



District 10
 Annual Meeting and Clinical Symposium Programming
 Tacoma, WA
 March 16-19, 2017

Thursday, March 16

Workshop	Abstract	Learning Objectives	Speakers
Functional Return to Play Testing and Rehabilitation	This workshop will investigate different strategies and concepts to incorporate Functional movements and rehabilitation into a therapy plan. The workshop will address concepts relating to pre-season screening (FMS screening), typical challenges for functional return to play, as well as how to incorporate these strategies in to specific sports and rehabilitation settings to improve results. This workshop will have a lecture portion, and then a very hands on active workshop portion to the course to demonstrate functional rehabilitation while incorporating FMS screening and utilizing a new rehabilitation/ resistance training product. (Dartbands) Attire for the course: athletic/ workout attire.	<ul style="list-style-type: none"> • Understand pre-season testing • Describe functional rehabilitation and return to play programs • Discuss sport specific rehabilitation 	Bryce Gillespie, AT-R Evan Hagen, ATC, PTA

Friday, March 17

Educational Session	Abstract	Learning Objectives	Speakers
Concussion Update	<p>The 4th International Conference on Concussion in Sport held in Zurich, November 2012 that were made by the 5th International Conference in Berlin, October 2016 will be presented. Also, information about the epidemiology, etiology and management of persistent symptoms after a sports concussion will be discussed.</p>	<ul style="list-style-type: none"> • Recall updates and additions made at the 5th International Conference on Concussion in Sport held in Berlin, October 2016 • Understand the role of psychosocial factors in cases of persistent symptoms post-concussion and the role of different treatments • Describe depression, mild cognitive impairment and chronic traumatic encephalopathy associated with concussion 	Stanley Herring, MD
How to Perform a Biomechanical Running Analysis	<p>Video running gait analysis is an easy way to identify causes of pain with running and, with the improvement of video camera technology and access, has now become much easier to perform. Video feedback can be used to give an athlete immediate feedback of their running technique and can help guide your course of treatment. Having a good understanding of basic running technique and how to identify dysfunction when running can help a clinician prevent injury, improve outcomes, and decrease loss of participation time. This understanding can also help a clinician devise and implement corrective exercises, return to running programs, provide correct shoe wear recommendations, and check the effectiveness of taping or orthotics.</p>	<ul style="list-style-type: none"> • Understand appropriate process for a clinical video gait running analysis • Understand basic running gait and reference points for video gait running analysis • Understand concepts for a corrective rehabilitation program based on running gait analysis • Demonstrate corrective exercise for running specific impairments 	Joe Adamchak, DPT, SCS, ATC

<p>The Influence of Cultural Competency on Leadership Performance</p>	<p>This presentation will address cultural competency and its importance in athletic training and for the growth of athletic trainers. How does diversity in our profession play a part in professional growth and leadership?</p>	<ul style="list-style-type: none"> • Assess perceived cultural competence level • Describe the influence of cultural competency in his/her own practice • Illustrate qualities of culturally competent leaders • Self-evaluate one's own definition of a leader 	<p>Dani Moffit, PhD, ATC</p>
<p>Expanding the Health Reach of Athletic Trainers: Incorporating Brief Intervention Strategies into Conversations with Student Athletes</p>	<p>Increasing attention is being paid to ways to best support students struggling with alcohol use, marijuana or other drug use, mental health issues, and other student care issues. Many of these issues may come up during routine visits with a student athlete, and these conversations provide an opportunity to directly address these topics with students or to open the door for a referral to more specialized services. Motivational interviewing is a non-judgmental, non-confrontational approach that emphasizes meeting students where they are in terms of their readiness to make a change, and focuses on eliciting personally-relevant reasons to change. While this approach is the key to brief intervention strategies, these skills are not limited to clinical contexts and can be successfully applied to conversations within other settings to ultimately help us have more effective conversations with students. In this workshop, we will discuss the theory behind and reasons for a brief intervention approach, and will provide training in and practice with specific motivational interviewing strategies.</p>	<ul style="list-style-type: none"> • Describe the stages of change and implications for approaching health topics with student-athletes • Understand impact that applying brief intervention strategies (specifically, open-ended questions and reflections) can have in a conversation about health issues • Practice with key brief intervention strategies 	<p>Jason Kilmer, PhD</p>
<p>NATA Liability Toolkit</p>	<p>Traditionally athletic trainers have been insulated from malpractice litigation. As more litigation is occurring primarily with concussion management athletic trainers are being forced to defend themselves. Risk</p>	<ul style="list-style-type: none"> • Distinguish the difference between protecting yourself from litigation and protecting your state license and how 	<p>Craig Bennett, MA, LAT, ATC</p>

