

may | 2007

# NATA NEWS

news magazine of the national athletic trainers' association

**mrsa infections:  
are you doing the right thing?**

**new definitions clarify  
practice setting trends**

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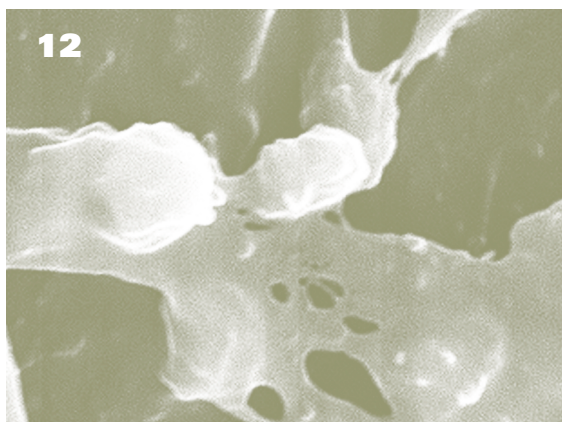


*Life Without Limitations*

may | 2007

# NATA NEWS

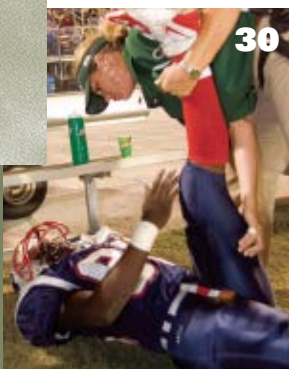
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## cover

### **mrsa: cdc gauges knowledge**

Working with the College/University Athletic Trainers' Committee, the CDC has completed a review of current practices and knowledge pertaining to MRSA, a resistant skin infection that can present a challenge to athletic trainers.

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### **on the cover**

A magnified electron micrograph offers a close-up view of staph bacteria, one of the most common causes of skin infection in the United States.

*CDC/Janice Carr*

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# Profession Loses Colleague in Blacksburg

**News & Reminders**

**journal reviewer remembered**

A promising researcher and friend of the athletic training profession died in the April shootings at Virginia Tech, where he taught and studied biomechanics.

**Kevin Granata**, PhD, was renowned for his research concerning movement dynamics in cerebral palsy. His work won several grants and awards.

Granata was a longtime manuscript reviewer for the *Journal of Athletic Training*. Prior to accepting the position at Virginia Tech in 2002, he was director of the Gait Lab at the University of Virginia.

Memorials can be sent to:

**Kevin P. Granata Memorial Trust**  
1872 Pratt Dr.  
Blacksburg, VA 24068

**collins makeover awarded**

**Northeast Metropolitan Regional Vocation School** in Wakefield, Mass., won the Collins Extreme Athletic Training Room Makeover – valued at more than \$15,000.

“We know how hard athletic trainers work and how tightly they have to manage their budgets,” said Wally Collins, company president. “[The makeover is] our way of giving back to the athletic training community.”

After recognizing the need for athletic training services at Northeast Metro, **Jim Villandry** – a department chair with a graduate degree – returned to Salem State College to pursue an athletic training degree; he is working with Salem’s certified athletic trainers to ensure appropriate coverage while he earns a degree and a license.

**houston students compete**

Athletic training students aides flocked to the **20th Annual Greater Houston Athletic Trainers’ Society Student Workshop** in January. More than 700 participants showed up for the daylong event, filled with lectures, hands-on workshops, skills contests and poster presentations, said GHATS President **Bubba Wilson**, ATC, LAT.

“We always have a mystery speaker as well, and this year it was Al Fontenot, a former college and NFL player who’s now a high school football coach at Fort Bend-Hightower,” Wilson said.

An exhibit hall with almost 20 athletic training education programs and two dozen vendors rounded out the event. Seven Lakes High School in the Katy school district hosted the workshop this year.

**student olympics**

The Society of Athletic Training Students at the **University of Wisconsin-Milwaukee** took a unique step in networking this year, said Vice President **Jillian Thompson**.

The group hosted the Milwaukee Area Athletic Training Student Olympics, featuring a mini quiz bowl, blindfolded ankle taping contests, water cup races, obstacle

courses and more. Area student organizations were invited, and **Marquette University’s** students responded.

“We found it to be a very rewarding experience for everyone involved,” Thompson reported. “It was certainly nice to see everyone again at the GLATA Winter Meeting and cheer on Marquette in the GLATA Quiz Bowl!”

**Honors & Recognition**

**aed rescue**

**Sam Meizner**, ATC, of Timber Creek High School in Orlando, Fla., drew praise in March after a baseball player collapsed mid-game.

Junior varsity pitcher **Robert Modeszto**, 15, showed no signs of illness prior to the cardiac emergency on March 8. Although he had no history of heart trouble, the teen was not breathing and had no pulse when Meizner reached him, with the school’s AED in tow. As parents and officials helped perform CPR, Meizner activated the district’s emergency plan and deployed the AED.

Athletics Director **Jim Priest** told area media that the quick action protected Modeszto and illustrated the importance of proper care and equipment.

**facility named for Jordan**

The University of Maine formally dedicated the **Wes Jordan Athletic Training Education Complex** in September, honoring the late athletic trainer who cared for UMaine athletes for more than 30 years.

Before he died in 2002, Jordan was helping to establish an athletic training education program; it gained accreditation in 2005, and officials held the ribbon-cutting



ceremony dedicating the Wes Jordan complex this fall.

Major League Baseball's **Mark Letendre**, ATC, a Jordan protégé, served as emcee for the event, and the Jordan family was on hand, along with UMaine President **Robert Kennedy**; Dean **Robert Cobb**; and several of Jordan's former colleagues and current athletic training leaders.



1: The family of Wes Jordan officially dedicates the Wes Jordan Athletic Training Education Complex at the University of Maine.

2: (From left) Wes Jordan's legacy lives in colleagues **Mark Letendre**; **Mike Linkovich**; **Walter Abbott**; **Carl Nelson**; and **Tim Weston**, MEd, ATC.

3: UMaine program director **Sherrie Weeks**, ATC, and her students celebrate the opening of the Wes Jordan complex.

## golden key inducts cady



The Golden Key International Honour Society recognized inductee **Adam Christopher Cady** of California State University-Fullerton during a recent ceremony.

"It is only fitting that a top academic achiever like Adam be recognized by Golden Key," said CEU Alexander D. Perwich II.

Cady, who served in the Navy, is completing his degree at Cal State-Fullerton. He has earned scholarships from the NATA Foundation and the Far West Athletic Trainers' Association.

## Service & Outreach

### raising funds and awareness

**Tim Glover**, MS, ATC, of Ferris State University, plans to ride his bicycle from San Francisco to Portsmouth, N.H., this summer to raise money for the American Cancer Society. **He needs your help!**

Before he sets off on June 2 for the six-week journey, he hopes to raise \$50,000 for cancer research. Having lost a good friend – Todd Jager – to cancer, Glover is committed to raising money and raising awareness.

"At risk of sounding cliché, I look at this ride as my opportunity to make a difference," he explained. "I've been thinking about it since last summer, when I first started cycling."

Glover and his brother are part of a team organized by America By Bicycle; the group will travel en masse through 13 states.

To help, visit [www.ferris.edu/htmls/sports/general/Gloverbiketrip.htm](http://www.ferris.edu/htmls/sports/general/Gloverbiketrip.htm). Online

donations are secure and tax-deductible. Visit [www.cancer.org](http://www.cancer.org) or call (800) ACS-2345 for more information. Or, send Glover a word of encouragement at [Tim\\_Glover@ferris.edu](mailto:Tim_Glover@ferris.edu).

## capital group works for tot

The **Capital University Athletic Training Club** in Columbus, Ohio, is raising money for a toddler battling necrotizing enterocolitis. President **Karen Doten** said the group wants to help two-year-old Logan Davis' family as Logan waits for a liver and small bowel transplant.

"That's the focus of our fundraising this year," Doten said.

A 'Logan Davis Night' at a popular neighborhood bar raised \$750 for the family, thanks to contributions from the Capital University and Ohio State University communities, she said.

Further contributions can be made in Logan's name via the Children's Organ Transplant Association at [www.cotafor-logan.com](http://www.cotafor-logan.com).

## Career Notes

### NAU promotes two

**Ryan Pinson**, ATC, was promoted to the head athletic trainer and **Alysia Cohen**, ATC, CSCS, has been named the associate athletic trainer at Northern Arizona University.

Pinson oversees the athletic training operation for NAU's 15 athletic teams and more than 300 student athletes while coordinating the day-to-day responsibilities for the football, men's basketball and women's golf teams.

Cohen joins the NAU staff after serving two seasons as an assistant athletic trainer at Carroll College in Helena, Mont. **nn**



# Athletic Training Bill Gets Number, Needs Support

**H.R. 1846**, the Access to Physical Medicine and Rehabilitation Services Improvement Act of 2007, still needs support! It's critical for lawmakers to receive a constant stream of letters, phone calls, e-mails and visits urging them to vote in favor of H.R. 1846.

**This month, we need every athletic trainer to get a letter of support from at least one physician.** Ask all the physicians and other health care providers who work with you to sign a letter endorsing H.R. 1846; make sure those documents are then forwarded to your legislators.

Go to the Legislative Alert Center in the Members Only section of [www.nata.org](http://www.nata.org) to print a sample letter and find all the details of the legislation.

## parade magazine update

Many members contacted NATA after an April 15 *Parade* article misidentified the profession. NATA immediately called the *Parade* editorial staff, and by April 16 the online version of the story was corrected. The writer and the managing editor apologized and made plans to run a clarification in a future issue explaining the important differences between athletic trainers and personal trainers. *Parade* staff said:

*"We've heard from a number of readers who also questioned the inclusion of athletic trainers in the 'The Hottest Jobs (No College Degree Required)' box featured in our cover story. I've reviewed the copy with our fact-checking department, and you are indeed correct: the list should have said 'personal trainers,' not 'athletic trainers.' We apologize for any misunderstanding this may have caused. We recognize the advanced education and additional levels of training*

*required to pursue a successful career as an athletic trainer. For the record, we make every effort to ensure the accuracy of all our articles and columns. On rare occasions, though, errors happen. This was one of those occasions – and it is already serving as an object lesson for our fact-checking department. Thank you for bringing this matter to our attention. We've enjoyed working with the National Athletic Trainers' Association on other similar stories, and we look forward to using NATA as a valued resource for future articles."*

NATA PR Manager Ellen Satlof praised members' widespread, proactive response.

"Thank you for your continued commitment to the profession and for your diligence in ensuring athletic trainers are accurately portrayed in the media and in the eyes of consumers and other health care professionals," Satlof said.

## new advisor program!

NATA's CAN-WORC advisor program, launched in March, is helping members share insight about non-clinical aspects of emerging markets and health care administration. It's easier than ever to find out how to get a job in a certain setting, what to expect from colleagues or clients, or how to handle new situations.

NATA will add a line item to the online membership directory listing for members with the 'CAN-WORC Advisor' status. Members will be able to search by job setting or state to locate advisors.

To become an advisor, send a brief overview (250 characters) of your athletic training experience and knowledge to Becky DeCoursey at [beckyd@nata.org](mailto:beckyd@nata.org). Use "CAN-WORC Advisor" as the subject line.

Tell us your topics of expertise, using this list:

- College/university
- Secondary school
- Clinic
- Hospital
- Professional sports
- Industrial/occupational
- Corporate
- Amateur/rec./youth sports
- Military/law enf./government
- Health/fitness/performance enhancement clinics/clubs
- Athletic training education
- Other:

**Find the CAN-WORC section at [www.nata.org/members1/can-worc/index.cfm](http://www.nata.org/members1/can-worc/index.cfm).**

## final winner announced

**Kim Miller**, ATC, a student certified member of District Four, is the third and final winner in NATA's online membership renewal prize drawing. Her name was randomly selected from all those who paid their dues online by Feb. 15. Miller receives free registration for the NATA convention in Anaheim.

## free ceus

Don't forget, you've got nine free CEUs waiting in the Virtual Library if you renewed online.

1. Go to the Members Only section of [www.nata.org](http://www.nata.org).
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4. PASS THE COURSE EXAM! You don't get the CEUs if you fail.
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# Athletic Trainers and MRSA Infections: *What's the Score?*

By Ann M. Goding, BA; Kristin J. Rainisch, MPH; Ronda L. Cochran, MPH; Jeffrey C. Hageman, MHS; and the NATA CUATC

**\* Editor's Note:** *This is a special report prepared by the Centers for Disease Control & Prevention in conjunction with the College/University Athletic Trainers' Committee. The two entities have been working to gauge the profession's knowledge of and practices concerning MRSA – reported as one of the most challenging issues related to the care of athletes.*

**S** *Staphylococcus aureus* (also referred to as “staph”) are bacteria, and in the United States, staph bacteria are one of the most common causes of skin infections. These skin infections usually manifest as purulent lesions (think pimples, boils and abscesses) and are frequently misidentified as spider bites.

**Methicillin-resistant *Staphylococcus aureus*** – MRSA – is a specific strain of staph bacteria that is resistant to the beta-lactam class of antibiotics (e.g., penicillin, cephalosporins and cephalexin) most commonly used to treat staph infections. While MRSA most frequently infects persons with weakened immune systems who are in hospitals or other health care facilities, in the last decade MRSA has emerged as a cause of infections in otherwise healthy persons outside of health care settings, including athletes.

MRSA is transmitted primarily by direct skin-to-skin contact through open skin lesions such as abrasions, hair follicles or microabrasions that can result from body shaving. The area of infection is usually red, swollen, painful and may have drainage. MRSA infection can lead to more serious conditions like bloodstream infections and pneumonia; the symptoms frequently associated with these more serious infections include fever, chills and shortness of breath.

Several factors have been associated with the spread of MRSA skin infections; those are emphasized in the “Five C Framework” (Figure 1). Athletic settings are optimal environments for the spread of MRSA due to the occurrence of these five important risk factors: **crowding**, frequent skin-to-skin **contact**, **compromised** skin (i.e., cuts or abrasions), **contaminated** items and surfaces, and lack of **cleanliness**. Additional factors currently under evaluation are antimicrobial use and colonization (the presence of bacteria on a person's body without symptoms of disease).

**Figure 1. The “Five C Framework” indicating primary risk factors for MRSA skin infections.**

THE 5 Cs
Crowding
Frequent skin-to-skin Contact
Compromised skin (i.e., cuts or abrasions)
Contaminated items and surfaces
Lack of Cleanliness

Athletes, specifically those involved in contact sports, may be at higher risk for MRSA skin infections because they have frequent skin-to-skin contact and often sustain skin abrasions or cuts. Outbreaks have been reported among several athletic groups (fencers, football players and wrestlers) and at all levels of competition, including an outbreak among members of professional football teams.<sup>ii</sup>

**Given the challenges of treating infections caused by MRSA and the potential severity of these infections, it is important for athletic trainers and other health care providers to be aware of the pivotal role they play in evaluating and preventing the spread of this bacteria.**

To assess the knowledge, practices and perceptions of certified athletic trainers regarding MRSA, a Web-based survey was conducted via the NATA site in October 2006. Questions pertained to the demographics of the respondents, reported practices, the number and type of patients/athletes commonly treated, and their perceptions regarding MRSA. Data from 364 respondents were used in the analysis, which included only one respondent per institution/site.

## **who responded?**

Most respondents were male (58.9%) and most had practiced a median of 9.0 years (range: 0-35) in high school (40.8%), college/university (32.3%), or multiple (i.e., two or more of the

following: high school, college/university, professional, clinical or “other” (17.0%) athletic settings. Almost 40% of respondents had at least one credential in addition to their athletic training certification. The additional credentials most frequently reported were Certified Strength and Conditioning Specialist or “other” (i.e., teaching certification, athletic training license or advanced degree). More than one-third of the respondents (37.7%) were from the South as compared to 28.8% from the Midwest, 18.7% from the West, 14.1% from the Northeast, and 0.6% from “other” (e.g., Puerto Rico).

### overall skin infections

The median number of patients/athletes reportedly treated per week was 50.0 (range: 0-1000), and nearly all (92.0%) respondents indicated they had treated at least one patient/athlete for a skin infection caused by any organism.

Of male patients/athletes reportedly treated for any skin infection, most were participants in football (72.6%), wrestling (52.5%) or basketball (25.8%), while the female patients/athletes most commonly participated in basketball (34.3%), soccer (34.3%) or volleyball (32.0%).

### mrsa infections

The survey showed almost all respondents (98.6%) are aware of MRSA. About one-half of them (53.3%) have treated at least one patient/athlete for an MRSA skin infection. In the 12 months preceding the survey, respondents reported treating a median of 3.0 (range: 1-50) patients/athletes for MRSA skin infections. The most affected areas were:

- Lower leg (38.1%)
- Forearm (31.5%)
- Knee (29.3%)

Male patients/athletes (87.3%) were significantly more likely than female patients/athletes (35.9%) to be reportedly treated for MRSA skin infections. MRSA skin infections were most commonly reported in male athletes participating in football (76.0%), wrestling (22.8%) or basketball (12.7%).

