

District 10

Annual Meeting and Clinical Symposium Programming

Spokane, WA

March 28-31, 2019

Thursday, March 28

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| Educational Session | Abstract | Learning Objectives | Speakers |
| How to Solve Chronic Non-Specific Low Back Pain: The Wheelhouse Protocol(6 credits Category EBP)Thursday 9:00-4;30Finch | Chronic low back pain has been identified as a significant problem worldwide. It has significant cost to employers and employees as a result of time lost from work (Hoy etal. 2012) as well as indirect treatment costs (Krismer and Van Tulder 2007). Nonspecific low back pain comprises 90% of low back pain cases, which have no known cause (Krismer and Van Tulder 2007). Kuchera (2008) pointed out that chronic pain often results in "anxiety, depression, and a reduction in quality of life" (p. 33). Without an apparent pain source or cause, treatment is often a challenge for clinicians, and the ambiguous nature of the condition makes it difficult for patients to endure. A new theory is proposed for the cause of this condition and a treatment protocol ("The Wheelhouse Protocol") to cure the patient, with presentation of emerging clinical data to support the treatment protocol/approach. With 90% of low back pain cases involving chronic non-specific low back pain, ATs (Athletic Trainers) are uniquely positioned to identify the cause and implement treatment quicklyto resolve the condition before it produces others maladies.BOC Domain: III BOC Tasks: 0301, 0304 Level of Difficulty: Advanced  | Attendees will be able to:1. Identify 3 causative factors of chronic non-specific low back pain. 2. Demonstrate how to identify how to identify the primary condition causing chronic non-specific low back pain. 3. Articulate how to appropriately treat chronic non-specific low back pain for its full resolution. | Timothy E. Speicher, PhD, ATC, LAT, CSCS, PRT-CJacqueline Davidson, MS, ATC, LAT, PRT-CDr. Timothy Speicher is an Athletic Trainer (AT), Strength and Conditioning Specialist (CSCS) and Positional Release Therapist (PRT-c®).Jackie Davidson is the Director of Clinical Education at the Positional Release Institute. |

Friday, March 29

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| Educational Session | Abstract | Learning Objectives | Speakers  |
| Best Practices of Appropriate Medical Care in Secondary SchoolsFriday 8:00-9:00Ballroom B/C | The National Athletic Trainers Association created a task force in 2017 to revise and update the 2003 Appropriate Medical Care for the Secondary School Aged Athletes consensus statement. Detailed review of the document identified a large amount of related research that was assimilated. Based upon this new research, the previous document was revised to reflect current research, language and current practices. The newly approved document has been expanded to 12 standards with associated sub-standards. These standards clearly identify specific areas where organizations should focus their resources and energy to provide best practices athletic health care to their secondary school aged athletes.In addition, an online tool based on these standards was developed to assist the organization assess and identify gaps in services. Additionally, in areas where gaps are acknowledged, users will be able to access resources and references that the athletic trainer and organization can use to update their provision of appropriate medical care. Attendees in this session will gain a greater understanding of how to develop an evidence based medical delivery system for any organization which sponsors athletics and sports for the secondary school age athlete.BOC Domain: I, II, III, IV, V BOC Tasks: 0101, 0201, 0501 Level of Difficulty: Essential  | Attendees will be able to:1. Gain an understanding of the process used to create the document.2. Learn the 12 standards and sub-standards identified in this process.3. Learn the potential uses of the tool in evaluation of their organizations current status.4. Begin the process of self-evaluating their organization and the medical care they provide to secondary school aged athletes. | Bart Peterson, MSS, ATLarry Cooper, ATBart is the chair of the Secondary Schools Committee. He currently is employed in Arizona as an athletic trainer and athletic director.Larry is the past Chair of the National Athletic Trainers Association (NATA) Secondary School Athletic Trainers Committee (SSATC).  |
| Managing Post- Exercise Inflammation: From Ibuprofen to CherriesSponsored by Gatorade(1 credit Category EBP)Friday 8:00-9:00Grant | A discussion on the latest research on inflammation and athletic performance, including inflammation’s role in adaptation to exercise, a review of anti-inflammatory interventions and use of nutritional agents to manage chronic inflammation.BOC Domains: IBOC Tasks: 0101, 0102, 0103 Level of Difficulty: Essential  | Attendees will be able to:1. Summarize the physiological difference between chronic and acute inflammation as it relates to exercise, and how anti-inflammatory compounds combat inflammation. 2. Translate data and evidence-based research into informed recommendations on how to incorporate anti-inflammatory nutrients into athletes’ diets. 3. List at least five dietary sources of anti-inflammatory foods and their bioactive compounds. | Leslie J Bonci, MPH, RD, CSSD, RDNLeslie is the owner of Active Eating Advice- Be fit, fed and Fearless? – A nutrition consulting company. Her clients include: The National Dairy Council, California Dried Plum Board, The National Peanut Board, Potatoes, USA, Gatorade, Ready Nutrition, General Mills and Douglas Labs. She is the nutrition consultant for the Kansas City Chiefs , Carnegie Mellon University athletics and the Pittsburgh Ballet Theatre. She was the sports dietitian for the Pittsburgh Steelers, Pittsburgh Pirates, Pittsburgh Penguins, Toronto Blue Jays ,the Washington Nationals and the WNBA. |