	<p>management and understanding liability coverage has not been traditionally taught to ATs as part of entry level education. This presentation is valuable to fill the gap so the AT understands risk management, liability coverage and can determine if there are areas they need to do a better job protecting themselves.</p>	<p>employment status will impact each of these</p> <ul style="list-style-type: none"> • Distinguish the medical standards of informed consent and consent to treat and how both apply to the practice of athletic training • Explain areas of risk for liability and develop strategies to minimize that risk 	
<p>The Athlete and the Pelvic Floor: More Than Just Continence</p>	<p>The pelvic floor has four main functions: supportive, sphincteric, stabilization, and sexual. Additionally, the pelvic floor has anatomic connections to the hip, lower extremity, and abdominal wall. With nearly one-third of female college athletes experiencing incontinence during their sport, it is clear that pelvic floor dysfunction is common in this population. This dysfunction can compromise the stability of the hip, lower extremity, and core contributing to increased injury risk. Simple screening questions and examination techniques can provide the athletic trainer with valuable information to tailor their treatment approach. Non-invasive and integrative treatment strategies addressing the pelvic floor independently or with the hip, lower extremity, and low back can benefit the athlete by improving outcomes post-injury and decreasing future injury risk.</p>	<ul style="list-style-type: none"> • Describe basic pelvic floor anatomy and major functions • Describe the relationship between the lumbo-pelvic-hip complex and the pelvic floor. • Recognize three signs/symptoms of pelvic floor dysfunction in the athlete • Ask the athlete appropriate screening questions for pelvic floor involvement in lumbo-pelvic-hip dysfunction/injury. • Demonstrate integrative evaluation and treatment techniques addressing the pelvic floor in conjunction with the lumbo-pelvic-hip complex. 	<p>Alison Hager, DPT</p>
<p>How to Perform a Biomechanical Running Analysis Learning Lab</p>	<p>Video running gait analysis is an easy way to identify causes of pain with running and, with the improvement of video camera technology and access, has now become much easier to perform. Video feedback can be used to give an athlete immediate feedback of their running technique and can help guide your course of treatment. Having a good understanding of basic</p>	<ul style="list-style-type: none"> • Understand appropriate process for a clinical video gait running analysis • Understand basic running gait and reference points for video gait running analysis 	<p>Joe Adamchak, DPT, SCS, ATC</p>