### reported practices

Athletic trainers were asked a series of questions regarding their reported

practices both on and off the field.

#### — hand hygiene

Only 17.6% of respondents reported they always wash their hands *before* seeing each patient/athlete and only 38.9% reported they always wash their hands *after* seeing each patient/athlete (Figure 2). Fewer reported using an alcohol-based hand sanitizer (11.1% and 24.4%, respectively).

However, 31.8% reported always using an alcohol-based hand sanitizer *between* caring for each patient/athlete, while only 12.0% reported always washing their hands with soap and water.

Almost 60% of respondents reported that they put on a new pair of gloves *before* seeing each patient/athlete.

#### — treat or refer?

In day-to-day practice, respondents indicated they usually refer patients/athletes to other health care personnel for suspected infection, spread of infection (i.e., to other body sites) or discharge (i.e., from a wound).

When asked whether they personally perform care measures or refer patients/athletes to other health care providers when there is a suspected MRSA skin infection:

- 94.1% indicated they personally apply a bandage
- 80.0% personally clean the infection

site with an antiseptic agent (e.g., Hibiclens or betadine)

- 55.3% personally apply a warm compress (Table 1).

In addition, 91.8% refer the patient/athlete to other health care providers to obtain a *wound/abscess* culture and 86.5% refer the patient/athlete for an incision and drainage procedure to be performed.

While 95.3% reportedly refer the patient/athlete for a *systemic* antibiotic prescription, only 72.9% reportedly refer the patient/athlete for a *topical* antibiotic prescription.

#### — guidance & education

For patients/athletes with MRSA skin infections, respondents indicated they most commonly recommend the patient/athlete practice these measures:

- Good general hygiene practices (i.e., frequent bathing) (95.8%)
- Good hand hygiene (95.2%)
- Cover the wound with bandages (94.1%)
- Watch for signs of worsening (89.3%)

Although NATA released an official statement and set of recommendations regarding MRSA, only 48.8% of respondents reported they were aware of this. Moreover, only 26.5% of respondents indicated the organization or setting at



**Table 1. Reported treatment measures among certified athletic trainers for suspected MRSA skin infections.**

Treatment Measure	Perform Personally (% of respondents)	Refer to Other Health care Provider (% of respondents)
Applying a bandage	94.1%	2.9%
Applying a warm compress	55.3%	10.6%
Cleaning the infection site with an antiseptic agent	80.0%	15.9%
Obtaining a <i>nasal</i> culture	2.4%	81.8%
Obtaining a <i>wound/abscess</i> culture	4.1%	91.8%
Performing Incision and Drainage (I&D)	7.7%	86.5%
Prescribing a <i>systemic</i> antibiotic	1.8%	95.3%
Prescribing a <i>topical</i> antibiotic	22.9%	72.9%

**Table 2. Reported perceptions of MRSA among certified athletic trainers.**

Reported Perceptions	Agree	Neutral	Disagree	Don't Know or N/A
MRSA is a problem nationally.	89.0%	5.8%	3.1%	2.1%
MRSA is a problem in my practice setting.	37.9%	24.5%	35.8%	1.8%
I am concerned my patients/athletes are at risk for getting an MRSA infection.	77.4%	14.1%	7.7%	0.9%
My patients/athletes are aware of MRSA.	55.4%	12.8%	29.4%	2.5%
My patients/athletes think MRSA is a problem nationally.	17.4%	24.8%	40.1%	17.7%
My patients/athletes think MRSA is a problem in their team/organization.	15.9%	19.0%	56.9%	8.3%
My patients/athletes are concerned they are at risk for getting an MRSA infection.	29.7%	18.4%	45.9%	6.1%

which they practice most of the time has an official statement, policy or set of recommendations pertaining to MRSA.

### reported perceptions

Most of the respondents reported believing that **poor overall hygiene** (91.1%), **contaminated athletic equipment** (87.8%), **sharing personal items** (84.7%), and **non-intact skin** (83.2%) are the primary risk factors for acquiring MRSA.

Overall, more than 75% of respondents agreed they are concerned their patients/athletes are at risk for getting an MRSA infection and that MRSA is more of a problem nationally than in their practice setting. When asked about the perceptions of their *patients/athletes*, respondents indicated their patients/athletes viewed MRSA as more of a prob-

lem nationally than on their team/organization (Table 2).

Most respondents (96.0%) indicated athletic trainers are responsible for educating patients/athletes about MRSA in their practice setting. Less than one-half (42.5%) of respondents reported that a patient/athlete had asked them for information about MRSA. Patients/athletes who did inquire about it most frequently asked for information about what MRSA is (78.0%), how MRSA is spread (52.8%), and what causes MRSA (52.0%).

### conclusion

The overall scorecard for athletic trainers regarding MRSA shows the profession is in the lead.

However, hand hygiene practices should be improved. **Athletic trainers need to wash their hands with soap and water or use an alcohol-based**

**hand sanitizer before and after every patient contact.**

The reported recommendations made by athletic trainers for patients/athletes with MRSA skin infections –including good overall hygiene, good hand hygiene, and covering the wound – are consistent with the “Five C Framework” and have been important in controlling MRSA during outbreaks. The practices reportedly used for suspected MRSA infections, such as cleaning and covering the wound, are also consistent with recommended practices for preventing transmission of MRSA skin infections. In addition, athletic trainers successfully identified risk factors for acquiring MRSA infections, such as poor overall hygiene and non-intact skin.

Athletic trainers and other health care providers must be aware of the signs and symptoms of MRSA as well as the seriousness of the infections that it can cause, since athletes are a known risk group for acquiring these infections. All health care providers should know the recommended measures they can take to prevent and control MRSA infections, including performing basic hand hygiene and other infection control precautions for all contact with athletes for whom they provide care.

Recognizing risk factors such as those addressed in the “Five C Framework” and the NATA recommendations should be emphasized to both athletes and athletic trainers. Taking these measures will help reduce the impact of MRSA so athletic trainers stay ahead of the game and everyone wins in preventing MRSA skin infections.

### more information

If you have questions about this survey, contact Kristin Rainisch at aof4@cdc.gov.

Please report all MRSA outbreaks to your local health department. For more information, visit [www.cdc.gov/mrsa](http://www.cdc.gov/mrsa). ■

<sup>i</sup> “Methicillin-resistant *Staphylococcus aureus* infections among competitive sports participants – Colorado, Indiana, Pennsylvania, and Los Angeles County, 2000 – 2003.” *MMWR* 22 Aug 2005;52(33): 793-795.

<sup>ii</sup> Kazakova SV, Hageman JC, Matava M, et al., “A clone of methicillin-resistant *Staphylococcus aureus* among professional football players.” *The New England Journal of Medicine* 2005; 352:468-475.

## Official Statement from the National Athletic Trainers' Association

on Community-Acquired MRSA Infections (CA-MRSA)

In an effort to educate the public about the potential risks of the emergence of community-acquired methicillin-resistant staphylococcus infection (CA-MRSA), the National Athletic Trainers' Association recommends that health care personnel and physically active participants take appropriate precautions with suspicious lesions and talk with a physician.

According to the Centers for Disease Control and Prevention, approximately 25% to 30% of the population is colonized in the nose with *Staphylococcus aureus*, often referred to as "staph," and approximately 1% of the population is colonized with MRSA1.

Cases have developed from person-to-person contact, shared towels, soaps, improperly treated whirlpools, and equipment (mats, pads, surfaces, etc). Staph or CA-MRSA infections usually manifest as skin infections such as pimples, pustules and boils, which present as red, swollen, painful or have pus or other drainage. Without proper referral and care, more serious infections may cause pneumonia, bloodstream infections or surgical wound infections.

Maintaining good hygiene and avoiding contact with drainage from skin lesions are the best methods for prevention.

Proper prevention and management recommendations may include, but are not limited to:

- Keep hands clean by washing thoroughly with soap and warm water or using an alcohol-based hand sanitizer routinely.
- Encourage immediate showering following activity.
- Avoid whirlpools or common tubs while open wounds, scrapes or scratches are present.
- Avoid sharing towels, razors and daily athletic gear.
- Properly wash athletic gear and towels after each use.
- Maintain clean facilities and equipment.
- Inform or refer to appropriate health care personnel for all active skin lesions and lesions that do not respond to initial therapy.
- Administer or seek proper first aid.
- Encourage health care personnel to seek bacterial cultures to establish a diagnosis.
- Care and cover skin lesions appropriately before participation.

1 CA-MRSA Information for the Public. Centers for Disease Control and Prevention. Available online at [www.cdc.gov/ncidod/hip/aresist/ca\\_mrsa\\_public.htm](http://www.cdc.gov/ncidod/hip/aresist/ca_mrsa_public.htm)

**National Athletic Trainers' Association**  
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# “Be Proud,” New Director Encourages

**m**ark Gibson, MS, ATC, PT, has lectured classes large and small since he was 21 years old. He has addressed leaders, lawmakers, administrators, constituents. But on this day, as he discusses his soon-to-start tenure as District Four director, he admits an upcoming speech has him worried.

“I’m giving the Roger Kalisiak Distinguished Lecture at Northern Illinois University this year,” said Gibson, who joins the NATA Board of Directors in June. “He is one of my all-time favorite mentors. When I was a state representative, he was involved in the GLATA board. I’ve looked up to him forever. It’s humbling to give a speech named in his honor; I’m nervous – and I don’t get nervous.”

The simple admission speaks volumes about the depth of Gibson’s dedication to the profession and respect for its practitioners. It offers a glimpse of what kind of leader he is.

After a decade of service at the state and district level – including a successful push for licensure in Wisconsin – Gibson is energized and ready for work on a national scale.

“The thing that really makes getting involved rewarding is that you get to see the potential for the profession,” he explained. “When you’re involved in medical care outside of athletic training – I do physical therapy in the summer – you see the cumbersome nature of the way medicine works in this country.

“With athletic training, you see the potential to make medicine better,” Gibson added. “We’re in the trenches, but we probably are the Most Valuable Player. Nobody can relate to patients better than athletic trainers can. Nobody understands the team concept of medicine like the athletic trainer does. Nobody knows more about how to work toward goals, how to demonstrate a work ethic, how to succeed in a team environment.

“We have so much to be proud of, and we need to understand that people want our type of services and we can hold our own in health care. We matter.”

Gibson, who fills the board position vacated by Marjorie Albohm, MS, ATC, said legislation, strategic thinking and confidence about the athletic trainer’s place in health care are key to future success.

“The battles we’re fighting now in the legislature, the work we’re doing with strategic initiatives: those are the things that will change the profession,” he explained. “It’s exciting to see a board that’s involved in leadership and not so much in day-to-day micromanagement. It’s good to maintain the focus on advancement.”

As he prepares to join the board, Gibson is working to make sure the open-door policy he embraces as an educator is mirrored in his role as a leader.

“I’m looking forward to learning a lot more about all the other districts,” he said. “I hope the membership is comfortable in contacting me directly, at any time. Everyone has something important to say and something of value to contribute.”

Stepping into the shoes of an extremely active board member will keep him busy, Gibson acknowledges. His family is accustomed to it.

“I’m following Marje, and that’s not easy,” he said. “I suppose my evenings might get a little longer. The energy level is just way up there. But I’m so excited about the potential for our future, and I’m ready to get started working.”

*Mark Gibson can be reached at (608) 785-8190 or [Gibson.Mark@uwlax.edu](mailto:Gibson.Mark@uwlax.edu). **nn***



**Mark Gibson**

#### Career

Southern Arkansas University, 1982-84: instructor/intramural director/head athletic trainer; Slippery Rock, 1984-85: assistant athletic trainer/instructor; University of Wisconsin-La Crosse, 1985-Present: head athletic trainer/program director

#### Education

Bachelor’s degree, Slippery Rock University; master’s degree, Southern Illinois University-Carbondale; master’s degree in physical therapy, University of Indianapolis

#### Hobbies

Fishing (ice fishing in winter, all kinds of fishing in summer); yard work; “and with a wife who’s a coach, you end up being the cook, so I do a lot of cooking: nothing fancy, but I don’t burn toast anymore.”

#### Family

Wife of 25 years, Barbara; daughter Kelli, pursuing a career in nursing; son Kyle, an athletic training student at UW-Eau Claire; daughter Katherine, preparing for seventh grade



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# Expand Your Horizons for Grad School Assistantships

By Jay Sedory, MEd, ATC

Recently I found myself reminiscing about how I got where I am today and how graduate school and my assistantship influenced my career. It's no exaggeration to say it changed the course of my life.

As a college senior, I read an article by Kenneth Knight and Chris Ingersoll in the *NATA News* encouraging students to enroll in an accredited athletic training graduate program. The article solidified my decision to earn a master's degree in athletic training. I was intent on enrolling in a Division I program and getting assigned to college athletics.

Upon my acceptance to the University of Virginia I was asked my top three preferences for graduate assistantships. My first and most adamant choice was sports at UVa., followed by Virginia Military Institute and Fork Union Military Academy, respectively. Multiple positions were available at UVa., which I thought increased my odds. VMI also had several openings. So I never really considered my third choice; with all those openings, what was the chance I'd end up at my last choice?

Surprise. My assignment was Fork Union Military Academy. After a crash course on the school (who researches their last choice?) I learned it is a private, all-male boarding school with middle school, high school and college preparatory levels. It incorporates marching, formation, leadership ranks and discipline similar to the military. The academy is 45 minutes from Charlottesville, with few of the conveniences enjoyed in the city. In Fork Union, I was limited to two gas stations, one local grocery store, two dining establishments, one main road and zero stop-lights. I was discouraged before I even got there.

But my time at FUMA is still one of the best experiences I've ever had. While it lacked the facilities of a Division I school, FUMA had all the necessary equipment and facilities to rival Division II schools.

This assistantship built my confidence in my abilities, broadened my experience and helped me become self-sufficient. At FUMA, I didn't depend on another staff member's opinion; I didn't have the convenience of walking into the team doctor's office. However, I was supervised and I got the mentoring I needed in this early stage of my career. Head athletic trainer Rich Taddie, MEd, ATC, LAT, would show me certain injuries and allow me to make my own assessment. The athletic training room became my workplace and learning lab.

For many reasons, I was treated like a staff member instead of a GA. I undertook administrative responsibilities I may not have received elsewhere. I was mentored in staffing, budgeting and athletic training room operations. Some of my most interesting days included maintenance of the equipment; I learned how to make water caddies/lifts and how to fix the piping on the ground whirlpool.

My primary assignment was to supervise the post-graduate

football and basketball teams. These programs are for athletes who did not get the grades they needed to be accepted to the schools that recruited them, or for athletes who want more exposure in hopes of being recruited by top programs. We played junior varsity teams from UNC, Virginia Tech, West Point and the like (so, in a small way, I did get the big university experience I had sought).

More important, I was working with highly motivated athletes. Their goals focused on going to the big universities and playing under the lights; they needed to get better and stay healthy.

A benefit of the military academy was the regular schedule. I knew exactly when to expect my athletes for treatments and evaluations, so I could plan accordingly. Practices could not run long because the regimented schedule did not allow for it. Discipline and courtesy were refreshing; athletes saying "please" and "thank you" was enough, but most times they even helped take supplies to and from practice.

My site was conducive for me as an academic learning environment. Being separated from the research lab and my instructors was inconvenient, but I was also removed from distractions. It was easy to study and work on my thesis uninterrupted. My supervisor challenged me academically. He had me explain concepts and techniques to him, which forced me to understand the material thoroughly.

Maybe it was luck of the draw, or maybe my program director knew where I belonged. Either way, I am fortunate to have been a graduate assistant at Fork Union Military Academy and a student of the University of Virginia.

You may be interested in this type of setting if you:

- Enjoy working with a small staff;
- Want to work with several sports;
- Have a strong sense of pride for your country;
- Like to work with disciplined student-athletes;
- Like law enforcement, industrial and military settings;
- Need a more regular schedule.

Currently I'm the head athletic trainer for the Drug Enforcement Administration and Federal Bureau of Investigation in Quantico. There is no doubt my GA experience helped me get this job.

I call on students who are searching for graduate assistantships and graduate schools to look beyond traditional athletics and explore other opportunities, whether it is military, industrial, corporate or private school. It might just lead you to a whole new career path. ■■

*Special thanks to UVa. Program Director Chris Ingersoll, PhD, ATC, and FUMA Head Athletic Trainer Rich Taddie, MEd, ATC.*

*Jay Sedory can be reached at [Edward.J.Sedory@usdoj.gov](mailto:Edward.J.Sedory@usdoj.gov).*

# Honoring the Brightest

The National Athletic Trainers' Association is pleased to present its 2007 award recipients. These athletic trainers have devoted their time, talent and attention to promoting the profession and the association. Their contributions do not go unnoticed.