| Asthma: Assessment, Management, and Understanding(1.5 credits Category EBP)Friday 9:15-10:45Ballroom B/C | The athletic trainer, especially in the secondary school setting, is well-positioned to assist in school based asthma education programs typically delivered by school nurses or community volunteers. As a health care provider participating in school based asthma education programs, the AT will become more aware of new advances in asthma management practices and will become more knowledgeable and comfortable in asthma related topics ultimately leading to improved clinical care for asthma patients receiving care from an AT. In summary this program will assist the athletic trainer in understanding the evidence for recommendations specific to asthma patient education, (3,4) inhaler use and inhaler education (5), peak flow meter monitoring (6) and emergency oxygen/pulse oximetry (7). BOC Domains: I, II, III BOC Tasks: 0101, 0201, 0301 Level of Difficulty: Essential  | Attendees will be able to:1. Understand the connection between exercise induced asthma and underlying asthma.2. Appreciate the key signs that indicate the need for 911 intervention during an asthma attack.3. Understand the role of education in asthma control. | Mark Hoffman, PhD, ATC, FNATAMark is an Associate Professor at Oregon State University. |
| Change is Here in AT Education: A CAATE UpdateFriday 9:15-10:45Grant | The Commission on Accreditation of Athletic Training Education (CAATE) recognizes the impact change in AT education may have on programs. Changes impact the entire continuum of accredited programs including the degree change and 2020 Standards for professional programs, post-professional degree programs at the masters and doctoral level, and residency programs contributing to the development of clinical specialists. This presentation will highlight the CAATE vision of high quality AT practice across the continuum of education and finish with an opportunity for attendees to ask questions and/or engage with CAATErepresentative(s).BOC Domain: V BOC Tasks: 0501, 0502, 0503 Level of Difficulty: Essential  | Attendees will be able to:1. Identify the CAATE vision for quality AT practice across the continuum of education. 2. Distinguish how the 2020 Standards for Accreditation of Professional Programs aid in advancing the profession of athletic training. 3. Design strategies for practical application and implementation forboth didactic and clinical education across the continuum of education. | Valerie Herzog, EdD, LAT, ATCValerie serves as the Graduate Athletic Training Program Director and Director of the Office of Graduate Studies at Weber State University. She is currently a CAATE commissioner. |
| A 3-Year Review of the AT’s Understanding and Confidence of Critical Incident Stress ManagementFriday 11:00-12:00Skyline Ballroom | ATs deal with critical incidents; such as the death of an athlete or colleague, a catastrophic injury, or a significant personal or work-related event. Three years ago, a baseline study was conducted that measured the initial understanding and confidence of Critical Incident Stress Management (CISM) applications within the profession of athletic training. By the end of 2018, the ATs Care Committee will have completed a 3 year review of this study and would like to present the data collected relative to an AT’s exposure to traumatic events, the support methods they feel are most helpful after an event, confidence in their ability to handle a critical incident and the continued need for a peer-to-peer support program. Information about the ATs Care program and how a CISM Team functions will be included in the lecture. Evidence based resources on the positive effects of utilizing a CISM approach will also be presented. BOC Domains: I, II, III, VBOC Tasks: 0101, 0201, 0301, 0501 Level of Difficulty: Essential  | Attendees will be able to:1. Describe the effects of traumatic events and critical incidents on athletic trainers and other caregivers.2. Recognize the signs and behavioral changes that may take place after being exposed to a traumatic event and the need for intervention.3. Summarize the role of a peer-to-peer support intervention and how to activate a peer-to-peer/CISM team if needed. | Lisa Kenney, MA, LAT, ATCKatie Scott, ATCLisa has spent the last 11 years as an assistant athletic trainer at the University of Puget Sound, caring for student athletes and traveling with the women’s soccer and women’s lacrosse teams. In July 2015, Scott was hired by the National Athletic Trainers’ Association as its Athletic Trainer-in-Residence. In 2017, Scott transitioned to a full-time role within the Association, serving as the Senior Special Projects Coordinator. Since being hired, she has contributed to numerous national initiatives and programs dedicated to the advancement of the profession of athletic training, including being part of the formation of the ATs Care program. |
| Transgender Athlete Health Care and Policies in Pacific Northwest High SchoolsFriday 11:00-12:00Grant | Transgender athletes have been campaigning for equal guidelines for inclusion for many years. Since transgender athletes are becoming more prevalent in high schools and the collegiate level there needs to be a universal set of eligibility requirements so all athletes feel included in athletics at their institution. There is currently a wide range of eligibility requirements for high schools varying by state. The LGBT Sports Foundation has proposed a policy that is ideal for transgender athlete participation. By creating a universal policy, it would help transgender athletes not just in their early years but for years to come. The study looks at policies for transgender athletes in the Pacific Northwest in relation to the model policy proposed by the LGBT Sports Foundation. The study finds that there are some progressive policies in some states in relation to transgender athlete’s but there is still work to be done in several states for them to maximize inclusiveness for all athletes in high school. BOC Domains: VBOC Tasks: 0501, 0502 Level of Difficulty: Essential  | Attendees will be able to:1. Describe how to accommodate transgender athletes.2. Understand transgender policies for each state in the Pacific Northwest.3. Discuss challenges for accommodating transgender athletes.4. Examine health care concerns affecting the transgender population. | Eric Eagleburger, MPE-AADani Moffit, PhD, ATCEric graduated from Idaho State University with his Masters in Athletic Administration in 2017. His focus has been on transgender athlete’s and the policies required for them to participate.Dani is the program director at Idaho State University. She is the current Chair of the District 10 LGBTQ+ Advisory Committee. |