	<p>running technique and how to identify dysfunction when running can help a clinician prevent injury, improve outcomes, and decrease loss of participation time. This understanding can also help a clinician devise and implement corrective exercises, return to running programs, provide correct shoe wear recommendations, and check the effectiveness of taping or orthotics.</p>	<ul style="list-style-type: none"> • Understand concepts for a corrective rehabilitation program based on running gait analysis • Demonstrate corrective exercise for running specific impairments 	
<p>Shaping the Future of AT Education</p>	<p>Since the early 2000's, healthcare delivery and education have undergone significant changes that affect all health professions. If ATs are to serve as full and effective members of the collaborative, interprofessional healthcare team, our educational content and requirements must evolve to reflect the needs of healthcare for 2030 and beyond. Join us to discuss the evolving future of healthcare and education and how the proposed CAATE Standards for educational programs help to get us there. A presentation followed by open forum to allow the audience to comment on the proposed Standards.</p>	<ul style="list-style-type: none"> • Identify the main forces behind the changing healthcare environment • Explain how the AT can be positioned to be an integral member of the health care team • Identify the major proposed changes to the educational standards • Explain the major reasons for revisions to the educational standards 	<p>LesLee Taylor, PhD, LAT, ATC</p>
<p>EBP – What's In Your Tool Kit? Strategies for Putting Evidence into Practice for Busy Clinicians</p>	<p>As healthcare professionals, athletic trainers have an obligation to their patients/athletes to make clinical decisions using the best evidence available. Essential components of successful professional advancement require 1) an understanding of current and useful evidence and 2) promotion of evidence-based skills so clinicians integrate them into clinical practice. Therefore, the session will provide tools for clinicians to effectively use evidence to promote the advancement of our profession. By evolving "what" we teach and "how" we make decisions, clinicians can learn the value of evidence to achieve positive patient outcomes.</p>	<ul style="list-style-type: none"> • Develop strategies to incorporate position statements, clinical building blocks, grant summaries and research into clinical practice • Present ideas on how best to promote a culture of evidence based practice among clinicians • Formulate methods to bridge the gap between science and practice that promotes professional development for clinicians 	<p>Val Moody, PhD, LAT, ATC</p>

<p>Fueling Performance in the Age of Fast Food, Skipped Meals and Convenience Stores</p>	<p>You are what you eat; yet, athletes continue to make questionable nutrition choices. This session will provide athlete diet recommendations and ideas and strategies on how to work with today's realities – including fast food, busy schedules, eating-on-the-go/convenience and more.</p>	<ul style="list-style-type: none"> • Gain an understanding of how the athletic lifestyle poses challenges to ideal food and fluid intake • Learn appropriate nutrient types and pattern of intake • 3Be armed with practical advice for their athletes on how best fuel their performance by planning ahead • 4Review the current literature regarding fast food consumption and caloric intake and athletes perceptions about healthy eating • Learn strategies to help athletes more successfully navigate fast food menus and other convenience food options to make good choices on the road 	<p>Linda Samuels, MS, RD, CSSD</p>
<p>Manual Therapy via Osteopathic Approach Lecture</p>	<p>Osteopathic Manipulative Treatment (OMT) is a type of manual treatment to restore the body back into homeostasis. We will discuss some of the foundations, basic techniques and a few models for treatment. OMT can be used for treatment of sports related injuries. In the hands on portion, we will have osteopaths demonstrating techniques and giving you the opportunity to practice.</p>	<ul style="list-style-type: none"> • Describe Osteopathic Manipulative Treatment (OMT) • Explain common techniques used for treatment • Discuss how to treat concussion with OMT • Discuss how to treat common hip and lower extremity injury with OMT 	<p>Brad Kuske, DO and Josh Purses, DO</p>
<p>Best Practice for the ATC: Creating Physician Agreements and</p>	<p>Many athletic trainers in the NW have a directing physician for their practices, however about 20% of ATs (who responded to a survey) did not have established relationship with a supervising physician. As a result, this session will discuss the need for</p>	<ul style="list-style-type: none"> • Learn how to secure a physician that is willing to supervise an Athletic Trainer in their setting • Know the legal requirements of your state practice act 	<p>Clara Rink ATC and Joel Buffum, MS, ATL, ATC</p>

