

Health Career Photography

Kristen Farrell

Secondary

McEachern HOSA 95200

McEachern High School, Georgia

Athletic Training, Orthotics/Prosthetics, and Occupational Therapy



Athletic Training is a very unique occupation in the medical field because of the variety in the schedule, different settings and the requirements to become a certified athletic trainer. As a trainer, one must manage, prevent, evaluate, and rehabilitate injuries. To become a certified athletic trainer, an individual must obtain an entry level master's degree, complete clinical rotations each semester, and sit for the national certification in order to legally practice. Athletic training can have many different settings including youth, high school, college, and professional levels. Along with all of these settings there are multiple sports that need to be covered. One day you may be sitting in a warm gym watching basketball practice and the next you are standing outside in the cold rain at a baseball game. Eva Beaulieu, the certified athletic trainer at McEachern High School, says, "One benefit of my job is playing a role in an athlete's career and helping them return to the sport they love after an injury another benefit is the friendships I have gained over the years." One challenge many athletic trainers face is having a limited training staff but having to treat hundreds of athletes. This means that there is often limited time to give each athlete the ideal one-on-one attention for evaluation or rehabilitation. When asked what advice she had for someone that was interested in pursuing a career in athletic training Eva said, "It will be difficult but for every hard day, there will be three great days. For every coach you butt heads with, there will be a handful of coaches that sing your praises and for every stubborn athlete there will be ten who latch onto every word you say, see results, and will never forget how you cared for them and helped them get better."

HEALTH CAREER PHOTOGRAPHY - PERMISSION FORMS

Photo #(s) 1

Competitor Name Kristen Farrell

If multiple facilities are used for the three photos, each facility needs a permission form completed.

Facility Photo Permission Form

Facility Name: Lovingsgood Gym

Facility Address: 2400 New Mackland Road

Date(s) Photos Were Taken at the Facility: 2/8/21

Did this facility have their own permission forms the competitor was required to complete?

YES of NO? (circle one) If yes, attach a copy of that permission form to this page.

Name of Authorized Representative from Facility, stating permission was granted for the competitor to take photos at the facility:

Name (please print): Myra Camese

Title: Athletic Director

Signature of Authorized Facility representative: Myra Camese

Date signed: 2/10/2021

HEALTH CAREER PHOTOGRAPHY - PERMISSION FORMS

Patient/Subject Photo Release Form

Each photo, and each patient/subject needs a permission form completed.

Photo # 1

Competitor Name Kristen Farrell

I understand that, under the United States Health Insurance Portability and Accountability Act of 1996 (HIPAA), I have certain rights to privacy regarding my protected health information. I have received, read, and understand your Notice of Privacy Practices containing a more complete description of the uses and disclosures of my health information.

I hereby authorize HOSA-Future Health Professionals and those acting pursuant to its authority to:

- (a) Record my likeness and voice on a video, audio, photographic, digital, electronic or any other medium.
- (b) Use my name in connection with these recordings.
- (c) Use, reproduce, exhibit or distribute in any medium (e.g. print publications, video tapes, CD - ROM, Internet/www) these recordings for any purpose that HOSA-Future Health Professionals, and those acting pursuant to its authority, deem appropriate, including promotional or advertising efforts.

I will allow these photos to be shared with other professionals and patients strictly in an educational setting. HOSA-Future Health Professionals will have permission to use these photos in the manner described above unless I request it to no longer use them. I waive any right that I may have to inspect and approve the finished product that may be used or the use to which it may be applied now and/or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the image or product.

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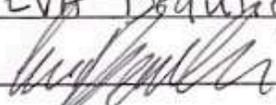
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Please check one option below:

Full Photo Series

Close up photos only (no full face)

Subject Name: EVA Beaulieu Date: 2/9/21

Signature: 

If subject under 18 years of age, signature of parent is required:

Signature: _____ Date: _____

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Photo # 1

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Please check one option below:

Full Photo Series

Close up photos only (no full face)

Subject Name: Luke Vance Date: 2-9-21

Signature: Luke Vance

If subject under 18 years of age, signature of parent is required:

Signature: Edward Vance Date: 2-9-21



Orthotics and Prosthetics is an occupation in the medical field that is often overlooked but is absolutely necessary. Many times, when individuals think of the medical field they think of doctors, surgeons, and dentists but orthotics and prosthetics is a very special field because it mixes patient care with lab work. Orthotists and prosthetists have to watch and assess an individual's difficulties, weaknesses then figure out a plan of action and a design that will best help their patients resume a safe and efficient gait. To enter this field, you have to have all of your prerequisites from undergraduate school and then enter into a post graduate program. After school, one is required to obtain a year of residency for each discipline. The individual must also sit for a three-part board exam and then become licensed if the state they plan to practice in requires it. Neal Counts, CO/LO and CEO at C.H Martin Company in Atlanta said, "The last thing this profession is, is vanilla, mundane, and repetitive." A benefit of a career in orthotics and prosthetics is that every day is different because you are always working with different people, at different places, and assessing different pathologies. A difficulty that comes along with this career is that sometimes patients will have unrealistic expectations, are in denial, and have depression because of their condition. Neal said that for him personally, "compliance with scoliosis bracing is the most challenging aspect of his job, especially when dealing with resistant teens." Neal also expressed that there is a great need for orthotists and prosthetists throughout our nation and even the world. This occupation is great for individuals looking to pursue a career in the medical field, wanting to work alongside patients but also has a strong engineering mindset. Personally, this is a career that I am interested in pursuing.

HEALTH CAREER PHOTOGRAPHY - PERMISSION FORMS

Photo #(s) 2

Competitor Name Kristen Farrell

If multiple facilities are used for the three photos, each facility needs a permission form completed.

Facility Photo Permission Form

Facility Name: C.H. Martin Company orthotics and prosthetics

Facility Address: 329 Marietta St. NW Atlanta, GA 30313

Date(s) Photos Were Taken at the Facility: 2/11/21

Did this facility have their own permission forms the competitor was required to complete?

YES or NO? (circle one) If yes, attach a copy of that permission form to this page.

Name of Authorized Representative from Facility, stating permission was granted for the competitor to take photos at the facility:

Name (please print): Neal Counts

Title: CO/LO & CEO

Signature of Authorized Facility representative: 

Date signed: 2/11/21

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Photo # 2 Competitor Name Kristen Farrell

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Please check one option below:

- Full Photo Series
- Close up photos only (no full face)

Subject Name: Neal Counts Date: 2/11/21

Signature: [Signature]

If subject under 18 years of age, signature of parent is required:

Signature: _____ Date: _____



Occupational Therapy is a field that is necessary for individuals who are overcoming an injury to be able to perform everyday tasks that are necessary for normal life. Some responsibilities of occupational therapists include scheduling, evaluation, appointment care, treatment, assessing progress, discharging patients, working with insurance companies and even little things like simply maintaining the office space. To become an occupational therapist, one must obtain a masters degree which includes four years of undergraduate school and a two-year occupational therapy program. Alongside schooling, one must complete various internships. During these internships you get to see a little bit of everything and this allows you to figure out what you specifically want to specialize in: geriatrics, pediatrics, physical rehabilitation, etc. You also get to complete a longer internship, about six months, in whatever area you decided to specialize in. Jessica Taylor, occupational therapist and owner of NeuroTrain rehab in Marietta, says, "My favorite part of my job is seeing people get better and do things that they thought they wouldn't be able to do again." Jessica emphasized that documentation was a big challenge because it is difficult to spend time outside of interacting with the patient and get everything you did in an hour session in one report. This makes it difficult to get a true picture of the level of intensity of the patient's treatment. For anyone interested in occupational therapy or any healthcare related field Jessica advises that you go into it with a desire to continue learning because medicine is always changing and that you must have a heart for helping people.

HEALTH CAREER PHOTOGRAPHY - PERMISSION FORMS

Photo #(s) 3

Competitor Name Kristen Farrell

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Facility Photo Permission Form

Facility Name: NeuroTrain Rehab

Facility Address: 2265 Roswell Rd. Marietta GA. 30062

Date(s) Photos Were Taken at the Facility: 2/10/21

Did this facility have their own permission forms the competitor was required to complete?

YES or NO? (circle one) If yes, attach a copy of that permission form to this page.

Name of Authorized Representative from Facility, stating permission was granted for the competitor to take photos at the facility:

Name (please print): Jessica Taylor

Title: owner

Signature of Authorized Facility representative: [Signature]

Date signed: 2/10/21

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Photo # 3 Competitor Name Kristen Farrell

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Please check one option below:

- Full Photo Series
- Close up photos only (no full face)

Subject Name: Jessica Taylor + Kaylee Sardinas Date: 2/10/21

Signature: [Signature]

If subject under 18 years of age, signature of parent is required:

Signature: [Signature] Date: 2/10/21