| Working with a Registered Dietician on Your Sports Medicine Team(not CEU eligible)Friday 11:00-12:00 Ballroom B/C | Athletic trainers (ATs) are highly qualified, multi-skilled health care professionals who collaborate with physicians to provide comprehensive healthcare to the wide variety of athletes under their care in many different settings. Regardless of the athletic populations served and/or practice settings, ATs find that their athletes require care for nutrition-related conditions. If an ankle injury is not responding to appropriate care, an AT will refer to a qualified health professional based upon treatment protocols. However, when an athlete is struggling with a nutrition-related condition, when and how do they get referred to a registered dietitian nutritionist (RDN) with a specialty in sports nutrition for optimal care? This program, "Working With a Registered Dietitian on Your Sports Medicine Teamâ€, will highlight the role of the RDN role on the sports medicine team. Through case study examples, this program will highlight: how to identify qualified RDNs in local communities, define the title of Board Certified Specialist in Sports Dietetics (CSSD), and highlight the use of evidence-based practice which ATs should use when deciding to refer for nutrition-related care. The case studies presented will look at a variety of population settings (secondary school, collegiate, and occupational health) as well as cover applicable nutrition-related conditions. The Sports, Cardiovascular, and Wellness nutrition group (SCAN), a dietetic practice group of the Academy of Nutrition and Dietetics, partners with NATA through a network agreement to bring ATs and RDNs/CSSDs together for the improved care of the athletes each profession serves. BOC Domains: I, II, IVBOC Tasks: 0101, 0201, 0401 Level of Difficulty: Essential  | Attendees will be able to:1. Define the SCAN-NATA partnership and name at least 2 of its benefits for professionals in both associations.2. Define the educational and practice requirements which need to be completed for one to become a registered dietitian. 3. List 3 situational examples when an athlete would benefit from a nutrition consultation with a SCAN registered dietitian.4. Define the four interrelated steps of the nutrition care process (nutrition assessment, nutrition diagnosis, nutrition intervention, monitoring/evaluation) and their components.5. Find a SCAN RDN in their local community who has expertise to work with their athletic population. | Lisa Lovejoy, MEd, RD, CSSD, CDLisa is a Registered Dietitian (RD) with over 25 years experience. Her education includes degrees in both Nutrition Science and Exercise Physiology as well as a dietetic internship with the US Air Force.  Currently, Lisa is the Sports/Wellness Dietitian for MultiCare, where she combines her expertise in both fitness and nutrition to conduct metabolic rate testing and body composition assessments as well as provide private nutrition counseling for individuals, sports teams, and other groups.  |
| Openly Teaching Closed Reductions of the Shoulder, Finger, and Patella(0.5 credits Category EBP)Friday 1:00-2:00 Grant(Labs on Friday and Saturday at 4:30-5:00)Finch | New educational standards include formalized instruction on joint reduction techniques. This marks a significant shift in current theory and practice which has generally questioned whether or not joint reduction was within an ATs scope of practice. Now, athletic training programs nationwide will openly teach closed reduction techniques. As educators add joint reduction techniques to their educational toolkits, many will need to develop new expertise in this area. Thus, the purpose of this session is to present various reduction techniques for 3 commonly dislocated joints: the glenohumeral, interphalangeal and patellofemoral joints. This information will be presented from the perspective of an athletic trainer with standing orders from a supervising physician which permit closed joint reduction under certain criteria. Where available research evidence supporting each technique will be reviewed (e.g. success rate, time to complete, pain), enabling the attendee to differentiate between various techniques based on patient outcomes. In addition to clinical indications and contraindications, this breakout session will address practical considerations (e.g. clinician biomechanics, utility on-the-field). Participants will practice selected reduction technique in a hands-on environment, and case-scenarios will be utilized to apply material from the breakout session. When applicable, the session will emphasize methods for teaching the selected joint reduction techniques within athletic training education. BOC Domains: IIIBOC Tasks: 0301, 0302, 0303 Level of Difficulty: Advanced  | Attendees will be able to:1. Identify common closed joint reduction techniques for the glenohumeral, interphalangeal and patellofemoral joint.2. Compare and contrast common closed joint reduction techniques utilizing evidence from the research literature.3. Select an appropriate closed joint reduction technique for a particular scenario.4. Participants will demonstrate mock closed joint reduction techniques. | Cynthia Wright, PhD, ATCDr. Cynthia Wright is the Athletic Training Program Director and an associate professor of health sciences at Whitworth University. |
| The Experience and Process of Patient Care in Collegiate AT: Integrating Patient-Centered Care into Clinical PracticeFriday 1:00-2:00 Ballroom B/C | Heightened attention to the significance of the patient-provider relationship necessitates healthcare provider shift to a patient-centered model. One such model, the working alliance, emphasizes an emotional bond, agreement on goals, and collaboration on tasks between patient and provider. Despite its importance, conceptual understanding of the components of athletic trainer-patient relationships in collegiate athletic training remains unexplored. The objective of this presentation is to learn how athletic trainers create, enter, and move through patient care and provide a guide to integrate a working alliance into athletic training practice. BOC Domains: I, IVBOC Tasks: 0101, 0401 Level of Difficulty: Essential  | Attendees will be able to:1. Discuss the construct of a working alliance and how it can be used to support patient-centered care in athletic training.2. Describe how collegiate athletic trainers develop patient-provider relationships and the presence of a working alliance in patient care.3. Discover strategies athletic trainers can use to improve patient contribution and shared decision-making during patient care.4. Develop skills to promote creation of a working alliance and enhance patient-centered care delivery in athletic training | Jessica Moore, EdD, LAT, ATC, PES, EMT |