Standing Protocols	creating agreements and standing protocols as well as best practices for establishing agreements and protocols. When forming agreements and protocols it is imperative to examine state laws/requirements and NATA Code of Ethics as well as review examples of physician agreements and standing protocols. Lastly, the role of the physician as a conduit for community awareness of ATs will be discussed.	<ul style="list-style-type: none"> • Discuss how to create a lasting relationship with your team physician from a legal and professional perspective • Discover some do's and don'ts about what should be included in the standing protocols and physician agreement • Describe how to create standing protocols and physician agreements 	
Return on Investment and the Impact of ATs in the Industrial Setting	The customer/provider relationship is a major characteristic to develop in the Industrial Athletic Training environment. The customer's goals and the service provided is a relationship not often analyzed in the traditional Athletic Training. When providing a preventative, rehabilitative, or ergonomic-based service in the Industrial/Occupational setting, the Athletic Trainer must be prepared to focus on the return generated from the customer's investment (ROI). By looking at ROI, it shows the value of the Athletic Trainer, the service provided, and sets the stage to establish future goals, as providers and customers are interconnected through common metrics to validate process and share success. The objective is to look at ROI and show the impact of this powerful tool being used in the Industrial Athletic Training environment.	<ul style="list-style-type: none"> • Overview of the role of the Athletic Trainer in the industrial setting • Understand the benefit of sharing Return on Investment data with your customer. • Understand how to communicate goals and return on investment data with your customer 	Ben Henry, MS, LAT, ATC and Marty Matney, MBD, LAT, ATC
Networking for the YPs (non CEU eligible)	Networking is important for all athletic training professional and is extremely valuable for the Young Professional. This session will address the various issues commonly experienced while transitioning into professional practice professional (i.e. networking, applying for employment, interviewing, work/life	<ul style="list-style-type: none"> • Learn keys to networking as they transition to practice. • Gain connections and increase their network. 	Andrew Hamstra, MS, ATC, CES

	balance). This session will also discuss networking tactics/skills and mentoring relationships.	<ul style="list-style-type: none"> • Learn keys to mentor and foster relationships among young professionals. 	
Thermoregulation and Athlete Performance	<p>Several studies have established that competing in sporting events with high ambient temperatures and humidity have a detrimental effect on performance. The topic of pre-cooling and sport performance has received considerable attention from Exercise Physiologists, particularly in the lead up to the relatively hot Olympic games of Athens in 2004, Beijing in 2008 and most recently 2016 in Rio De Janiero. There have been a number of pre-cooling methods that have been utilized to mitigate the reduction in exercise capacity associated with heat and humidity. The greatest benefits from pre-cooling interventions have been associated with prolonged endurance-type exercise. An increase in heat storage capacity following a pre-cooling intervention has been suggested as the primary means of delaying fatigue during endurance exercise performance in the heat; the notion being that the increased heat storage capacity will allow an athlete to complete a greater amount of work before a critical body temperature is reached. A few topics will be discussed on how beneficial pre-cooling really is for the athlete. Is every method, really cooling the athlete, or could some cooling actually be tricking the body into thinking it is cooler than it really is? Additionally, while majority of the research in this area has been completed in the laboratory setting, few studies utilize performance protocols, and even less address the practical and logistical issues associated with precooling an athlete prior to elite competition in the field. This presentation will address evidence supporting the use of a pre-cooling intervention prior</p>	<ul style="list-style-type: none"> • Explain physiological adaptations of the body when exposed to hot and humid environments. • Discuss physiology of cooling the body. • Describe pre-cooling methods that have been utilized to mitigate the reduction in exercise performance. • Recognize cardiovascular Drift and overall fatigue associated with hot ambient and or humid environments. • Illustrate practicality and logistics associated with pre-cooling athletes prior to competition. 	Charlie Katica, PhD, CSCS

	to endurance exercise, but will also address some cooling interventions that could possibly affect the athletes pacing and could possibly harm the athlete in longer events.		
Nutritional Knowledge for the College Female Athlete	<p>Since the enactment of Title IX, the number of female athletes has significantly increased. Regular participation in organized sports can offer many health benefits for female athletes. However, athletic participation may increase the risk for disordered eating in female athletes. The female athlete triad refers to the co-existence of three inter-related conditions; decreased energy availability, amenorrhea, and osteoporosis. Current nutritional recommendations suggest that athletes should consume adequate energy to match energy expenditure. Those athletes who do not consume adequate energy may experience loss of muscle mass, increased fatigue, increased risk of menstrual dysfunction, loss of bone density, and injuries. Most research has shown that female collegiate athletes have inadequate nutrition knowledge. Female athletes tend to get nutrition information from university classes, nutritionists, or individual sport coaches. Even though athletic trainers and strength and conditioning coaches may have adequate general sports nutrition knowledge, they may not have adequate knowledge related to eating disorders and pre-event nutrition. This presentation will address the importance of nutrition for athletic performance and current macronutrient and micronutrient recommendations. Additionally this presentation will discuss nutritional practices and knowledge by female athletes and describe how athletic trainers can help them improve their knowledge.</p>	<ul style="list-style-type: none"> • Understand the importance of nutrition on athletic performance • Provide current nutritional recommendations • Discuss evidence of nutrition knowledge by female athletes • Address eating disorders among female athletes 	Harry Papadopoulos, PhD