Our Hall of Fame – the highest honor awarded – welcomes four new members: **Tom Abdenour**, MA, ATC; **Steve Bair**, MEd, ATC; **Sam Booth**, PhD, ATC; and **Julie Max**, MEd, ATC. This class represents professional sports, secondary school, hospital/clinic and college settings, illustrating the breadth of impact athletic trainers have on society.


Join us in celebrating their achievements during the 58th Annual Meeting & Clinical Symposia in Anaheim.

## schedule of recognition

This year, award recipients will be recognized in various venues.

- **Hall of Fame, MDAT, Athletic Trainer Service Award, President's Challenge, Honorary Membership, Tim Kerin Award:** Presented at the NATA Awards Luncheon, 12:45 p.m. June 29
- **Bill Chisolm EDAC Professional Service Award:** Presented at the EDAC Town Hall Meeting, 5:30 p.m. June 27
- **Continuing Education Excellence Award:** Presented during the CEC Session, 1 p.m. June 28
- **Journal Manuscript Awards:** Presented at the Distinguished Scholars Presentation, 1 p.m. June 28
- **College/University Athletic Trainer Awards:** Presented during the CUATC Session, 6:30 a.m. June 28

- **Sayers "Bud" Miller Distinguished Educator Award:** Presented at the Education Council Session, 6:30 a.m. June 30
- **Foundation Volunteer of the Year, Foundation Scholarship Recipients:** Honored during the William E. Newell Athletic Training Student Scholarship Luncheon, 12:30 p.m. June 27
- **Governmental Affairs Contest Winners:** Announced at the State Leadership Forum
- **Public Relations Contest Winners:** Recognized at their respective District Meetings, 11 a.m. June 27
- **Cramer Scholarship:** Presented at the SSATC Session, 6:30 a.m. June 28
- **AOSSM and AAPSM awards:** Presented at the General Session, 11 a.m. June 29

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Tom Abdenour, MA, ATC

# Tom Abdenour: Champion, Caregiver, Friend

By Valerie Hunt

It was a playoff game, pitting the underdog Golden State Warriors against an NBA giant. Warriors head athletic trainer Tom Abdenour, MA, ATC, had only been with the team four years.

He waited to see how the care a returning athlete had received would translate on the court in this high-pressure situation.

"It was an absolutely phenomenal game," said Abdenour, now in his 20th year with the team. "Our guy came back and gave the performance of a lifetime. It's a great feeling!"

As an accomplished clinician, it's a feeling Abdenour knows well. Though he cites that comeback as his quintessential career moment – "When I die, that game video is something I want to take with me!" – he speaks with equal enthusiasm about the many other accomplishments that comprise a Hall of Fame-worthy lifetime.

For instance, Abdenour is the man behind the overwhelmingly popular cadaver prosection for students at the convention each year.

Abdenour is the catalyst for NBA caps, basketballs and – most important – athletic trainers at the Foundation scholarship luncheon.

Abdenour is the one who calls high-profile sports reporters, broadcasters and officials to make sure athletic trainers are represented accurately whenever possible.

He led the Honors & Awards Committee through four years as chair. He helped organize and was first president of the Utah Athletic Trainers' Association.

And it was Abdenour who, in 2003, founded CHAMPION Guidance Center, a San Francisco Bay-area shelter where homeless men can clean up, seek help getting a job and find respite in sports-oriented surroundings.

For all of these accomplishments, however, he credits mentors, colleagues, administrators, coaches.

"If there's one defining moment, it's the opportunity to spend time with some truly wonderful people," Abdenour said. "It started with my brother, Mike, who has been an athletic trainer in the NBA for 31 years now. He's my role model. He is two years older than me, and he introduced me to athletic training. He took the Cramer course, and then I took the Cramer course.

"We both got lucky with our mentor at Wayne State: Robert

White," Abdenour added. "He took a can opener, peeled back our skulls and just poured in so much knowledge."

Ever since, Abdenour has sought to improve his skills and his wisdom every day. Working for nine years in the college setting, he said, underscored the importance of keeping up with professional developments and staying current through continuing education.

He wants to earn a doctorate, conduct research, write more, mentor students and win an NBA championship. His advice is unwavering.

"To be successful as an athletic trainer, you have to be conscientious of your responsibilities, you have to be competent with your skills and you have to be courteous with people," Abdenour said. "Then, just be willing to get your hands dirty – and by that I mean work hard, take advantage of opportunities even if they don't pay top dollar, and be willing to work in any situation, any setting.

"You do that, and you keep trying to learn as much as possible every day, and you won't have any regrets." **nm**

**Born:** August 19, 1954, in Detroit, Michigan

**Family:** Wife Christine; children Rebecca, Carolyn and Thomas; parents Anthony (deceased) and Sadie; brother Mike; sisters JoAnn and Janet; and "my many mentors, colleagues and friends who make up the NATA family"

**Education:** Bachelor's and master's, Wayne State University

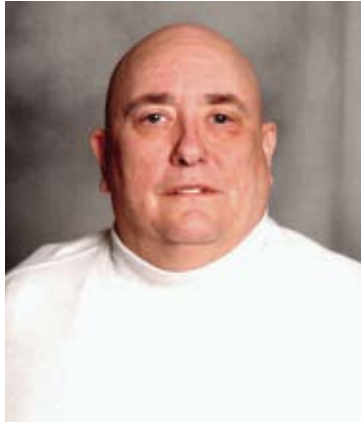
**Career:** Head athletic trainer, Golden State Warriors, 1987-present; head athletic trainer, Weber State College, 1979-87; head athletic trainer, Hillsdale College, 1978-79

**Hobbies:** Golf, "which I play twice a year."

**Favorite food:** Middle Eastern cuisine

**Favorite spectator sport:** Basketball

**Motto:** "Conscientiousness, competency, courtesy. And, I always tell people that what I do beats working for a living. I love my job!"



Steve Bair, MEd, ATC, LAT/NJ

# Steve Bair: The Man, the legend, the... Nuclear Physicist?

By Nick Campbell

One of the first things people notice about Steve Bair, MEd, ATC, LAT/NJ, is his genuine affection for his athletes and colleagues. His passion for the profession is rivaled only by his hard work and commitment to the health of his athletes.

Bair got his first taste of athletic training when he took the Cramer correspondence course while attending high school in Indiana. Although he found it enjoyable, he had other plans for his future.

He was going to study nuclear physics and, he hoped, one day ram atoms into each other. With this purpose he set off to Western Michigan University in Kalamazoo. It soon became apparent, however, that nuclear physics would not be part of his future.

"I got homesick at noon on the first day," said Bair. "So I knocked on Jack Jones' door and became a student athletic trainer. Besides, calculus taught me that I wasn't going to be a nuclear physicist."

These days, Bair works as the only athletic trainer at Overbrook High School in Pine Hill, N.J., a school with approximately 350 athletes. He is also the treasurer of the teacher's union, due mainly to his experience as treasurer of the Athletic Trainers' Society of New Jersey. In addition, Bair serves on the Board of Directors for the NATA Research and Education Foundation.

Bair's passion for the profession is unmistakable, as is his respect for his peers.

"My colleagues have hearts of gold," mused Bair.

This same comment might be applied by his peers towards him. Many know Bair for his unequalled tutoring of student athletic trainers, as well as the effect it is bound to have on the future leaders of the association.

Bair displays a similar attitude towards the athletes under his care. He has a genuine concern and admiration for these students. The pride he takes in their achievements is palpable, especially towards those high school athletes accepted into schools renowned for their academic standards and accomplishments. He takes a parent-like satisfaction in their success.

"Seeing my kids do well at high-level academic places has been a pleasure as well. I just had two that went off to the Naval Academy," said Bair with pride.

Bair considers his service to the profession another great

highlight in his career. He has served on the Board of Directors for NATA, the Foundation, the Board of Certification and the ATSNJ. It is not just the honor of serving that has made these moments great, but the chance to see firsthand the advancements of the athletic training profession.

"I've seen the profession move forward," he said.

Bair's service to the profession has been whole-hearted and selfless, doing what is right for his athletes, students and the profession as a whole, regardless of personal reward.

He plans to retire in the next five years or so, but hopes to help accomplish more within the Foundation before then.

"With luck, we will be able to endow many of the Foundation programs and get the membership to fiscally support research that will increase the athletic training body of knowledge," said Bair. **nm**

**Born:** March 16, 1949

**Family:** Brother, Warren, in Nashville; dog, Spot

**Education:** Master's, University of Arizona; bachelor's, Western Michigan University

**Career:** Licensed athletic trainer, Overbrook High School; head athletic trainer, Temple University; part-time faculty, Temple University Dept HPERD; assistant athletic trainer, Temple University, intercollegiate athletics; athletic trainer, Amphitheater High School

**Hobbies:** Golf, attending music festivals, "drinking beer with my friends," reading

**Favorite food:** French fries

**Favorite spectator sport:** Football, especially college

**Motto:** "Bair's Laws: Three belly laughs per day, mandatory! Don't take yourself too seriously; laugh at yourself so you can laugh at others. Know what you don't know! Identify the pathology."



Cynthia Booth, PhD, ATC

# Sam Booth: Leading by Example

By Valerie Hunt

**b**y the time Cynthia Booth, PhD, ATC, was just three years old, she had already made a name for herself.

Drawn more to whiffle ball and catching tadpoles than to dolls and playing house, little Cindy earned the nickname “Sam” from a friendly neighbor. In the years since, she has been called everything from “Miss Booth” to “Madam Chair” – and now Sam adds another name to her collection: NATA Hall of Famer.

“This whole experience has been very humbling for me,” said Booth, a former District Four director and NATA secretary/treasurer. “I just like being able to make an impact on somebody in life, and that’s all I ever wanted to do. I just want to help.”

While it was her parents who instilled that desire in her, Booth encountered several people early on who clarified her path: Paul Grace, Whitey Gwynne, John Spiker and Sue Shapiro.

“I went to college on a basketball scholarship, and I ended up spraining my ankle,” she recounted. “Paul took care of me, and he really was the first one to show me what athletic training was all about. The more I learned, the more I could see it was a natural fit.”

When she was entrusted with caring for the volleyball team as an upperclassman, Booth knew she had found her calling. Helping players return from injury, physically and emotionally, made her want to work harder and learn more, to be better at her job. As her career branched into academia, she discovered mentoring offered an even greater reward.

“The greatest joy I’ve had was when my students received state, district or national scholarships,” said Booth, who now works as a hospital administrator. “What I like best about our profession is being able to make a difference, and I think in teaching you can do that.”

But it’s not Booth’s unquestionable technical expertise or considerable knowledge that set her apart. It’s her ability and willingness to connect with people, even in the midst of trauma. Such compassion is borne only of experience.

In 1991, Booth was diagnosed with cancer. She beat it, as did her older sister several years later. But Booth’s beloved father died barely two years after her diagnosis, and the disease claimed her brother. Another brother died unexpectedly. Her mother – her anchor – passed away last year.

These personal traumas deepened Booth’s already-strong compassion.

“We’re all faced with adversity in our lives, and how you handle that is what makes you or breaks you,” she said. “My mom and my dad imparted to each of us to work hard, believe in yourself and have a strong spiritual foundation. As you go through life, you’ve got to have a foundation that will hold you up no matter what happens.”

For Booth, that foundation includes faith, family and service.

“Athletic training is my passion, and it will always be in my heart no matter what job I’m in,” Booth said. “My athletic training colleagues – from the people I’ve worked for and with to the people I’ve served with on the board and committees – are my family, too.” **nn**

**Born:** October 12, 1955 in Oak Hill, West Virginia

**Family:** Brothers Jim and Tom; twin sister Carol and older sister Frances; special friend Katy; dogs Toby and Charlie (Parents Hobert and Sarah and brothers Jocko and Pork Chop have passed away.)

**Education:** Bachelor’s, West Virginia University; master’s University of Kansas; doctorate, University of North Dakota

**Career:** Manager of Neurosurgery, Neurology, Neuropsychology, Pain Management & Spine Rehab., MeritCare Health System (present); manager of Sports Medicine and additional departments, MeritCare, 1999-2005; head athletic trainer, Minnesota State University Moorhead, 1987-98 (with progressive roles as an administrator and instructor); assistant AT/instructor/interim curriculum director, WVU, 1984-87; clinical assistant AT, Morgantown PT Assoc., 1983-84; head women’s AT/adjunct faculty, KU, 1980-83; grad asst., KU, 1979-80

**Hobbies:** Playing with Toby and Charlie, working in the yard

**Favorite food:** Italian, and anything chocolate

**Favorite**

**spectator sport:** Women’s basketball and college and pro football

**Motto:** “One by Winston Churchill: ‘We make a living by what we get; we make a life by what we give.’ And from my mother, ‘Live until you die.’”



Julie Max, MEd, ATC

# Julie Max: First Female President - And More

By Nick Campbell

**W**hen asked to describe Julie Max, MEd, ATC, many of her colleagues use the word “leadership,” whether they are referring to her work in the athletic training room or her efforts to advance the profession. Most athletic trainers will remember her as the first female NATA president, serving from 2000-2004. Those who know her, however, recognize she is a valuable mentor and a trusted friend.

Max discovered athletic training in college, where she was an athlete. She grew to embrace the athletic training profession, as it combined her two great loves: athletics and medicine. Faced with a decision of continuing as an athlete or devoting her time to athletic training, Max chose the latter. It would be a decision neither she nor the athletic training profession would regret.

“I was very fortunate in finding a profession that blended my two loves: sports and medicine,” she explained.

Currently, Max is the head athletic trainer at Cal State University, Fullerton, where her average day is a mixture of treating athletes, mentoring her athletic trainers and doing administrative work. She remains passionately committed to athletic training, despite the abundance of paperwork.

“The passion for athletic training sustains me, but the daily challenges excite me to come to work every day,” Max explained.

When she walks through the door of her office, Max makes it her purpose to touch the lives of as many student athletes and athletic trainers as possible. Judging from the letters of support received for Max, she is achieving that goal. Her dedication to the job and her compassion towards her students and athletes is awe-inspiring.

Of all the great moments in her career, Max considers the NATA presidency to be the highlight. Being elected the first female president was both an amazing honor for Max and a significant step for the association. But equally important, if not more important on a personal level, the presidency taught Max valuable lessons about life, leadership and faith.

“It taught me so many meaningful lessons,” she explained.

Among the lessons learned was the secret of success. Max said she learned success must be based on a strong, firm foundation; in her case, her faith. She leaned heavily on her faith throughout her presidency, finding in it the strength to

lead and the humility to listen.

According to Max, the ability to listen is among the most valuable assets necessary to become a great leader. Max received differing opinions with an eager ear and open mind.

“I learned to become a better listener,” she said. “Every opinion matters.”

This characteristic not only enabled her to become a better leader, but it also earned her the respect and admiration of her peers. They felt confident she would seriously consider their suggestions, even the ones polar opposite of her own.

Having achieved the NATA presidency, led a long and successful career and touched the lives of so many people, one might think Max is ready for retirement. Max, however, is not ready to take it easy—she will continue to look for the next challenge.

