The Role of Muscle Function in Ankle Sprains and Instability

Altered neuromuscular function has long been a clinical concern in patients recovering from lateral ankle sprains. Our aim is to describe impairments in muscle function after ankle sprain and discuss clinical techniques for assessing and treating this muscle dysfunction. Emphasis will be placed on addressing peroneal muscle dysfunction, as well as the other extrinsic ankle muscles, the intrinsic foot muscles, and more proximal thigh and lumbo-pelvic core muscles. Assessment techniques to be addressed include strength and functional testing, electromyography, and imaging. Rehabilitation techniques will be drawn from clinical trial results that have demonstrated improved muscle function in ankle-injured patients.

At the conclusion of this session, attendees will be able to:
1. Describe muscle-related impairments commonly seen in ankle sprain patients.
2. Illustrate assessment techniques for assessing muscle dysfunction in ankle sprain patients.
3. Discuss rehabilitation techniques to restore muscle function in ankle sprain patients.

Creating a Student-Centered Environment: Strategies for Faculty and Preceptors

Student-centered instruction, defined as “an instructional approach in which students influence the content, activities, materials, and pace of learning,” has been associated with more engaged and effective learning. Presented theories will focus on the application of student-centered practices within traditional classroom and laboratory environments as well as clinical experiences. Case studies and scenarios will be provided to illustrate how to engage the learner in student-centered environments, resulting in advanced analytical abilities required of future clinicians.

At the conclusion of this session, attendees will be able to:
1. Define student-centered approaches to education.
2. Apply educational theory to learning environments.
3. Develop educational strategies to foster clinical skills.

Unique Perspectives: A Comprehensive Debate Relative to Minimizing Legal Risk in Athletic Training

The NATA Professional Responsibility in Athletic Training (PRAT) Committee recently reported that NATA members (72%) are very interested in learning more about exposure to risk and liability. Minimizing legal risk is critically important in the provision of athletic training services. Two leading legal experts in athletic training will provide perspectives relative to hot topics, including, informed consent, AT documentation, return-to-play, professional liability insurance coverage, etc. This event will include an exchange of ideas and perspectives.

At the conclusion of the program participants will:
1. Explain the concept of legal risk in athletic training,
2. Describe how to manage and minimize legal risk, and
3. Summarize the different points of view relative to managing and minimizing legal risk

The Evolution of Return to Sport Criteria After Anterior Cruciate Ligament Reconstruction: A Progression Toward a Multidimensional Approach
The criteria used to determine an athlete’s readiness to return-to-sport after ACL reconstruction has evolved over the last half-century. The comprehensiveness of the return-to-sport criteria that is recommended today is due to the current evidence on graft tissue maturation, postoperative functional impairments, and the athlete’s mental preparedness to engage in sport-specific activities. Furthermore, the known risk of a subsequent ACL injury after ACL reconstruction warrants a more conservative approach when returning athletes to sport. In conclusion, there are several factors that have been revealed by research for clinicians to consider when determining an athlete’s readiness to return-to-sport after ACL reconstruction.

At the conclusion of the program participants will:
1. Recall the risks involved with returning an athlete to sport activity prematurely after ACL reconstruction.
2. Analyze the pertinent factors involved with return-to-sport criteria, as supported by the current evidence.
3. Interpret the importance of not relying on single tests or limb-symmetry-indices for return-to-sport decision making.
4. Implement a comprehensive return-to-sport protocol for athletes after ACL reconstruction, in attempt to reduce the risk of subsequent knee-joint pathologies and maximize sport performance.
5. Possess the ability to educate patients about the latest information regarding return-to-sport after ACL reconstruction.

Inside the Athlete Brain: Why Do Athletes Delay or Fail to Report Their Concussions and How Can We Fix It?
Concussion education, now mandated by most states and sport organizations, has been ineffective at promoting timely concussion reporting.1,2 Incorporating scientific literature with clinical practice may improve concussion education efficacy.1,2 Recent evidence suggests immediate removal from activity after concussion is associated with less severe symptoms and less time missed from sport and academics.3,4 Dissemination of such outcomes in an engaging manner could be more appreciated by athletes and serve as motivation for immediate reporting. This presentation will 1) address associations between immediate reporting and better clinical outcomes after concussion and 2) promote discussion regarding concussion education design and implementation.

At the conclusion of the program, participants will be able to
1. Summarize scientific literature regarding the benefits of immediate reporting and removal from activity after concussion.
2. Apply current scientific evidence regarding different types and methods of concussion education.
3. Evaluate how incorporate the emerging scientific literature into clinical practice.

Does Prediction Lead to Prevention? Discussing and Translating the State of Evidence for Injury Risk Screening
Movement quality screening is becoming increasingly popular in both military and civilian athletes. While some evidence suggests screening can identify high-injury risk athletes, movement quality is only a small component of overall injury risk. Furthermore, there is a dearth of literature describing how to interpret and act upon the results of movement screens. The purpose of this presentation is to describe the state of the evidence for movement screening and injury risk prediction. We will also discuss the interpretation, value and limitations of this information and how it may be used for injury prevention.

At the conclusion of the program, participants will be able to
1. Describe the state of the evidence of movement quality assessments for injury risk prediction
2. Interpret movement quality screening outcomes in various populations
3. Assess the value of movement quality screening and
4. Apply this knowledge in their respective settings.

Return to Sport for Upper Extremity Athletes: Are There Any Good Procedures Out There?
In 2016, the first world congress of sport physical therapy put forward a consensus statement on return to sport. Upper extremity functional testing lags due to the diversity of testing athletes' readiness to return to sport. Additionally, biopsychosocial influences are an important component in determining readiness to return to sport. We want to initiate the conversation from the perspective of the clinical athletic trainer as to what is and is not feasible to evaluate in returning the athlete to sport. Discuss and describe a potential battery of reasonable assessment tools to be used in evaluating readiness to return to sport.

At the conclusion of the program, participants will be able to
1. Identify a battery of tests to evaluate athlete’s readiness to return to sport participation following an injury.
2. Share ideas to create a logical order of readiness assessment as they return an athlete to sport activities.
3. Discuss limitations that they face in returning athletes with upper extremity injuries back to contact and overhead sports.