<p>Oral Free Communication Presentations</p>	<p>The NWATA Free Communication Research program will provide a forum for dissemination of research and clinical case studies in oral formats. All submissions are peer reviewed for content as well as mechanically. All presentations are original works.</p>	<ul style="list-style-type: none"> • Explain research reports for recent experimental and/or clinical research in athletic training • Identify current research questions in athletic training • Critically evaluate and question current research in athletic training 	<p>Olivia Bartlett Valerie Moody, PhD, ATC, LAT Cynthia Wright, PhD, ATC Stacy Nauman, ATC, LAT Shane Wibel, MPH, ATC Samantha Riordan, ATC, LAT (</p>
<p>Manual Therapy via Osteopathic Approach Lab</p>	<p>This lab is a follow up from the manual therapy didactic session and will allow participants to learn the application of manual therapy techniques. Please see above for abstract</p>	<ul style="list-style-type: none"> • Please see above for learning objectives 	<p>Brad Kuske, DO and Josh Purses, DO</p>
<p>EBP – Therapeutic Modalities: Comparing Common Practice to the Evidence Base</p>	<p>Therapeutic modalities serve a simple premise: to augment a healing process. However, appropriate application of therapeutic modalities is far from simple. Therapeutic ultrasound, LASER, and shortwave diathermy (to name a few) involve complex theories behind their mechanisms of action. Perhaps due to the complexity, clinicians often adopt a narrow set of treatment parameters for these devices and apply them across multiple patients. The purpose of this presentation is to look at 3 common clinical scenarios and associated application parameters, and then compare them to the evidence base. A case-scenario approach will highlight specific questions, for example, to treat bilateral patellar tendonitis does LASER need to be applied over each affected tendon, or does it have a systemic affect? This session will explore 3 case-scenarios, each involving 1 therapeutic modality (ultrasound, diathermy, or LASER) that is commonly used by Certified Athletic Trainers. Each case-scenario</p>	<ul style="list-style-type: none"> • Recognize the basic mechanism of therapeutic action of therapeutic ultrasound, LASER and shortwave diathermy. • Identify the evidence summary for 3 specific case-scenarios (e.g. is there evidence that LASER augments the healing process of patellar tendonitis?). • Compare their own clinical use of therapeutic modalities to the evidence presented. 	<p>Cynthia Wright, PhD, ATC and Shane Wibel, MPH,ATC</p>

	will ask the question “What does the evidence base say about the efficacy of this modality for this specific situation.”		
Keynote Address: A Life’s Journey of Tragedy and Triumph	Unfortunately catastrophic events (death of a patient or colleague) may occur during an athletic trainer’s career. As with any life changing event, it is imperative for healthcare professionals (e.g. athletic trainers) to recognize the importance of mobilizing appropriate coping mechanisms as well as receiving support from peers or professionals (such as the newly launched ATs Cares program) during this challenging time. This presentation will focus on one man’s experience when he was significantly impacted by a catastrophic event. The keynote speaker was one of the athletic trainers at Marshall University when a tragic airplane crash claimed the lives of all those on board and he will share his story about his journey from tragedy to triumph.	<ul style="list-style-type: none"> • Explain the importance of having a support network of peers or colleagues to support you during challenging times (i.e. catastrophic events) • Compare different coping mechanisms and lifestyle choices (healthy vs unhealthy) when dealing with a catastrophic event • Describe how one individual responded to a catastrophic event and how that impacted his life, his behaviors and his affect. 	Mark Smaha, AT Retired