“My goals these days would be...to daily find balance for my life professionally, personally and spiritually, and be open to changes that may come my way,” she said. “Do a better job of living in the moment and continue to look for the next mountain to climb.” ■■■

**Born:** September 23, 1953

**Family:** Brother, John; nephew, Cody; extended family, Debi, June, Carol and Maryalyce

**Education:** Master’s, Azusa Pacific University; bachelor’s, Cal State University, Fullerton; associate’s, Fullerton College

**Career:** Head athletic trainer, Cal State, Fullerton; athletic training education program director, CSU Fullerton; athletic training internship director, CSU Fullerton; co-head athletic trainer, CSU Fullerton; instructor of kinesiology, CSU Fullerton; approved clinical instructor, CSU Fullerton

**Hobbies:** Pretty much every outdoor activity, especially hiking

**Favorite food:** Mexican

**Favorite spectator sport:** College football

**Motto:** “Live and laugh in the moment; let God take care of the future.”

# 2007 NATA Awards Recipients

## hall of fame

Tom Abdenour, MA, ATC  
Steve Bair, MEd, ATC  
Cynthia "Sam" Booth, PhD, ATC  
Julie Max, MEd, ATC

## most distinguished athletic trainer

Kathy Dieringer, ATC, LAT  
Danny Foster, PhD, ATC  
Michael Goldenberg, MS, ATC  
Carolyn Greer, MA, ATC, PTA  
Stephanie Lennon, MS, ATC  
Ralph Reiff, ATC, LAT  
Kathleen Stroia, ATC, PT  
Thomas Weidner, PhD, ATC  
Gary Wilkerson, EdD, ATC

## athletic trainer service award

Marcia Anderson, PhD, ATC  
Kristine Brown, MS, ATC, LAT  
Richard Burr, MS, ATC, LAT  
David Burton, LAT, ATC  
Ralph "Ray" Castle, PhD, ATC, LAT  
Joan Couch, MS, ATC, LAT  
Sean Cox, ATC  
Nancy Cummings, EdD, ATC, CSCS  
Micki Cuppett, EdD, ATC  
Joseph Greene, MS, ATC  
Trish Bare Grounds, ABD, ATC, LAT  
Jeff Hogan, ATC  
Robert Kersey, PhD, ATC, CSCS  
Mitzi Laughlin, PhD, ATC, LAT  
Tim Laurent, EdD, ATC  
Tory Lindley, MA, ATC  
James Reed, ATC, LAT  
Kathy Remsburg, MS, LAT, ATC  
John Ryan, MEd, ATC, CAS  
Diane Sartanowicz, MS, ATC, LAT  
Patrick Sexton, EdD, ATC, CSCS  
Brad Sherman, MEd, AT Ret.  
Michael Sims, ATC, LAT  
Bonnie Siple, MS, ATC  
Christine Stopka, PhD, ATC  
Lorna Strong, MS, ATC, LAT  
Mary Walker, MS, ATC

## honorary membership

James Daniels II, MD  
Randy Dick, MS  
Barbara Niland  
Preston Wolin, MD

## president's challenge

George Davies, DPT, MEd, PT, SCS,  
ATC, LAT, CSCS, FAPTA

## bill chisolm ethnic diversity advisory committee professional service award

John A. Mayes, MS, ATC

## sayers "bud" miller distinguished educator of the year award

Douglas Casa, PhD, ATC, FACSM  
R.T. Floyd, EdD, ATC, CSCS

## tim kerin award for excellence in athletic training

To Be Announced

## american orthopaedic society for sports medicine award

To Be Announced

## american academy of podiatric sports medicine

To Be Announced

## 2006 journal of athletic training kenneth I. knight award for outstanding research manuscript

### winner

*Recovery of Postural Control After  
Cerebral Concussion: New Insights  
Using Approximate Entropy*  
James T. Cavanaugh, PhD, PT; Kevin  
M. Guskiewicz, PhD, ATC; Carol  
Giuliani, PhD, PT; Stephen W.  
Marshall, PhD; Vicki S. Mercer, PhD,  
PT; Nicholas Stergiou, PhD

## first runner-up

*Neuromuscular Control Training  
Programs and Noncontact Anterior  
Cruciate Ligament Injury Rates in  
Female Athletes: A Numbers-Needed-  
to-Treat Analysis*  
Terry L. Grindstaff, DPT, ATC, CSCS;  
Robert R. Hammill, MS, ATC; Ann E.  
Tuzson, MS, PT; Jay Hertel, PhD, ATC

## second runner-up

*Creatine Use and Exercise Heat  
Tolerance in Dehydrated Men*  
Greig Watson, MS; Douglas J. Casa,  
PhD, ATC; Kelly A. Fiala, PhD, ATC;  
Amy Hile, MS; Melissa Roti, PhD;  
Julie Clements, MS; Lawrence  
Armstrong, PhD; Carl Maresh, PhD

## 2006 journal of athletic training clint thompson award for clinical advancement

### winner

*How Useful are Physical Examination  
Procedures? Understanding and  
Applying Likelihood Ratios*  
Craig Denegar, PhD, PT, ATC; Missy  
Fraser, MS

## first runner-up

*The Dual Roles of Neutrophils and  
Macrophages in Inflammation: A  
Critical Balance Between Tissue  
Damage and Repair*  
Timothy A. Butterfield, PhD, ATC;  
Thomas M. Best, MD, PhD; Mark A.  
Merrick, PhD, ATC

## second runner-up

*Issues in Estimating Risks and Rates  
in Sports Injury Research*  
Sarah B. Knowles, PhD, MPH; Stephen  
W. Marshall, PhD; Kevin M.  
Guskiewicz, PhD, ATC

**nata research & education  
foundation awards**

**The New Investigator Award Presented  
in Honor of Freddie H. Fu, MD**

*Sponsored by University of  
Pittsburgh Medical Center*

Riann M. Palmieri-Smith, PhD, ATC

**The Doctoral Dissertation Award  
Presented in Honor of David H.  
Perrin, PhD, ATC**

*Sponsored by Friends of Dr. Perrin*  
J. Troy Blackburn, PhD, ATC

**NATA Foundation Volunteer of the Year**  
Brian E. Conway, ATC, LAT

**NATA foundation  
scholarship recipients**

**doctoral**

Kirk Armstrong, MS, ATC, LAT  
David Domiguese, MS, ATC, CSCS  
Fredrick Gardin, MAEd, ATC, VATL  
Jeremy Hawkins, MS, ATC  
Charlie Hicks-Little, MS, ATC, LAT  
Samuel Johnson, MS, ATC, CSCS  
Melissa Marty, MS, ATC, CSCS  
Brendon McDermott, MS, ATC  
Michelle Odai, MS, ATC, CSCS  
Sakiko Oyama, MS, ATC  
Brian Pietrosimone, MEd, ATC  
Justin Stanek, ATC  
Jennifer Stiller, MS, ATC  
W. Steven Tucker, MS, ATC

**master's**

Kariann Blair, ATC  
Paige Cooper, ATC  
Jeff Doeringer, ATC  
Lacy Hatfield, ATC  
Gary Herman  
Stephen Herrmann, ATC  
Rebecca Hetterich  
Greg Hess  
Julie Kruessel  
Jamie Lambert  
Michele Latimer  
Kayla Malecek  
Michael Marzec, ATC  
Kristin Pfeiffer, ATC  
Sarah Piebes, ATC  
James Pratt, ATC  
Nicholas Seiler, ATC  
Lauren Steiner  
Samantha Sweet, ATC  
Katsumi Takeno, ATC, LAT

Dan Vasquez, ATC  
Hollie Whittaker

**entry level**

Keitaro Abe  
Emily Ambrose  
Shannon Baldwin  
LeighAnn Burgess  
Blaine Burriss  
Alicia Canzanes  
Stephanie Carzoo  
Maria DelliVeneri  
Kaitlyn Donohoe  
Kevin Duffy, CSCS  
Sharon Elliott  
Kayla Ferguson  
Ashley Foster  
Nichole Friederich  
Amanda Friedline  
Meghan Geer  
Lacey Groninger  
Trisha Gudex  
Yuko Hasegawa  
Barbara Hemphill  
Elizabeth Hibberd  
John Hill  
Laurel Horne  
Kara Jones  
Kyung-Min Kim  
Amy Knox  
Kristi Lewis  
Melissa Marks  
Jamie Meredith  
Rebecca Mohler  
Allison Moyes  
Shayna Nickel  
Ashley Nonemaker  
Kelly Pagnotta  
Casey Perkins  
Jillian Quackenbush  
Cheyenne Savony  
Bryan Schneider  
Christine Schwass  
Yusuke Takahashi  
Kelly Wildenberg

**25 year members**

Katherine Anagnostis, ATC, LMT  
David Andersen, ATC, LAT, RPT  
Sally Antoinette, AT Ret.  
Daniel Anton, PhD, ATC, PT  
Charles Ash, MS, ATC  
Kimberly Bailey, ATC  
Nancy Baker, MA, ATC, SCAT  
Carole Banda, MS, ATC  
William Barker, MS, ATC  
Karen Bath, MS, ATC  
Miguel Benavides, EdD, ATC

Diane Benjamin, BSN, ATC  
Robert Black, MS, ATC, LAT  
Nancy Bleam, MAED, ATC  
Dore Bowers, MS, ATC, PT  
Jason Bowers, ATC  
Cheryl Brennan, MA, ATC  
Duane Brida, ATC  
Daniel Brown, MEd, ATC  
Kirk Brown, PhD, ATC  
Sara Brown, MS, ATC  
Donald Bruenjes, MS, ATC  
Stephen Bryant, ATC  
Julie Cain, ATC  
Joe Carbajal, ATC  
Catherine Carreiro, ATC, PT  
Shari Casaburo, MS, ATC  
Mark Cherwony, MS, ATC  
Roger Clark, PhD, ATC  
Cynthia Clivio, MEd, ATC  
Michael Colello, MS, ATC  
Kathleen Corpora, ATC  
Ron Courson, ATC, PT, NREMT  
Barbara Cozzi, ATC  
Susan Crooks, ATC  
David Csillan, MS, ATC  
Lynn Culman-Gatewood, ATC  
Marchell Cuppett, EdD, ATC  
Neil Curtis, EdD, ATC  
Larry D'Antoni, ATC  
James Davis, ATC  
Susan Decker, MS, ATC, PTA  
Angela Di Iorio Evans, MPT, ATC  
Patty Dinges, MS, ATC  
Margaret Doherty, MS, ATC  
John Eckel, MA, ATC  
Emmanuel Economos, ATC  
Perry Edinger, ATC  
Catherine Fedder, MA, ATC, LAT  
Louise Fincher, EdD, ATC, LAT  
Randy Fink, ATC, LAT  
Bruce Fischbach, ATC  
Chris Fischetti, ATC, PT  
Anne Flatley, MS, ATC, LMT  
Elizabeth Fleissner, MEd, ATC  
Joe Fontana  
Joseph Fountain, MS, ATC  
Stephen Fuzie, PT, ATC  
Kathleen Galli, MS, ATC  
James Gamber III, ATC  
Joseph Gatta, ATC  
Dawna Gilbert, MS, ATC  
David Gish, MEd, ATC, LAT  
Dennis Griffin, MA, ATC  
Harve Griffin, MS, ATC, LAT  
Larry Gurchiek, DA, ATC  
Maurice Hanks, AT Ret.  
Peter Harmer, PhD, MPH, ATC  
John Hauth, EdD, ATC



Jon Hay, MEd, ATC  
 Francis Heisinger, ATC  
 Evan Hellwig, PhD, ATC, PT  
 George Henderson, ATC  
 John Herr, MEd, ATC, CPT  
 Jeffery Hogan, ATC  
 Patricia Hubel, MS, ATC, CSCS  
 Wade Hudson, PA-C, AT Ret.  
 Yoshizumi Iwasaki, ATC  
 Bradley Jacobson, ATC  
 Dean Jeffers, ATC  
 James Johnston, ATC  
 Jamy Jones, MPT, ATC  
 James Kahmann, ATC  
 Sally Kamm, RN, ATC  
 Richard Kaplan, MEd, ATC  
 Patrick Karns, MA, ATC  
 Robert Kelley, PT, ATC  
 David Kerns, MS, ATC  
 Douglas Kleiner, PhD, ATC, CSCS  
 David Kleinmeyer, ATC, PT  
 Debra Knebel, AT Ret.  
 Christopher Koenig, ATC  
 Michael Konoza, MSPT, ATC  
 Mary Kosenkranius, ATC  
 Thomas Krill, ATC  
 Lee Kuntz, MA, ATC  
 Larry Ladd Jr., ATC, PT  
 Andrew Lair, ATC, PT  
 Marybeth Lamb, ATC  
 Burl Lambert, ATC  
 Gregory Latta, ATC  
 Jan Lauer, MA, ATC, CSCS  
 Thomas Lawrence, ATC  
 Sandi Leege Karafa, ATC  
 Pamela Lehman, MA, ATC, PT  
 Lisa Lewis, MS, ATC, RPAC  
 Thomas Lewis  
 Marijeanne Liederbach, ATC, PT,  
 CSCS  
 Jerry Lloyd Jr., ATC  
 Thomas Loew, ATC  
 James Lovell, MEd, ATC, EMT  
 Michael Ludwikowski, MS, ATC  
 Dina Lund, ATC, PT  
 Janet Luszczki, ATC, PT  
 Jody Manes, ATC  
 Jeffrey Marsee, ATC  
 Sergio Martinez, AT Ret.  
 Scott Mason, ATC  
 Sue Maurer, MS, ATC  
 Kurt McClurg, MEd, ATC  
 Anthony McCormick, ATC, LAT  
 David McCune, OCS, PT  
 Trudy McGarvey, MS, ATC, PT  
 James McGehee, AT Ret.  
 Nicholas Metskas, ATC  
 Linda Meyer, EdD, ATC, PES

Judith Mezzomo, ATC, PT  
 Sharon Misasi, PhD, ATC  
 Linda Mobley, ATC  
 Daniel Monthley, MS, ATC  
 Gary Morin, PhD, ATC  
 Kimberly Murphy, PT, ATC  
 Gary Nelson, ATC, SCAT  
 Shellie Nelson, EdD, ATC  
 William Newsom, LAT  
 J. Timothy Noteboom, ATC  
 Ronald Nuttall, MS, ATC  
 James Ochse, ATC, PES, CSCS  
 Raymond Ogren, MA, ATC  
 Britta Ottoboni, MA, ATC, CSCS  
 Kevin Outwater, ATC, PT  
 Leeann Pearce-Woolley, ATC, EMT  
 Kathryn Peck, ATC, CLMT  
 Rick Peters, ATC  
 Dana Putnam, MEd, ATC  
 Daniel Quigley, MEd, ATC  
 Richard Quincy Jr., ATC  
 Raymond Ramirez, MS, ATC, CSCS  
 Robert Reinke, ATC  
 Kelly Reynolds, ATC  
 Rich Riehl, MS, AT Ret.  
 Mary Rivers, ATC  
 Timothy Roe, ATC  
 Mary Rolfs, ATC  
 Jacki Romer, AT Ret.  
 Fabian Roussel, MS, ATC, PT  
 John Rumpeltes, ATC, PT  
 Jim Russ, ATC  
 James Sabo, EdD, ATC  
 Karen Sadowski, MS, ATC, PT  
 Jean Sapula, MEd, ATC, CSCS  
 Jill Schlecht, ATC  
 Cynthia Schutt, MS, ATC, PT  
 Beth Scsavnicki, MS, ATC, PTA  
 Carol Selfridge, ATC  
 Julie Senko, ATC  
 Joy Shafer-Powers, ATC, PT  
 Brian Sifferlin, ATC  
 Jill Snyder, ATC  
 Robert Snyder, ATC  
 Michael Sobeski, ATC  
 Jamie Stacey, ATC  
 David Stahlke, MS, ATC, CSCS  
 James Stark, ATC  
 Katherine Steele-Loy, MS, ATC  
 Gerald Stevens, ATC  
 Cynthia Studrawa, ATC  
 James Sullivan, DPM, ATC  
 David Surprenant, ATC, LAT  
 Steven Syrstad, ATC  
 Margaret Taylor, PT, ATC, JSCC  
 Alfred Tedeschi, ATC  
 Chris Trytten, MSE, ATC  
 Sheryl Tunison, ATC

Wendy Turner, ATC  
 Timothy Uhl, PhD, ATC, PT  
 Gerry Van Dyke, ATC, PT, SCS  
 William Vine, ATC  
 Alan Visnick, EdM, ATC, PT  
 Lisa Waisner, MS, ATC, PTA, CEES  
 Paul Welliver, MS, ATC  
 Barbara White, ATC, CSCS  
 Gerard White, MEd, ATC, LAT  
 Susan Williamson, MS, ATC  
 Sandra Wirth, EdD, ATC  
 Richard Wisz Jr., ATC, PT  
 Michael Wood, ATC  
 William Woodall, EdD, ATC, PT  
 Richard Young, MEd, ATC  
 Scott Young, ATC  
 Joanne Zapicchi, MEd, ATC  
 Peter Zulia, ATC

**50 year members**  
 Allen Eggert **mn**

# Where Are You Working? NATA Charts Employment Trends

By Russell Lowe

Over time NATA has refined its employment settings categories to increase the accuracy of member employment information. In doing so, analyzing trends from past yearly data has been difficult.

However, moving forward NATA will be able to present employment information and trends in all settings much more accurately using newly implemented categories. The following report outlines current member employment information using newly updated settings categories and presents trends in employment over the past 12 years where possible.

## new categories defined

The list of current major employment categories, below, has stabilized. Each category includes subcategories to track employment settings with more accuracy.

Because of the nature of many athletic training positions, some members have had trouble selecting an employment setting on their yearly membership application. It is NATA policy to track employment based on who directly employs the member. Further information on where that member actually provides services is indicated by subcategory within the employment setting.

— **College/University:** Includes members working as professional staff, in athletics or in a clinic for a Division 1, 1AA, 2, 3, NAIA and Junior Colleges. This category also includes athletic trainers working as faculty or in academics and research.

— **Secondary School:** Includes members employed by a secondary school, including high school or middle school. Members working in secondary schools who are employed by a clinic are counted in the clinic employment category.

— **Clinic:** This category includes members working in hospital-based clinics; those who are employed by a hospital but work in a clinic; outpatient/rehabilitation clinics; physician-owned clinics; and those who are employed by a clinic but work at a secondary school or at an occupational or industrial site. Previously, secondary school/clinic was its own category but these numbers will now count in the clinic job setting.

