



**PRE-WRAP:**  
PROGRAM ANNOUNCEMENTS

**Spring Clinical Rotations Switch:**

All junior students switch clinical assignment sites after Friday March 10, 2017.

**Spring break is March 11-19.**

**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. 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' 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.

**Senior students** will register for their individual BOC exam date and time starting on Wednesday March 15, 2017. Please support them as they study for the exam.



**Upcoming Monthly AT Program Meeting:**

**Friday, March 31 7:00 am**

Bernie Kosar Room of Hecht Athletics

**ATHLETICS**

UPCOMING HOME EVENTS

**Baseball:**

Next Home Series: March 10-12 vs **Ga. Tech**  
**Hepatitis 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-**

**Attention all Athletic Trainers:**  
**NATA Convention Registration Open Now!**  
Please visit  
[convention.nata.org/attend/registration](http://convention.nata.org/attend/registration)



NATIONAL  
**ATHLETIC  
TRAINING**  
MONTH  
MARCH



**MARCH IS NATIONAL  
ATHLETIC TRAINING MONTH**

National Athletic Training Month is held every March in order to spread awareness about the important work of athletic trainers. In addition to providing logos, posters, press releases, sample media alerts and PR toolkits, NATA also sponsors contests for its members.

The 2017 slogan is:

**“YOUR PROTECTION  
IS OUR PRIORITY.”**



CURRENT OPINION

## International Recommendations for Electrocardiographic Interpretation in Athletes



Sanjay Sharma, MD,<sup>a,\*</sup> Jonathan A. Drezner, MD,<sup>b,\*</sup> Aaron Baggish, MD,<sup>c</sup> Michael Papadakis, MD,<sup>a</sup> Mathew G. Wilson, PhD,<sup>d</sup> Jordan M. Prutkin, MD, MHS,<sup>e</sup> Andre La Gerche, MD, PhD,<sup>f</sup> Michael J. Ackerman, MD, PhD,<sup>g</sup> Mats Borjesson, MD, PhD,<sup>h</sup> Jack C. Salerno, MD,<sup>i</sup> Irfan M. Asif, MD,<sup>j</sup> David S. Owens, MD, MS,<sup>k</sup> Eugene H. Chung, MD, MS,<sup>l</sup> Michael S. Emery, MD,<sup>m</sup> Victor F. Froelicher, MD,<sup>n</sup> Hein Heidbuchel, MD, PhD,<sup>o</sup> Carmen Adamuz, MD, PhD,<sup>p</sup> Chad A. Asplund, MD,<sup>q</sup> Gordon Cohen, MD,<sup>r</sup> Kimberly G. Harmon, MD,<sup>s</sup> Joseph C. Marek, MD,<sup>t</sup> Silvana Molossi, MD,<sup>u</sup> Josef Niebauer, MD, PhD,<sup>v</sup> Hank F. Pelto, MD,<sup>w</sup> Marco V. Perez, MD,<sup>x</sup> Nathan R. Riding, PhD,<sup>y</sup> Tess Saarel, MD,<sup>z</sup> Christian M. Schmied, MD,<sup>aa</sup> David M. Shipon, MD,<sup>ab</sup> Ricardo Stein, MD, ScD,<sup>ac</sup> Victoria L. Vetter, MD, MPH,<sup>ad</sup> Antonio Pelliccia, MD,<sup>ae</sup> Domenico Corrado, MD, PhD<sup>af</sup>

<https://www.ncbi.nlm.nih.gov/pubmed/28231933?dopt=Abstract>

Sharma S, Drezner JA, Baggish A, Papadakis M, Wilson MG, Prutkin JM, La Gerche A, Corrado D et al. International Recommendations for Electrocardiographic Interpretation in Athletes. *J Am Coll Cardiol*. 2017 Feb 28;69(8):1057-1075. doi: 10.1016/j.jacc.2017.01.015.

