09/16/2010 | 7:10 am- 9:10 am | 2 |
| 09/17/2010 | 7:10 am- 9:10 am | 2 |
| 09/21/2010 | 7:10 am- 8:10 am | 1 |
| 09/23/2010 | 7:10 am- 9:10 am | 2 |
| 09/24/2010 | 7:10 am- 9:10 am | 2 |
| 09/28/2010 | 7:10 am- 8:10 am | 1 |
| 09/30/2010 | 7:10 am- 9:10 am | 2 |
| 10/01/2010 | 7:10 am- 9:10 am | 2 |
| 10/08/2010  | 7:00 pm- 11:00pm | 4 |
| 10/09/2010  | 7:00 pm- 11:00pm | 4 |
| 10/12/2010 | 7:10 am- 8:10 am | 1 |
| 10/14/2010 | 7:10 am- 9:10 am | 2 |
| 10/16/2010 | 7:00 pm- 11:00pm | 4 |
| 10/17/2010 | 4:00 pm- 8:00pm | 4 |
| 10/19/2010 | 7:10 am- 8:10 am | 1 |
| 10/21/2010 | 7:10 am- 9:10 am | 2 |
| 10/26/2010 | 7:10 am- 8:10 am | 1 |
| 11/04/2010 | 7:10 am- 9:10 am | 2 |
| 11/05/2010 | 7:10 am- 9:10 am | 2 |
| 11/09/2010 | 7:10 am- 8:10 am | 1 |
| 11/11/2010 | 7:10 am- 9:10 am | 2 |
| 11/13/2010 | 6:30 pm- 10:30 pm | 4 |
| 11/14/2010 | 11:00 am- 3:00 pm | 4 |
| 11/16/2010 | 7:10 am- 8:10 am | 1 |
| 11/18/2010 | 7:10 am- 9:10 am | 2 |
| 11/19/2010 | 7:10 am- 9:10 am | 2 |
| 11/23/2010 | 7:10 am- 8:10 am | 1 |
| 11/26/2010  | 9:20 pm- 12:30 pm | 3.5 |
| 11/27/2010 | 8:30 pm- 11:30 pm | 4 |
| 11/30/2010 | 7:10 am- 8:10 am | 1 |
| 11/02/2010 | 7:10 am- 9:10 am | 2 |
| 11/03/2010 | 6:00 pm- 11:00pm | 4 |
| 11/04/2010 | 12:00 pm- 4:00 pm | 4 |
|  | **Total Hours =**  | 67.5 |

* Highlighted dates are games and red writing represents ice times that haven’t occurred yet but I am responsible for.

**2) Daily Log**

**September 16, 2010**

1. Incident report – none
2. Taping – none
3. Assessment/Treatment – none
4. Follow up – none

Today I received the players’ medical forms and began to familiarize myself with the players and their previous injuries, allergies, or any other relevant information that I have to be aware of.

**September 17, 2010**

**September 21, 2010**

1. Incident report – none
2. Taping – none
3. Assessment/Treatment – none
4. Follow up – I checked on player P’s wrist and he told me that he had not had any pain in the last week and that he didn’t require to be taped. I went through the ROM tests again to double check if he did have pain when I placed stress in the direction that it hurt before and he appeared to be pain free and have full ROM.

Today I learned that some injuries are just acute and don’t require weekly treatment. I did ensure that I followed up with the player to see if there was any improvement or worsening of his injury and to avoid letting a small injury develop into a major one.

**September 23, 2010**

1. Incident report – none
2. Taping – none
3. Assessment/Treatment –

**Case 1:** Player C was hit into the boards and laid on the ice holding his right thigh

**Subjective:** Player C said that he was taken hard into the boards and that he felt what he described as a Charlie horse.

**Objective:** After getting player C to the bench I got him to go through a ROM test and found that there was no decreased mobility. However it was very tender when I palpated it.

**Analysis:** I think that he received a hard blow to his thigh and received a Charlie horse.

**Plan:** I suggested to him that he should rest and ice his leg for a few minutes but he did not want to miss any practice time. So I told him to take a few laps and place some weight on the leg while performing different movements to make sure that he could still skate properly.

1. Follow up – After the practice I asked the player if it was ok to see his leg and in the dressing room in front of other players he undressed and showed me his leg. I noticed that there was some bruising and it was still a little painful (a score of 3) when I touched it. I gave the player some ice and told him to ice his thigh.

