



District 10
 Annual Meeting and Clinical Symposium Programming
 Portland, OR
 March 22-25, 2018

Thursday, March 22

Educational Session	Abstract	Learning Objectives	Speakers
<p>ATs Care (13 credits Category D)</p> <p>Thursday 8:00-5:00 Pettygrove</p> <p>Sunday 8:00-12:30 Weyerheuser</p>	<p>Crisis Intervention is NOT psychotherapy; rather, it is a specialized acute emergency mental health intervention, which requires specialized training. As physical first aid is to surgery, crisis intervention is to psychotherapy. Thus, crisis intervention is sometimes called “emotional first aid”. This program is designed to teach participants the fundamentals of, and a specific protocol for, individual crisis intervention. This course is designed for anyone who desires to increase their knowledge of individual (one-on-one) crisis intervention techniques in the fields of Business & Industry, Crisis Intervention, Disaster Response, Education, Emergency Services, Employee Assistance, Healthcare, Homeland Security, Mental Health, Military, Spiritual Care, and Traumatic Stress. The course will highlight the following: Psychological crisis and psychological crisis intervention, resistance, resiliency, recovery continuum, critical incident stress</p>	<p>Participants will...</p> <ol style="list-style-type: none"> 1. Understand the natures and definitions of a psychological crisis and psychological crisis intervention 2. Understand the resistance, resiliency and recovery continuum 3. Understand the nature and definition of critical incident stress management and its role as a continuum of care 4. Practice basic crisis communication techniques 5. Be familiar with common psychological and behavioral crisis reactions 6. Understand the putative and empirically derived mechanisms of action in psychological crisis intervention 	<p>Perry Denehy, MEd, ATC, EMT-I Lisa Kenney, MA, ATC</p> <p>Perry, has been an AT for 35 and has previous experience as a Fire Captain and EMT.</p> <p>Lisa is an assistant athletic trainer at Puget Sound and is the NWATA representative to the NATA ATs Care Committee.</p>

	<p>management and evidence-based practice for intervention, basic crisis communication techniques, common psychological and behavioral crisis reactions, putative and empirically derived mechanisms, SAFER-Revised model, suicide intervention and risks of iatrogenic “harm”.</p> <p>BOC Domain III BOC Tasks, 0301, 0302, 0303 Level of Difficulty: Essential</p>	<p>7. Practice the SAFER-Revised model of individual psychological crisis intervention</p> <p>8. Understand how the SAFER-Revised model may be altered for suicide intervention</p> <p>9. Understand and discuss the risks of iatrogenic “harm” associated with psychological crisis intervention and will further discuss how to reduce those risks.</p>	
<p>Advancements in Manual Therapy EBP Approved for 2 credits 4 Category A credits</p> <p>Thursday 9:00-4:00 Gilsan</p>	<p>Acute and chronic musculoskeletal pathology is a common occurrence among the physically active. Various treatment interventions, ranging from conservative care to surgical intervention, are used to treat these common conditions. The purpose of this learning lab is to review the current evidence on manual therapy intervention for common musculoskeletal pathology, present emerging evidence of novel therapies, and provide instruction on specific intervention strategies to improve patient classification and rehabilitative outcomes.</p> <p>BOC Domains II, IV, V BOC Tasks 0203, 0205, 0402. 0405, 0501 Level of Difficulty: Advanced</p>	<p>Participants will be able to...</p> <ol style="list-style-type: none"> 1. Identify manual therapy interventions to treat acute and chronic musculoskeletal pathology and evaluate application strategies for these techniques during the examination/rehabilitation process. 2. Interpret the literature evidence for applying these manual therapy strategies for treating common musculoskeletal pathology. 3. Develop the skills necessary for selecting and applying the appropriate intervention for clinical practice. 	<p>Russel Baker, DAT, PhD(c), AT, CMP, PRT-c Lindsay Larkins, DAT, LAT, CSCS Alli Zeigel, DAT, ATC</p> <p>Rusty serves a clinical assistant professor at the University of Idaho and primarily teaches orthopedic examination, manual therapy, research methods, and quantitative data analysis.</p> <p>Lindsay is faculty at University of Idaho and teaches clinical education, orthopedic examination, manual therapy, and advanced rehabilitation.</p> <p>Alli currently a Post-Doctoral Fellow at the University of Idaho where helps run the Integrative Sports Medicine and Rehabilitation Therapies (ISMaRT) Clinic.</p>

Friday, March 22

Educational Session	Abstract	Learning Objectives	Speakers
<p>Strategic Issues in Athletic Training Lecture Series: Disablement Model</p> <p>Friday 8:00-9:00 Grand Ballroom East Salon</p>	<p>In 2015, all members of the Strategic Alliance selected to adopt or endorse the International Classification of Function, Disability and Health (ICF) with the Children and Youth (ICF-CY) updates as the disablement model framework for the profession. The ICF provides a holistic view of health, which aligns well with athletic training and helps to establish a common language across many groups, which athletic trainers interact with including various disciplines, services and countries. The model provides a broad framework with which to assess our patients and clients. Because implementation of this model is relatively new, this presentation aims to provide foundational information regarding disablement models and tools and tips for clinicians to assist with implementing the framework into clinical practice.</p> <p>BOC Domains II, IV, V BOC Tasks 0201, 0205, 0401, 0402, 0504 Level of Difficulty: Essential</p>	<p>Attendees will be able to...</p> <ol style="list-style-type: none"> 1. Identify evaluation tools which apply to each domain of the ICF model 2. Identify specific patient examples within each ICF domain 3. Identify how to implement the ICF into their clinical practice 4. Recognize how the ICF aids in providing patient centered care. 	<p>Candace Nadeau, DAT, ATC</p> <p>Candace is an industrial athletic trainer, and program manager with Work-Fit. Candace recently completed her Doctorate in Athletic Training through A.T. Still University where her project centered around educating clinicians about patient-centered care within Disablement Models.</p>
<p>Utilizing Functional Performance Tests to Identify Athletes at Risk for Injury</p> <p>Friday 8:00-9:00 Timberline</p>	<p>A functional performance test (FPT), or functional test, is an assessment tool that is designed to simulate a sport related activity. The benefits associated with FPTs are that they usually require minimal equipment, are quick to perform, can provide information about an athlete's fitness, and can be used by athletic trainers to assess the injured athlete's readiness to return to sport. A recent trend in sports medicine research is to determine the ability of FPTs to identify athletes at risk for injury. Two popular FPTs that are frequently used by athletic trainers, as well as strength coaches and other sports medicine professionals, are the Functional Movement Screen and the Y Balance Test. Initial reports illustrated associations between preseason test scores and subsequent injury. However, subsequent studies have either reported different risk profiles or have failed to validate the</p>	<p>Attendee will be able to...</p> <ol style="list-style-type: none"> 1. Compare and contrast the effectiveness of various functional performance tests to identify athletes at risk for injury. 2. Apply the appropriate test, or combination of tests, to screen athletes based on sport and level of competition. 3. Describe current gaps in the literature related to functional performance tests as screening tools. 4. Understand relevant statistics (relative risk, odds ratio, sensitivity, & specificity) related to prospective cohort study designs. 	<p>Jason Brumitt, PhD, ATC, PT, CSCS</p> <p>Jason is an assistant professor of physical therapy and is serving this academic year as the interim director of the athletic training education program at George Fox University.</p>