| Appearance and Performance- Enhancing Substances: The Pressure to PerformFriday 2:15-3:15Ballroom B/C | The Taylor Hooton Foundation is the nation’s leading organization dedicated to educating our youth and their adult influencers on the dangers of Appearance and Performance Enhancing Substances including unregulated dietary supplements, Human Grown Hormone and Anabolic Steroids. This drug usage has reached epidemic proportions. Close to two million of our children have admitted using anabolic steroids, and that usage rate is increasing. This session will provide a pragmatic view of these substances - What are they? Who is using? What are the social issues and pressures driving their usage? This program will provide factual information about the dangers of these substances and will expose the depth and breadth of the scope of the problem. Domains: VBOC Tasks: 0501, 0502, 0503 Level of Difficulty: Essential  | Attendees will be able to: | Donald Hooton  |
| Monitoring Athlete Mental Wellness – Can We Prevent Tragedy?Friday 3:30-5:00Ballroom B/C | Recently, there has been a lot of national media attention on Athlete Mental Wellness and locally, a couple of recent suicides of athletes in the Northwest have affected our Athletic Trainers and patients. This panel of speakers would like to discuss the importance of monitoring our patients' mental health and overall wellness, and share with members the strategies and programs being used by ATs at OSU, UO, WSU, and Redmond High School. All four are done very differently, so it would give ATs a variety of ideas to use to develop their own monitoring program(s) at any setting. We think this is a very timely subject that would give other ATs good take-home information to protect and provide care for our patients! BOC Domains: I, VBOC Tasks: 0101, 0102, 0501 Level of Difficulty: Essential  | Attendees will be able to:1. Describe how mental health and overall wellness impacts learning, performance, social relationships, and physical health.2. Explain why is it important to develop mental health and wellness assessment programs for our patients.3. Have an understanding of when and how to refer a patient for further evaluation of mental health issues.4. Observe four different mental health assessment programs being used by ATs. | Cari Wood, ATCFred Tedeschi, MA, ATCHeather Halseth, MS, ATCAndrew Hamstra, MS, ATCCari is the athletic trainer at Redmond High School. She is past-director of the NWATA and in the NWATA Hall of Fame.Fred oversees the daily operation of Oregon State University’s athletic training services.Heather is a member of the University of Oregon’s athletic medicine staff.Andrew serves as the head football athletic trainer at Washington State University. |
| Preventing Knee Injuries and Optimizing Long-Term Joint Health(1 credit Category EBP)Friday 3:30-4:30 Grant | Despite the best efforts of athletic trainers to prevent knee injuries, particularly ACL injuries, they are still a leading cause of injury among the physically active populations. Unfortunately, ACL reconstruction is not enough to prevent future posttraumatic osteoarthritis development in these individuals. A recent systematic review suggests that 48% of all individuals who undergo ACL reconstruction will develop knee OA within two decades of surgery. Athletic Trainers are uniquely positioned in the healthcare system to prevent an initial injury and follow-up with secondary and tertiary prevention to mitigate the long-term consequences of knee injuries in our patients. Athletic Trainers must be able to identify patients at risk for knee injury and individuals at risk for developing long-term consequences of those injuries in order to help those patients develop life-long management plans. This lecture will provide athletic trainers with an understanding of the signs and symptoms of posttraumatic osteoarthritis in patients after knee injury, along with clinical assessments and exercises that can be used for primary, secondary, and tertiary prevention of the long-term consequences of knee joint injury. BOC Domain: I, IVBOC Tasks: 0101, 0102, 0401 Level of Difficulty: Essential  | Attendees will be able to:1. Identify patients at risk for knee injury, as well as post-traumatic osteoarthritis.2. Identify the common signs and symptoms associated with post-traumatic osteoarthritis.3. Implement clinical assessments and exercises that can be used for primary, secondary, and tertiary prevention of long-term consequences of joint injury. | Melanie McGrath, PhD, ATCMelanie McGrath is an Associate Professor at the University of Montana, and serves as the Coordinator of Clinical Education in the Master of Athletic Training program. |
| Lateral Meniscus Allograft Transplant with OATS Procedure in a Female Soccer Player: A Case PresentationFriday 11:00-11:30Corbin | This presentation, in a case study format, describes the events leading up to the LMAT and OATS procedure - the athlete's injury history, in season management, the surgery itself and the post-operative care and rehabilitation of a female soccer player in and following her fifth year of eligibility. BOC Domains: I, II, VBOC Tasks: 0101, 0201, 0501 Level of Difficulty: Essential  | Attendees will be able to:1. Gain understanding of biomechanical changes following menisectomy.2. Identify signs and symptoms of progressive chondral lesions.3. Understand the surgical and rehabilitation timeline of the procedure.4. Reaffirm the importance of established relationships with both the athlete and the physician. | Lisa Kenney, MA, LAT, ATCLisa has spent the last 11 years as an assistant athletic trainer at the University of Puget Sound, caring for student athletes and traveling with the women’s soccer and women’s lacrosse teams.  |

Saturday March 30

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| Free Communication and Poster Session(eligible for up to 1 Category A CEU)Saturday 7:45-9:00Ballroom AAudubonManito  | 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: * Return to Play Time from Sport Related Concussion Between Athletes With and Without ADD/ADHD: A Critically Appraised Paper (Feller)
* Examining Injury Trends in High School Collegiate and Professional Rodeo: A Systematic Review (Wright)
* Loss of a Paired Organ in A Collegiate Football Athlete (Wibel)
