



Senior Athletic Training Students Complete Clinical Case Study Presentations:

On Tuesday November 1, all 8 senior AT students completed a clinical case presentation for classmates, faculty, and staff.

Topics included: hip osteoarthritis, pelvic floor dysfunction, phalange fracture, tibial plateau fracture, LCL (knee) rupture, thumb fracture, Osgood-Schlatters disease and MLI knee injury. Each student will now submit the case abstract to SEATA for the opportunity to present their case as a poster at the regional student symposium in February.

Pictured below: Senior Erin Moncrief presenting on a multi-ligamentous injury in a collegiate football player.



Pre-Wrap: Announcements:

Upcoming Home Athletic Events:

Football: Saturday Nov. 5 vs. = (Axilla - arm)

Volleyball: Friday Nov. 4 vs **UNC**

Sunday Nov. 6 vs **NC State**

Calling ALL Certified Athletic Trainers: Complete the NATA 2016 Salary Survey!

<http://www.nata.org/career-education/career-center/salary-survey>



Every 2 years, the NATA surveys their membership to gain vital information regarding salary in the AT profession. In 2014, less than 20% of NATA members completed the survey. In response to the "Overtime" Final Rule, released on May 18, 2016, that will take effect December 1, 2016 this year's salary survey is a paramount investigation. Therefore, it is the professional duty of all ATs to complete the salary survey. Benefits of completing the survey include negotiation of competitive pay and benefits for ATs, attraction to the profession from high school and college students, and the ability of the NATA to track the profession's process to isolate areas to advocate on ATs' behalf. *The survey is open until Friday November 14th 2016 (1 pm EST).* The survey takes about 5 minutes to complete. The link to the survey is above.

The link below will allow you to access further information regarding the impact on athletic trainers from the U.S. Department of Labor Overtime Exemptions Under Fair Labor Standards Act (FLSA) and New Rule (a must read)!

<https://www.nata.org/advocacy/regulatory/us-dept-of-labor-proposed-salary-and-overtime-protections>

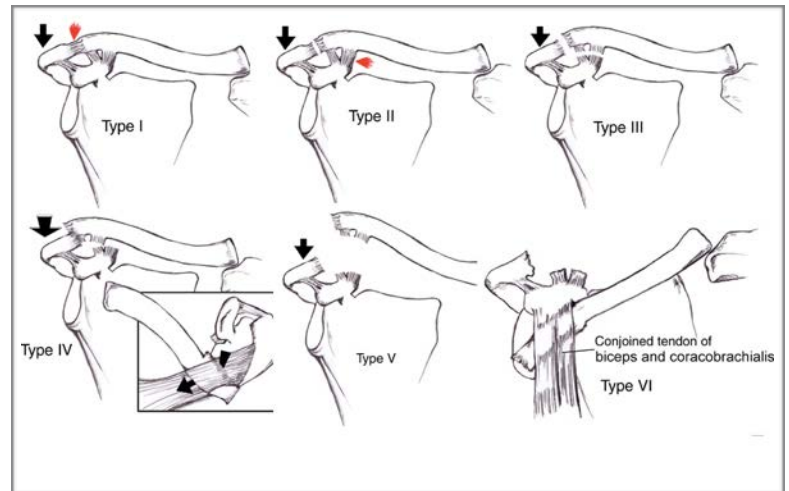


Weekly Clinical Pearl:

Epidemiology of Acromioclavicular (AC) Joint Sprains in NCAA Athletics:

No previous studies have described the incidence of acromioclavicular (AC) joint injuries in a large sample of National Collegiate Athletic Association (NCAA) student-athletes. Such data are needed to understand the injury prevalence, mechanisms of injury, and recovery patterns in NCAA student-athletes.

The highest rates of AC joint sprains occurred in men's football, ice hockey, and wrestling as well as women's ice hockey. Most AC joint sprains across all sports occurred because of a contact mechanism, particularly from player-player contact. Most AC joint sprains occurred in competitions (66.0%, n = 557), and the competition rate was 8.58 times the practice rate. Of all AC joint sprains, 47.5% resulted in a time loss of <24 hours, and 5.9% were severe (those resulting in participation restriction of longer than 3 weeks). 9.7% were recurrent, and only 1.0% required surgery; indicating that nearly 99% were grade 1-3, as surgery is not recommended for grade 1 and 2, while grade 3 is controversial and often a conservative management is chosen (even though previous findings have indicated a 20% suboptimal result from the nonoperative management of a type 3 AC joint sprain).



Hibberd EE, Kerr ZY, Roos KG, Djoko A, Dompier TP. Epidemiology of Acromioclavicular Joint Sprains in 25 National Collegiate Athletic

Association Sports: 2009-2010 to 2014-2015 Academic Years. *Am J Sports Med.* 2016 Oct;44(10):2667-2674.

<http://ajs.sagepub.com/content/44/10/2667.full.pdf+html>

AT Weekly Trivia:

For Senior Students: The angle of inclination at the hip is a relationship between the femoral head and femoral shaft. _____ describes a decreased angle, while _____ describes an increased angle.

For Junior Students: What member of the aspirin family is an extremely toxic drug commonly found in combination medication products and in low concentrations in gum candy, and toothpaste?

For the inquisitive preceptor: _____ (____) is the major contributor to energy in a human cell. It's primary location in skeletal muscle is the sarcomere.

Last Week's Answers:

Tactile cells, also known as **Merkel or Merkel-Ranvier** cells are oval receptor cells found in the skin, associated with the sense of light touch discrimination of shapes and textures.; 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 several groups of modalities including pneumatic compression and class 4 laser (note: specific patient injuries/locations could allow for these modalities); A LeFort fracture due to acute trauma is located in the mid face region, and typically always involves the Maxilla.

Patient Immersion Night for Junior Students in Modalities Lab

By: Sasha N Torres, DPT



According to the U.S. Bureau of Labor Statistics (BLS), ATs in total held about 16,300 jobs nationwide in May 2008. Many AT jobs are related to competitive sports, but nearly 38 percent worked in the general medical and surgical/hospital settings. (Source: nata.org)

In today's healthcare field as athletic trainers move into more clinical settings we held a "Patient Immersion" night in our Modalities course to gain experience in treating two different types of patients. One of our patients was Dr. Daniel Mintz who is retired physician and founded the Diabetes Research Institute. He has also taught for the University of Miami medical school and was able to offer students input on patient examination techniques and approaching the patient

"interview". Our second patient was a former running back at the University of Miami and retired NFL player, Najeh Davenport. He was able to offer them advice on how to approach the personality obstacles you may have to overcome with a professional athlete as well as, the time limitations, preconceived judgements about athletic trainers by athletes and offer them advice as to how to approach obtaining a patient history and the athlete's trust for patient treatment.

Although our students perform modality applications during our course practicals and laboratories the main objective of this activity is to get out of their comfort zone in treating each other and gain confidence in interviewing a "stranger" and being effective and efficient in their treatment plans. Micheal Griffo commented, "I found the activity very helpful and great practice for seeing what you need to work on." Most students found it fun to apply their clinical modality knowledge to actual patient scenarios and get out of the typical "textbook" scenario. As we enter into the manual therapy and traction section of our course curriculum we are excited to be able to incorporate modality application and manual skills on our next patient immersion night 11/16. Each exposure to new patients helps reinforce this cumulative knowledge and reinforces their confidence to integrate in a practical manner.