	<p>utility of the aforementioned tests. Other classic FPTs, such as the standing long jump, single leg hop, the lower extremity functional test, and the closed kinetic chain upper extremity test have also been evaluated. Many of these tests demonstrate promise as preseason screening tests. The purpose of this presentation is three-fold. First, the speaker will summarize key findings related to preseason athletic screening with FPTs. Second, attendees will learn how to administer a screening clinic. Third, the speaker will present preliminary findings associated with his current investigations with collegiate volleyball and basketball.</p> <p>BOC Domains I, II BOC Tasks 0101, 0204, 0205 Level of Difficulty: Essential</p>		
<p>Understanding the Standard of Care for Sport Concussion Lecture and Workshop Sponsored by NATA Foundation EBP Approved</p> <p>Friday 9:15-10:15 Grand Ballroom East Salon</p> <p>(Labs on Friday at 10:30-11:30, 12:30-1:30, 1:35-2:45 and 3:00-4:00) Hayden</p> <p>Members must pre-register for labs.</p>	<p>Sport-related concussion management requires that certified athletic trainers are up-to-date on the most contemporary guidelines and standards. As the media sheds light on this important medical issue, student-athletes, parents, administrators, coaches, and the lay public have become more educated on the topic. In turn, this has forced medical professionals, including certified athletic trainers to stay current. With an abundance of legislative changes occurring at the national, state, and local levels with regard to sport-related concussion management and education it is vitally important that certified athletic trainers gain a thorough understanding of the standard of care as it relates to this medical malady. This educational session will incorporate the newest sport-related concussion guidelines set forth from the 5th International Consensus Conference on Concussion held in Berlin, Germany October 2016. In addition, attendees will learn about contemporary technologies that have enabled researchers and clinicians to gain greater insight into the sub-concussive impacts that occur to the head in a variety of collision/contact sports including football, ice hockey, lacrosse, and soccer.</p>	<p>Participants will be able to...</p> <ol style="list-style-type: none"> 1. Discuss the most contemporary sport-related concussion sideline assessment tool including the SCAT4 document. 2. Describe the most effective return-to-play protocols, including graduated steps for the most effective management of sport-related concussions. 3. Summarize contemporary evidence examining the technologies available to measure short and long-term effects of sport-related concussions on brain physiology. <p>Additional workshop learning objective</p> <ol style="list-style-type: none"> 4. Demonstrate contemporary sport-related concussion assessments including the King-Devick test, VOMS, clinical reaction time testing, and others. 	<p>Tom Kaminski, PhD, ATC, FNATA Tom is currently Professor and Director of Athletic Training Education at the University of Delaware. Tom has the distinct honor of holding fellowship status in the American College of Sports Medicine (FACSM), National Athletic Trainers' Association (FNATA), and the Research Consortium of the Society of Health and Physical Educators' (SHAPE America) (RFSA). Furthermore, Dr. Kaminski is a prolific researcher and has over 100+ peer reviewed publications. His areas of expertise include ankle instability and sports related concussions.</p>

	<p>BOC Domains I, II, III, IV BOC Tasks 0102, 0202, 0203, 0204, 0205, 0303, 0402, 0407 Level of Difficulty: Essential</p>		
<p>Enhancing Validity and Usefulness of Patient Reported Outcomes EBP Approved Friday 9:15-10:15 Timberline</p>	<p>Various self-report instruments are used to assess patient improvement and treatment effectiveness, but factors such as provider case load and patient response burden can be barriers to effective use of these tools in practice. Moreover, even these issues are moot if the information obtained from questionnaires is not valid. Unfortunately, design and psychometric evaluation of self-report tools is often insufficiently vetted to establish reasonable evidence of instrument validity prior to use in clinical practice and/or intervention research. Using examples from sport and military populations, this presentation will offer conceptual explanation and interactive step-by-step analysis walk-throughs to address these issues. BOC Domains II, IV, V BOC Tasks 0205, 0401, 0402, 0501 Level of Difficulty: Essential</p>	<p>Participants will be able to...</p> <ol style="list-style-type: none"> 1. Identify measurement models for assessing psychometric properties of patient reported outcome scales. 2. Interpret SEM analyses for examining psychometric properties of instruments. 3. Select appropriate patient reported outcome scales for research and practice. 	<p>Michael A Pickering, PhD Russell Baker, DAT, PhD(c), AT, CMP, PRT-c</p> <p>Michael "Tony" Pickering has worked as a faculty member, researcher, and data analyst in the private, public, and government sector. His primary research interests are examining the effect of psychological variables on performance and instrument development and validation.</p> <p>Rusty is currently faculty at University of Idaho. His primary research interests involve the evaluation and treatment of musculoskeletal pathologies, assessment of manual therapy effectiveness, and psychometric design/analysis of patient reported outcome instruments.</p>
<p>Cartilage Restoration in the Knee EBP Approved Friday 10:30-11:30 Grand Ballroom East Salon</p>	<p>Athletes are sustaining chondral lesions in the knee whether it be from acute trauma or overuse. Due to the increase in the number of chondral lesions in the knee, athletic trainers need to be able to recognize these injuries early as well as be well versed in both conservative and operative/post-operative treatment protocols to aid in maximal recovery and return to sport. BOC Domains II, IV BOC Tasks 0203, 0204, 0205, 0402, 0403, 0407 Level of Difficulty: Essential</p>	<p>Participants will be able to...</p> <ol style="list-style-type: none"> 1. Recognize the significance of articular cartilage injuries in the knee. 2. Describe and implement non-operative treatment protocols for articular cartilage knee injuries. 3. Explain surgical treatment options for articular cartilage knee injuries. 4. Recommend and develop appropriate post-operative rehabilitation & return to sport for athletes following articular cartilage repair. 	<p>James Elliott, MD</p> <p>Dr. Elliott is board certified by American Board of Orthopaedic Surgeons with a subspecialty Certificate in Orthopaedic Sports Medicine. He serves as a team physician for Montana State University Billings, Rocky Mountain College, The Billings Mustangs Team & several area high schools. He is the Medical Director for the Athletic</p>