— **Hospital:** This category is for athletic trainers who work in a hospital setting but not in a hospital-based clinic. This includes administration positions, emergency department and orthopedics. Members employed by hospitals, working in a clinic are counted in the hospital-based clinic subcategory of the clinic setting.

— **Professional Sports:** For members working with professional sports teams. This category now includes members working in performing arts and rodeo.

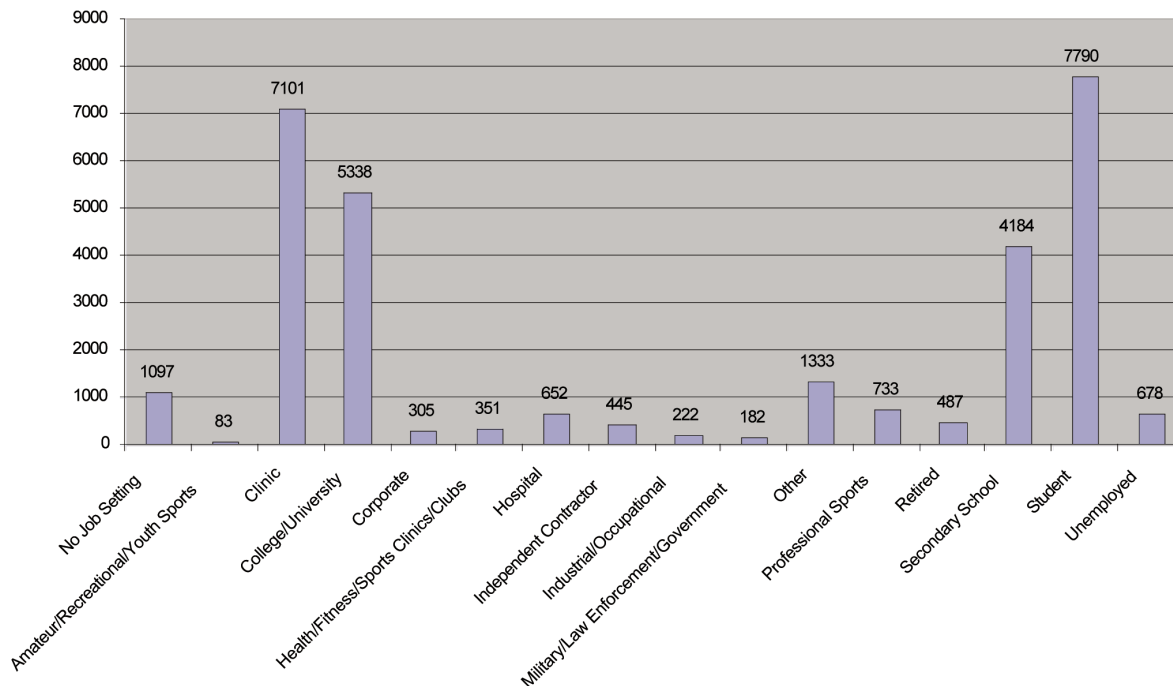
— **Industrial/Occupational:** This category is for athletic trainers who work on-site at an industrial or occupational facility that also directly employs them. This category previously showed over-reported membership due to confusion with the clinic outreach positions. NATA now counts membership by who directly employs them.

— **Corporate:** This category is for members who are employed by a company that sells to the athletic training profession or employs an athletic trainer in a wellness or fitness capacity. In the future this category will designate members who do not practice athletic training services in their job but rather work as business and marketing professionals. In 2008, wellness and fitness will be removed from this category and these members will be counted in either the industrial/occupational category or the industrial/occupational subcategory of clinic if they are employed by a clinic but work outreach to a corporation.

— **Amateur/Recreational/Youth Sports:** Includes members who work for amateur, recreation or youth sports leagues or teams.



**NATA Total Membership by Job Setting - January 2007**



**current snapshot of settings**

The following table and bar graph shows current member employment setting information. The chart shows the breakdown by category and subcategory within each setting. The graph shows overall membership numbers by setting.

These numbers reflect the newly updated job setting categories. The data were captured at the end of January 2007.

**employment trends 1995 - 2006**

The following graphs and charts show year-end totals for membership employ-

ment settings. A number of changes have taken place during this time in how membership information is categorized and counted. Therefore, assessing growth or decline in each category from year to year is difficult.

However, these numbers should give a general picture of the trends in each

Setting	1995	2000	2001	2002	2003	2004	2005	2006
Clinical		4474	4531	4531	4528	4427	4964	1996
Clinical/Industrial	3553	119	187	223	251	241	1041	1217
Commercial [Corporate and Industrial]	n/a	433	493	516	472	435	345	271
Gov, Health/Fitness, Performing Arts, Law	n/a	n/a	n/a	115	416	453	542	1888
High School/Clinic	2304	2961	3151	3268	3283	3211	1881	2365
High School/Jr. High/Middle School	2637	3999	4413	4644	4805	4665	4631	4411
Hospital	816	1066	1077	1100	1100	1056	900	1188
Other Professional/No Data/ No Job Setting	1654	2315	2766	2232	1521	3256	2226	1972
Professional Sports [Rodeo]	526	714	780	804	808	836	831	792
Sales/Marketing [Suppliers]	21	n/a	n/a	49	157	179	188	186
Sports Clubs/Youth Sports	n/a	n/a	n/a	31	100	119	464	437
Unemployed	75	n/a	157	536	666	759	979	718
University& College/ Jr. College	2973	4428	4571	5193	5470	5490	5946	5573
College Student	6527	6680	5719	5671	5696	5001	5351	6946
<b>Total</b>		27189	27845	28913	29273	30128	30289	29960

employment setting. The data from past years should be analyzed with caution, as seemingly large fluctuations in data are not necessarily representative of the market trends, but are a result of NATA's evolving documentation system. Large fluctuations and obviously inaccurate information will be footnoted where possible.

Two considerations are important to take into account when analyzing data from this time period:

1. In 2004, a large percentage of the membership had not provided updated information. To address this, NATA updated member information in 2005 with the last available data provided by the member. This caused the number of members in the NO DATA/NO JOB setting to dramatically decrease. Consequently, it appears that certain markets had substantial growth when it is more probable that the spikes in data are more representative of the NATA update.

In addition, categorizing some members was difficult to do accurately, as settings categories had been changed and outdated member information had to be mapped to the new settings.

2. In 2006, many of the members with outstanding information on their job setting updated their information. This again caused a shift in some settings.

#### **clinic and hospital**

In 2000, the clinical/industrial category of 1995 was separated. Note a drop in numbers for the combined category when clinical becomes its own category. The numbers for clinic also drop dramatically in 2006, while clinic/industrial dramatically rose. It was found that clinical/industrial was over-reported, contributing to the 3,000 member drop in the clinical setting.

Current membership information shows 7,101 members are employed by a clinic regardless of where they provide service; 222 members are employed directly by industrial or occupational companies.

#### **government, health & fitness, performing arts and law enforcement**

These settings have seen a consistent rise in numbers since NATA added

them as categories in 2002. However, the sharp rise in 2006 appears to be over-reported due to a large number reporting their employment setting as health and fitness in 2006.

In January 2007, the problem was fixed; 182 members are currently working in government, law enforcement or military settings, while 351 are working at health, fitness, sports clinics or sports clubs and eight members are working in the performing arts, which is now counted in the professional sports category. This total of 541 is consistent with numbers from 2005.

Overall, these categories combined have shown a growth from 115 in 2002 to 541 at present.

#### **secondary school**

The secondary school segment has also shown growth over the past 12 years. Combining members who are employed by a high school or middle school and those working at secondary schools through outreach from clinics, this category has grown from 4,941 in 1995 to 6,776 at the end of 2006.

In future data collection those working outreach will count toward the clinic category; however, the subcategory of high school/clinic can be pulled easily for an overall look at members working in secondary schools.

#### **professional sports**

The number of members working with professional sports teams rose steadily, with a slight dip in the past two years. Overall, the setting has grown from 526 in 1995 to 792 in 2006. Rodeo and performing arts have been added to this category in the past few years.

Current membership data shows that 733 members work in the professional sports setting, including rodeo and performing arts.

#### **college/university**

The number of members working at colleges, universities and junior colleges has nearly doubled over the past 12 years, growing from 2,973 in 1995 to 5,573 in 2006.

At the end of January, 5,338 members reported working in the college/university setting.

#### **future reports**

NATA will experiment releasing an employment report twice a year to determine if any meaningful trends can be identified. If a longer time frame is necessary, reports will be released on a yearly basis.

Using the categories and definitions now in place, trends should be easier to examine moving forward from 2007, allowing for a more in-depth analysis of each setting and sub-category. ■■

## NATAPAC in Anaheim

### Breakfast honoring Julie Max and Bill Chambers

Thursday, June 28

7 a.m. at the Anaheim Hilton

Registration: \$50

Contact Amy Callender at [amyc@nata.org](mailto:amyc@nata.org)



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# SMART: Immediate Care, Long-Range Benefits

By Nick Campbell

The University of South Florida, located in Tampa, is spearheading an effort to improve the standard of sports safety in the state of Florida. By improving the level of immediate care for active people, they hope to decrease the number of more serious health problems in the future.

## background

In 2005, the Florida State Legislature appropriated \$500,000 to USF for the creation of an institute that would advance sports safety. A string of sports-related injuries and deaths, widely featured in the media at the time, was a major factor behind the passage of the bill, as well as the support of legislators like Marco Rubio, a Miami Republican and Speaker of the House.

Orthopedic surgeon Larry Lemak, MD, spearheaded the Sports Medicine and Athletic Related Trauma Institute – SMART – in 2005.

In 2006, SMART was granted \$3 million, \$600,000 over the annually recurring \$2.4 million appropriation.

SMART also has a number of external sponsors. These companies contribute to the success of SMART while increasing their brand's visibility. Their partners' products or services contribute to sports safety and, by supporting SMART, they have a unique opportunity to expand their brand while doing something beneficial for the community.

SMART is part of the USF Health complex, which includes a variety of colleges and specialties. This allows SMART to be staffed by experts from a wide range of backgrounds. According to Jeff Konin, PhD, PT, ATC, this is not always easy, but it is helpful.

"There is a wealth of knowledge and an abundance of ideas," explained USF's Konin, who founded the National Center for Youth Sports Injury. "Each is passionate about their area of expertise."



This passion sometimes makes it difficult to prioritize ideas. However, according to Konin, this problem is actually beneficial to the mission as a whole: improving sports-safety. The different angles used to approach the same problem allows for the discovery of the best possible solution.

"This is a good problem to have," he said. "Most institutions wish they had this problem."

## programs

### coverage for all

A major part of SMART's funding creates athletic training jobs in schools. Certain areas, like Orlando, have excellent athletic trainer coverage, whereas others have virtually none.

"There is a huge shortage of athletic trainers," Lemak said. "Hiring an athletic trainer is one of the most important things a school can do [to protect its athletes]."

The SMART Institute has managed to place 10 full-time certified athletic trainers in secondary schools that previously had no health care available for athletes. These athletic trainers come at no extra cost to the school—they are on SMART's payroll. This helps SMART push to standardize schools' sports safety policies on subjects such as lightning or heat illness.

There is no mandate requiring schools to accept an athletic trainer, so SMART must ask the school if they wish to receive one. In fact, a few schools have turned down this opportunity.

### prepared coaches

Another major program for the SMART Institute is PREPARE, a sports safety program for coaches created by the National Center for Sports Safety in conjunction with NATA. The NCSS, founded by Lemak, allied itself with NATA in 2004 to combat the high rate of youth sports injuries.

"Most mothers and fathers wouldn't drop their children off at the local swimming pool without a certified lifeguard on duty. Why shouldn't their children receive the same protection during practice or while competing in a game?" Lemak said. "At a sports facility, PREPARE provides coaches with emergency planning and recognition guidelines which will allow them to respond appropriately until professional help arrives."

PREPARE is slowly expanding throughout the state, providing a better level of immediate care for young athletes.

### networked care

SMART has also built partnerships with private practices, as well as private businesses. Due to its location in such a large county, some schools are more than 30 miles away from USF. It is not realistic for athletes to come to USF for evaluation or therapy if their school does not have an athletic trainer. In response, SMART created partnerships with local health care providers, to whom they refer athletes.

This allows the athletes to receive the timely care they need. As an orthopedic surgeon, Lemak has seen numerous injuries that, had they been treated in a timely manner, would not have compounded over time into something worse and more difficult to treat. Taking correct action immediately is essential.

### injury tracking

In an effort to gather statewide information regarding sports injuries, SMART is also planning an injury surveillance system. This will allow SMART to compile data to illustrate the benefits of its system.

The injury surveillance system will be essential in justifying additional funds for the statewide growth of the SMART Institute. While there are no hard numbers yet, Lemak is confident there will be a fiscal benefit to SMART. Proper and immediate treatment of injuries will reduce the cost of health care in the long-term.

### certification

SMART is also developing a certification program specializing in youth sports injuries.

The Certificate in Youth Sports Injuries (YSI) is a made of six modules, the last of which would test the student's practical skills in the lab or classroom. This certificate would give advanced specialization opportunities to athletic trainers.

SMART officials hope the YSI certification program will be available within the next year.

### smart mission & goals

SMART aims to raise the standard of care for all Florida athletes through research, education, clinical care and community outreach. Goals are:

- Install certified athletic trainers in every school;
- Educate coaches and parents
- Improve performance via injury prevention and safety;
- Research;
- Enhance the standard of care;
- Establish public-private partnerships

### who's working smart?

The USF team includes:

- Primary care sports medicine physicians;
- Orthopedic physicians and surgeons;
- Certified athletic trainers;
- Youth safety epidemiologists;
- Sports physical therapy specialists;
- Sports psychiatrists and psychologists;
- Sports nutritionists;
- Chiropractors;
- Engineers in biomechanics and motion analysis

## legislative aid

The members of the SMART team are excited about the opportunities their program could inspire.

"We encourage states looking to do something similar to call us and we can brainstorm," Konin said. "We will be more than happy to work with them."

In fact, they have already been in contact with people who are seeking help. It is not always a matter a copying the model, though.

"Lots of states are using the same models and failing," explained Konin.

It comes down to your relationship with the local government. It is not enough to simply have a good idea; you must be able to present it well. That may include hiring lobbyists—a tactic SMART employed.

"You need relationships with local politicians," Lemak insisted.

Once the program is up and running, however, increasing the level of legislative support is significantly easier. ■■



Jeff Konin can be reached at [jkonin@health.usf.edu](mailto:jkonin@health.usf.edu).

# Initiatives Offer Range of Experience

**a** Florida conference that has grown over the past 12 years is introducing the athletic training profession to high school students in a hands-on manner.

Perry Revlett, MA, ATC, head athletic trainer at Pine Ridge High School, said the interactive approach and the variety of speakers are the backbone of the Pine Ridge High School Sports Medicine Seminar, which celebrated its 12th year in February.

"We really try to make it a fun day, a day when the kids can get an idea of what it can be like to work in the profession," said Revlett, who organizes the conference.

## **military, pro sports, colleges**

This year, Revlett's conference drew participants from five Florida high schools. Keynote presentations by Col. Beverly Land, DO, ATC, FASCM, and Ron O'Neil, ATC, highlighted the event.

Land, who was a flight surgeon in Iraq and is set to become head of the U.S. Army's medics, told students about opportunities for athletic trainers in the military setting.

O'Neil, of the New England Patriots, offered an inside perspective of working in professional sports.

Their presence, meanwhile, showed students the importance of networking: Revlett met Land at the NATA convention's welcome reception last year, and he met O'Neil at the exhibit hall in Indianapolis.

"I'm always on the lookout for speakers, and plus I think it's important to show the kids that you can walk up and introduce yourself and create a professional relationship that didn't exist before then," he explained.

In addition to Land and O'Neil, the seminar offered lab session concerning the lower extremity. Following the example of certified athletic trainers and students from Florida universities, the high school participants practiced taping procedures and learned about lower extremity rehab.



A trade show let students gather information from accredited programs that set up booths, as well as vendors who attended. The students' certified athletic trainers, meanwhile, had the opportunity to take part in a concurrent (and free) CEU event.

Junior Anthony Phillips, one of the first students accepted into Pine Ridge's Sports Science/EMS Academy, said the workshop is fun to help organize and even more fun to attend.

"The speakers are amazing," Phillips said. "Meeting Ron O'Neil was my favorite thing this year. We also had a really good new product presentation."

Maggie McCall, a freshman from Mainland High School, said upperclassmen had told her not to miss the Pine Ridge event.

"I'm really glad I went," she said. "We had a great time! We learned some new ways to tape, and we met new people from other places and other schools who do the same thing we do."

Senior Caroline Wise, president of Mainland's Athletic Training Student Aide Association, is a four-year veteran of the workshop. She encourages all ATSA members to go.

"It's a chance to meet people who actually deal with this kind of stuff day-to-day who can help answer your questions," Wise said. "They can tell you what it's really like when you get into the real world."