Saturday March 18

Free Communication and Poster Session	The NWATA Free Communication Research program will provide a forum for dissemination of research and clinical case studies in oral formats. All submissions are peer reviewed for content as well as mechanically. All presentations are original works.	<ul style="list-style-type: none"> • Explain research reports for recent experimental and/or clinical research in athletic training • Identify current research questions in athletic training • Critically evaluate and question current research in athletic training 	Michael Ediger, DHSc, NASM-PES Garth Babcock, PhD, ATC, LAT Tyler Beauregard, MS, ATC, LAT, CSCS (with Dr. Noelle Selkow; Dr. Christina Borders and Dr. Jeremy Hawkins) Emily Tosoni and Seth Lindauer
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<p>Exposure of ATs to Critical Incidents and the Need for Peer to Peer Support</p>	<p>Athletic Trainers deal with critical incidents such as the death of an athlete or colleague, a catastrophic injury, or a significant personal or work related event affecting those around him/her. The focus is to present the need for peer-to-peer support for the AT after a traumatic event. I will present questionnaire data from Athletic Trainers about their exposure to traumatic events, the support methods they felt were most helpful after an event, and the need for a peer-to-peer program. Information regarding existing peer support programs, ATs Care and how a CISM team works will be included in the talk.</p>	<ul style="list-style-type: none"> • Describe the effects of traumatic events and critical incidents on athletic trainers and other caregivers. • Recognize the signs and behavioral changes that may take place after being exposed to a traumatic event and the need for intervention. • Summarize the role of a peer-to-peer support intervention and how to activate a peer-to-peer/CISM team if needed. 	<p>David Middlemas, EdD, ATC</p>
<p>ASTYM</p>	<p>Research on Astym therapy began with a multi-disciplinary research team theorizing about a potential physical treatment method with the ability to regenerate and remodel soft tissues. These theories were built upon emerging evidence regarding the degenerative nature of tendinopathy, and the investigations into how cellular mediators and growth factors may enhance healing. Hypothesizing that an external, non-invasive intervention could impact cellular activity, basic science studies were conducted on Astym treatment to elucidate physiologically relevant mechanisms, and to develop specific treatment protocols aimed at stimulating the regeneration of soft tissues and the resorption of inappropriate scar tissue/fibrosis. Specific protocols were developed defining the use of hand-held instrumentation to topically locate underlying dysfunctional soft tissue and then transfer particular pressures and shear forces to the dysfunctional tissue resulting in regeneration within the affected soft tissue.</p>	<ul style="list-style-type: none"> • Understand the nature of chronic tendinopathies and scar tissue formation. • Understand the role of Astym therapy in regenerating healthy soft tissue and removing unwanted scar tissue that may be causing pain or movement restrictions. • Understand the difference between Astym and other instrument assisted soft tissue mobilization techniques. • Understand which patients may benefit from Astym therapy. 	<p>Trevor Pettingill, MPT</p>

<p>Vestibular and Ocular Treatment in Concussion Rehabilitation</p>	<p>Concussion is relatively common, 5-9% of all sport-related injuries per Langois 2006. While most concussed athletes recover within 1-2weeks, 10-20% remain symptomatic. For optimal treatment of concussed athletes, 6 clinical sub-types of concussion have been identified, including oculomotor and vestibular, along with cervical, cognitive/fatigue, post-traumatic migraine, and anxiety/mood. The Vestibular/Oculomotor Screen (VOMS test) supports identification of vestibular and oculomotor dysfunction to facilitate early intervention. The Balance Error Scoring System (BESS) test and cervical proprioceptive screening (Joint Position Error test - JPE) provide additional information regarding vestibular/balance function and potential musculoskeletal factors contributing to dizziness and imbalance. Visual and Vestibular processing can be a critical component of concussions. Post-concussive visual problems include impairment of static and/or dynamic visual acuity, oculomotor skills, problems with diplopia, and accommodation. Interventions may include glasses, prisms, selective occlusion, tints, and/or vision therapy/rehabilitation. Vestibular exercises can improve gaze stability, balance, and sensory integration. These interventions may be incorporated into an expanded return to play protocol that includes exertion, agility, and cognitive demand, in progressively more complex environmental conditions to move the athlete to full recovery.</p>	<ul style="list-style-type: none"> • Understand the basic elements of visual and vestibular processing and how they can be affected by a concussion • Understand visual aspects that are affected by concussion and how they can be treated. • Understand how to use the VOMS and BESS tests to identify vestibular impairment in concussed athletes. • Identify 3 interventions for improving post-concussive vestibular symptoms. 	<p>Curtis Baxstrom, MA, OD and Karen Perz, MS, PT</p>
<p>Sports Related Groin Pain</p>	<p>Athletic related groin pain is a common frustration for both the athlete and treating physician. The differential diagnosis of groin pain is extensive, so a thorough history and physical exam, as well as timely</p>	<ul style="list-style-type: none"> • Review the clinical evaluation of anterior hip pain as it relates to FAI syndrome/inguinal 	<p>Justin Rothmier, MD and Jill McVey, DPT, ATC</p>