			Training Program at Montana State University Billings.
CAATE Standards Update (not CEU eligible) Friday 10:30-11:30 Timberline	Why is accreditation and quality assurance important? Accreditation across domains (regional, specialty, and professional accreditation) has gained increased visibility and accountability in recent years. If athletic training programs at all levels (professional, post-professional degree, and residency) are to grow and thrive, attention should be paid to programmatic quality assurance. This presentation will highlight various strategies for programs to consider related to using outcomes and assessment to ensure and/or improve program quality. This will be a presentation followed by an opportunity for attendees to ask questions and/or engage with CAATE representative(s).	Attendees will be able to... 1. Identify the main forces behind the changing accreditation environment 2. Distinguish areas where programmatic assessment can be used to enhance quality 3. Identify strategies for quality improvement of their programs 4. Describe the assessment process and discriminate between outcomes and objectives	LesLee Taylor, PhD, ATC LesLee currently serves as President of the Commission on Accreditation of Athletic Training Education (CAATE). She has been Program Director and Associate Professor in the Master of Athletic Training Program at Texas Tech University Health Sciences Center
Cardiac Screening: From Clinic to the Classroom – Journey in Community Based Youth Heart Screenings Friday 12:30-1:30 Grand Ballroom East Salon	We all want to keep our athletes safe, both on and off the field. In addition to learning cardiopulmonary resuscitation (CPR) and having automated external defibrillators (AEDs) available, noninvasive screening can also provide helpful information to help us assess cardiac risk. But as we learn more, the more we are also challenged to develop protocols to manage cardiac diagnoses after we identify them. This session will explore our experiences as the largest youth heart screening program in Oregon, as well as review current published return-to-play guidelines for athletes diagnosed with heart disease. BOC Domains I, II, IV BOC Tasks 0101, 0102, 0201, 0204, 0407 Level of Difficulty: Essential	Attendees will be able to... 1. Understand most common causes of sudden cardiac death in athletes 2. Explore different screening protocols and the experiences of Play Smart Youth Heart Screenings 3. Review current return-to-play guidelines 4. Engage with schools, aligning prevention health resources, empowering community-based health & wellness 5. Mentor next generation of healthcare professionals 6. Create healthier communities through partnership engagement of schools, communities and healthcare	James Beckerman, MD Lydia Hibsche, MA Dr. Beckerman is a cardiologist at Providence Heart Institute and medical director of Play Smart Youth Heart Screenings, the largest youth heart screening program in Oregon. Lydia is a program leader and operations manager of the Play Smart Youth Heart Screenings Program, and has partnered with Dr. Beckerman in developing this community screening and outreach prevention program since 2012.
Teach or Treat: The Value of a Teaching Clinic for the Development of Professional Athletic Training	Professional education standards are focused on student engagement, socialization, and immersion during clinical education and experience. Often, the classroom experience differs from clinical experience. Faculty have few opportunities to advance their clinical skills or teach during real-time patient-care in	Attendees will be able to... 1. Explore the process of creating a teaching clinic. 2. Identify the patient care and education benefits experienced by students and faculty.	Alli Zeigel, DAT, ATC Alli currently a Post-Doctoral Fellow at the University of Idaho where helps run the Integrative Sports