Mainland head athletic trainer Jamie Pinyan, MS, ATC, CSCS, said his students get a lot out of attending the local seminar.

"I think it's great to expose the students to new techniques and experiences," Pinyan said. "This is a really high-quality event. Perry even organizes some competitions at the end of the day that the students really enjoy."

### student response team

Pine Ridge's Sports Science/EMS Academy, a specialized curriculum for students who are accepted, has expanded quickly in its first two years. Revlett said his students, many of whom help with the sports seminar, had the chance to apply for a spot in the Students Emergency Response Team, an official campus equivalent to Citizens Emergency Response Team.

"We hand-picked the 14 students to go through SERT," Revlett said. "FEMA and Homeland Security grants are funding the program, and we feel like it's really a unique opportunity."

Pine Ridge SERT members completed a five-week series of courses taught by the fire department, covering:

- Search and rescue;
- Communicating with a command center;
- Stress management;
- Hazardous material protocols;
- Fire extinguishing.

"SERT members will be able to help with natural disasters on campus, like the tornado on Feb. 2 this year," Revlett said. "If there is violence on a school campus, the students are in lock-down and cannot leave their classrooms, but if there's a natural disaster, the SERT students will be able to come over and be part of the emergency management team."

### ems/military day

In addition to the workshop, the academy and the SERT program, Pine Ridge launched an EMS/Military Day this year. Revlett began making connections while preparing to work at Fort Bragg's Special Forces troops for a week.

"I contacted all the military branches

plus all the local emergency services to see if they were interested," Revlett said. "The idea was to organize a day for the seniors, sort of like a military/EMS career connection."

More than 600 seniors showed up. Response from the agencies was even more impressive:

- The Army sent two medics from Virginia;
- The Navy sent a SEAL;
- The Air Force brought an F16 flight simulator;
- The Marines brought an entire unit;
- The Coast Guard brought a rescue vessel and five personnel.

Revlett said all the local law enforcement and emergency services attended. Near the end of the event, the sheriff's department staged a drunk driving scenario, complete with evacuation helicopter.

"I think the day turned out great," Revlett said. "We had really strong interest, from students and from the people who were here to present." **nn**

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*NATA thanks Gatorade and Johnson & Johnson for their significant dedication to the athletic training profession. Recognized at our highest level of sponsorship, these companies serve as the cornerstone of the modern day NATA sponsorship program. For more than 20 years, Gatorade and Johnson & Johnson have supported the athletic training profession through high-quality products, services and education. They've shared your ambition to keep athletes on the field and performing at their best. NATA is proud of these relationships -- and we thank you for your continued support of Gatorade and Johnson & Johnson.*

**Name:** Ann Martin, RN, ATC  
Registered nurse/athletic trainer

**Employer:** Sioux Valley Home  
Medical Equipment



Sioux Valley Home Medical Equipment handles sales and rentals of home medical equipment along with rehabilitation equipment. My job incorporates setting up the equipment; follow patient care protocols and educating the patient on how to use the equipment.

**Pay range: (including benefits):** \$40,000-\$45,000

**Q:** Please describe a typical day.

**A:** “[My day includes] in-store sales – for example, fitting people with proper knee/wrist braces; equipment/supply deliveries; home visits for oxygen patients; in-store setups of equipment; follow up calls for people setup on biliblankets and CPAP machines. Also, [I spend time] checking with insurance companies for coverage of the equipment.”

**Q:** What’s the most appealing thing about this setting?

**A:** “[There’s a] wide range of things that I am able to educate people on, and [I like] having something different every day so I am always learning something new every day. One day it may be a CPAP (continuous positive airway pressure) machine for people with sleep apnea, to setting up a CPM (continuous passive motion) machine for someone who just had knee surgery. I also work with oxygen patients, diabetics, enteral patients (feeding tubes), sleep apnea patients, event monitors for people with cardiac problems, apnea monitors, biliblankets, proper fitting of breast prosthesis, ostomy and urological supplies, and rehabilitation devices.”

**Q:** Name the most important skills and/or personality traits needed to succeed in this setting.

**A:** “Ability to know where to find the answers to questions. There is so much to know regarding insurance and billing and covered items by the insurance that it is impossible to know it all. The best thing about the company is that there are so many people will to help and help find the answer. It is definitely a team atmosphere. Plus being able to multitask and prioritize what needs to be done is another skill that is needed in this setting. There may be someone like a diabetic in the store who needs education on the proper use of the glucometer and then someone else walks in and needs information on a hospital bed. Or being out in the home and having to problem-solve what is wrong with the equipment or what the patient is needing, since when I’m in the home I don’t have access to everything that I may always need.”

**Q:** What should people know when considering whether to get a job like yours?

**A:** “You have to like working with all ages of people. I work with patient care protocols relating to physical and psychological needs of pediatric, adolescent, adult and geriatric patient.”

**Q:** Why did you want this job?

**A:** “This job incorporates all my skills. I am able to use my nursing skill relating to many areas – for example, respiratory with oxygen and ventilator patients – and my athletic training skills in the rehabilitation area like crutches, bracing and preventative areas.”

**Q:** How did you get this job?

**A:** “It was through networking. I had applied for a clinical nursing job and then my name was given to the home medical regional manager because they thought I would be a good fit with all the areas in home medical equipment.” **nn**

“AT Attaché” examines various job settings. For more information, contact Council on Employment Chair Mary Kirkland, MS, ATC, at [mary.k.kirkland@nasa.gov](mailto:mary.k.kirkland@nasa.gov).

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## COURSE OUTLINE

**Friday, May 25 and Saturday, May 26, 2007:**

**Preconference Program – Sportsmetrics™ Certification Course**

**Sunday, May 27, 2007**

Session I: Shoulder Impingement and SLAP Lesions

Session II: Shoulder Problems: Rotator Cuff and Arthroplasty

Session III: Operative Treatment and Rehabilitation of Shoulder Injuries

**Monday, May 28, 2007**

Session IV: Advances in Treatment of Shoulder Instability and The Stiff Shoulder

Session V: The Athlete's Elbow: Anatomy, Arthroscopy and Rehabilitation

Session VI: Advances in Patellofemoral Problems

Session VII: Advances in Sports Medicine; Treatment of the Female Athlete; Rehabilitation for the Stiff Shoulder and Patellofemoral Problems

**Tuesday, May 29, 2007**

Session VIII: The Experts' Experience with ACL Reconstruction: Grafts, Techniques, Results and Rehabilitation

Session IX: Complex Knee Problems: Meniscus Repair and Transplantation, The Athlete's Arthritic Knee, and Cartilage Regeneration

Session X: Lower Extremity Advances: Operative Techniques and Rehabilitation Protocols

**Wednesday, May 30, 2007**

Session XI: Current Concepts and Surgical Techniques in the Treatment of the Foot and Ankle

Session XII: Knee Arthrofibrosis and Advances in Complex Knee Problems: PCL, Posterolateral and Revision Cases

Session XIII: Advances in Tibial Osteotomy, Partial Knee Replacement and Medial Ligament Injuries

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# Recycling in the Athletic Training room

Instead of throwing away several bags cardboard boxes, inner tape cores or tape ends, why not reuse them? For example, make use of all the materials in a case of athletic tape – including the box.



1. The cardboard inner cores of athletic tape, pre-wrap, stretch tapes and other materials can be used for many purposes:
  - **Finger Splints:** Cut a three-inch tape core in half lengthwise, adjust to the athlete, and add padding as needed.
  - **Tube Containers:** Using a three- or four-inch core and two small round pieces of cardboard, cover one end of the core with the round piece and tape, then make a top for the tube using the core of a smaller diameter. These are great for keeping cotton tip applicators, two pairs of gloves or other small items clean.
  - **Contusion Pads:** Flatten several cardboard inner cores and tape them together to make a honeycomb pad.



2. Kit Organization: Use plastic inserts to organize the tape storage in kits and cabinets.
3. Cardboard Boxes: Use the box itself for storage. (Remove the four flaps on the box and use as dividers to organize supplies such as knee sleeves, ankle braces and emergency cards.)



There are many additional ways to recycle or reuse athletic training related items. Provide students with a critical thinking exercise; supply them with materials and 15 minutes to invent a new use for otherwise useless scraps.



Submitted by: Geneva Kaplan  
Athletic Training Student  
New Mexico State University  
Las Cruces, NM



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# Researchers Honored



## palmieri-smith and blackburn win awards

Research is the key to unlocking the power of knowledge. At the NATA Annual Meeting in Anaheim, the Foundation will honor **Riann M. Palmieri-Smith**, PhD, ATC, and **J. Troy Blackburn**, PhD, ATC, as 2007 recipients of the prestigious NATA Foundation New Investigator Award and the NATA Foundation Doctoral Dissertation Award, respectively.

Palmieri-Smith, who will receive a medal and a \$2,000 award, will present a lecture addressing the impact of joint injury on muscle function. Blackburn will receive a recognition award for his outstanding doctoral dissertation.

Palmieri-Smith will be an exchange lecturer at the annual meetings of the AOSSM, ACSM and AMSSM.

## register now

Registration continues for the Foundation special events at the NATA convention in Anaheim. The Foundation Golf Classic, the Foundation Fun Run and the NATA & Foundation Welcome Reception with the Anaheim Angels offer opportunities to relax while raising money for Foundation programs.

To register, visit [www.natafoundation.org](http://www.natafoundation.org) or fill out the registration form printed in the *NATA News*.

## funded research presented

Researchers who have earned grants from the Foundation will present findings in Anaheim. Those slated to share their work are:

- **Master's Grant Recipients:** Patricia Anzivino, MEd, ATC; Jessica Barrett, ATC; Paul Buchheit, MS, ATC; Melisa Fazio, MS, ATC; Mary Joos, ATC; Junita Payne, MS, ATC; Amelia Sesma, MS, ATC; Eric Simmons, MS, ATC; Lyndsay Smith, MS, ATC; Kristin Stoneberg, MS, ATC; Jessica Walter, ATC
- **Doctoral Grant Recipients:** Jatin Ambegaonkar, MS, ATC, OT, CSCS; Scott Livingston, PhD, PT, ATC, SCS; Yohei Shimokochi, PhD, ATC; Susan Yeargin, MS, ATC
- **General Grant Recipients:** Matthew Grinsell, MD, PhD; Stephen Marshall, PhD; John Mercer, PhD; Eric Sauers, PhD, ATC

## don't forget!

Mark these upcoming important dates on your 2007 calendar. Call (800) TRY-NATA, ext. 142 for additional information.

- June 26:* NATA Foundation Golf Classic at Industry Hills Golf Club
- June 26:* NATA & Foundation Welcome Reception with the Anaheim Angels!
- June 29:* NATA Foundation Run at Convention Ctr.
- Aug. 15:* General Grant Applications due
- Sept. 1: 2008* Research Award Nominations due
- Oct. 1:* Post-Doctoral Research Fellowship Applications due
- Oct. 15:* Master's Grant Applications due
- Dec. 1: 2008* Free Communications Program Abstracts due

## supporting the foundation

donors: feb. 16 – april 10

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**special thanks:** Athletic Trainers of Massachusetts Inc.; Baseball Team Medicine Conference; Board of Certification; Castle Worldwide Inc.; DeRoyal; Far West Athletic Trainers' Association; Hughston Sports Medicine Foundation; Johnson & Johnson; McDavid Sports Medical Products; Mid-America Athletic Trainers' Association; NFL Charities; PBATS; PFATS; Rocky Mountain Athletic Trainers' Association; Southeast Athletic Trainers' Association; Swede-O Inc.

# Bringing Students To the Boardroom

*Certified athletic trainers want the athletic training profession to thrive far into the future. That's why they're taking steps to focus on student leadership today.*

The Illinois Athletic Trainers' Association in February took a decisive step in helping students turn into leaders: executives issued invitations to a board meeting.

IATA President Tory Lindley, MA, ATC, said the group wasn't sure what response they would get after inviting area students to participate in their Chicago meeting.

"Close to 40 students attended, and it was an absolute success!" Lindley said. "We placed board members at tables throughout the room and conducted our regular agenda. The students had a great opportunity to interact and network with fellow students as well as

our 16 board members.

"The two hours they took out of their Sunday afternoon was meaningful for all of us," Lindley added.

Student leadership, volunteerism and interest in professional societies is a key focus of the current IATA directors, he explained.

"[We are] very interested in athletic training student leadership development and, in general, getting the next generation of ATs excited about state, district and national organizations, as well as volunteer service," Lindley said. "It's an important part of our responsibility to the profession." **nm**



Issues transformed from theoretical debates to concrete questions for almost 40 students who attended an Illinois Athletic Trainers' Association board meeting in February. The IATA invited students to the table as a way of developing leadership and interest in the future of the profession.

## ***Hands on the Shoulder: Weekend Workshop 2008***

The Continuing Education Committee is pleased to bring you "Manual Therapy Techniques for the Shoulder Complex," its 2008 Weekend Workshop.

This hands-on, interactive, highly informative event will be held in January 2008. Keep your schedule open so you won't miss out on this outstanding educational opportunity.

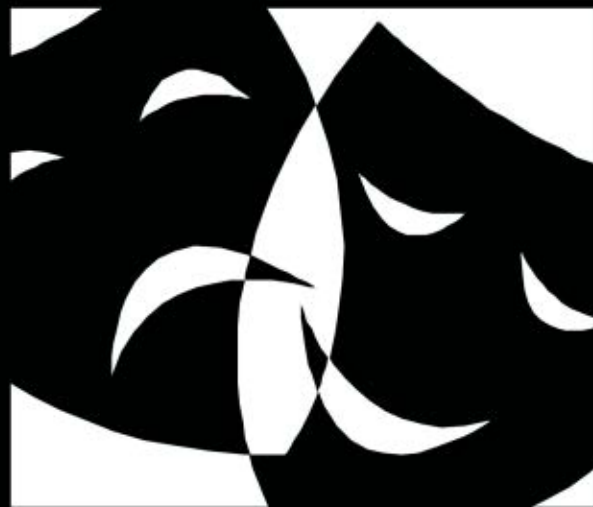
Watch upcoming editions of the *NATA News*, as well as the CEC Web site at [natacec.org](http://natacec.org), for registration details as we finalize the arrangements.

*Register Today*

# Performing Arts Opportunities for Athletic Trainers: Workshop

*Presented by the Council on Employment*

Tuesday, June 26, 2007 – NATA Annual Meeting – Anaheim, CA – 12:00pm to 5:00pm



The NATA Council on Employment will debut a new workshop for athletic trainers interested in working in the performing arts. This introductory course will help attendees learn what it takes to work in this exciting setting. Speakers include athletic trainers working with Cirque Du Soleil, The Radio City Rockettes and multiple dance companies. Attendees will gain knowledge on injuries and rehabilitation specific to dance and musical theatre, unique considerations for treating musicians, an introduction to performing arts medicine and a backstage perspective of athletic training coverage of a performing arts event. On-site registration is limited to space available. Register on-line TODAY!

## **PROGRAM HIGHLIGHTS**

### **Introduction to Performing Arts Medicine**

Anna Owsley, MS, ATC

Butler University Ballet / Dance Kaleidoscope

### **Injuries Specific to Dance/Musical Theater**

Katy Ewalt, MS, ATC, MT, HHP

PAARTS Wellness Studio and San Diego Ballet

### **Musician Considerations for the Athletic Trainer**

Ashley Brooke Sutherland, MS, ATC, LAT

Cirque Du Soleil "Love"

### **Treating the Circus Artist**

Steve McCauley, ATC

Wynn Las Vegas "Le Reve"

### **Backstage Athletic Training Coverage of Performing Arts Events**

Elaine Winslow-Redmond, MS, ATC

Meg Schneider, MS, ATC

Radio City Rockettes

### **Rehabilitation of Performing Arts Injuries**

Jacqui Haas, ATC

Cincinnati Ballet

### **CEU Credits Earned: 5.0**

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To register and for information visit:

<http://www.nata.org/forms/performingarts07.htm>

# Military Opportunities for Athletic Trainers: Workshop

*Presented by the Council on Employment*

Tuesday, June 26, 2007 – NATA Annual Meeting – Anaheim, CA 1:00 - 5:00 pm

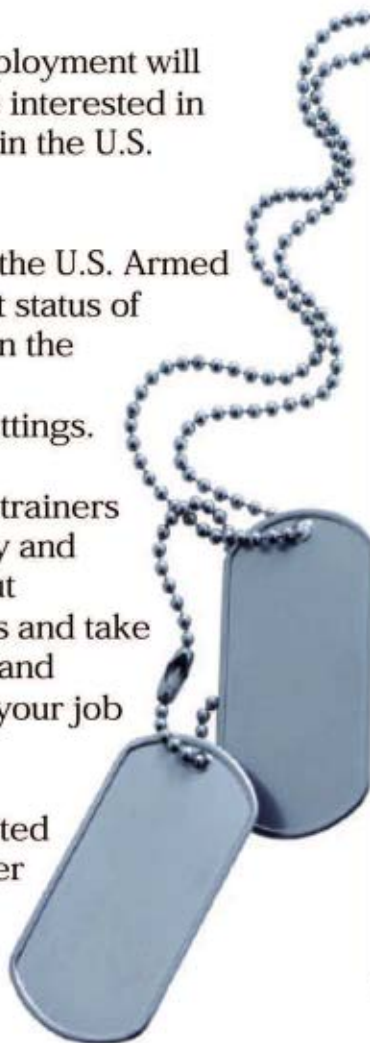
## Register Now!