	<p>imaging studies will help narrow the source of the pain. Understanding the relationship and pathophysiology of inguinal disruption and femoroacetabular impingement will enable the sports medicine physician to navigate both nonoperative and operative strategies for the athlete. Rehabilitation of the athlete with anterior hip pain requires a full-body approach, assessing the athlete's movement patterns which range from ventilation to repetitive sport-specific tasks. Efficient conservative management requires understanding of both pathoanatomy and kinesiopathology, as well as identifying risk factors to aid prevention of future painful episodes.</p>	<p>disruption and the differential diagnosis.</p> <ul style="list-style-type: none"> • Evaluate the evidence for non-operative management and the prognosis of FAI syndrome, and inguinal disruption • Discuss the benefits of advanced imaging and how it helps in the diagnosis of FAI/inguinal disruption • Identify pathoanatomy, specific movement patterns and other risk factors that increase the risk of an athlete developing anterior hip/groin pain • Describe specific neuromotor patterns and altered muscular relationships/force couples which contribute to anterior hip/groin pain development 	
<p>EBP - Evidence Based Diagnosis and Treatment of Femoral Acetabular Impingement</p>	<p>Femoral-acetabular impingement (FAI) is a common mechanism leading to hip pain and dysfunction. With respect to diagnosis, only the FAADiR and Flex-IR tests are currently supported by the data. Conservative management of the athlete with FAI-driven hip pain should consist of not only specific exercises to optimize femoral movement patterns and muscle balance, but also acetabular movement and muscle patterning. As there is no existing research literature to support any specific rehabilitation programs, the successful clinician will tailor movement interventions to the athlete's specific daily tasks, postures, and habitual movements, utilizing their</p>	<ul style="list-style-type: none"> • Describe Femoral-Acetabular Impingement (FAI) etiology and how FAI affects body mechanics. • Discuss diagnostic procedures use to evaluate and assess FAI. • Identify appropriate treatments (i.e. rehabilitation protocols) for FAI. 	<p>Jill McVey, DPT, ATC</p>