Looking back I thought that taking the player to bench and recommending him to sit out a few minutes was a good idea. At the same time I also believe that by asking him what he wanted to do and not forcing him to sit out, since it wasn’t a major injury, allowed the player to see that I have his best interest in mind and that makes him have more confidence in me as their trainer.

**September 24, 2010**

1. Incident report – none
2. Taping - none
3. Assessment/treatment –

**Case 1:** Player J suffered a cut on his chin

**Subjective:** Player J came to me on the bench and said that he had gone into the corner and one of his teammates sticks had come up and cut him in the chin.

**Objective:** The player came with a small amount of blood dripping from a cut just bellow his mandible on the left side.

**Analysis:** With gloves on I cleaned the cut using a sterile gauze pad and cleaned the area with an alcohol swab. I noticed that the cut was just a few millimeters wide and did not require stitches. I got the player to place some pressure on the cut for a few minutes. Once the bleeding had stopped, I placed two butterfly bandages on the cut.

**Plan:** The player experienced a cut that was not life threatening and there was no risk of it becoming a larger cut unless further contact was made with it.

**Case 2:** Player S had pain in his left hand

**Subjective:** Player S was complaining of pain to his left palm because he stopped the puck with the improper portion of the glove and the puck struck him directly in the palm.

**Objective:** His left palm did not look bruised or swollen but he did appear to be in pain. I did a ROM test to ensure that there was no damage to the thumb or the index finger and found that he had complete ROM and no pain when I touched the posterior portion of his hand. He only had pain when I touched his adductor pollicis muscle.

**Analysis:** It appeared that he just had some trauma to the adductor pollicis without bruising and no swelling.

**Plan:** As I have had this injury before I told the player to sit out a few drills and I asked him if he wanted ice. He refused an ice pack but did sit out a few drills until his hand felt better and he felt like he could play again.

1. Follow up:

- Before practice I checked on player C’s leg. He said that the pain had gone away completely and there was no swelling or bruising when I looked at it.

* After practice and after the player J showered I cleaned the area once again and placed a fresh bandage on it to avoid any infection that could happen due to sweat or his hockey gear.
* I checked on player S’s hand and he informed me that after a few minutes of rest the pain had subsided and he had no more pain.

After practice I realized that I had used my past experiences to determine the treatment modalities for player R. Even though the incident that occurred to him has occurred to me various times I shouldn’t use my experiences to assess his injuries, as everyone is different. I can use my experiences to help me guide my decisions but not base my decisions off them.

**September 28, 2010**

1. Incident report – none
2. Taping – none
3. Assessment/treatment

**Case 1:**

**Subjective:** Player B complained about jamming his left thumb against the boards after he took a hit, he said that he was having pain when he moved his finger away from his hand.

**Objective:** I performed ROM tests on him and found that it was painful when he abducted his thumb during AROM (past 75o), had little pain during adduction and was painful during RROM (past 75o). Even though it was painful he had full range of motion for adduction, abduction, rotation, flexion, and extension. When moving his thumb he did complain of pain but his thumb had similar strength to his opposite thumb.

**Analysis:** Due to the mechanism of the injury and the type of pain during the ROM tests I believe player B hyperextended his thumb.

**Plan:** It was near the end of practice so I told him to get off the ice and place ice on the injured thumb. I advised him to see a doctor to better assess the injury.

1. Follow up: I checked on player J’s cut that he sustained from last practice and noticed that it was healing properly and that it did not appear to be infected.

With the injury that occurred to player B I believe that because of the mechanism of the injury he will need his thumb taped before the next few items if it is still bothering him. I should familiarize myself with taping thumbs before the next ice time.

**September 30, 2010**

1. Incident report – none
2. Taping – Taped player B’s thumb
3. Assessment/treatment

**Subjective:** Player B told me before practice that his thumb was still bothering him and he would like me to tape it just to have some additional support

**Objective:** I performed ROM tests again to ensure that the injury hadn’t worsened since last practice. His ROM was the same as his opposite thumb and he mentioned that the pain had decreased.

**-** I taped his thumb to prevent hyperextension.

1. Follow up: After practice player B mentioned that the tape provided good support and he didn’t have to worry about his thumb throughout the whole practice

I was content with the way I taped Player B’s thumb because it provided the support that he needed without decreasing the mobility of his hand. With the injury occurring on his top hand (higher up on the shaft of the stick) the amount of mobility required isn’t as high as if he had injured his bottom hand. This made me think if the taped job I did would work the same on the bottom hand.