<p>Students and Faculty</p> <p>Friday 12:30-1:30 Timberline</p>	<p>current academic environments. Creating a teaching clinic on a University's campus creates an environment where patient-care and teaching missions merge, providing an opportunity for optimal faculty and student development. The purpose of this presentation is to share an experiential example of developing an athletic training teaching clinic on a university campus, and to discuss the benefits to various stakeholder groups.</p> <p>BOC Domains II, IV, V BOC Tasks 0205, 0401, 0501, 0502, 0503 Level of Difficulty: Essential</p>	<p>3. Consider various stakeholders and assess potential impact involved in implementing a teaching clinic into their community.</p>	<p>Medicine and Rehabilitation Therapies (ISMaRT) Clinic.</p>
<p>Active Recovery Following Sport Related Concussion: The Buffalo Treadmill Test</p> <p>Friday 1:45-2:45 Grand Ballroom East Salon</p>	<p>Concussion management has recently undergone a paradigm shift in best practices. For many years, health care professionals recommended a "Rest is Best" approach—discouraging physical and cognitive activity in order to facilitate healing and avoid delayed recovery. The evidence for this approach, however, was sparse and emerging research has demonstrated that some level of physical activity is likely beneficial. The most recent consensus statement on concussion in sport (2016) supports this and recommends symptom limited activity after approximately 24-48 hours of rest. Questions remain, however, on the timing, type, mode, and duration of activity—leaving health care professionals uncertain of how to prescribe it.</p> <p>Domains IV BOC Tasks 0401, 0402, 0407 Level of Difficulty: Essential</p>	<p>Attendees will...</p> <ol style="list-style-type: none"> 1. Identify possible uses for the BCTT in concussion management 2. Identify contraindications for the BCTT 3. Review the step-by-step administration of the BCTT 4. Identify the stopping criteria for the BCTT 5. Describe the exercise prescription based on BCTT results 	<p>Emily Kosderka, ABD, ATC, ITAT</p> <p>Emily is currently an Assistant Professor of Exercise & Sport Science at Concordia University in Portland, Oregon. She is working toward a Doctor of Science (DSc) degree through Rocky Mountain University of Health Professions in Provo, UT and her doctoral research is examining the role of active recovery following sport related concussion.</p>
<p>Transgender Athlete Model</p> <p>Friday 1:45-2:45 Timberline</p>	<p>In 2011, the National Collegiate Athletic Association (NCAA), which governs athletics in 1,121 colleges and universities in America, released a handbook on <i>Inclusion of Transgender Student-Athletes</i> clarifying the rules and eligibility status for transgender athletes and gave suggestions and guidelines for schools to consider or implement. This was in response to the growing number of transgender people, some of whom are student athletes, coming forward and transitioning. Some athletic departments have made</p>	<p>Attendees will be able to...</p> <ol style="list-style-type: none"> 1. List and define relevant terminology regarding transgender persons and athletes 2. Identify ways they can support transgender athletes with regard to logistics and athletic training room protocols. 	<p>Tamara Tasker, PsyD Anastasia Jones, MA Laura Edwards-Leeper, PhD</p> <p>Tamara is currently a licensed Psychologist in the state of Oregon and an Associate Professor at Pacific University. Her research focuses on athlete resilience and performance.</p>

	<p>changes to become more inconclusive for transgender and gender non-conforming student –athletes (Jones, 2017). But what does it mean to be transgender? What is the terminology utilized by this population and those in healthcare who work with them? As a Certified Athletic Trainer, what are your responsibilities for facilitating appropriate logistical needs for these athletes? And what are the rules for your state, college/university, and/or professional organization for ensuring equal opportunity with these athletes? Our aim with this presentation is to help educate those medical staff, particularly Certified Athletic Trainers, who are working with athletes at various levels (high school through professional and elite) to understand the terminology used with the Trans* population, logistical aspects of working with an athlete who identifies as transgender, and provide some resources for guidelines and policies developed to aid and assist these athletes and their medical providers.</p> <p>BOC Domains I, V BOC Tasks 0106, 0502, 0503 Level of Difficulty: Essential</p>	<p>3. Collect and compare policies and guidelines from the state, national, and international level, as appropriate.</p>	<p>Anastasia is a Psy.D student in clinical psychology at Pacific University in Oregon. Her dissertation is on Universities responses to implementing the NCAA policy for transgender student-athletes.</p> <p>Laura Edward Leeper is an associate professor in the School of Graduate Psychology at Pacific University and actively engages in clinical work in her part-time private practice and with Legacy Hospital's T-Clinic. She was the founding psychologist for the Gender Management Service (GeMS) at Boston Children's Hospital where she developed the psychological testing protocol for transgender adolescents seeking medical interventions.</p>
<p>The Hydration Debate: Making Sense of the Mixed Messages Sponsored by Gatorade EBP Approved</p> <p>Friday 3:00-4:00 Grand Ballroom East Salon</p>	<p>Hydration strategies used during exercise, training and competition seek to prevent over/under hydration and preserve performance. This session will discuss the two most commonly recommended and highly debated, drinking strategies, programmed drinking vs. drinking to thirst. The session will review the physiology of thirst and hydration strategy research, it will discuss the factors that influence hydration during exercise (environment, exercise intensity and duration, etc.) and will make specific recommendations regarding the situations and conditions that best fit both strategies.</p> <p>BOC Domain I BOC Tasks 0101, 0102, 0104, 0105 Level of Difficulty: Essential</p>	<p>Attendees will be able to ...</p> <ol style="list-style-type: none"> 1. Identify the roles that hydration play in maintaining athlete health and performance – i.e., why does hydration matter? 2. Define factors to consider (e.g., environment, training intensity/duration, logistics such as fluid availability and personal preferences) when developing hydration strategies for athletes 3. Identify the appropriate times to advise an athlete to drink to thirst vs having a plan, the benefits of an individual hydration plan, and practical/effective hydration recommendations for athletes. 	<p>Kurt James Sollanek, PhD</p> <p>Dr. Sollanek has been an Assistant Professor in the Department of Kinesiology at Sonoma State University in Northern California since 2015, where he continues to conduct research in the areas of human performance, hydration assessment, and sweat loss prediction</p>