	knowledge of triplanar acetabulo-femoral mechanics and local kineseology.		
EBP - Clinical Assessment of the Unstable Shoulder	The shoulder is often considered one of the more complex joints to examine by healthcare practitioners. This is likely due to a multitude of special tests that have been described, as well as variations of already existing tests. There are inconsistencies in which clinical special tests provide adequate sensitivity, specificity and likelihood ratios to confirm or rule out multidirectional instability of the shoulder. Therefore, the key to a comprehensive and accurate assessment of the multi-directionally unstable shoulder is to systematically and consistently evaluate capsular integrity through test clusters, compare these tests bilaterally, and determine if these test maneuvers reproduce the patient's pain and apprehension.	<ul style="list-style-type: none"> • Recognize the anatomy involved in multi-directional shoulder instability • Describe the difference between laxity and instability of the shoulder • Understand the importance of specificity, sensitivity, and likelihood ratios in determining the clinical usefulness of a special test • Identify orthopedic special tests that are effective in evaluating for shoulder instability 	Luke Bahnmaier, MS, LAT, ATC, OTC
The Athletic Trainer's Role in the Changing Healthcare Market	The NATA has created a Healthcare Reform Workgroup to study the nuances of our changing healthcare market, and provide strategic initiatives that will identify, recognize, and provide guidance on how to capitalize on the opportunities that the changing market is presenting. The goal of this group is to identify opportunities for the advancement of our profession in our new healthcare system for all settings. The current fee-for-service system that we are accustomed to, is going away. In its stead will be an evolving system that is based on patient outcomes measurements, team based healthcare, showing value of our services, and advocating for our care. All healthcare providers are learning how to document their value to their patients and to the healthcare industry. Athletic trainers must also identify what we are doing well, what we can improve upon, and how we can position ourselves as healthcare providers who can	<ul style="list-style-type: none"> • Explain the results presented by the Healthcare Reform Workgroup. • Explain team based health care and how an AT can take advantage of opportunities in today's healthcare market • Define ACOs and PCMH and explain the potential role of athletic trainers in these models • Explain the difference between value and worth • Identify how ATs fit into today's healthcare model. • Define ROI, and explain how they can demonstrate ROI in their practice 	Kathy Dieringer, EdD, ATC

	<p>excel at delivering care in this type of market. ATs excel at team based, patient centered healthcare, but we are not familiar with accountable care organizations, bundled payments, and patient centered medical home. The value and brand of an athletic trainer is not clearly defined by our educational system, the healthcare community, or our own members, yet. Athletic trainers want to be valued similarly to other healthcare professionals: salaries, reimbursement, respect, credibility, etc. To capitalize on our changing system, we must evolve in our approach to healthcare delivery.</p> <p>This presentation focuses on identifying ways ATs can capitalize on nuances in the changing healthcare market that are ideal opportunities for our profession, apply basic concepts to increase our value to our employers, patients, and community, and maximize our position in healthcare. Our ability to apply these concepts of the new healthcare system to our practices may well determine whether and how we will thrive in the new system.</p>	<ul style="list-style-type: none"> • Integrate tools into their practice that demonstrates their value to their patients, employer, and community • Integrate advocacy and value strategies to improve their job position • Explain how ATs can identify and capitalize on opportunities presented by today's healthcare market • Integrate patient centered outcomes measurements into their practice 	
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Sunday March 19

Cupping	<p>Cupping is the oldest and most globally practiced medical treatment in human history. Most cultures can produce historical evidence that some variation of Cupping was used regularly in their medical histories. The general principle of cupping is to create negative pressure above the surface of the tissues to decrease atmospheric pressure which allows the tissues below to be lifted upwards, increasing the space within and surrounding the underlying structures. Since Cupping techniques use negative pressure rather than tissue</p>	<ul style="list-style-type: none"> • Describe how Cupping Therapy can be a viable adjunct therapy in the treatment of athletes pre-game, post-game, and during the maintenance cycle. • Discuss protocols designed to address the treatment of both endurance and sprint athletes. 	Jerome Matthews, LMT, CCT, CCE
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	compression, superior bodywork ranging from Myofascial Decompression to muscle-specific deep tissue to Manual Lymphatic Drainage are all easily	<ul style="list-style-type: none"> • Demonstrate cupping techniques and protocols to treat patients 	
EBP – Evidence Based Practice in Management of Sports Related Concussion (sponsored by the NATA)	Managing the care of an athlete who has a protracted recovery from concussion can be a very frustrating endeavor-for the provider, the athlete, the school, the family, etc. The purpose of this session is to provide athletic trainers with the most recent empirical evidence surrounding protracted recovery from concussion.	<ul style="list-style-type: none"> • Reviewing how new research informs the return-to-play and return-to-learn management strategy • Outlining findings from neurophysiological/neuroimaging research and applying these findings to our understanding of concussion recovery and treatment • Discussing risk factors for protracted recovery that have been identified in the literature, and how these factors affect management • Describing available treatments for protracted concussion symptoms and supporting evidence, and Presenting an outline for the evaluation and management of protracted concussion recovery based on empirical evidence and clinical expertise. 	Jamie Pardini, PhD