* Effects of Total Motion Release® on Active Rotational Hip Range of Motion in Overhead Athletes: A Randomized Controlled Trial (Dexter)
* Flipped-Classroom in a Therapeutic Modalities Course (Bates)
* Effects of Dynamic Warm-up Paired with IASTM Technique on Quadriceps ROM and Vertical Jump Performance (Popp)
* The Impact of an Educational Intervention in Sport Psychology Using Self-Determination Theory on Athletic Training Students (Cook)

BOC Domains: I, II, III, IVBOC Tasks: 0101, 0201, 0301, 0401 Level of Difficulty: Essential  | Attendees will be able to: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.  | Olivia Feller, AT StudentElly Wright, AT StudentShane Wibel, LAT, ATCRoss Dexter, MS, MKin, LAT, ATC, CSCSDana Bates, PhD, ATCMcKenzie Popp, AT StudentCook, MA, ATC, LAT |
| Does the Use of VOMS Improve the Diagnosis and Management of Concussions in the Athletic Population?(1 credit Category EBP)Saturday 8:00-9:00 Grant | Although there are multiple diagnostic tests a Sports Medicine provider can utilize when evaluating a concussion, most are lengthy, cumbersome and lack the ability to specifically stress the vestibular or ocular motor systems in the same real time manner required of sports.  The 5th concussion consensus statement claims “standard orientation questions (eg. time, place, person) are unreliable in the sporting situation” (author, date, and page number here). Concussion screening has historically focused on a board range of neurological functions, from cognition to balance (Sussmann 2016).  “Among the least understood but potentially important of these impairments are vestibular and oculomotor disturbances “( Kontos 2017, pg 256) Researchers further explain “Many vestibular and oculomotor symptoms are evident only when provoked by stimuli or movements” (Kontos, 2017 pg 256).  Therefore, due to the complex relationship within the vestibular-ocular system, its important sports medicine professionals implement concussion diagnostic tools that are dynamic in their abilities to diagnose and improve management in the athletic population. BOC Domain: III, IV BOC Tasks: 0301, 0302, 0401 Level of Difficulty: Essential  | Attendees will be able to:1. Implement the VOMS in concussion management protocols.2. Identify patients’ area of greatest deficit in the VOMS and apply to sport related tasks. 3. Describe the relationship between the ocular motor system and execution of sport specific skills.  | Kylie Izzi Mckinney, MS, ATC/LAT, CSCS\*D, ITAT, USAW-1Kylie serves on the Montana Licensing board is a MTATA committee member for the secondary schools and public relations committees and is on the advisory committee for the Montana chapter of the NSCA.  |
| Physical Rehabilitation in Police Departments: Program Benefits and Keys for Success Canadian Athletic Therapist Association Speaker ExchangeSaturday 8:00-9:00 Ballroom B/C | Policing is a physically demanding profession and officers must be physically ready at all times to stay safe and keep citizens safe. Workplace-based physical rehabilitation is growing in police departments and this presentation will outline the benefits of such programs and what key elements are important to effectively implement physical rehabilitation programs in police departments. BOC Domains: I, IV, VBOC Tasks: 0101, 0401, 0501 Level of Difficulty: Essential | Attendees will be able to:1. Explain how police departments can benefit from having an on-site athletic trainer.2. Identify key elements to include in a proposal to a police department for athletic training services.3. Identify potential barriers for implementing athletic training in police departments. | Rebecca Swan, MRSc, BHK, BAHSc, CAT(C), CSCS, FMS 1Rebecca Swan is an Athletic Therapist as well as a Certified Strength and Conditioning Specialist working for the Vancouver Police Department (VPD). She runs the Athletic Therapy and Wellness Unit which provides on-site rehabilitation, injury prevention, physical fitness and wellness programs. |
| Strategic Issues in Athletic Training Lecture Series: Transition to PracticeSaturday 8:00-9:00Finch | This presentation will deliver, and provide context for, the recommendations from the Transition to Practice Workgroup. Further, it will expand upon that work to incorporate resources developed by NATA volunteer committees that can be used by individuals, professional education programs, and employers to facilitate transition to practice with the intention of improving patient outcomes and assuring that the AT maximizes their role within the patient-centered care team. BOC Domain: V BOC Tasks: 0501, 0502, 0503 Level of Difficulty: Essential  | Attendees will be able to:1. Describe the current state and future directions of transition to practice in athletic training within the patient-centered care team and in line with best practices.2. Describe real and perceived barriers to transition to practice in line with organizational and patient needs.3. Implement available resources for themselves, students, and/or employees to facilitate transition to practice to enhance patient outcomes and provider quality of life. | Katie Scott, ATCIn July 2015, Scott was hired by the National Athletic Trainers’ Association as its Athletic Trainer-in-Residence. In 2017, Scott transitioned to a full-time role within the Association, serving as the Senior Special Projects Coordinator. Since being hired, she has contributed to numerous national initiatives and programs dedicated to the advancement of the profession of athletic training, including being part of the formation of the ATs Care program. |
