



## The Wrap

AT Program Weekly

### Pre-Wrap: Announcements:

#### Upcoming Home Athletics Events:

Volleyball - Home (finally) Weekend Games - Friday Sept. 30 at 7:00 p.m. and Sunday October 2 at 12:00 pm

Women's Soccer - Home Game - Sunday October 2 at 2:00 pm

### Calling all Athletics Trainers: Get your NPI Number today!

#### Adopted from: NATA.org

An NPI is a unique 10-digit identification number used in standard health care transactions. It is issued to health care professionals and covered entities that transmit standard HIPAA electronic transactions (e.g., electronic claims and claim status inquiries). The NPI fulfills a requirement of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). It also replaces all provider identifier numbers assigned by payers and is used by health care professionals. Covered entities under HIPAA are required by regulation to use NPIs to identify health care providers in HIPAA standard transactions.

#### Why should I get an NPI?

NATA strongly encourages all athletic trainers to get for their NPI. Having an NPI improves recognition of athletic trainers as health care professionals across all settings. "An NPI number is a professional requirement that adds credibility to the individual and the profession," said Amy Callender, NATA Government Affairs Director. "NATA encourages all members to obtain their NPI number, which will stay with them for the rest of their career, no matter their job setting or employer."

#### How to apply:

Applying for your NPI is quick, easy and free. Visit the [CMS National Plan & Provider Enumeration System](#) to complete your application today.

Follow the [Step-by-Step NPI Application Instructions](#) (pdf) to apply.

**Taxonomy Codes:** Taxonomy codes categorize the type, classification, and/or specialization of health care providers. Taxonomy code for an athletic trainer is: 2255A2300X - SPECIALIST/TECHNOLOGIST - ATHLETIC TRAINER

### Reminders:

- September Athletic Training Program Monthly Meeting:

**Friday Sept. 30, 7:00 am in the Bernie Kosar room (adjacent to the Hecht Athletic Training Facility.)**

All preceptors and staff are welcome and encouraged to join us! Student attendance is mandatory.

- **Final week to complete Florida AT licensure renewal**

**Complete renewal application online by Friday September 30, 2016.**

**Please visit [floridasathletictraining.gov](http://floridasathletictraining.gov)**



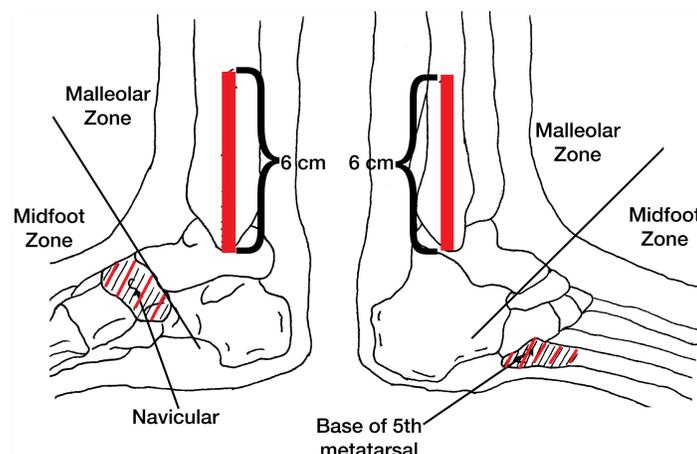


## Weekly Clinical Pearl

*When was the last time you used CPR for an ankle sprain? Never? Why not? You may be forgetting a valuable clinical tool to assist you with your evaluation. I'm not talking about cardiopulmonary resuscitation, rather CPRs or Clinical Prediction Rules!*

A clinical prediction rule (CPR) is a powerful evidence-based tool that can support clinical decision making, including determination of the need to refer an injured patient for diagnostic imaging. A CPR is derived from statistical analysis of clinical data, which quantifies the predictive strength of a combination of variables (i.e., patient characteristics). A well validated CPR allows the clinician to accurately predict the likelihood that a given condition exists or the likelihood that a specific treatment will yield a desired outcome. Information derived from a comprehensive patient history and thorough physical examination can be related to a CPR for diagnosis of lower extremity pathology, thereby improving the outcomes of clinical decisions.

The Ottawa Ankle Rules (OARs) were developed to assist clinicians in the determination of the need to obtain radiographs for a patient who has experienced ankle trauma. Although this rule was designed for use in hospital emergency rooms, it can certainly be applied to the setting in which an AT practices. The OARs were designed to have high sensitivity for the purpose of detecting significant fractures. Test sensitivity represents the number of the total group of patients with the condition who have a positive test, compared with a definitive standard. In the case of the OARs, with a sensitivity range of 96.4% to 100.0%, a negative test finding is a reasonable indicator that no fracture is present. This 100% test sensitivity was found when the OARs were modified with the Buffalo Rules.



