Pre-Wrap:
Program Announcements

Upcoming Monthly AT Program Meeting:
Tuesday, February 28, 7:00 am
Bernie Kosar Room of Hecht Athletics
Guest Speaker: Dr. Thomas Best

Future Meetings:
Friday, March 31, 2017 - 7:00 am
Friday, April 28, 2017 - 7:00 am

Mid-Term Formal Clinical Evaluations:
All students will have a formal clinical evaluation completed by their preceptor(s) for the first 8 weeks of the Spring Semester. These evaluations will be completed on Qualtrics and distributed to all preceptors on the morning of Monday, February 27, 2017. It is the student’s responsibility to arrange a time to meet with their preceptors to review these evaluations prior to Friday March 10, 2017. This evaluation will be a final evaluation for all junior students first clinical rotation of the spring semester, and will be a mid-term evaluation for all senior students at their semester long clinical sites.

Preceptor and Clinical Site Evaluations:
All junior students will complete an evaluation of their preceptor(s) and clinical site from the first 8 weeks of spring semester. This evaluation is due PRIOR to meeting with their preceptors to review and complete their formal clinical evaluation. These evaluations will be completed on Qualtrics and distributed to all students on the morning of Monday, February 27, 2017.

Sophomore Observation Students:
Orange shirt sophomores should complete at least 10 observation hours with their secondary clinical assignment prior to spring break (March 10). Please review the students’ hours with them to meet this targeted goal.

Athletics
Upcoming Home Events

Baseball:
Next Home Series: March 3-5 vs Dartmouth Big Green

Men’s Basketball:
Final Home Game: Saturday, February 25 4 PM vs Dook

Women’s Basketball:
Final Home Game: Sunday, February 26 4 PM vs Georgia Tech Jaundice Jackets

Track & Field:
First Outdoor Home Meet: Hurricane Invitational March 17-18
Please contact Naoki and Taylor to sign-up for clinical hours at the Hurricane Invite

UPDATE -
H.R. 302 - Sports Medicine Licensure Clarity Act of 2017:
“(Sec. 2) This bill extends the liability insurance coverage of a state-licensed medical professional to another state when the professional provides medical services to an athlete, athletic team, or team staff member pursuant to a written agreement.”

Timeline of events:
1/05/2017 -Introduced in House of Representatives
1/09/2017 - Passed/agreed to in House: (On motion to suspend the rules and pass the bill Agreed to by voice vote.)

Next steps: The act must go through two more levels:
1. Pass Senate
2. To President for final verification
After which, it will become Law
Students and faculty from the **UM Athletic Training Program** attended the 32\textsuperscript{nd} Annual SEATA Athletic Training Student Symposium from February 2 - 4, 2017 in Atlanta, GA. Twenty-three (23) UM students from all four classes (Freshman through Senior) represented the program during the 3-day conference in each of the three educational tracks. The conference was attended by over 900 AT students from across the southeast region. Students participated in lecture and lab series that focused on enhancing current knowledge bases and exposing them to unique clinical techniques. Senior students Gabriela Arancio, Makaylah Heyward, and Adrienne Mendel (pictured to the right) each presented clinical case studies in the poster presentation session. Seniors Makaylah Heyward, Adrienne Mendel, Thien Tran and junior Silver Harris represented the AT Program in the annual SEATA Quiz Bowl. Faculty members Dr. Kysha Harriell and Justin Tatman each presented a lecture in Track B, while Dr. Maggie Aldousany assisted as lab faculty in multiple tracks. In accordance with previous years, the experience was educational and enlightening for the students and faculty.
Within the recommendations, the taxonomy grades the quality of the data from the literature (level of evidence) and provides strength ratings for the suggested recommendations with the letter A, B, or C.

The 42 recommendations have been organized into the following categories: wound cleansing, debridement, dressings, identification of infection and adverse reactions, follow-up, and supplies for athletic training facilities and kits.

Below are some highlighted recommendations:

7. Normal saline and potable tap water should be used as cleansing agents with superficial- to full-thickness abrasions, incisions, and lacerations. **Strength of recommendation: A**

12. The area of acute skin trauma should be thoroughly cleansed and debrided before dressings are applied. **Strength of recommendation: B**

32. Oral antibiotics should not be used prophylactically unless the abrasion, avulsion, blister, incision, laceration, or puncture is heavily contaminated. **Strength of recommendation: A**

39. The athletic training staff should visually inspect the patient, wound area, and dressing daily throughout the healing process.
   b. Frequency of dressing changes varies based on the type of dressing (Table 5). A dressing change is warranted with evidence of dressing channel formation, separation from periwound tissues, significant exudate accumulation, strike-through, leakage, or wound desiccation. **Strength of recommendation: C**

### Supplies for Athletic Training Facilities and Kits

41. Supplies to manage acute skin trauma should be available in the athletic training facility.
   a. Cleansing: normal saline, potable tap water, 35-mL syringe, 18- to 20-gauge needle hub or plastic cannula, antiseptic skin cleanser, and clean basin or cup.
   b. Debridement: normal saline, potable tap water, 35-mL syringe, 18- to 20-gauge needle hub or plastic cannula, woven gauze, high-porosity sponge or surgical scrub brush, and sterile scissors and tweezers.
   c. Dressings: nonocclusive dressings (woven and nonwoven sterile gauze, nonadherent pads, and adhesive strips and patches), occlusive dressings (algines, foams, hydrogels, hydrocolloids, and dermal adhesives), adhesive gauze, and nonadherent, self-adherent, and adherent tapes and wraps.
   d. Miscellaneous: sterile or clean (or both) drapes or towels, biohazard container, boxed gloves, face or eye shields (or both), and topical antibiotics.

42. Supplies to manage acute skin trauma should be available in athletic training kits.
   a. Cleansing: normal saline, potable tap water, 35-mL syringe, 18- to 20-gauge needle hub or plastic cannula, and clean basin or cup.
   b. Debridement: same as cleansing.
   c. Dressing: nonocclusive dressings (woven and nonwoven sterile gauze, nonadherent pads, and adhesive strips and patches), adhesive gauze, and nonadherent, self-adherent, and adherent tapes and wraps.
   d. Miscellaneous: boxed gloves, face or eye shields (or both), and biohazard container.
Save the Date:
UM ANNUAL ATHLETIC TRAINING
HIGH SCHOOL WORKSHOP
Saturday April 29, 2017
Evidence Based Practice 8 CEU Event for Certified Athletic Trainers
*Details to be distributed soon.

ATHLETIC TRAINING TRIVIA

FOR SENIOR STUDENTS -
1. What classification of drugs are specifically banned in the sport of riffle (NCAA)?
2. Onychocryptosis is commonly known as what condition seen in soccer, ballet, and an athlete with improperly fitted shoes or poor foot hygiene?

FOR JUNIOR STUDENTS -
1. What injury is defined as a crack or a stress fx in the pars articularis?
2. Furthermore, if this injury is left untreated and there is anterior malpositioning of the vertebra, what condition would the patient have?

FOR THE INQUISITIVE PRECEPTOR -
1. What level of ferritin, as measured via blood lab, would be significantly low?
2. What recommendations would you make to a runner taking an iron supplement?

BONUS QUESTION -
What is the theme of National Athletic Training Month (March 2017)?