| The Black: A Multi-Model Approach to Optimizing Performance and Reducing Risks of Injury in Wildland FirefightersSaturday 12:45-1:45Grant | Wildland firefighters (WLFF) face extremely dynamic work environments posing an increased risk for injury. Working in remote environments with steep terrain, uneven ground, variable temperatures, and elevations ranging from sea level to high altitude is not uncommon. Environmental factors coupled with long arduous hours and the physical demands of the job cultivate injury risk in these tactical athletes. WLFFs are often deployed to a fire for days to weeks at a time. Therefore, it is critical to optimize performance and safety by minimizing injury risk. It is critical to examine and better understand types of injuries that WLFFs sustain while on the line. Keeping these individuals healthy and safe is vital not only to the success of wildland fire suppression, but also to fire management services and to the communities they serve. The rising costs associated with injuries is concerning and a need for a better understanding for the types of injuries sustained by WLFF and how to best prevent them exists. The purpose of this presentation will be to explain what types of injuries WLFFs sustain and examine environmental influences of injury to guide future recommendations for injury surveillance and injury prevention programs. This session will discuss the types of injuries sustained, the financial impact associated with these injuries, specific recommendations for development and implementation of injury prevention strategies, and development of resources to promote and educate wildland firefighters on reducing risk of injury. BOC Domains: IBOC Tasks: 0101, 0102, 0103 Level of Difficulty: Essential  | Attendees will be able to:1. Describe injuries typically seen in WLFF during physical training and while assigned to an incident.2. Identify variables that contribute to risk of injury during physical training and while assigned to an incident.3. Describe the role of athletic trainers in injury prevention strategies for WLFF4. Understand the financial impact of injury in WLFF. 5. Discuss the development of a multi-modal approach to reduce the risk of injury in WLFF | Valerie Moody, PhD, ATC, CSCSValerie is currently in her 13th year at the University of Montana where she serves as Program Director of the Athletic Training Program. She serves as the President for the Montana Athletic Trainers’ Association, is a member of the Commission on Accreditation of Athletic Training Review team, and is the Vice President for External Affairs for the National Athletic Trainers’ Association Research and Education Foundation. |
| Oral Free Communication PresentationsSaturday 12:45-1:45Finch | 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:* Assessment of Secondary School Coaching Education Requirements Across the United States: A Descriptive Study (Willert)
* Effects of Traditional Chinese Cupping on Patients with Chronic Low Back Pain Over a 24-Hour Time Period (Smitley)
* Prevalence of a Best Practice Emergency Action Plan in Class AA Montana Secondary Schools (Davis)
* Von Willebrand’s Disease in a Female DIII Collegiate Cross Country Runner (English)
* Acute Effects of Spiral Elastic Tape Application on Dynamic Knee Valgus in Active Females (Martonick)

BOC Domains: I, II, III, VBOC Tasks: 0101, 0201, 0301, 0501Level of Difficulty: Essential | Attendees will be able to: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. | Mitch Willert, LAT, ATCMatthew Smitley, MSAT, LAT, ATCAlexandra Davis, AT StudentNathan English, AT StudentNick Martonick, AT Student   |
| Specialty CertificationsSaturday 12:45-1:45Ballroom B/C | Recommendation 6 of the Future Directions in Athletic Training Education asked the NATA to develop athletic training specializations and specialty certifications. A specialization is an area of advanced clinical practice providing care for a specific patient population. Specialty certification is a voluntary process practitioners pursue to validate their expertise. This process includes post-professional education (e.g., residency) followed by an objective evaluation of the specialist’s advanced knowledge and skills (e.g., practice analysis and exam). This presentation will introduce the Specialty Council of the Board of Certification and highlight the policies and procedures to create, evaluate, and manage athletic training specialties.BOC: Domain V BOC Tasks: 0501, 0502, 0503 Level of Difficulty: Essential  | Attendee will be able to:1. Differentiate certificates of attendance/participation/completion from board-certified specialty programs.2. Describe the history of athletic training specialties.3. Explain the values and challenges of specialty health care.4. Describe the general process for identifying, validating, and credentialing the athletic training specialist. | Suzette Nynas, EdD, LAT, ATCRuss Richardson, PhD, LAT, ATCSuzette is an Assistant Professor and the Program Director for the Professional Masters Athletic Training Program at Montana State University Billings. Russ Richardson is the Director of Student-Athlete Health and Safety for the NAIA. He is a past-director of the NWATA. |
| Physician Practice Value ModelSaturday 2:00-3:30Grant | Within the athletic training profession, regardless of practice setting, it is critical that athletic trainers be able to understand, quantify and articulate the worth of the services provided and the value added by the athletic trainer. The Physician Practice Value Model was developed to educate athletic trainers, administrators and consumers about athletic training services especially within the physician practice setting. This presentation will discuss the concepts of value, worth, and best practices in a physician practice setting through evidence-based research. It is intended to help athletic trainers in any setting, examine their current role and elevate their scope of practice by describing how services provided by the athletic trainer contribute to the overall revenue of the institution and experience of the patient. BOC Domains: VBOC Tasks: 0501, 0502, 0503 Level of Difficulty: Essential  | Attendees will be able to: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. | Lucas Bahnmaier, MS, LAT, ATCLuke is a licensed athletic trainer who works as a Practice Manager at St. Luke’s Orthopedic Urgent Care in Boise, Idaho. |
| Addressing the Nervous System to Treat Musculoskeletal PathologiesSaturday 2:00-3:30Ballroom B/C | Integrating a comprehensive neurological movement assessment and treatment can return patients to optimal function quicker by restoring connections between the nervous and musculoskeletal systems. Neurodynamics can be used in the treatment of pathologies including carpal tunnel syndrome or lateral epicondylitis. Assessing neural mechanics during evaluations can be used to differentiate between musculoskeletal pain and neurological symptoms that may be the result of compression, tension, or restriction of the nerves. The purpose of this learning lab is to provide clinical outcomes for clinicians to incorporate the use of Neurodynamics into practice and present the assessment and treatment of Neurodynamics of the upper extremity.BOC Domains: II, IVBOC Tasks: 0201, 0202, 0401 Level of Difficulty: Essential  | Attendees will be able to:1. Recognize the use of neurodynamics for restoring the mechanics of the nervous system for healthy and pain free movement. 2. Determine an appropriate course of treatment for neural tension issues.3. Critically analyze neurodynamics for implementation into their clinical practice. | Emilie Miley, DAT, LAT, ATC, CMPSmokey Fermin, MS, LAT, ATCEmilie is a Postdoctoral Fellow at the University of Idaho (UI) where she also serves as an Instructor of the Masters of Athletic Training program and also a preceptor in the Integrated Sports Medicine and Rehabilitative Clinic. Smokey is an assistant professor in the health sciences department and athletic training program at Whitworth University. |