The NATA Council on Employment will hold a workshop for those interested in athletic training positions in the U.S. Armed Forces.

Gain an understanding of the U.S. Armed Forces system, the current status of athletic trainers working in the military and methods of employment in military settings.

Speakers include athletic trainers working in the Army, Navy and Marine Corps. Learn about employment opportunities and take home valuable resources and strategies to assist you in your job search.

On-site registration is limited to space available. Register today and earn 4 CEUs.



### SPEAKERS

Vance Penn, MEd, ATC  
U.S. Army Garrison Darmstadt, Germany

Ian Wood, MS, ATC  
U.S. Army World Class Athlete Program

Jay Sedory, MEd, ATC, EMT  
Drug Enforcement Administration

Glenn P. Aquino, ATC  
U.S. Marine Corps

Dan Clouse, MS, ATC  
Madigan Army Medical Center

Jim Mensch, PhD, ATC  
USC Ft. Jackson

Tim Kelly, MS, ATC  
U.S. Military Academy

Terry DeWitt, PhD, ATC  
Armed Forces AT Society

### **CEU Credits Earned: 4.0**

Certificate awarded upon completion

- \$60 for NATA regular members
- \$40 for students

To register and for information visit:  
<http://www.nata.org/forms/military07.htm>

# NATA Documents Can Work For You

By Tony Fitzpatrick, MA, LAT, ATC

It seems not a single sports season goes by without athletic trainers in the secondary school setting being called upon by coaches, parents, administrators, physicians or other health professionals to explain. Explain the logic behind a particular medical decision. Explain why this athlete must sit. Explain the policies and procedures. Explain an athletic trainer's qualifications. Explain ourselves!

These questions present an opportunity to better demonstrate the important role of the certified athletic trainer in the health care community. Instead of becoming defensive (understandably, in

some cases) or trying to respond on the spot, make use of the wealth of documents crafted by the NATA and the SSATC for these exact situations.

## part of your benefits!

Part of the services available to NATA members are downloadable documents for use in the high school setting, available in the CAN-WORC section of the NATA Web site. The Secondary Schools Section features 22 resources, and the NATA Position Statements offers 24 documents that are easy to download, copy and distribute.

## which one is the right one?

With so many resources available – SSATC Secondary School Resources, Position Statements, Official Statements, Consensus Statements and Support Statements – it can be daunting to figure out which ones to use and when to use them.

It might help to categorize them into the different sport seasons a high school athletic trainer covers throughout the school year. Think through the sports you monitor, and apply those documents relevant to each season.

Each state has its own unique sports calendar. The model that follows is based on the one used in Idaho and is intended to answer the typical questions from parents and coaches during each sport season.

**Fall Sports:** Cross Country, Football, Boys/Girls Soccer, Volleyball

**Winter Sports:** Boys/Girls Basketball, Wrestling

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CE008-1001

**Spring Sports:** Baseball, Golf, Softball, Tennis, Track and Field

**what's the difference?**

It's helpful to understand the differences between the many types of documents available.

**Position Statements** are scientifically based, peer-reviewed research with a team of authors who are experts on the subject. One way in which these can be used is when athletic trainers need to explain their policies and procedures to coaches, parents and other groups.

**Year Round**

*Emergency Planning in Athletics*  
*Management of Asthma in Athletics*  
*Management of sport-related concussion*  
*Fluid Replacement for Athletes*

**Fall Sports**

*Exertional Heat Illnesses*  
*Head Down Contact and Spearing in Tackle Football*

**Spring Sports**

*Lightning Safety for Athletics*  
*Exertional Heat Illnesses*

**Official Statements** are shorter statements on timely topics. These are great to use in conjunction with medical issues that may occur during the year. Give them to parents, athletic groups and administrators to concisely convey an athletic trainer's stance on the topic in question.

**Year Round**

*Automated External Defibrillators*  
*Full-time, On-site Athletic Trainer Coverage*  
*Use of Qualified Athletic Trainers in Secondary Schools*  
*Youth Football and Heat-Related Illness*

**Fall Sports**

*Commotio Cordis*  
*Steroids and Performance Enhancing Substances*

**Winter Sports**

*Community-acquired MRSA Infections*

**Spring Sports**

*Commotio Cordis*  
*Steroids and Performance Enhancing Substances*

**Consensus Statements** are produced with two or more outside organizations that have a vested interest in the project, often in the form of inter-association task forces, and are convened to address

a particular topic. These are great to use with the decision makers and stakeholders, such as your principal and athletics director, school board, the local PTA and/or booster club, your local medical association and EMTs whom you may work with during the year when discussing policies and procedures.

- *Appropriate Medical Care for Secondary School-Age Athletes (AMCSSAA)*
- *Recommendations on Emergency Preparedness and Management of Sudden Cardiac Arrest in High School and College Athletic Programs*
- *Inter-Association Task Force on Exertional Heat Illnesses*
- *Pre-Hospital Care of the Spine-Injured Athlete*

**Support Statements** are between the NATA and another organization or organizations supporting each other's stance on a particular topic. These are a great resource that can be used to validate you, the high school athletic trainer, as a medical professional.

- *The Coalition to Preserve Patient Access to Physical Medicine and Rehabilitation Services*
- *American Academy of Family Physicians' Support of Athletic Trainers for High School Athletes*
- *American Medical Association's Support of Athletic Trainers in Secondary Schools*
- *Appropriate Medical Care for Secondary School-Age Athletes (Manuscript)*
- *Endorsement of NATA Lightning Position Statement by the American Academy of Pediatrics*

**SSATC Support** tools have been developed by the committee to assist and promote YOU, the high school athletic trainer, as well as promoting the profession in the secondary school setting itself.

- *Customizable Flyer*
- *Who's Taking Care of your Kids?*
- *Public Relations Letter to Physicians*
- *Position Proposal Guide (PPG)*
- *Position Improvement Guide (PIG)*

With the school year nearing the end, now is a good time to start reviewing



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these documents to see what would work for you and to think about how you could utilize them in promoting your policies, program and profession for the upcoming school year when called upon to explain your medical reasoning.

More access to information can lead to a more informed discussion, which may lead to improved recognition of you as the medical care provider for your school. What is important is that YOU let these documents work for you. With a little early planning and organization during the off-season, they can. ■■

*Tony Fitzpatrick represents District 10 on the SSATC. He can be reached at [Tony.Fitzpatrick@boiseschools.org](mailto:Tony.Fitzpatrick@boiseschools.org).*

**How to Customize the SSATC Support Flyer**

**Your School's Name: Athletic Training Staff (Arial Black 12)**

Here you type whatever information you would like to fit in the space provided. You have the freedom to put in whatever you would like the public to know about yourself and/or your program.

This is a GREAT tool to use at back-to-school nights, inserts in programs, sport orientations, parent newsletters, electronic publications, etc. Print them at school (color is best) or save it to a disc and visit your favorite copy store to print what you need.

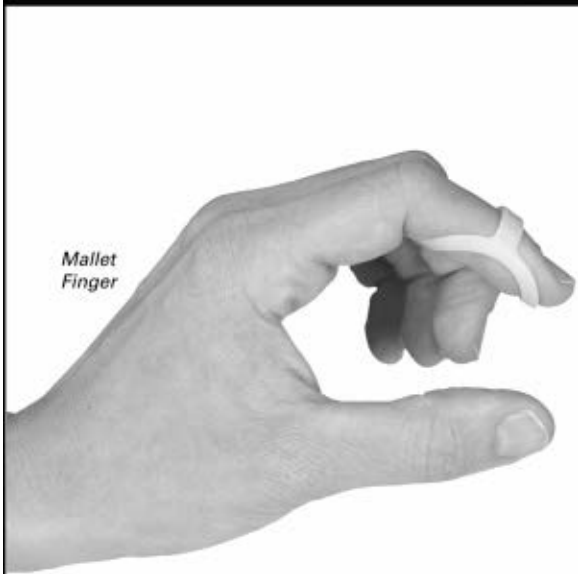
**The How To's:**

1. Print the PDF document from the CAN-WORC pages, Secondary Schools Resources link, under "Customizable Flyer." You can also save it on your computer.
2. Type in your text on a separate Word document (See tips below).
3. Print the new text directly onto the flier from your printer.  
– If you don't have color, save the PDF file and the Word document with your customized text onto a disc; then, take the disc to a local copy store to print what you need.

**Set Up the Layout**

1. In Page Setup, set your Top margin to 6.5", Bottom to .5", Left to 1.5" and Right to .6".
2. The font and font size that best matches the Paragraph Title is Arial Black 12.
3. The font and font size that best matches the original text is Arial 11 or 10.
4. In Format, set your paragraph alignment to justified.
5. You have approximately 21 lines to work with after your paragraph title.

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## CIC invites you to its Anaheim events

**TUESDAY, June 26**

12:45 p.m. - 5:30 p.m.

### **NATA Clinical/Industrial/Corporate Athletic Trainers' Committee Meeting**

If you have key insights into the CIC settings, or are just interested in learning more about the CIC, please join us for the CIC Committee meeting. CIC's main objective is to develop tools to help current NATA members, like you, work in the emerging settings. CIC is interested in speaking with individuals about outcomes, case studies and current work experiences- hope to see you here!

5:15 p.m. - 6:30 p.m.

### **COE/CIC Networking Meeting- FREE EVENT**

If you ever wanted to learn about the emerging job settings (Performing Arts, Military, Hospital/Clinic, Physician Extender, Corporate or Industrial) join the Clinical/Corporate/Industrial Committee and the Council on Employment for this special networking reception. The concept is simple: we will fill a room with athletic trainers who are working or interested in the emerging settings, and you start talking! Seasoned professionals from emerging settings will talk about their experiences, and additional educational materials related to the emerging settings will be provided. Stop in for a short while or stay the entire time -just don't miss your opportunity to meet your fellow NATA members and learn about these unique settings.

**WEDNESDAY, THURSDAY & FRIDAY, June 27, 28 & 29**

6:30 a.m. - 8:30 a.m.

### **Health Care Management Track- CIC/COE/COR Specialty Presentation**

CIC, COR and COE have joined forces to bring you the first-ever Health Care Management Track. This three-session educational program will help members learn more about health care management. The course will provide a comprehensive look at how to FIND a job, GROW your current position and PROSPER! See final program for more details.

**WEDNESDAY, June 27**

7 a.m. - 8:30 a.m.

### **Workshop 5: The Athletic Trainer Physician Extender Model: Clinical Skills to Reimbursement**

Karen Fennell, MS, ATC, LAT

**FRIDAY, June 29**

10:30 a.m. - Noon

### **CIC Student Field Trip (Theme Park speaker) - FREE EVENT**

Athletic trainers work everywhere-even theme parks! Come listen to Chris Ferry, an experienced athletic trainer who is providing athletic training services in one of the field's unique settings. Chris currently works for St. Joseph Hospital and provides contracted outreach services to a major theme park in the California area. Chris will provide unique insights about athletic trainers working in an occupational setting with a performing arts emphasis as well as an explanation of their role and how it differs from most industrial/occupational athletic training settings.

**SATURDAY, June 30**

7 a.m. - 8:30 a.m.

### **CIC Workshop 53: Establishing a Physician Extender Program**

Brian Franklin, ATC

This workshop will provide examples of various models of Physician Extender "Fellowship" Programs already established around the country. By recognizing the similarities, differences and the major concentrations of each Fellowship Program the workshop will provide instruction on how to establish a solid fellowship program from the ground up. Attendees will learn about existing program content, mentor staffing, funding, facility recommendations, certifications for fellows, workshops, recruiting, salaries and benefits for fellows-all contained in a resource guide that has information on job placement for attendees.

12:30 p.m. - 2:30 p.m.

**Session 11: CIC District 4 Chair Craig Halls, MBA, ATC, CEES is speaking on Industrial Medicine with the American Osteopathic Academy of Sports Medicine.**

# NPI Update

The date to get your National Provider Identifier is fast approaching! The Centers for Medicare & Medicaid Services want all health care providers to **obtain an NPI by May 23**.

NATA urges all athletic trainers to get an NPI – regardless of practice setting. In April, a listserv posting from a public high school explained the need:

*"I had an interesting phone conversation with a doctor's office. I frequently refer athletes to this sports medicine physician. His office staff asked for my NPI number [to] complete the new, more complicated insurance forms online. Apparently, for any athletes I have treated who did not see a physician for a referral, I am listed as the one to refer, using my NPI number. I wanted to inform others of how the NPI is now something of importance for doctors' offices use for insurance claims, and also for HIPAA. Maybe if we all have NPI numbers, insurance companies will see how important we are, and how many athletes we refer as health care professionals, and help to advance our profession."*

Visit [cms.hhs.gov/NationalProviderStand](https://cms.hhs.gov/NationalProviderStand).

Apply for an NPI online at <https://npes.cms.hhs.gov>.

## contingency

CMS has a contingency plan at [cms.hhs.gov/NationalProviderStand/Downloads/NPI\\_Contingency.pdf](https://cms.hhs.gov/NationalProviderStand/Downloads/NPI_Contingency.pdf).

The NPI site also has FAQs such as:

- What will CMS consider an acceptable NPI plan?
- I am a provider. How can I determine how this guidance affects me?
- Can I use my group practice's Employer ID Number instead of my NPI in HIPAA standard transactions?

## uniform billing update

The National Uniform Billing Commit-

tee is replacing the UB-92 with the UB-04 form. Between March 1 and May 22, providers who use paper claim forms can submit either the UB-92 or the UB-04. However, CMS expects to disallow the UB-92 beginning May 23 (when the NPI rule takes effect) since the form does not have a field for reporting NPIs. The UB-04 will retain the CMS-1450 designation.

For details, visit [www.nubc.org](http://www.nubc.org).

## therapy guidelines

Good news! CMS rescinded Instruction CR 5405 applying outpatient therapy guidelines to in-patient hospital policy. This would have restricted the provider pool to PTs, OTs and speech/language pathologists.

Be alert for new CMS action on this point. **nn**



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APEN507

# Arizona Celebrates 30th Anniversary

## district three news from maata

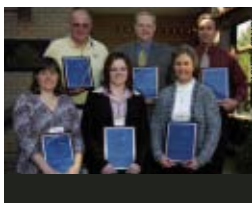
The Mid-Atlantic Athletic Trainers' Association has elected **Mike Hanley**, MS, ATC, of East Carolina University to be the next District Three treasurer. This election was held in accordance with the newly implemented constitution and by-laws, approved by members during the 2006 MAATA Symposium.

Hanley will assume his duties as treasurer in 2008. In the interim, he has begun working with current Sec./Treas. **Martin Baker**, MA, ATC, to ensure a smooth transition.

District Director **Charlie Rozanski**, MEd, LAT, ATC, thanked all the candidates and said the ballot offered good options all around.

"We were fortunate to have such outstanding professional offer their time to this important position," Rozanski said. "My only regret is that only one can serve. I look forward to working with Mike. He is an organized, meticulous professional who will serve our district well."

## news from north carolina



The NCATA State Meeting, held March 2-4 in Research Triangle Park, set the stage to honor the 2007

award recipients (back row, from left) Corporate Group of the Year Southern Orthopedic Specialists, represented by **Dan Henley**, ATC; Clinical/Industrial Athletic Trainer of the Year **Andrew Graham**, MHSA, ATC, CEAS; Sports Medicine Person of the Year **Roy Majors**, MD; (front row, from left) College/University Athletic Trainer of the Year **Sue Graner Raedeke**, MA, ATC; Educator of the Year **Jolene Henning**, EdD, ATC, LAT; and Secondary School Athletic Trainer of the Year **Kelly Vanhoy**, ATC.

## district four news from illinois

The deadline for Hall of Fame, Special Recognition and the newly created Dedicated Service Award is July 1. Send a letter of support to:

Vice President **Kristen Stauffer**, MS, ATC  
Premiere PT & Sports Rehabilitation  
320 E. Carpenter St. Suite 1-B  
Springfield, IL 62702  
fax (217) 744-8004  
kmstauffer18@hotmail.com

The **15th Annual Golf Outing** deadline is approaching fast. The event will be held Saturday, June 16, at the Mill Creek Golf Club in Geneva. For more information contact **Jerry Bornhoff**, ATC, LAT, CSCS, at (847) 692-8246.

