U. ATHLETIC TRAINING
UNIVERSITY OF MIAMI
SCHOOL of EDUCATION & HUMAN DEVELOPMENT

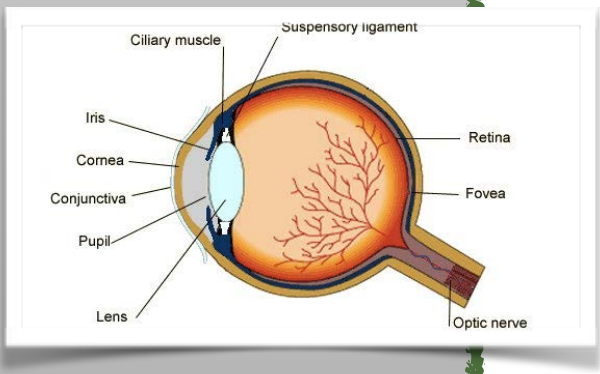
OCTOBER 25, 2016 VOL1.10

The Wrap

AT Program Weekly

Monthly Meeting Reminder:

Tuesday November 1, at 7 am in the Bernie Kosar Room of the Hecht Athletics building.



Dr. Natalie Townsend, OD, FAAO will be presenting on eye injuries in sports.

All students must wear Orange Polo (green sleeves) and khakis; Program photo to immediately follow the meeting!

Pre-Wrap: Announcements:

NATSC
NATIONAL ATHLETIC TRAINING STUDENT CHALLENGE

Help the NATA Foundation Raise Money for Advancing the Athletic Training Profession through Research and Scholarships. The 2016-2017 National Athletic Training Student Challenge (NATSC) is off and running! Other AT Programs have already begun signing up to help benefit the NATA Foundation's mission. This year, the NATSC has a goal of raising $14,000 to help support and advance the athletic training profession.

See the following link for more information and to start a team. http://natafoundation.org/athletic-training-student-challenge/

The 2016-2017 NATSC is going on now through May 31, 2017.

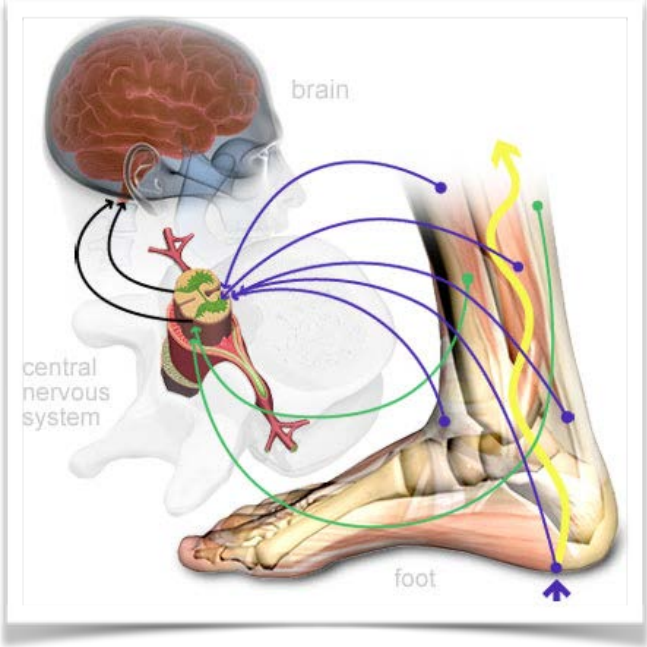
Weekly Clinical Pearl:

Manual Therapy and Exercise for recurrent ankle sprains.

http://www.sportsmedres.org/2016/10/a-winning-combination-manual-therapy.html

Take home message: A protocol involving proprioceptive and strengthening exercises and manual therapy (mobilizations to influence joint and nerve structures) resulted in greater improvements in pain, self-reported functional joint stability, strength and ROM compared to exercises alone.

The purpose of this single-blinded randomized control trial was to compare the effects of a 4-week rehabilitation program consisting of strengthening and balance exercises with and without the addition of manual therapy (joint and neural mobilizations) on self-reported pain and function, pain-pressure thresholds, range of motion, and strength in physically active individuals with CAI.