<p>Inflammatory Arthritis and Exercise Prescription EBP Approved</p> <p>Friday 3:00-4:00 Timberline</p>	<p>Inflammatory arthritis affects millions of Americans, yet these autoimmune disease are not well known to most athletic trainers. Historically exercise was not recommended for those with inflammatory arthritis, keeping these patients out of sport and exercise. However the paradigm has changed and exercise is now recommended for patients with inflammatory arthritis. The purpose of this presentation is to give ATS knowledge of inflammatory arthritis and how exercise decreases disease activity as well as guidelines on how to prescribe exercise based on the most current research for improved patient health. BOC Domains I, IV BOC Tasks 0101, 0106, 0402, 0403 Level of Difficulty: Essential</p>	<p>Attendees will be able to...</p> <ol style="list-style-type: none"> 1. Describe inflammatory arthritis and how it differentiates from osteoarthritis 2. Identify the common types of inflammatory arthritis 3. Describe potential limited factors and side effects of inflammatory arthritis 	<p>Jodie Smith, MEd, ATC, LAT</p> <p>Jodie has worked for Ortho Montana/Athletic Medicine & Performance in Billings, MT since 2006. A major portion of her job includes providing outreach athletic training to 12 mostly rural schools, coordinates continuing education forums and assists in facilitating the wellness program at Ortho Montana.</p>
<p>Neuropsychological Factors that Influence Concussion Management and Recovery Feature Presentation EBP Approved</p> <p>Friday 5:15-6:15 Grand Ballroom East Salon</p>	<p>Non-injury and non-neurological contributors to prolonged symptoms following concussions can complicate return to play protocols and the decision making process. By incorporating psychological factors into baseline protocols, it could help mitigate confounding factors for return to play. Lastly, a multidisciplinary approach to concussion management (including ATCs, neuropsychologists, and sports medicine physicians) is stressed for optimal recovery for patients with concussions. BOC Domains I, II, III, IV BOC Tasks 0102, 0204, 0205, 0303, 0401, 0407 Level of Difficulty: Essential</p>	<p>Attendees will...</p> <ol style="list-style-type: none"> 1. Recall premorbid factors related to mental health outcomes following concussion. 2. Describe the relationship between pain, sleep, and post-injury mental health. 3. Explain current concussion/mTBI management strategies. 4. Discuss the neuropsychological model of functional disability following a concussion. 	<p>Tyler Duffield, PhD</p> <p>Tyler has been a member of the OHSU Sports Medicine program and helped run the concussion clinic. General research interests include use of innovative technologies to improve practice parameters, and he has transitioned from structural imaging post-processing to use of virtual reality with neurodevelopmental and concussion/TBI populations for assessment, and eventually intervention purposes.</p>

Saturday March 24

<p>Free Communication and Poster Session (eligible for up to 1 Category A CEU)</p> <p>Saturday 8:00-9:30</p>	<p>The NWATA Free Communication Research program provides 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. This year topics include:</p>	<p>Attendees will be able to...</p> <ol style="list-style-type: none"> 1. Explain research reports for recent experimental and/or clinical research in athletic training 2. Identify current research questions in athletic training 	<p>Cynthia Wright, PhD, ATC Sammantha McTee, AT student Alexa Kaplan, AT student Samantha Drewes, ATC Olivia Bartlett, AT student Megan Jeffris, ATC Timothy Braun, PhD, ATC, CSCS</p>
--	---	--	--

<p>Grand Ballroom West Salon</p>	<ul style="list-style-type: none"> • Football Helmet Facemask Removal Skill Development in Novice Athletic Training Students (Wright) • Carpometacarpal Joint Fracture Dislocation in a Collegiate Male Football Athlete (McTee) • The Effects of IASTM on Short and Long-Term Hamstring Range of Motion (Kaplan) • Presence of Vestibular Symptoms Following Concussion in Adolescent Athletes: A Predictor for Prolonged Recovery (Drewes) • Injury Related Anxiety as a Psychological Barrier in Return to Play (Barlett) • Perceptions of Body Satisfaction in Collegiate Female Athlete and their Use of Social Media (Jeffris) • Community Associated MRSA (CA-MRSA) Infection Incidence and Management of Suspicious Bacterial Lesions in High Schools and Intercollegiate Athletic Programs (Braun) • Type 3 Salter Harris Fracture after an Onside Kick (Gerber) <p>BOC Domains I, II, III, IV BOC Tasks 0104, 0203, 0205, 0303, 0402, 0405, 0407 Level of Difficulty: Essential</p>	<p>3. Critically evaluate and question current research in athletic training</p>	<p>John Gerber, PhD, PT, ATC</p>
<p>Clinical Utility of Tests for Lateral Ankle Sprains EBP Approved</p> <p>Saturday 8:00-9:00 Grand Ballroom East Salon</p>	<p>Lateral ankle sprains are among the most common orthopedic injuries athletic trainers must evaluate and assess for injury severity and need for referral. Manual orthopedic tests are commonly employed during physical evaluation, but there is limited evidence for their diagnostic utility. The purpose of the session is to review in-vivo and cadaveric literature and present the most clinically useful tests. Well-known tests, such as the anterior drawer and talar tilt have moderate to good specificity and sensitivity. Newer and less well-known tests, such as the anterolateral drawer and medial subtalar glide, have demonstrated better sensitivity, specificity and reliability. Use of these tests is necessary, but may warrant caution in interpreting results.</p>	<p>Attendees will ...</p> <ol style="list-style-type: none"> 1. Recall manual orthopedic tests used to assess and diagnose lateral ankle sprain 2. Classify those tests that do and do not have demonstrated clinical utility, specifically specificity, sensitivity, positive and negative likelihood ratios, and inter- and intra-rater reliability 3. Recognize newly developed orthopedic tests for lateral ankle sprain that may demonstrate good clinical utility 	<p>Cathleen Brown Crowell, PhD, ATC</p> <p>Cathleen Brown Crowell is currently Clinical Associate Professor in the Department of Kinesiology at Oregon State University where she Cathy works out of the Neuromechanics Lab. Her research applies the tools of motion analysis and postural stability to determine biomechanical factors associated with lower extremity sports injuries, specifically ankle sprains.</p>