**October 1, 2010**

1. Incident report – none
2. Taping – Taped player B’s thumb once again
3. Assessment/treatment
4. Follow up: Player B told me that he had no more pain in his thumb but still wanted his thumb taped.

Even though I believe that the reason player B wants me to keep taping his thumb is more of a psychological issue than anything else. He hasn’t complained about any pain or decrease in mobility at the joint, however he still likes to have that added support. As a trainer I can’t worry about why a player wants something done. If the extra tape helps this player perform better then I will continue to tape his thumb.

**October 8, 2010**

1. Incident report – none
2. Taping – Taped player B’s thumb once again
3. Assessment/treatment

**Case 1:**

**Subjective:** Player S (back-up goalie) asked me to massage his back before the game.

**Objective:** I asked him if he has had any problems with his back before and he just said that it felt tight between his spine and his shoulder. I felt his muscles and didn’t notice too much tightness. He performed ROM tests, in which he had no problems with ROM or pain at any point.

**Analysis:** I was not particularly sure why he was complaining of tightness to his back because I didn’t notice anything wrong with his back. However I need to go by what he is telling me if I can’t notice anything myself.

**Plan:** I performed a pre-competition massage. I started off with some effleurage massage to spread the oil and warm up the muscles. I then did some tapotement techniques as well as quick paced strokes to increase circulation to the muscles and try and loosen up the muscles.

**Case 2:**

**Subjective:** Player P complained about getting an elbow to the side of the head and feeling shooting pain down his right arm and numbness at his fingertips.

**Objective:** I took player P of the ice and into the dressing room. Within the time it took to get to the dressing room player P informed me that the pain had dissipated and that his arm felt normal. I asked him if he had any neck pain and he responded no. I also performed a SCAT test and determined that he did not have a concussion.

**Analysis:** Player P appeared to suffer a stinger because of the symptoms that were apparent. He only had sensory problems down one limb in the upper extremity and his symptoms seemed to go away within minutes of the incident.

**Plan:** After ensuring that player P had sensory and motor abilities in all his limbs I told him that he could go back on the ice if he felt comfortable.

1. Follow up:
* I checked on player P during the game and after the game to see if he exhibited any concussion symptoms. After the game I asked him how we was feeling and he mentioned that he had no further issues with his arm or neck but he did have some tenderness in the spot where he was hit by the elbow. I told him to ice the spot that night/
* After the game I asked player S about his back and he said that the massage helped him and loosened up his back.

After player P was struck in the head I believe that ensuring that I checked for a concussion was very important because of the high risk of concussions in the sport and because it was a blow to the head; our other trainer, Andrew, was also present and because he has had some experiences with concussions and knows the symptoms pretty well it was good to have him there to confer with. Moreover, going through a checklist to rule out a spinal chord injury was also important. Looking back though I should have told one of the coaches what had occurred with the player because of the nature of the incident.

**October 9, 2010**

1. Incident report – none
2. Taping – Taped player B’s thumb
3. Assessment/treatment

**Case 1:** Massaged player S’s back before the game again.

**Case 2:**

**Subjective:** Player J came to the bench after blocking a shot with his ankle.

**Objective:** I asked him if he could place weight on it and he had no problem when weight was placed on the ankle.

**Analysis:** He did not want to remove his skate, as it appeared to just be a painful impact from the shot.

**Plan:** The player iced his ankle on the bench until his next shift was up.

1. Follow up: After the first shift the player mentioned that he still had some pain on his ankle but it was not major and he could play through it. Once the game ended I checked his ankle and he did have a bruise where the puck had struck him. The player iced his ankle at the rink and I told him to ice his ankle at home that night.

I learned that having ice ready on the bench is critical during games as a lot of players get hit in ways that don’t require much treatment but do require applying ice. I have to ensure that for all games, and practices, I have numerous bags of ice ready incase a player needs it during or after an ice time.

**October 12, 2010**

1. Incident report – none
2. Taping – none
3. Assessment/treatment- none
4. Follow up: I checked on player J’s ankle before the practice and noticed that the bruise was barley there and when I asked him how it felt he told me that after icing it that night the pain had disappeared by the next day.

**October 14, 2010**

1. Incident report – none
2. Taping – none
3. Assessment/treatment- none
4. Follow up: none

**October 16, 2010**

1. Incident report – none
2. Taping – none
3. Assessment/treatment-

**Case 1:** Massaged player S’s back

**Case 2:** Player O got hit on the right side of his face with a high stick and was bleeding from a small laceration on his right jaw.