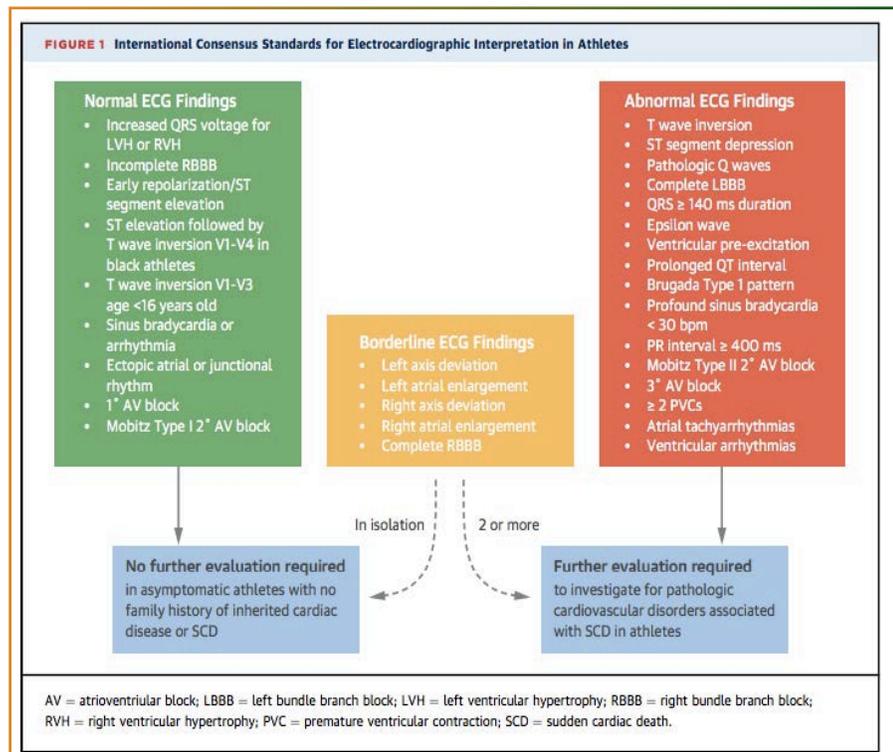
### Abstract

“Sudden cardiac death (SCD) is the leading cause of mortality in athletes during sport. A variety of mostly hereditary, structural, or electrical cardiac disorders are associated with SCD in young athletes, the majority of which can be identified or suggested by abnormalities on a resting 12-lead electrocardiogram (ECG). Whether used for diagnostic or screening purposes, physicians responsible for the cardiovascular care of athletes should be knowledgeable and competent in ECG interpretation in athletes. However, in most countries a shortage of physician expertise limits wider application of the ECG in the care of the athlete. A critical need exists for physician education in modern ECG interpretation that distinguishes normal physiological adaptations in athletes from distinctly abnormal findings suggestive of underlying pathology. Since the original 2010 European Society of Cardiology recommendations for ECG interpretation in athletes, ECG standards have evolved quickly over the last decade; pushed by a growing body of scientific data that both tests proposed criteria sets and establishes new evidence to guide refinements. On February 26-27, 2015, an international group of experts in sports cardiology, inherited cardiac disease, and sports medicine convened in Seattle, Washington, to update contemporary standards for ECG interpretation in athletes. The objective of the meeting was to define and revise ECG interpretation standards based on new and emerging research and to develop a clear guide to the proper evaluation of ECG abnormalities in athletes. This statement represents an international consensus for ECG interpretation in athletes and provides expert opinion-based recommendations linking specific ECG abnormalities and the secondary evaluation for conditions associated with SCD.”



## CLINICAL PEARL

In early 2015, “an international group of experts in sports cardiology, inherited cardiac disease, and sports medicine convened...to update contemporary standards for ECG interpretation in athletes.” They sought “to define and revise ECG interpretation standards...and to develop a clear guide to the proper evaluation of ECG abnormalities in athletes”. The consensus statement covers normal ECG findings in athletes, borderline ECG findings in athletes, and abnormal ECG findings in athletes.



### Clinical Take Home Point:

Regardless of setting, utilize the 14-element AHA Cardiac Screening Tool ([http://med.stanford.edu/ppc/files/AHA\\_14-point.pdf](http://med.stanford.edu/ppc/files/AHA_14-point.pdf)) to develop a complete personal, family, and physical history. Positive/abnormal screen with this tool warrants further evaluation and 12-lead ECG. Given access to ECG, 2 or more abnormal or borderline findings warrants further evaluation required to investigate for pathologic cardiovascular disorders associated with SCD in athletes.

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**

Epstein-Barr virus is associated with what common medical condition in collegiate athletes; furthermore, EBV is a strand of what virus? How would you test for this?

**FOR JUNIOR STUDENTS -**

What principle states that no reactions or changes can occur in the body's tissue if the amount of energy absorbed is insufficient to stimulate the absorbing tissue?

**FOR THE INQUISITIVE PRECETOR**

Incarceration, strangulation, and intestinal obstruction are all possible complications what injury common to sport?

**LAST WEEKS ANSWERS -**

**FOR SENIOR STUDENTS -**

1. Alcohol and Beta Blockers are banned drugs specifically in the sport of rifle (NCAA)
2. Onychocryptosis is commonly known as an ingrown toenail

**FOR JUNIOR STUDENTS -**

1. Spondylolysis defined as a crack or a stress fx in the pars interarticularis. A spondylolisthesis can develop if this injury is left untreated, characterized by an anterior malpositioning of the vertebra.

**FOR THE INQUISITIVE PRECETOR**

1. A value of less than 12 ug/L of serum ferritin is generally considered to indicate an iron deficient state in athletes, while levels less than 25 ug/L have been associated with poor performance in endurance athletes. Iron supplements should be utilized if deficient, and a food first mentality should be explored prior to supplementation. If supplementation is required, it is important to take iron supplements at differing times than Calcium supplements, as Ca has been shown to inhibit Fe absorption.