Full details about the IATA awards and the golf tourney can be found at [www.illinoisathletictrainers.org](http://www.illinoisathletictrainers.org).

## news from indiana

**Franklin University** won the GLATA Quiz Bowl at the 2007 Winter Meeting. The three-member team bested competitors from Miami University (OH), Central Michigan University (MI), Marquette University (WI), Winona State University (MN) and Lewis University (IL).



Franklin University's **Tiffany Henderson** (from left), **Brittany Beehler** and **Rebekah Blend** earned the GLATA Quiz Bowl Champion title.

The Indiana Summer Meeting at the NCAA, slated July 13-14 in Indianapolis, offers 13 CEUs.

**Mike Cendoma**, MS, ATC, of Sports

Medicine Concepts will be the featured speaker, following up his popular talk from 1999. Cendoma will address face-mask removal and neuropsychology programs. His presentation will include lectures and labs on cognitive spine injury and cognitive head injury.

Visit [www.IATA-usa.org](http://www.IATA-usa.org) for more information.

## news from ohio

The OATA Clinical and Industrial Committee will exhibit at the Ohio Association of Health Plans Convention on May 15-16; the group has asked to be placed on the speaker list for upcoming conventions as well. In addition, the OATA CIC will present a session at the OATA Meeting in May to address reimbursement and the physician extender model.

## news from minnesota

"Emergencies in Athletics II," sponsored by MATA, Regions Hospital EMS and South Central College Emergency Medical Services Department, will be held Saturday, Aug. 4, at the Radisson Plaza in downtown Minneapolis. Participants earn 6 CEUs.

Those pre-registered by July 14 will get a ticket to the Twins game against the Cleveland Indians. Registration is available online at [www.mnata.com](http://www.mnata.com).

## district six news from texas

San Antonio's Northside Athletic Trainers' Society recognized the Athletic Training Staff of the Month for December, January and February:

— **T.R. St.Charles**, MS, LAT, ATC, and **Barbi Carroll**, MEd, LAT, ATC, of O'Connor High: December Staff of the Month;

— **Tim Kloewer**, LAT, ATC, and **Susan Stromblad**, MSE, LAT, ATC, of Stevens High: January Staff of the Month;

— **Lee Whitehead**, MA, LAT, ATC, and



**Amy Kolls, MS, LAT**, of Taft High: February Staff of the Month.

Staff of the Month honors are meant to recognize outstanding dedication, care and professional service to the athletes.

**district seven news from arizona**

Arizona athletic trainers celebrated an important milestone during the AzATA 2007 Winter Meeting: the 30th anniversary of banding together as a state association.

The meeting, which drew almost 250 athletic trainers and students, provided top-notch educational presentations on the diabetic and throwing athletes. As part of the annual awards luncheon, the AzATA honored numerous guests who have contributed to the AzATA and the athletic training profession in the state. Honored guests included former team physicians **George Hershey, MD (NAU); Tom Forrester, MD (Milwaukee Brewers); Richard Emerson, MD (Phoenix Suns)**

and **Felix Jabczynski, MD, Richard Toll, MD, and Jon Wang, MD** (all formerly with U of A). AzATA also welcomed Tucson Unified School District Athletics Director **Sheila Baize**.

Special recognition went to former AzATA presidents and Hall of Famers in attendance, including **Jack Baynes, ATC; Gary Delforge, AT Ret.; Bob Howell, ATC; Matt Webber, MA, ATC, LAT; Mike Nesbitt, ATC; and Scott Linaker, MS, ATC, LAT**.

AzATA awards went to:

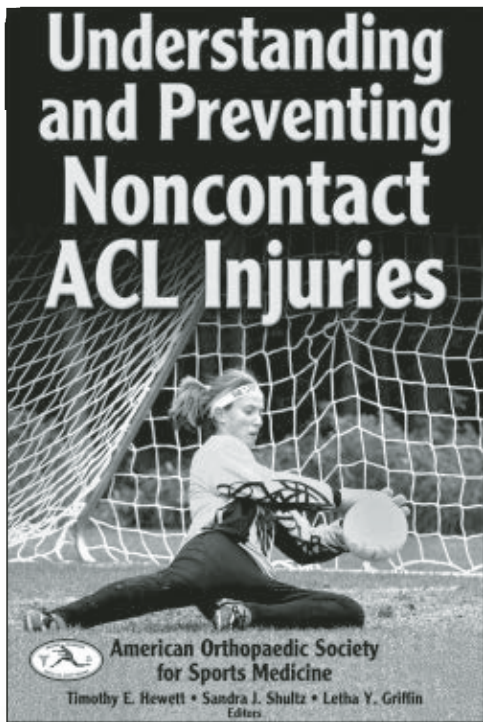
- **John Parsons, MS, ATC:** Warren H. Lee Certified Athletic Trainer of the Year, in recognition of his work as the chair of the AzATA Governmental Affairs Committee;
- **Baeley Haight, Claire Williams, Stephanie Manzanedo, Jenna Williams and Michele Karpinsky:** Lanny Williams High School [Athletic Training Student Aides] of the Year;
- **Alysia Tenuta:** College Athletic Training Student of the Year.



Arizona welcomed former team physicians and school administrators whose support has helped the profession grow; past AzATA presidents and Hall of Fame members also earned special recognition.



John Parsons received the Warren H. Lee award, while high school students from around the state were honored for their involvement.



**A preventive approach to understanding ACL injuries**

With more than 200,000 athletes each year suffering noncontact injury to the anterior cruciate ligament (ACL) of the knee, there is finally an up-to-date reference for professionals whose work involves developing and implementing programs to prevent such injuries. *Understanding and Preventing Noncontact ACL Injuries* provides an authoritative description of the biomechanical, clinical, and injury factors pertinent to the athletes—primarily girls and young women—who experience this problem.

To help readers understand how to incorporate targeted interventions, the book uses a preventive rather than strictly clinical approach to ACL injuries. It provides a thorough description of the current problem on an international scale, the rationale for developing prevention programs, the discrete risk factors for noncontact ACL injuries, and an analysis of current research data on the effects of interventions designed to prevent these injuries.

To illustrate the preventive approaches that may be used, the book contains photographs of individuals actually performing the progressions involved in the programs. Other helpful resources include take-home messages and clinical notes that relate scientific findings to successful preventive efforts. By providing these tools, the authors provide an easy-to-understand reference that appeals to a broad range of individuals.

*Understanding and Preventing Noncontact ACL Injuries*  
 American Orthopaedic Society for Sports Medicine (AOSSM)  
 Timothy E. Hewett, Sandra J. Shultz, and Letha Y. Griffin, Editors  
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**district nine****news from tennessee**

The Tennessee Athletic Trainers Society recognized outstanding contributions to the profession during its awards presentation at the TATS Annual Meeting in January.

Former TATS President **Nicholas Pappas**, ATC, LAT, received the President's Award of Merit.

Rep. **Leslie Winningham** and Sen. **Roy Herron** were named Sports Medicine Persons of the Year for sponsoring legislation that establishes a separate licensing board for athletic trainers.

**Peggy Bratt**, ATC, EMT-IV, earned the Sandy Sandlin High School Athletic Trainer of the Year award.

**Michael Meyer**, MS, ATC, received the Eugene Smith/Mickey O'Brien College Athletic Trainer of the Year award.

**Tim Hoskins**, ATC, was named the Joe Worden Clinical/Professional

Athletic Trainer of the Year.

**Robert Baudier**, MS, ATC, LAT, won the Backbone of the Year award.

**Premier Medical Group** received the Corporate Award, accepted by **W. Cooper Beasley**.

**Danielle Green**, an undergraduate

athletic training student at Cumberland College, received the TATS Athletic Training Student Scholarship Award, while **Erin Sheehan** of The University of Tennessee @ Chattanooga received the Graduate Athletic Training Student Scholarship. **nn**



TATS honored (from left) Erin Sheehan; Michael Meyer; Peggy Bratt; W. Cooper Beasley; Nick Pappas; Tim Hoskins; and Danielle Green as its 2007 award recipients.

Photo Courtesy: TATS

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# Events on the Calendar

## nata cec events

**anytime:** CEC Virtual Library home study courses!  
**Location:** www.natacec.org

**May 17:** District Three One-Day Workshop: Pilates  
**Location:** Cavalier Hotel, Virginia Beach, VA  
**Cost:** \$115  
**CEUs:** 7  
**Contact:** Anita James (800) 879-6282 or anitaj@nata.org

**June 25:** CIE Seminar  
**Location:** Anaheim, CA  
**Cost:** \$115  
**CEUs:** 7  
**Contact:** Anita James (800) 879-6282 or anitaj@nata.org

**July 18:** District Six One-Day Workshop: Pilates  
**Location:** Arlington (TX) Convention Center  
**Cost:** \$115  
**CEUs:** 7  
**Contact:** Anita James (800) 879-6282 or anitaj@nata.org

## may

**may 10-11:** 30th Ann. UW Madison Sports Med. Symp.  
**Location:** Madison Marriott West, Madison, WI  
**Cost:** \$295  
**CEUs:** 12.5  
**Contact:** Caroline Schmitt (608) 263-2850 or cschmitt2@wisc.edu

**may 16-18:** "Fundamental Techniques of Eval. & Treatment for Spine – Level I"  
**Location:** Michigan State University  
**Cost:** \$395  
**CEUs:** 20  
**Contact:** (517) 432-5018 or www.athletic-training.msu.edu

**may 17-19:** CATS Spring Symposium  
**Location:** The Orleans Hotel & Casino, Las Vegas  
**Cost:** \$130-\$205 (tied to member status)  
**CEUs:** 15.25  
**Contact:** Scott Oliaro (919) 962-8519 or www.collegeathletictrainer.org

**may 18-19:** 9th Annual UK Sports Med. Symp.  
**Location:** Embassy Suites, Lexington, KY  
**Cost:** \$125 advance; \$150 on-site  
**CEUs:** 11  
**Contact:** Sheri McNew (859) 323-5533, ext. 250

**may 27-30:** 22nd Annual Advances on the Knee & Shoulder  
**Location:** Westin Resort, Hilton Head, SC  
**Cost:** Pending  
**CEUs:** Pending  
**Contact:** www.cincinnati-sportsmed.com or dhartwig@csmoc.com

## june

**june 1:** Distinguished Lecture Series in Sports Med.  
**Location:** Northeastern University  
**Cost:** \$50  
**CEUs:** 5  
**Contact:** Art Horne (617) 373-8913, a.horne@neu.edu, gonu.com/sportsmedicine

**june 2:** 19th An. Sports Med. Symp.  
**Location:** The Valley Hospital, Ridgewood, NJ  
**Cost:** \$225  
**CEUs:** 6  
**Contact:** Karen Karosy or Don Tomaszewski (201) 447-8133, dtomasz@valleyhealth.com

**june 8-10:** South Padre Athletic Training Seminar  
**Location:** South Padre Island Conv. Ctr., TX  
**Cost:** \$125 athletic trainers; \$25 students; \$200 PT and OT  
**CEUs:** 15  
**Contact:** www.vatargv.org

**june 15-16:** Northern New England Athletic Training Conf.  
**Location:** Lake Morey Resort, Fairlee, VT  
**Cost:** \$135 NATA members before June 1 or \$140 after; \$145 non-members before June 1 or \$155 after; \$120 students  
**CEUs:** 10  
**Contact:** vtathletictrainers.org

**june 21-24:** Medical Probs. of Musicians & Dancers  
**Location:** Aspen, CO  
**Cost:** \$335 before May 31; \$345 after  
**CEUs:** Pending  
**Contact:** Performing Arts Med. Assoc. (303) 632-9255 or www.artsmad.org

## july

**july 16-18:** Fundamental Techniques of Eval. & Trtmt. of Spine – Level II  
**Location:** Michigan State U.  
**Cost:** \$395  
**CEUs:** 18  
**Contact:** (517) 432-5018 or www.athletic-training.msu.edu

**july 20-22:** AzATA Summer Meeting: The Female Athlete  
**Location:** NAU, Flagstaff, AZ  
**Cost:** visit azata.net  
**CEUs:** 10  
**Contact:** azata.net or Ian McLeod, swimatc@hotmail.com or (480) 518-5802

**july 26-27:** "Princ. of Dance Med.: Clin. Mgmt. of the Dancer Patient" Part 3 of 4: Hip & Knee  
**Location:** NYU Hospital for Joint Diseases, New York, NY  
**Cost:** \$350/part or \$1,100 for 4-part course  
**CEUs:** Pending  
**Contact:** www.danceinjury.com or (212) 598-6022

**july 28-29:** "Princ. of Dance Med.: Clin. Mgmt. of the Dancer Patient" Part 4 of 4: Foot & Ankle  
**Location:** NYU Hospital for Joint Diseases, New York, NY  
**Cost:** \$350/part or \$1,100 for 4-part course  
**CEUs:** Pending  
**Contact:** www.danceinjury.com or (212) 598-6022

## submit calendar listings

Events are listed on a first-come, first-served basis, and placement cannot be guaranteed. Send the date and name of event, specific location, cost, CEUs and contact details to:

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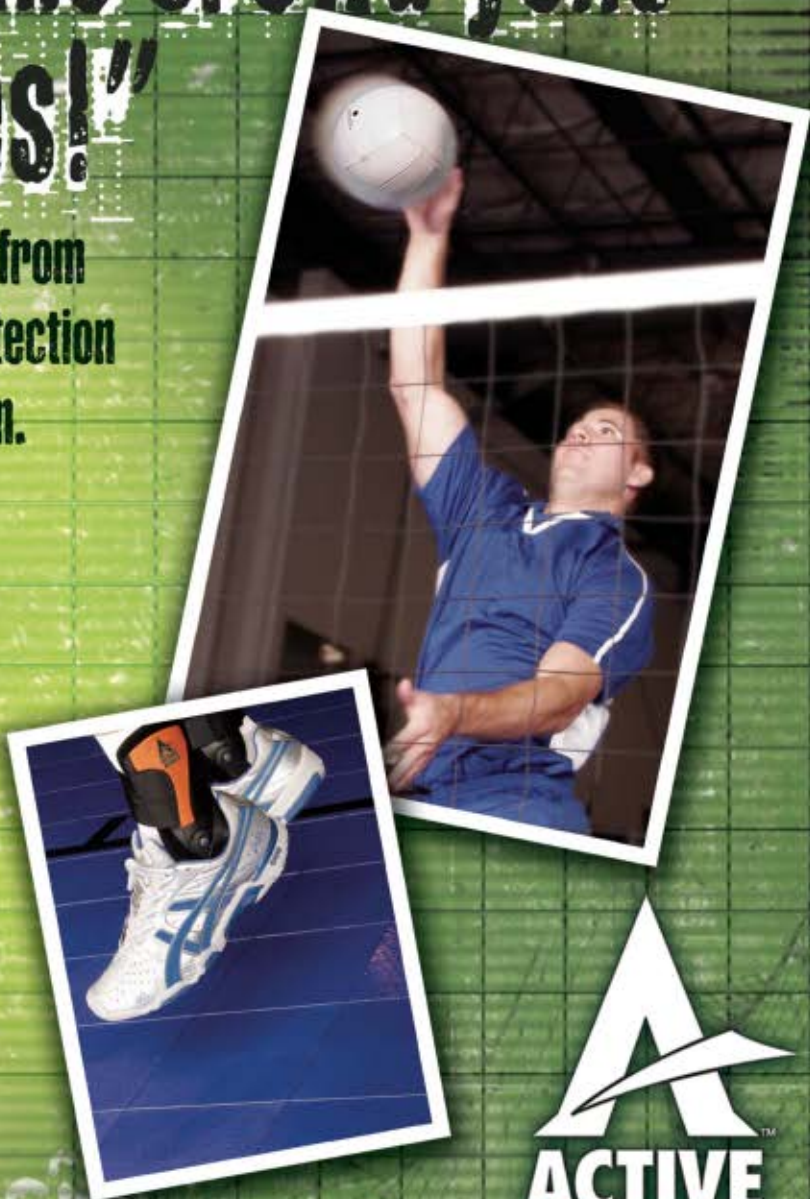
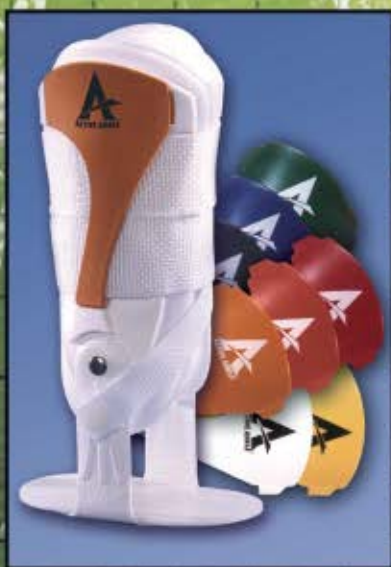
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