**SOAP:** For this case all I did was assist the other trainer in applying pressure to the wound while she cleaned it and placed the butterfly bandages on it.

1. Follow up: none

During tonight’s game there wasn’t too much I had to do and the one incident that did occur, the other trainer handled it. With multiple trainers on the bench, when this incident happened we worked well as a team. Shannon was the lead trainer tonight so she took control of the situation when player O came to the bench bleeding. She gave me instructions and I followed them.

**October 17, 2010**

1. Incident report – none
2. Taping – none
3. Assessment/treatment-

**Case 1:** Massaged player S’s back

1. Follow up: Asked player S how his back was doing and he said that it was ok and didn’t feel to tight anymore

I am starting to notice a pattern with player S; he only wants his back massaged before games, he has never mentioned anything before or after a practice. I don’t want to speculate but as a former goalie I know that sometimes you can get really nervous before games and therefore you can get some tightness in your back. He does ask to get his back massaged regardless of whether he is starting that night or sitting on the bench. I should change the type of massage I do depending on if he is starting or not but at the same time I don’t want to change much if all the massage is, is a psychological distracter from being nervous.

**October 19, 2010**

1. Incident report – none
2. Taping – none
3. Assessment/treatment- none
4. Follow up: none

**October 21, 2010**

1. Incident report – none
2. Taping – Taped player M’s index and middle finger
3. Assessment/treatment-

**Case 1:**

**Subjective:** Player M asked me if he could grab some tape so he could tape his fingers. I asked him what was wrong and he said that every once in a while his index finger bothers him so he tapes it to his middle finger.

**Objective:** I did a quick ROM test because he mentioned that it was a common occurrence that his finger hurt. I noticed that during RROM his index finger felt what he described as discomfort when it abducted but no pain and no empty end feel.

**Analysis:** I was not to sure what was bothering him but because there was no pain during flexion, extension, or adduction and just minor discomfort when he abducted his finger I believe that it could be a non-contractile tissue in the metacarpophalangeal joint of the index finger.

**Plan:** He asked me to tape his fingers a specific way, which was pretty simple. He wanted his fingers taped together at the proximal and intermediate phalanges. I also ensured that I did not tape over his proximal interphalangeal joint, that way he could still flex and extend his fingers.

1. Follow up: Asked player M how his finger felt and he said it was ok and there was no pain.

Before the practice I taped player M’s finger and because I was not to sure what was wrong with the player I informed him of that and told him the risks taping his fingers together inside his glove. However he mentioned to me that he has done it numerous times and that he knew how to work around having to fingers taped together inside a glove that is meant to keep the fingers separate. In this case the player taught me that sometimes they have their own solutions for problems that I may not have thought to do.

**October 26, 2010**

1. Incident report – none
2. Taping – none
3. Assessment/treatment- none
4. Follow up: none

**November 4, 2010**

1. Incident report – none
2. Taping – none
3. Assessment/treatment- none
4. Follow up: none

The team had two away games this past weekend that I was unable to attend due to team only being able to take a certain number of people and thus I stayed behind and let the other trainers go up. Today, Mark informed me that player S received a concussion during one of the games. I asked him about the incident and he told me what happened and that they had to take the player to the hospital for further evaluations.

**November 9, 2010**

1. Incident report – none
2. Taping – taped player M’s finger
3. Assessment/treatment- none
4. Follow up: I talked to player S during the week about the concussion that he sustained last weekend and he mentioned that he was still feeling a little nauseous every once in a while since the injury but was symptom free for the last 2 days. I told him to go see a doctor as soon as he can because it has been about 6 days since the concussion.

Following up with the other trainers to see if I missed anything important is crucial when you are working a team with multiple players. Having good communication between us allows us to stay on top of everything that is happening and be able to deal with it accordingly.

**November 11, 2010**

1. Incident report – none
2. Taping – none
3. Assessment/treatment- none
4. Follow up: Today player S came to me telling him that he had gone to the doctor and he was cleared to start exercising because he had no symptoms for the last few days. Him and I went to the gym and did some work on the bicycle. He displayed no symptoms until he elevated his intensity and got his heart rate to approximately 160 bpm.

Today was the first day that I really worked with one of the players outside of the arena. I wish I could work with more players outside of the arena but because we are not a varsity team we can’t use some of the facilities that the other athletes are able to use. Because it is a concussion I believe that I can’t just rely on what he tells me I have to work with him to monitor his symptoms as he exercises.