### **The Ottawa Ankle Rules with Buffalo Rule Modifications (pictured above):**

#### An ankle x-ray series is only required if:

There is any pain in the malleolar zone and any of these findings: -Bone tenderness upon palpation at the crest of the distal 6 cm of the medial or lateral malleolus (bony tenderness only, no soft tissue) OR - Inability to take 4 complete steps both immediately and in ED

#### A foot x-ray series is only required if:

There is any pain in the midfoot zone and any of these findings: bone tenderness at the navicular OR bone tenderness base of the 5<sup>th</sup> metatarsal OR inability to take 4 complete steps both immediately and in the ED

Click on Citations to go to Articles: Jenkin M, Sitler MR, Kelly JD. Clinical Usefulness of the Ottawa Ankle Rules for Detecting Fractures of the Ankle and Midfoot. Journal of Athletic Training. 2010;45(5):480-482

Springer BA, Arciero RA, Tenuta JJ, Taylor DC. A prospective study of modified Ottawa ankle rules in a military population. Interobserver agreement between physical therapists and orthopaedic surgeons. Am J Sports Med. 2000 Nov-Dec;28(6):864-8.

## Faculty Preceptor Profile: Kyung Min Kim, Ph.D., LAT, ATC

The University of Miami Athletic Training Program relies heavily on the experiences our students receive in the clinical setting and practical settings available across campus. As the profession of Athletic Training and the sports medicine community move into a era of mandatory practice patterns based upon evidence, the University of Miami's AT Program will depend heavily on the expertise of Dr. Min Kim. Dr. Kim begins his second year as a faculty member at UM. We asked Dr. Kim to share a little bit about himself and his research. Here's what he had to say (next page):

**Where did you complete your AT Education:** Ph.D. in Sports Medicine at University of Virginia; MS in Athletic Training at University of North Carolina at Greensboro; BS in Physical Education and Sport & Leisure Studies at Yonsei University Seoul, South Korea

**How did you get interested in athletic training and sports medicine?** I started with physical education to be a teacher in a secondary school setting, but my unstable ankles drove me to the opportunity to begin learning about athletic training/sports medicine. As I learned more about athletic training beyond effective treatment options for my ankles, I was inspired by becoming a health care professional like an athletic trainer, which caused me to be certified in exercise prescription (no athletic training program in Korea at that time). With the certification I was able to work with professional and collegiate athletes in a hospital setting. The clinical experience was great, but I felt like I needed to be more educated about athletic injuries, and decided to be certified in athletic training here in U.S. where accredited, professional academic programs are available.

**What is your primary focus area of research?** My research is focused on understanding the neurophysiological mechanism of muscle dysfunction following a joint injury, and developing an alternative/adjunctive therapy to active exercise-based therapeutic programs for patients suffering from sensorimotor deficits. My research work has been on patients with chronic ankle instability (CAI) in an effort to identify neurophysiological mechanisms of postural control deficits, which would provide insights into development of a therapeutic intervention capable of directly addressing the mechanism, leading to better outcomes. I am currently working on a

research protocol where the neural activity in the brain can be assessed in individuals with CAI (See picture on previous page). I will keep you posted when the study begins.

**What is your most recent publication?** My latest research article is on the spinal mechanism of deficits in postural control in patients with CAI published in Journal of Athletic Training. It provides insights into the reason why people with CAI have postural control deficits from the neuro-motor perspective. I would be happy to speak with anyone who may have questions or comments.

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original research

### **Modulation of the Fibularis Longus Hoffmann Reflex and Postural Instability Associated With Chronic Ankle Instability**

**Kyung-Min Kim, PhD, LAT, ATC\*;** **Joseph M. Hart, PhD, ATC†;** **Susan Saliba, PhD, PT, ATC, FNATA†;** **Jay Hertel, PhD, ATC, FNATA, FACSM†**

\*Department of Kinesiology and Sport Sciences, University of Miami, FL; †Department of Kinesiology, University of Virginia, Charlottesville

**What is your advice for students interested in a career in AT, specifically with a research focus?** There are a number of ways to be part of the athletic training profession. I feel producing relevant, scientific evidence is the greatest way to supporting and advance the athletic training profession. Think of the day when practicing athletic trainers always incorporate evidence into their clinical practice to enhance patient outcomes. It is the greatest rewarding you would get if you want to be a researcher in athletic training.

**What are your hobbies?** I have just started playing a new racket sport, Pickleball. Please let me know if you are interested in playing. I am considering making a little club here at UM. For those who have never heard of it, please click on the link for more information: <https://en.wikipedia.org/wiki/Pickleball>

## **AT Weekly Trivia:**

**For Senior Students:** Spinal segmental dysfunctions are mechanical problems of the \_\_\_\_\_ joints in a region of the spine (cervical, thoracic or lumbar).

**For Junior Students:** Prolonged excessive use of which common OTC is associated with Myocardial Infarctions?

**For the inquisitive preceptor:** \_\_\_\_\_ is referred pain to the left shoulder, often indicative of or in relation to a splenic rupture or spleen damage.

### **Last Week's Answers:**

**Hold-Relax (referred to as Contract-Relax in some literature)** is the technique of 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; - **Contraindications to providing therapeutic thermo-therapy (heat) include but is not limited to: Tumor or malignancy, Recent (48-72 hours) acute musculoskeletal injury, Phlebitis or other vascular disease, Fever, Open wounds or skin infections, Sensory impairment; - **A positive likelihood ratio** represents the change in our confidence that the condition is present based on a positive test.**