Based on the findings of this study, clinicians should consider the inclusion of peroneal nerve mobilization, talocrural and distal tibiofibular joint mobilizations with a therapeutic exercise program in the treatment of patients with CAI. It is vital to note that the exercise program (strengthening and proprioception) should not be sacrificed for manual therapy techniques or modalities for long term resolution of symptoms.

Plaza-Manzano G, Vergara-Vila M, Val-Otero S, Rivera-Prieto C, Pecos-Martin D, Gallego-Izquierdo T, Ferragut-García A, Romero-Franco N. Manual therapy in joint and nerve structures combined with exercises in the treatment of recurrent ankle sprains: A randomized, controlled trial. *Manual Therapy*. 2016;26:141-149.

AT Weekly Trivia:

For Senior Students: Tactile cells, also known as _____ cells are oval receptor cells found in the skin, associated with the sense of light touch discrimination of shapes and textures.

For Junior Students: Prone to bleeding or taking any blood thinners, prone to or bruises easily, surgical implants, acute hernia, discopathy, or spondylosis, and known or suspected DVT or PE within 6 months are all contraindications for which group of modalities?

For the inquisitive preceptor: A LeFort fracture due to acute trauma is located in what region of the body, and typically always involves which specific bone?

Last Week's Answers:

Cheyne-Stokes breathing pattern is characterized by a period of increasing deep breathing alternating with periods of apnea, in response to brain or head injury; The posterolateral corner of the knee includes the static structures: LCL , popliteus tendon, popliteofibular ligament , lateral capsule, arcuate ligament, and dynamic structures: biceps femoris, popliteus muscle, iliotibial tract, and lateral head of the gastroc (Source: Orthobullets); Sprengel congenital Deformity is characterized by a **unilateral undescended scapula.**

Alumni Faculty/Preceptor Profile:

Maggie Aldousany ('09), DPT, LAT, ATC

The University of Miami relies heavily upon the clinical education experiences our students gain from the clinical sites both on and off campus. In addition, the classroom education is specifically designed to take clinical topics and place them in the hands of experts that can present the information to the students in an organized and current manner. The UM AT Program also loves interacting with alumni that have gone onto successful careers as high quality allied healthcare professionals. Maggie Aldousany ('09) completed her undergraduate degree in athletic training at the University of Miami. She then went on to complete her Doctorate of Physical Therapy at Nova Southeastern University, in Davie FL. Since joining the faculty, Maggie has been an amazing resource for students and staff. Her hard work and commitment to the program are clear to everyone, including the students who voted Maggie the Faculty Support Award recipient at the end of her first year. We asked Maggie to share her extremely well informed words of wisdoms for the students. Here's what she had to say:

What tricks or tools from PT school would be helpful to assist undergrad AT students? A better understanding of diagnostic imaging coupled with the evaluation and treatment of cervical and lumbar pathologies.

What work do you do to keep your clinical skills current?

I am always looking for opportunities to keep my clinical skills relevant. Last year, I actively participated in patient care through both pro bono and per diem work.

What are your hobbies? In my spare time, I enjoy stand up paddle boarding, watching tennis, attending Broadway musicals, and traveling. I'm also a huge fan of old Hollywood movies.

What other certifications have you gained and what is the main advantage of doing that?

Because the field of Sports Medicine is always evolving, you really have to be ready to be a lifelong learner if you want to stay current as a practitioner. For example, I've become certified in Kinesiotaping (K1-3), Graston Technique (M1& 2), & Active Release Technique (Full Body Certified). However, although there are many benefits to certifications - such as increased marketability in the workforce and the improvement of one's clinical skill set - they cannot replace the value of clinical experience or a solid foundation.

As an alumnus, what is your advice to students in the middle of the program? I think I'd advise them to make the most of their experiences in the program, because those experiences will help to shape the type of clinicians they will become. Be proactive in seeking out relationships with potential mentors.

Any other parting words of wisdom?

Many motivated students (myself included) really struggle with making mistakes. Try to remember that failure is part of the process of learning, and allow yourself to grow from difficult experiences. Don't let your mistakes define who you are, but how you respond to them.

Student Weekly Topics: To facilitate learning opportunities.

Seniors: Reimbursement and Revenue in AT, Insurance terminology; Balance and Proprioception

Juniors: Laser, diathermy and electrotherapy Modalities; Knee Evaluation and Anatomy; Respiratory Medications