**November 13, 2010**

1. Incident report – none
2. Taping – none
3. Assessment/treatment

**Case 1:** Massaged player S’s back before the game

**Case 2:**

**Subjective:** Player R (goalie) waved to the bench after a whistle asking for a trainer. When I got to him he told me that as he was going out to play the puck a player on the opposing team slew footed him and he landed awkwardly on his knee. He felt pain in the inside of his knee and can’t put any weight on it.

**Objective:** On the ice, I felt his knee and could immediately tell that his hamstrings were activated trying to support the joint.After helping him of the ice and into the dressing room, I removed his pads. Under the supervision of our team physiotherapist (Heather) I performed a valgus stress test and noticed that there was medial instability to the joint. He had an empty end feel when he tried to flex his thigh at about 1700.

**Analysis:** I did not want to perform many other tests because I was not to familiar with them, however Heather was there and she performed a few test in which she said that there was damage to the MCL and the meniscus.

**Plan:** I implemented RICE. I got the player to ice his knee right away while keeping it elevated and compressed it with a tensor bandage. I told him to ice it several times over the next few days and to see a doctor as soon as possible.

1. Follow up: After the game I checked on player R who was still in the dressing room and noticed that his knee was significantly swollen and he was still in pain. I gave him some crutches so he could avoid putting weight on the knee.
2. While doing my routine walk around of the rink I noticed that there was a drain on the floor in the visitors bench that could possibly cause one of the players to roll their ankle. I placed an extra piece of soft flooring, which I got from the rink attendant, and warned the players before they went on the bench.

The MCL injury that occurred to player R tonight was the first time I have manipulated a knee in order to find an injury. It was good to have Heather there, as she was able to guide me through some of the test as well as have her check the player once I was done. Doing the valgus stress test showed me the differences between healthy and injured ligaments and how comparing opposing limbs can be a good indication of an injury.

**November 14, 2010**

1. Incident report – none
2. Taping – taped player M’s index finger
3. Assessment/treatment

**Case 1:** Massaged player S’s back before the game

1. Follow up: none

**November 16, 2010**

1. Incident report – none
2. Taping – none
3. Assessment/treatment – none
4. Follow up: Player S took part in practice after being symptom free for a few weeks and being able to exercise aerobically with no symptoms. I told the coaches that he was ok to practice because he had brought a doctors note clearing him to practice. I advised him to go through flow drills but sit out any contact drills.

Communicating to the coaches what a player can and can’t do is very important and I could tell that they appreciated my input and took my advice into consideration.

**November 18, 2010**

1. Incident report – none
2. Taping – none
3. Assessment/treatment

**Case 1:**

**Subjective:** Player T came to me before practice and asked for some second skin to put over top of a blister.

**Objective:** Player O had redness, pain, and some fluid on his medial malleolus and it appeared that a blister had burst, as there was an open wound. I asked him if he wore socks while he played and he told me he didn’t.

**Analysis:** It appeared to be a blister on the right medial malleolus caused by friction with his skate.

**Plan:** I cleaned the area with a sterile alcohol swab and then applied second skin onto the blister.

1. Follow up:
* After practice I checked on player O’s ankle and he told me that the second skin had reduced the pain when he had his skate on.
* Player R and myself went to the athletic therapy room and met with Traci. Although Traci could not work with player R because he is not a varsity athlete, she showed me various exercises and massages that I can do with him to aid his recovery until he sees a professional. We went through some ROM exercises, in which he displayed very limited ROM when he tried to flex his knee (couldn’t flex past 160o).

After seeing that player O left a blister untreated to the point where it had burst made me realize that some of the guys are either not comfortable asking for minor treatment or don’t know some of the risk of leaving a minor injury untreated.

**November 19, 2010**

1. Incident report – none
2. Taping – none
3. Assessment/treatment

**Case 1:** Applied second skin to player O’s medial malleolus.

1. Follow up: none

**November 23, 2010**

1. Incident report – none
2. Taping – none
3. Assessment/treatment - none
4. Follow up – Player S was able to practice for a full week without any symptoms and therefore after discussing it with the other trainers, the coaches, and the player we cleared the player to return to full contact practice. If the player is able to participate in full practices for the remainder of the week we will re-evaluate him and determine whether or not he is cleared to start playing again.

**3) Personal Reflection**

**a) What went well:**

 The experience of training the UVIC male hockey team was a great experience for me. I have been involved with hockey for the past 11 years but always as a player, this placement gave me the opportunity to experience another aspect of the game. It made me realize how crucial a trainer is to a team.