	<p>BOC Domains II BOC Tasks 0202, 0203 Level of Difficulty: Essential</p>		
<p>Head Injuries in the Emergency Room</p> <p>Saturday 9:15-10:15 Grand Ballroom East Salon</p>	<p>Discussion of head injury management in the emergency department. This includes the signs and symptoms of Sport Related Concussion as well as traumatic head injury. The presentation will describe the process of evaluation utilized by emergency departments for management of head trauma. Pediatric considerations will also be discussed.</p> <p>BOC Domains II, III BOC Tasks 0202, 0203, 0204,0205, 0302,0303 Level of Difficulty: Essential</p>	<p>Attendees will...</p> <ol style="list-style-type: none"> 1. Describe Concussion Immediate Signs and Symptoms 2. Identify sideline procedures for evaluation of head injury 3. Identify red flags for head injury 4. Describe Emergency Department physical exam and management of sport related concussion 5. Discuss diagnostic tools for head injury assessment (VOMS, SCAT 5, Impact, CT Scan, etc.) 6. Discuss Pediatric considerations for head injury assessment 	<p>Jamie Schlueter, MD</p> <p>Dr. Schlueter is an Emergency Medicine specialist in Portland, Oregon and is the Head Team Physician for the University of Portland. Dr. Schlueter started her career as an athletic trainer at the University of Texas where she also received her bachelors and master's degrees.</p>
<p>Oral Free Communication Presentations</p> <p>Saturday 9:15-10:15 Pettygrove</p>	<p>The NWATA Free Communication Research program provides 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. Topics include:</p> <ul style="list-style-type: none"> • The Relationship Between Ankle Dorsiflexion Range of Motion and Lower Extremity Injury in NCAA Division I Collegiate Football Athletes (Buckley) • The Immediate Effects of Dynamic Warm-Up on Functional Movement Screening Scores of Physically Active College Students (Alsin) • Ankle Injury Risk Screening Tests Do Not Change Over the Course of a Single Season (McGrath) • Bilateral Coxa Profunda in a Collegiate Female Swimming Athlete (Bellamy) <p>BOC Domains I, II, IV BOC Tasks 0101, 0202, 0402 Level of Difficulty: Essential</p>	<p>Attendees will be able to...</p> <ol style="list-style-type: none"> 1. Explain research reports for recent experimental and/or clinical research in athletic training 2. Identify current research questions in athletic training 3. Critically evaluate and question current research in athletic training 	<p>Blaire Buckley, MS, ATC Katherine Alsin, AT Student Melanie McGrath, PhD, ATC Becca Bellamy, AT Student</p>
<p>Diagnosis and Treatment of</p>	<p>Brachial plexus injuries often called "stingers" or Burners" are a common injury among football</p>	<p>Participants will be able to...</p>	<p>Andrew Hamstra, MS, ATC, CES</p>

<p>Brachial Plexus Injuries Among Football Athletes</p> <p>Saturday 9:15-10:15</p> <p>Gilsan</p>	<p>athletes. Often caused by a block or a tackle in football, brachial plexus injuries can cause the brachial plexus to be “stretched” or “compressed” leading to referred pain that radiates down the limb on the affected side and causes numbness, tingling, and or a burning sensation. This can lead to temporary or long term dysfunction of the limb from the nerve roots coming from the cervical spine. Though the majority of the time brachial plexus injuries occur, the alleviation of symptoms is rapid. In some cases however, trauma to the brachial plexus can lead to injury to the nerves causing longer periods of healing. Additionally, a holistic approach may be necessary to assess the risk and reduce the occurrence of brachial plexus injuries among football athletes.</p> <p>BOC Domains I, II, III, IV BOC Tasks 101, 102,104, 201, 202, 203, 204, 205, 401, 403, 404, 405, 407 Level of Difficulty: Essential</p>	<ol style="list-style-type: none"> 1. Clinically identify brachial plexus injuries with a differential diagnosis 2. Develop a plan of action from in the assessment and treatment of brachial plexus injuries – 3. Develop a comprehensive and holistic rehabilitation and return to participation for patient's sustaining brachial plexus injuries 	<p>Andrew is currently in his 4rd year as an athletic trainer with the football team at Washington State University and has a combined 7 years’ experience working in Division-I football / NFL. Andrew also serves as District 10’s representative on the Young Professionals Committee.</p>
<p>Tech Toolbox for Athletic Trainers</p> <p>Saturday 9:15-10:15</p> <p>Overton</p>	<p>Athletic Trainers can fill their toolbox with new technology that can be utilized in the athletic training room and classroom in this interactive session. Computers, tablets, smart phones, and exergaming devices are among the tools athletic trainers can use to bring their practice into the 21st Century. There are a plethora of software programs, apps, Web 2.0 sites, and technology devices that will be discussed related to many different aspects of the practice of athletic training. We will look how these technologies can increase the productivity and effectiveness of today’s athletic trainer.</p> <p>BOC Domains II, IV, V BOC Tasks 0202, 0403, 0502 Level of Difficulty: Essential</p>	<p>Attendees will be able to...</p> <ol style="list-style-type: none"> 1. Implement new technologies into their daily practice to assist with documentation/record keeping, assessment, treatment/rehabilitation. 2. Select equipment (computers, tablets, smart phones, and exergaming) and software to use in the athletic training room and classroom. 3. Plan methods to increase daily productivity through enhanced technology. 	<p>Dale Blair, MS, ATC, LAT, CSCS</p> <p>Mr. Blair is the sports medicine instructor, technology resource teacher, and head athletic trainer at Wenatchee High School, Wenatchee, Washington.</p>
<p>Opioids and Our Patients</p> <p>Saturday 10:30-11:30</p>	<p>In the United States, there has been rapid rise per capita of opioid dispensing resulting in increased mortality and morbidity rates. The athletic population is no exception because many of our patients are prescribed opioids due to injury, surgery, or other needs. The purpose of our presentation is to present</p>	<p>Attendees will...</p> <ol style="list-style-type: none"> 1. Understand the prevalence of opioid abuse and misuse in an active population 2. Identify signs and symptoms of possible opioid abuse 	<p>Dana Bates, PhD, ATC Jill Sikkema, MA, ATC</p> <p>Dana Dr. Bates is currently a faculty member in the Athletic Training Program at Pacific University.</p>