| Somatic Dysfunction and Low Back Pain: From Evaluation and Rehab to Performance(1 credit Category EBPSaturday 3:45-4:45Ballroom B/C(Lab on Sunday at 8:00-12:00)Members must pre-register for labs.  | Low back pain (LBP) is estimated to occur in 10-15% of young athletes. Of these athletes, 50% of LBP can be attributed to spondylolysis. Participation in sports that require repeated hyperextension combined with rotation and load have a higher incidence of spondylolysis. Often the athlete reports a gradual onset of LBP after exercise, whether it be practice or game. In some instances, it is just after weight lifting. However, many athletes who report LBP do not have anatomical abnormalities as displayed in X-rays or MRIs. In addition, recent research suggests that limited mobility of the hips and t-spine contribute to LBP. Furthermore, the brain will subconsciously alter movement based upon exercise patterns that it sees as credible threats. Lastly, weakness in the diaphragm, pelvic floor, and transverse abdominus have been implicated in LBP because they cannot contribute to anterior lumbopelvic postural stability. This talk will focus on evaluation of the athlete with LBP as well as rehab exercises that activate optimal patterns necessary to stabilize the spine. As the athlete recovers and function improves, exercise progressions are introduced to challenge the athlete’s ability to stabilize the spine in a more dynamic environment thus allowing the safe return to sports participation.BOC Domains: I, II, IV, VBOC Tasks: 0101, 0201, 0401, 0501 Level of Difficulty: Essential  | Attendees will be able to:1. Understand Somatic Dysfunction as it relates to LBP.2. Be able to utilize and interpret Special Tests to Evaluate Athletes with LBP.3. Understand Regional Interdependence and how it relates to LBP.4. Understand Developmental Kinesiology and Dynamic Neuromuscular Stabilization.5. Be able to safely program a) rehab exercise, b) strength and conditioning, c) movement preparation, and d) running drills to return athlete to participation.  | Charles W. Webb, DO, CAQSM, FAAFPTodd Rinder, PhD, ATC/R, CSCS, SFMA, XPSDr. Webb is board-certified in family medicine and osteopathic manipulation, with special training in sports medicine.Todd is a board certified athletic trainer and certified strength and conditioning specialist.  |
| Occluded Subclavian Thrombus in a Collegiate Women’s Basketball PlayerSaturday 3:45-4:45Liberty | This will be presented in a case study format. Will present the history and extenuating circumstances leading to the initial onset. The presentation will then follow the case through the differential diagnosis, treatment options, surgical options, follow up care and discussion. BOC Domains: I, II, III, VBOC Tasks: 0101, 0201, 0401, 0501 Level of Difficulty: Essential  | Attendees will be able to:1. Obtain better understanding of contributing factors for acute thrombosis.2. Gain understanding of treatment options.3. Gain understanding of the implications of follow-up care in the daily life of the student athlete. | Michele Loftis, MS, LAT, ATCMichele has been a certified athletic trainer for 21 years. She has spent 16 of those years at the collegiate level. She is currently working at Timberline High School in Boise. |
| Governmental Affairs: Mobilizing Your State MembersSaturday 3:45-4:15 Finch | Presentation will focus on strategies to increase member involvement in governmental activities (both during emergent and nonemergent times). Examples and discussion on How to organize a “hit the hill day”.  Discussion on how to maximize all opportunities to promote our profession (5min elevator speech; speaking with legislators, parents, coaches etc). How members can get involved.   BOC Domains VBOC Tasks 0501, 0502, 0503, 0504Level of Difficulty: Essential  | Participants will be able to:1. Obtain steps to organize a Hit the Hill Day.2. Gain tools to develop an effective 5-min elevator speech.3. Understand various roles and how they can get involved in GA specific to state, district, and national goals. | Lynne Young, MEd, LAT, ATCLynne is a licensed and certified athletic trainer with over 20 years experience.  She serves as the District 10 GAC representative, member of the state SMAC committee, former member of the NFHS SMAC committee,  and the AATA state president. |

Sunday March 31

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| EBP Approach to Assessment and Treatment of the Pelvic GirdleSunday 8:00-10:00Sunday 10:15-12:15AudubonManito | Hip joint range of motion (ROM) asymmetry has been identified as a leading cause of predisposing patients to hip pathologies such as hip osteoarthritis, femoroacetabular impingement, patellofemoral pain, or chronic adductor strains. The acetabulofemoral joint must be able to achieve equal ROM with the absence of asymmetries for optimal functionality. Hip asymmetries can be asymptomatic yet problematic when active hip ROM differs by 15% or more bilaterally. Therefore, healthcare providers need to develop prevention strategies for assessing and correcting asymptomatic asymmetries in hip ROM. Clinicians often rely on rehabilitation methods such as manual therapies, stretching and strengthening for treatment, which may take up to eight weeks for improvement. A manual therapy paradigm, the Mulligan Concept, that uses mobilizations with movement to correct painful and/or limited joint ROM has been identified to result in immediately increased ROM and decreased pain, with lasting effects. Clinicians utilizing the Mulligan Concept in their clinical practice will be able to improve their patient care. BOC Domains: II, IVBOC Tasks: 0201, 0401, 0402 Level of Difficulty: Advanced  | Attendees will be able to:1. Identify limited/painful ROM of the hip.2. Identify treatment techniques to decrease pain and decreased ROM asymmetries at the hip. 3. Implement treatment techniques into their clinical practice to improve patient care.  | Emilie N. Miley, DAT, LAT, AT, CMPLindsay Larkins, DAT, LAT, AT, CMPDr. Miley is a Postdoctoral Fellow at the University of Idaho (UI) where she also serves as an Instructor of the Masters of Athletic Training program and also a preceptor in the Integrated Sports Medicine and Rehabilitative Clinic.Dr. Larkin teaches at the University of Idaho, including courses in clinical education, orthopedic examination, manual therapy, and advanced rehabilitation. |
