
School District Bumps & Bruises Policy and Procedures

Policy:

To ensure any El Paso County School District student athlete has access to physician care for evaluation of new injuries on an as-needed basis by providing a **free initial evaluation and one series of x-ray images**. *Every effort will be made to see the student athlete within a week of the referral.*

Procedures:

1. The witnessing Certified Athletic Trainer (ATC) or Athletic Director (AD) is required to fill out the Colorado Springs Orthopaedic Group (CSOG) Bumps & Bruises Referral Form.
2. Upon form completion, the ATC/AD may recommend a Bumps & Bruises appointment with a CSOG physician upon determining that the student athlete meets the qualifications for a Bumps & Bruises visit:
 - a. The student athlete was injured while playing a CHSAA sanctioned sport.
 - b. The student athlete has not been treated by a CSOG provider for the injured body part previously (the student athlete may be scheduled for a Bumps & Bruises appointment more than once, however not for the same injury).
3. The ATC/AD must discuss injury with student athlete's parent/legal guardian with recommendation for physician evaluation of injury. ATC/AD will inform parent/legal guardian of evaluation options through CSOG Bumps & Bruises Program. If parent/legal guardian chooses to send student athlete to the CSOG Bumps & Bruises Program, ATC will have parent/legal guardian sign Bumps & Bruises Consent form.
4. The ATC/AD will then notify CSOG administration at 719-867-7329 or cvalerio@csog.net of student athlete injury and will provide completed Bumps & Bruises referral and parental consent forms. Upon receipt of forms, CSOG will contact student athlete's parent/legal guardian to schedule appointment.
 - a. *The Bumps & Bruises referral and parental consent forms MUST be completed prior to appointment scheduling.* If forms are not completed prior to appointment scheduling, student athlete can still be seen by CSOG provider however, will no longer be considered a Bumps & Bruises appointment and initial visit services will be billed through insurance.
5. The parent/legal guardian of the student athlete must accompany them to the Bumps & Bruises appointment.
 - a. An exception to this can be made if the student athlete is 18 or over or is accompanied by an adult with a letter from the parent or guardian stating that the person accompanying his or her child is attending appointment in place of the parent or legal guardian.
6. Upon arrival to appointment, parent/legal guardian will be required to complete new patient paperwork for student athlete.
7. During evaluation, the designated CSOG physician will complete the Bumps & Bruises Referral Form evaluation authorizing return to play as appropriate dependent upon diagnosis.



Bumps & Bruises Consent Form

Bumps & Bruises Program is a service provided to athletes at any El Paso County school covered by Colorado Springs Orthopaedic Group. It applies only to athletes who are injured in a school sponsored event. **This service includes a free initial evaluation and one series of x-rays if necessary.** Any applicable insurance co-payments shall be waived for initial evaluation visit. Payment for any treatment(s) beyond these services is the responsibility of the patient/parent of patient's insurance company. Diagnostic testing (MRI, etc.), equipment (casting, bracing, splints, slings, etc.), physical therapy, and follow-up care are *not* included in the Bumps & Bruises program offer. Athletes who have first been seen by a physician outside of Colorado Springs Orthopaedic Group *may not* qualify for this service.

Athletes may only be seen in Bumps & Bruises if a Certified Athletic Trainer (ATC) or Athletic Director (AD) first determines they are in need of further evaluation to determine the exact injury. Obvious injuries, such as fractures with deformities, dislocations, etc., do not qualify for the Bumps & Bruises service. If the athletic trainer makes such a determination, he or she will discuss injury with student athlete's parent/legal guardian with recommendation for physician evaluation of injury. ATC/AD will inform parent/legal guardian of evaluation options through CSOG Bumps & Bruises Program. If parent/legal guardian chooses to send student athlete to the CSOG Bumps & Bruises Program, ATC/AD will have parent sign Bumps & Bruises Consent form and submit both consent and referral forms to CSOG administration. CSOG will then contact parent/legal guardian to schedule appointment. Athletes must be accompanied by a parent or legal guardian at their appointment unless athlete is 18 or over.

Certain insurance companies may require a referral from the athlete's Primary Care Physician before the athlete is treated for injuries beyond the scope of the Bumps & Bruises Program.

Parents/legal guardians have the right to refuse the Bumps & Bruises service and may take their athlete to a physician outside of Colorado Springs Orthopaedic Group.

Patient/Student Athlete Name

Parent/Legal Guardian Signature

Date

North Campus
4110 Briargate Pkwy., Suite 300
Colorado Springs, CO 80920
Phone: 719-632-7669
Fax: 719-632-0088



South Campus
1259 Lake Plaza Dr., Suite 100
Colorado Springs, CO 80906
Phone: 719-632-7669
Fax: 719-632-0088

www.csog.net

Bumps & Bruises Referral Form

This is a brief note to inform you that _____ was seen in the _____
(Student Athlete Name) (High School Name)

High School athletic training room following an injury. I have recommended that the student athlete follow up with a provider for further evaluation and treatment.

PLEASE NOTE: A Bumps & Bruises appointment includes a free initial evaluation and one series of x-rays if necessary. Payment for any treatment(s) beyond these services is the responsibility of the patient/parent of patient's insurance company. A parent or legal guardian must accompany the athlete to his or her Bumps & Bruises appointment, unless the athlete is 18 or over.

Athletic Trainer Notes

Athlete's Name: _____

Athlete's DOB: _____

Sport: _____

Injury Date: _____

Injury Notes: _____

Parent/Legal Guardian Name: _____ Relation to Athlete: _____

Parent/Legal Guardian Contact Number: _____

Preferred Appointment Details

Date: _____

Time: _____

Location: North CSOG (4110 Briargate Pkwy)

South CSOG (1259 Lake Plaza Dr)

This form must be completed and signed by the Athletic Trainer and submitted with parental consent form prior to scheduling for Bumps & Bruises appointment.

Athletic Trainer Signature

Date

Athletic Trainer Name (PRINTED)