 I chose the hockey team because of my history with the team and because even though I could not play this year I wanted to maintain ties with the team. Due to my past experiences I knew many of the players coming back this season. This allowed me to have a good rapport with the athletes. Knowing the returning players also allowed me to get to know the new players on the team easier because they felt comfortable coming up to somebody that seemed to have knowledge of the team and how it works. Furthermore, knowing the coaches and their expectations beforehand was crucial. I was able to come up and discuss issues with the coaches without hesitating or feeling nervous because I already knew them. Thus, my communication with the team and coaching staff was very good.

 I really enjoyed that my first experience training a team was while I was taking this course because even though I had some previous knowledge of injuries and basic first aid having the course provided me with the knowledge and confidence I needed to apply the concepts I learned in the classroom on the field. The class also provided me with additional trainers during the season. Having Shannon and Mark train the team with me was great because we each brought our own individual knowledge and past experiences that allowed us to work as a team. The additional presence of Andrew and Heather was also good because if I had any questions I made sure that I came to them for help and learned a lot from them.

 I tried to do the best I could with the resources I was provided. The hockey team does not have a very large budget and they are not considered varsity so the players don’t have external resources available to them. I maintained good contact with Traci over the season and when there was an incident in which I needed the therapy room and the materials in there, she allowed me to work on the player in the therapy room.

**b) Things that I would have changed:**

**i) With my overall placement experience:**

 I really enjoyed my placement with the hockey team this seasons, however there were a few issues that I was unhappy with. In a sport like hockey where there isn’t a high volume of injuries every ice time, it was hard to gain a lot experience with three trainers plus Andrew and Heather. Throughout the season we alternated who was the lead trainer that day as well as which trainers where on the benches. I believe that I would have gained a lot more experience if there were only two trainers.

 The low budget that the team had was also an issue that arose this season. Not being able to take all the trainers on road trips meant that I was not able to attend every game. There where certain incidents I would have liked to be present for, but because I was not there I was not able to gain that experience. Not being able to refer the players to a physiotherapist was also a challenge. Varsity athletes are able to get free treatment when they need it and in a high impact sport like hockey having a professional therapist available to the players would have been very helpful.

 Finally, I would have liked to experience more taping. Due to the nature of the equipment used in hockey a lot of players don’t like to have tape placed on them because it can interfere with their mobility. If I had worked with a team such as a rugby team, I would have been able to gain more taping experience as well as had the opportunity to work with Traci in the therapy room and gain knowledge from her.

**ii) With my athletes to help minimize injuries:**

 Looking back on the season there are a few things that I could have done to reduce the risk of injuries for my athletes. One of the major risks that I noticed was the lack of, or improper warm-up and cool down. Practices where early in the mornings and therefore the players showed up with just enough time to get changed. They did perform a warm-up on the ice but that consisted of flow drills in which there still a risk of injury especially if they have just woken up. The team did not have a cool down after practices and if we had implemented one it would have decreased soreness in between ice times. As for games the team did do a pre-game warm-up but did not perform a cool down after the game.

 The majority of the players on the team had a weekly workout routine, however there where a number that performed little or no physical activity outside of the rink. At the level of hockey these guys are playing they should be maintaining their physical fitness throughout the season. I should have talked to the players at the beginning of the season as well as the coaches and implemented a fitness component to the team. Having a mandatory workout schedule for the players will decrease the risk of injuries in a contact sport as well as improve their performance on the ice.

**iii) With communication:**

 Overall I believe that my ability to communicate was very good. I ensured that I communicated with the players, the coaches, and the other trainers. However, there where certain situations when I wished that the other trainers and I had communicated better, but that was more towards the beginning of the season. The communication between us improved as we got to now each other and where more comfortable as a team and knew our roles. One thing that I could have changed when talking to the players and coaches was my language. I sometimes spoke in terms that I had learned in class and that the players and coaches wouldn’t understand.

**c) What I learned:**

 Throughout the season I was presented with challenges that I never thought would occur and made me make decisions based on knowledge I acquired throughout the semester and previous experience. I also learned that every member of a team is crucial to the success of the team. As a trainer my responsibility is to ensure that the players are in proper health to compete at the highest level possible. I also did not realize how much stuff the trainer was responsible for; it’s a lot more than just dealing with injuries. This placement was a very positive experience for me and gave me an idea of some of the things I would have to deal with if I am to pursue a career in physiotherapy or athletic therapy.