<p>Grand Ballroom East Salon</p>	<p>information that helps athletic trainers understand the prevalence, identification, and treatment of opioid abuse. This information presented will provide both foundational knowledge about opioid effects and specific tools and policies to mitigate these issues. BOC Domains I, II, III, IV BOC Tasks 0102, 0205, 0304, 0402 Level of Difficulty: Essential</p>	<p>3. Learn screening tools to assist with possible opioid misuse 4. Understand the role athletic trainers play in creation of opioid policies, education, and as part of the sports medicine team. 5. Learn of prescription medication that blocks the effects of opioids and reverses an overdose.</p>	<p>Jill is an adjunct instructor for George Fox. She is currently pursuing her doctorate in higher education and learning at George Fox.</p>
<p>Massage and Manual Therapy Techniques</p> <p>Saturday 10:30-11:30 Gilsan</p>	<p>Massage as a modality in sport treatment has been recoded as early as 800 BCE, with the writings of Hippocrates, and has persisted in sports training and medicine. Massage techniques and evidence for efficacy have changed over time, however. This workshop will provide an overview of the current evidence for the use of massage in sports training, training in the basics of massage application, and hands on practice with basic massage strokes. BOC Domains II, IV BOC Tasks 0202, 0405 Level of Difficulty: Essential</p>	<p>Participants will be able to...</p> <ol style="list-style-type: none"> 1. Perform massage from the four basic categories of massage strokes the trunk and extremities. 2. Understand how the four categories of massage strokes are applied and the proposed physiological effects of each. 3. Implement a 15min massage treatment utilizing strokes from the major massage categories. 4. Illustrate palpation skills around soft and bony tissue for the purpose of improving massage application and soft tissue assessment. 	<p>Talina Corvus, DPT, PT, LMT</p> <p>Talina Corvus is a physical therapist and massage therapist who works as an adjunct faculty member to Pacific University's School of Physical Therapy and Athletic Training, where she teaches massage.</p>
<p>Rapid Fire Case Studies</p> <p>Saturday 10:30-11:30 Pettygrove</p>	<p>This session provides a forum for dissemination of research and clinical case studies. Injury history, evaluation, diagnosis, management and return to play will be discussed. Topics include:</p> <ul style="list-style-type: none"> • Management of Intercollegiate Athletes with Spondylolysis (Bennett) • Return to Play Post Fulkerson Anterior Mobilization and Lateral Release of a Collegiate Volleyball Athlete (Orlob) • Diagnosis and Management of a Young Male with a Double Aortic Arch Diagnosis (Gillespie) • Case Study of a 17 Year Old High School Male with a Chronic Plantar Plate Tear (Adams) <p>BOC Domains II, III, IV BOC Tasks 0201, 0202, 0203, 0303, 0403, 0404, 0407 Level of Difficulty: Essential</p>	<p>Attendees will...</p> <ol style="list-style-type: none"> 1. List risk factors for the musculoskeletal and general medical conditions presented in the case studies 2. Explain differential evaluative and diagnosis techniques 3. Discuss management and return to play strategies 	<p>Craig Bennett, MA, LAT, ATC Briana Orlob, MS, ATC Bryce Gillespie, ATC-R; Jennifer Adams, ATC</p> <p>Craig is the Director of Sports Medicine and Head Athletic Trainer at the University of Puget Sound.</p> <p>Briana in her first year as an assistant athletic trainer at Pacific University.</p> <p>Bryce is currently the CEO for Dartactive and the Head athletic trainer for Active Edge Wellness Center and Wilsonville High School.</p>

			Jennifer is an athletic trainer at Jesuit High School and also provide injury evaluation and care for a firefighters and Staff at Clackamas County Fire District.
<p>Understanding Patient Values, An Essential Component of Providing Quality Healthcare</p> <p>Saturday 10:30-11:30 Overton</p>	<p>Providing patient-centered and culturally competent care can lead to better clinical outcomes, increased patient compliance and patient satisfaction. Thus, the purpose of this session is to enhance the Athletic Trainer's understanding of the importance of providing patient centered care and to provide practitioners with strategies and tips for interacting with and talking to patients regarding their values. This presentation will use specific examples of the impact of patient values on all five domains of Athletic Training.</p> <p>BOC Domains I, II, III, IV, V BOC Tasks 0106, 0201, 0205, 0303, 0401, 0501 Difficulty Level: Essential</p>	<p>Participants will be able to...</p> <ol style="list-style-type: none"> 1. Define the concepts of patient-centered care, cultural competence, and related terminology. 2. Describe the evolution of patient-centeredness and cultural competency 3. Identify examples of and describe strategies for enhancing culturally competent and patient-centered care. 4. Utilize strategies and identify tools and techniques to assess patient satisfaction for improving patient-centered care in their clinical practice. 	<p>Dani Moffit, PhD, LAT, ATC</p> <p>Dani is the Program Director for the Master of Science in Athletic Training program at Idaho State University. She is the chair of the District 10 Ethnic Diversity Advisory Committee and the LGBTQ+ Advisory Committee, a CAATE Site Visitor, and has been involved with the BOC Exam Committee for eight years.</p>
<p>A Cure Just Isn't Enough</p> <p>EBP Approved</p> <p>Saturday 2:00-3:00 Grand Ballroom East Salon</p>	<p>This session will examine the limitations associated with the historical emphasis on the primacy of efficacy studies in healthcare and medical research. Using a real-world example of federally-funded research, it will present an approach to developing and implementing a coherent and comprehensive research program to maximize the likelihood that positive findings from efficacy studies will actually benefit patients.</p> <p>BOC Domains I,V BOC Tasks 0101, 0102, 0106, 0501 Level of Difficulty: Essential</p>	<p>Participants will be able to...</p> <ol style="list-style-type: none"> 1. Identify the limits of efficacy studies in healthcare and medical research in improving patient care 2. Identify and explain the nature and purpose of the stages of research involved from discovery to implementation (efficacy, effectiveness, translation and dissemination, cost effectiveness) 3. Provide a model of a research program that has successfully covered the full range of these research-to-practice steps. 	<p>Peter Harmer, PhD, MPH, ATC</p> <p>Peter is a professor in the Department of Exercise Science at Willamette University and Senior Associate Research Scientist at Oregon Research Institute.</p>
<p>Athletic Training Resident Case Studies and Systematic Reviews</p> <p>EBP Approved</p>	<p>This session will present information regarding two case studies and resultant systematic reviews. The first case will concentrate on posterior meniscal root tears. The second case will address concussion identification and management in patients with Type I Chiari malformation.</p>	<p>Attendees will...</p> <ol style="list-style-type: none"> 1. Understand the anatomy of meniscus in the knee joint 2. Identify meniscal root pathology and correlative factors on advanced imaging 	<p>Laurel Evans, MEd, ATC, LAT Steven Boyton, MS, ATC, LAT</p> <p>Laurel and Steven are Athletic Training Residents at St. Luke's Sports Medicine in Boise, a CAATE</p>

