



Reminder:
**Upcoming
EBP CEU
Event:**
**Incorporating
Cultural
Competence
in the EBP
Framework**

Visit the link below
BY WEDNESDAY 9/21 to
enroll for our 3 hour EBP
Category live CEU event
Saturday September 24,
from 9:30 am - 12:30
pm at the Schwartz
Athletics Building on
UM's campus. All
preceptors get free
entrance to this CEU
event.



<https://www.eventbrite.com/e/incorporating-cultural-competence-in-the-evidence-based-framework-foundations-of-ebp-with-a-closer-tickets-27399692217>

Pre-Wrap:
Announcements:

**Women's Tennis to
Host Miami Fall
Invite**

This upcoming weekend,
September 23-25. AT Students,
please contact Hannah Arndt to
schedule opportunities to gain
clinical valuable experiences
(immersion hours possible)



H.R. 921 Passes in the House

From: <http://www.nata.org/blog/beth-sitzler/hr-921-passes-house>.



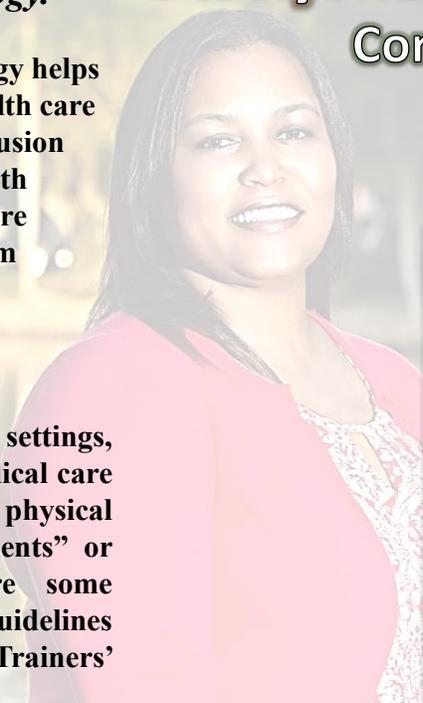
After several years of collaborative work with members of Congress, the Sports Medicine Licensure Clarity Act (H.R. 921) was passed by the House of Representatives Monday, Sept. 12, a historic event for NATA and the athletic training profession. H.R. 921, introduced by Reps. Brett Guthrie (R-KY) and Cedric Richmond (D-LA) last year, clarifies medical liability rules for athletic trainers and other medical professionals to ensure they're properly covered by their liability insurance while traveling with athletic teams in another state. Under the bill, health care services provided by a covered athletic trainer or other sports medicine professional to an athlete, athletic team or a staff member in another state will be deemed to have satisfied any licensure requirements of the secondary state. In addition, the providers will be able to treat injured athletes across state lines without the fear of incurring great professional loss. This bill reinforces the sports medicine team collaborative approach to care among physicians, athletic trainers and others.

I AM NOT A TRAINER!!
 Please use proper AT terminology.

Using proper athletic training terminology helps to align athletic training as a clinical health care profession, and it helps to eliminate confusion when explaining the AT's role in the health care arena. "Athletic trainer" or "AT" are the preferred terms. NEVER use the term "trainer." Please share this with your students, administrators, patients, coaches, and physicians.

Also, in this new era of emerging settings, athletic trainers do not just provide medical care to athletes or those just injured during physical activity. So try to use the terms "Patients" or "Clients" vs. "Athletes." Below are some additional terminology and credential guidelines supported by the National Athletic Trainers' Association (NATA):

**Dr. Kysha's
 Corner**



Introducing:
Dr. Kysha's Corner,
 where Program
 Director Dr.
 Harriell will
 provide timely
 words of wisdom!

Use	Do Not Use
Athletic Trainer	Trainer
Athletic Training Clinic or Facility	Athletic Training Room or Training Room or Trainers Room
Use AT as the abbreviation for athletic trainer	ATC as a noun unless you are referring to the credential
Use LAT, ATC to list your credentials in the State of Florida	Slashes or add letter to ATC (for example don't use ATC/L, ATC/R, LATC or any other combination of ATC), as the credential is trademarked



**Weekly
 Clinical Pearl**

The 2016 Warwick Agreement on femoroacetabular impingement (FAI) syndrome was convened to build an international, multidisciplinary consensus on the diagnosis and management of patients with FAI syndrome. Their findings were published in the most recent British Journal of Sports Medicine:

Griffin DR, Dickenson EJ, Bennell KL, et al. **The Warwick Agreement on femoroacetabular impingement syndrome (FAI syndrome): an international consensus statement.** *Br J Sports Med* 2016;50:1169-1176.