| Using Simulation to Improve Clinical PracticeSunday 8:00-12:00 WSU Center | Simulation is a way to practice communication, knowledge, and skills in a setting that allows the athletic trainer to try things out while getting peer and mentoring feedback. This workshop will provide an introduction to simulation techniques, and then allow the participant to rotate through 3 stations for practice: interprofessional scenario (will interact with other healthcare professionals), a mental health referral scenario and dealing with conflict scenario. The workshop will be held on the Washington State University Spokane campus at the College of Nursing simulation lab, which is within walking distance from the conference. Participants will be placed in small groups and rotate through each station. Professional standardized patients will be used for the mental health and conflict scenarios, while the interprofessional scenario will use a Human Patient Simulator and allow you to interact with nurses, pharmacists and a medical provider in a simulated Emergency Department.BOC Domains: I, II, III, VBOC Tasks: 0101, 0201, 0301, 0401 Level of Difficulty: Essential  | Attendees will be able to…1. Improve clinical practice through simulation practice, using peer and mentor feedback2. Be prepared, capable, and experienced in working as part of an inter-professional healthcare team3. Be able to integrate aspects of physical and mental health, cultural competence, ethics, and patient and community values to improve the patients’ outcome | Kasee Hildenbrand, PhD, LAT, ATCKaty Pietz, MEd, LAT, ATCKevin Stevens, MSN, RN, MS, RD, CHSEDaniel Haley, MFAJulie Cary, DVM, MS, DACVS-LAKasee is the current Program Director for the AT Program at Washington State University.Katy Pietz is the Clinical Education Coordinator at Washington State University.Kevin Stevens is the Director of Clinical Performance and Simulation for the Washington State University College of Nursing.Daniel serves as the Simulated Client Coordinator for the Clinical Communication Program at Washington State University.Dr. Julie Cary is the Director of the Clinical Communication Program and the Clinical Simulation Center at Washington State University, College of Veterinary Medicine.  |
| Somatic Dysfunction and Low Back Pain: From Evaluation and Rehab to Performance(4 credits Category EBP)Lab on Sunday at 8:00-12:00Ballroom BMembers must pre-register for labs.  | Low back pain (LBP) is estimated to occur in 10-15% of young athletes. Of these athletes, 50% of LBP can be attributed to spondylolysis. Participation in sports that require repeated hyperextension combined with rotation and load have a higher incidence of spondylolysis. Often the athlete reports a gradual onset of LBP after exercise, whether it be practice or game. In some instances, it is just after weight lifting. However, many athletes who report LBP do not have anatomical abnormalities as displayed in X-rays or MRIs. In addition, recent research suggests that limited mobility of the hips and t-spine contribute to LBP. Furthermore, the brain will subconsciously alter movement based upon exercise patterns that it sees as credible threats. Lastly, weakness in the diaphragm, pelvic floor, and transverse abdominus have been implicated in LBP because they cannot contribute to anterior lumbopelvic postural stability. This talk will focus on evaluation of the athlete with LBP as well as rehab exercises that activate optimal patterns necessary to stabilize the spine. As the athlete recovers and function improves, exercise progressions are introduced to challenge the athlete’s ability to stabilize the spine in a more dynamic environment thus allowing the safe return to sports participation.BOC Domains: I, II, IV, VBOC Tasks: 0101, 0201, 0401, 0501 Level of Difficulty: Advanced  | Attendees will be able to:1. Understand Somatic Dysfunction as it relates to LBP.2. Be able to utilize and interpret Special Tests to Evaluate Athletes with LBP.3. Understand Regional Interdependence and how it relates to LBP.4. Understand Developmental Kinesiology and Dynamic Neuromuscular Stabilization.5. Be able to safely program a) rehab exercise, b) strength and conditioning, c) movement preparation, and d) running drills to return athlete to participation.  | Charles W. Webb, DO, CAQSM, FAAFPTodd Rinder, PhD, ATC/R, CSCS, SFMA, XPSDr. Webb is board-certified in family medicine and osteopathic manipulation, with special training in sports medicine.Todd is a board certified athletic trainer and certified strength and conditioning specialist.  |
| Assessing and Treating the Tactical AthleteCanadian Athletic Therapist Association Speaker Exchange WorkshopSunday 10:15-12:15Riverfront A | Police officers must wear personal protective equipment while on duty to ensure their safety. Equipment can impact an officer’s biomechanics which in return can impact their ability to perform their duties. This workshop will focus on how the equipment can impact biomechanics and how athletic trainers can use their knowledge to help officers adapt to wearing the equipment.BOC Domains: I, II, IVBOC Tasks: 0101, 0201, 0401 Level of Difficulty: Essential  | Attendees will be able to:1. Identify the different types of personal protective equipment officers wear.2. Explain which areas of the body are impacted by personal protective equipment.3. Demonstrate how they can use their athletic training knowledge to help officers cope with wearing the personal protective equipment.  | Rebecca Swan, MRSc, BHK, BAHSc, CAT(C), CSCS, FMS 1Rebecca Swan is an Athletic Therapist as well as a Certified Strength and Conditioning Specialist working for the Vancouver Police Department (VPD). She runs the Athletic Therapy and Wellness Unit which provides on-site rehabilitation, injury prevention, physical fitness and wellness programs. |