Tuesday, June 26, 8:00am – 3:00pm

AT1
**Combining Manual Therapy and Eccentric Exercise to Promote Lengthening in Athletes with Impaired Mobility**

Athletic endeavors require adequate mobility throughout the kinetic chain to ensure optimal performance and prevent injury. Mobility restrictions may be due to functional adaptation, capsular stiffness, and reduced muscle length. Typical management involves soft tissue mobilization, joint mobilization, passive stretching, and dynamic exercise. Current practice is evolving to recognize the role of eccentric exercise in driving structural adaption of muscle. The purpose of this session is to integrate knowledge of muscle physiology, manual techniques, and exercise interventions in the development and application of individual and team based strategies to improve sport specific mobility.

At the conclusion of this session, attendees will be able to:
1. Explain muscle physiology as it relates to lengthening interventions
2. Plan a multimodal intervention program to improve functional mobility in athletes
3. Correctly prescribe and apply mobilization and therapeutic exercise interventions to improve sport specific mobility.

Tuesday, June 26, 8:00am – 12:00pm

AT2
**Psychological Rehabilitation of Physical Injury**

This workshop will focus on the psychological rehabilitation of physical injury. As any athletic trainer knows, when an athlete sustains a serious injury, the mind can also become “injured.” Though most athletes recover mentally from their injuries in the natural course of rehabilitation, many struggle psychologically and emotionally which can slow their physical recovery and interfere with a return to their sport. This workshop will explore key mental areas that impact injury rehabilitation and return to sport. It will also provide many tools that ATs can use to provide their patients with a comprehensive rehabilitation experience that can ensure total physical and psychological recovery and a successful return to their sport.

At the conclusion of this session, attendees will be able to:
1. List the key psychological and emotional areas that impact injury rehabilitation.
2. Discuss essential mental strategies and tools that can be used to facilitate athlete rehabilitation and return to sport.
3. Design a mental rehabilitation program that complicates the traditional physical rehabilitation regimen

Tuesday, June 26, 8:00am – 3:00pm

AT3
**Fascia in Sport Injury Prevention**

This workshop will illustrate new studies of the gross and histological anatomy of the human fasciae, and explain the biomechanical model for the human fascial system currently applied in the manual
technique. The Fascial Manipulation© is based on the concept of myofascial units united in myofascial sequences, and involves manual friction over specific points on the deep muscular fascia. This underlying rationale and the resultant analytical process guides the therapist in the combination of points to be treated and allows therapists to work at a distance from the site of pain, which is often inflamed due to non-physiological tension.

At the conclusion of this session, attendees will be able to:
1. Determine whether the treatment of the deep fascia would be more appropriate for solving the symptoms.
2. Design a treatment plan dealing with the principle of restoration of the biomechanics of the fascia system.
3. Differentiate between inflammatory pain and nociceptor pain.

Tuesday, June 26, 8:00am – 3:00pm

AT4
Video Analysis and Prevention/Treatment/Performance Strategies for the Throwing Athlete
This session will build around current concepts and evidence in the management of the overhead athlete. Special tests, exercise selection and application, corrective drills and throwing program discussions will adjunct video analysis of pitching and throwing mechanics in this unique population.

At the conclusion of this session, attendees will be able to:
1. Evaluate shoulder and elbow special tests for specificity and sensitivity to support components of a thrower evaluation (Evaluation)
2. Categorize rehabilitative, performance, and preventative exercise through care continuum to maximize phases in the overhead athlete. (Analysis)
3. Evaluate biomechanics in the overhead athlete and make appropriate recommendations for success in activity. (Evaluate)
4. Choose and apply corrective exercise, drills, and programs to match biomechanical deviations in the overhead athlete (Application)