<http://bjsm.bmj.com/content/50/19/1169.abstract>

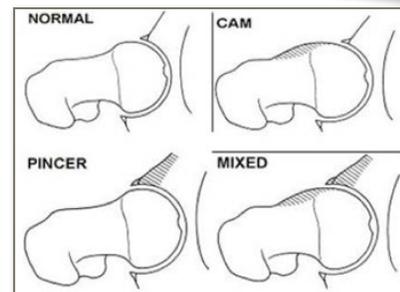
Here are some of the paramount statements from that collaborative document:

FAI syndrome is a motion-related clinical disorder of the hip with a triad of symptoms, clinical signs and imaging findings. It represents symptomatic premature contact between the proximal femur and the acetabulum.

Clinical signs: Diagnosis of FAI syndrome does not depend on a single clinical sign; many have been described and are used in clinical practice. Hip impingement tests usually reproduce the patient's typical pain; the most commonly used test, flexion adduction internal rotation (FADIR), is sensitive but not specific. There is often a limited range of

Which outcome measures should be used to assess treatment for FAI syndrome? Specifically designed and well-validated patient-reported outcome measures should be used to assess treatment for FAI syndrome. The international Hip Outcome Tool (iHOT), Hip and Groin Outcome Score (HAGOS) and Hip Outcome Score (HOS) are recommended.

What is the appropriate treatment of FAI? FAI syndrome can be treated by conservative care, rehabilitation or surgery. Conservative care may involve education, watchful waiting, lifestyle and activity modification. Physiotherapy-led rehabilitation aims to improve hip stability, neuromuscular control, strength, range of motion and movement patterns. Surgery, either open or arthroscopic, aims to improve the hip morphology and repair damaged tissue. The good management of the variety of patients with FAI syndrome requires the availability of all of these approaches.



Preceptor Profile: Elissa Kyrola, MA, LAT, ATC

The University of Miami Athletic Training Program relies heavily on the experiences our students receive in the clinical setting, both inside the University's Athletic Departments as well as at off-campus locations including the UHealth Sports Medicine Clinic in downtown (soon to be Coral Gables). At UHealth students learn under the tutelage of Athletic Trainer Elissa Kyrola. Elissa has been in her current position for 4 years. The hospital setting gives students a unique opportunity to interact with Physicians, PAs, and patients from a varying population including traditional athletes, active people who got hurt working out, and patients being treated for things completely unrelated to athletics. Elissa earned her undergraduate AT degree at Wisconsin Madison and she earned her MS at FIU. Here's what she had to say:



Favorite part of being a clinic based AT: I have always loved the injury evaluation portion of athletic training so I have really enjoyed honing my skills in that area. Working with physicians of different types is a great advantage and so educational.

About her AT Career: I have loved every AT setting I have experienced from college and high school sports to the clinic. The diversity of experiences we can have while applying our skills makes the profession great!

Hobbies: For the past several months, my husband and I have been enjoying the new homeowner life, including renovations, decorating, and unexpected "fun" homeowner issues. From here on out, we are preparing for Baby Kyrola, expected in January. Apart from that, we love spending time with friends, catching up on TV, and being involved at our church.

A word of wisdom to students striving for AT success: These tips are very helpful in the clinic setting as we evaluate injuries, but they can be applied elsewhere as well: "Fake it till you make it" - act confident even when you are unsure on the inside. "Don't be misled by the obvious" - make sure to confirm that there isn't something greater going on e.g. if an athlete gets hit and has a bloody nose, you better evaluate for concussion too. "If it looks like a duck, walks like a duck, and quacks like a duck, it is probably a duck" - common injuries are common for a reason; even if it doesn't present exactly like a textbook, be confident in the knowledge you have gained and make assessment/treatment decisions accordingly. Credit to my AT Program director at Wisconsin for most of this wisdom!

AT Weekly Trivia:

For Senior Students: Name the following technique: After assuming an initial passive stretch, the muscle being stretched is isometrically contracted for 5-10 seconds, after which the muscle is briefly relaxed, and then immediately subjected to a passive stretch which extends further than the initial passive stretch.

For Junior Students: What are the top 5 contraindications to providing therapeutic thermo-therapy (heat)?

For the inquisitive preceptor: A _____ represents the change in our confidence that the condition is present based on a positive test. The larger the number, the more confident we are in the presence of a condition.

Last Week's Answers:

The "C" in PICO, the format used to develop relevant clinical questions in EBP stands for Comparison or Comparative Intervention; -The .flexor hallicus brevis muscle houses the two sesamoid bones under the 1st MTP joint on the plantar aspect of the foot; Volkmann's Contracture is ischemic necrosis of the forearm musculature resulting in forced wrist flexion, MCP hyperextension, and IP flexion after distal humeral fracture.