<p>Saturday 3:15-4:15 Grand Ballroom East Salon</p>	<p>BOC Domains II, IV BOC Tasks 0201, 0202, 0203, 0401, 0402 Level of Difficulty: Essential</p>	<p>3. Understand the treatment and outcomes of meniscal root tears 4. Review the etiology and common clinical presentation of patients with Chiari malformation type 1 of the brain 5. Identify the different clinical signs and symptoms of CM-1 to a concussion 6. Review the management of patients with Chiari malformation type 1 of the brain when they suffer a concussion 7. Discuss possible treatment options, referral/surgical indications, considerations for concussion, return to play indications</p>	<p>accredited post-professional athletic training residency program in orthopaedics. Prior to joining the Athletic Training Residency Program at St. Luke's, Laurel worked with collegiate athletes as a Graduate Assistant at Wichita State 2010-2012, and was an Assistant Athletic Trainer at the University of Wyoming 2012-2017. Steven is a native of the United Kingdom and initially earned his bachelor's degree in sports rehabilitation from the University of Salford, Manchester.</p>
<p>Preparedness For Sports Related Emergencies: How Do We Increase Implementation for Best Practice Recommendations? EBP Approved</p> <p>Saturday 4:30-5:30 Grand Ballroom East Salon</p>	<p>Catastrophic injuries in sports - while rare - do occur. Regardless of the incidence rate, individuals and institutions must be ready to respond to sports-related emergencies. Failure to be prepared may result in inefficient care with potential negative consequences for the athlete. Additionally, the team or institution and its employees may be at risk for litigation for negligence if proper safeguards are not in place.</p> <p>A key element in emergency planning is the actual plan that will be carried out in the event of an emergency. Numerous groups have advocated that institutions implement written emergency action plans (EAPs) that detail the standard of care that should be provided during emergency situations. This presentation will identify the best practice recommendations for EAPs, present data on whether EAPs are being implemented at the secondary school level, describe barriers and facilitators schools and ATs have identified, and provide approaches to facilitate EAP implementation.</p> <p>BOC Domain III, V BOC Tasks 0301, 0502 Level of Difficulty: Essential</p>	<p>Attendees should be able to...</p> <ol style="list-style-type: none"> 1. Identify best practice recommendations for preparedness for sports-related emergencies. 2. Describe current evidence of adoption of best practice recommendations. 3. Identify barriers to implementation of best practice recommendations. 4. Summarize approaches to increasing adoption of best practice recommendations. 	<p>Sam Johnson, PhD, ATC, CSCS</p> <p>Sam is a clinical associate professor in the College of Public Health and Human Sciences at Oregon State University where he serves as the Clinical Education Coordinator for the professional AT program. He currently serves as the President of the Oregon Athletic Trainers' Society and is a member of the Oregon School Activities Association Sports Medicine Advisory Committee.</p>

Sunday March 25

<p>Kinesio Taping: From Lymphedema to Posture</p> <p>Sunday 8:00-12:00 Crown Zellerbach</p>	<p>The Kinesio Taping Method has been in the United States since 1995. There are many different applications to choose from to treat many different types of injuries and conditions. This four-hour presentation is designed to introduce you to some common applications that range from very low tension to very high tension, therefore demonstrating the versatility of the Kinesio Taping Method when treating your athletes/patients.</p> <p>BOC Domains V BOC Tasks 0401, 0402, 0405 Level of Difficulty: Essential</p>	<p>Participants will be able to...</p> <ol style="list-style-type: none"> 1. Gain a basic understanding of the theory and concepts of using the Kinesio Taping Method. 2. Learn basic application techniques of the Kinesio Taping Method for swelling and posture. 3. Understand the versatility of Kinesio Tape and the Kinesio Taping Method 	<p>Kyle Nelson, MPH, ATC/R, CKTI</p> <p>Kyle has been a Certified Athletic Trainer for 21 years. He been a Certified Kinesio Taping Instructor for 21 years as well and has worked at different levels of collegiate athletics as well as a physical therapy clinic. Currently is the Associate Athletics Director for Sports Medicine and Head Athletic Trainer at Concordia University in Portland.</p>
<p>Evidence Based Treatment of Meniscal Lesions and Knee Pain</p> <p>EBP Approved for 2 credits</p> <p>Sunday 8:00-10:00 and 10:30-12:30 Multnomah</p>	<p>Knee pain is a common patient complaint which may be difficult to treat because it may originate from various structures within, around, above and below the joint. A range of pathoanatomical diagnoses, such as meniscal lesions, patellofemoral pain syndrome, or osteoarthritis. The purpose of this presentation is to present the current best evidence for clinical exam procedures for patients who present with knee pain, review the evidence for conservative and surgical care, and provide evidence supporting more novel approaches to improve patient outcomes for patients suffering from knee pain and associated symptoms.</p> <p>BOC Domains II, IV BOC Tasks 0202, 0203, 0401, 0405 Level of Difficulty: Advanced</p>	<p>Attendees will be able to...</p> <ol style="list-style-type: none"> 1. Utilize the most current evidence regarding the clinical application of orthopaedic special tests and magnetic resonance imaging of the knee for diagnosing common knee pathologies. 2. Interpret and apply the most current evidence (including pre-published studies) surrounding treatment of knee pain and associated symptoms. 3. Select the best clinical exam techniques and conservative care options for treating conditions involving knee joint pain, with an emphasis placed on meniscal lesions. 	<p>Lindsay Larkins, DAT, LAT, CSCS Alli Zeigel, DAT, ATC</p> <p>Lindsay is faculty at University of Idaho and teaches clinical education, orthopedic examination, manual therapy, and advanced rehabilitation.</p> <p>Alli currently a Post-Doctoral Fellow at the University of Idaho where helps run the Integrative Sports Medicine and Rehabilitation Therapies (ISMaRT) Clinic.</p>