Do You Have Skin in the Game? Dermatologic Disorders of the Athlete
The integrity of the skin and barrier properties are compromised by mechanical trauma, environmental factors, and infectious agents with participation in athletics. Prompt recognition and directed treatment is required to lessen the risk of further trauma, adverse outcomes, cross-contamination, infection, and outbreaks. The purpose of this program is to educate athletic trainers on the clinical features, and assessment, treatment, and prevention interventions for dermatologic disorders among athletes. The session will also examine physical and environmental modes of transmission, differentiating referral strategies, and physical and environmental prophylactic guidelines for non-infectious and infectious dermatologic disorders.

At the conclusion of the program, participants will be able to:
1. Identify the clinical features of non-infectious and infectious dermatologic disorders among athletes.
2. Explain modes of transmission and progression of dermatologic disorders among athletes.
4. Distinguish treatment interventions and referral patterns based on the clinical features of dermatologic disorders.

The Anterior Cruciate Ligament: The State of the Art from Surgery to Osteoarthritis
ACL ruptures are among the most common knee injuries and have significant short- and long-term implications for patients. New evidence is constantly emerging regarding ACL injury and requires athletic trainers to be up-to-date with the ever-developing information in order to provide optimal care to patients. This session will provide the most recent evidence related to ACL injury. Specifically, we will discuss the limitations with current ACL reconstruction techniques and emerging tissue engineering approaches, muscle weakness after ACL reconstruction, functional testing algorithms to assist return-to-play decisions, and imaging techniques that allow for early recognition of post-traumatic osteoarthritis after ACL injury.

At the conclusion of the program, participants will:
1. Describe state of the art imaging techniques for recognizing early cartilage changes after traumatic knee injury
2. List the limitations associated with current ACL graft techniques
3. Describe the future of tissue engineering in ACL reconstruction
4. Summarize the role of muscle weakness in the development of post-traumatic knee osteoarthritis
5. Explain a functional testing algorithm to aid with return to play decisions following ACL reconstruction

Great Debate(s) about Concussions
The current proposal is based on an Oxford-style debate. The current two-hour session is divided into three separate debates. For each individual debate, a motion will be introduced and each speaker will “draw” a stance. Each speaker will have an opening 10-minute, uninterrupted statement to provide evidence-based content to support their stance on their assigned motion. Following each speaker’s 10-minute statement, each speaker will have a two-minute rebuttal. Following each rebuttal, the
moderator will provide a six-minute summary statement to assist attendees in identifying key points from the debate.

At the conclusion of the program, participants will:

1. Differentiate the evidence supporting and not supporting baseline assessments for sport concussion
2. Distinguish the evidence supporting and not supporting sex differences associated with sport concussion
3. Consider the evidence supporting and not supporting pre-adolescent/adolescent participation in football

**Leveraging Leadership to Maximize Operational and Professional Effectiveness**

Healthcare is evolving at an unprecedented pace and leadership practices have failed to keep up with this dizzying pace of progress. This unstable environment has been characterized as VUCA (volatile, uncertain, complex, and ambiguous). Consequently, traditional leadership practices, the one’s athletic trainers rely on, were considered “hopelessly out of date” a decade ago. Athletic trainers must reframe and recalibrate the way leadership is described and thought about. Therefore, it is incumbent upon us to learn how to navigate a VUCA environment, which requires new and updated leadership thinking and behaviors by advancing own body of knowledge on leadership and taking cues from other successful healthcare professionals.

At the conclusion of the program, participants will:

1. Identify leadership practices/models that can be employed to help navigate rapid and sudden change.
2. Describe risks and rewards of the VUCA (volatile, uncertain, complex, and ambiguous) healthcare environments.
3. Apply educational strategies that develop or enhance resilient leadership.

**Difficult Conditions: Demystifying Evaluation and Treatment of Hip and Low Back Conditions**

Low back pain and disorders of the lumbopelvic region continue to be a significant strain on the healthcare system. These conditions are often multifaceted and complex, making assessment and intervention by the athletic trainer challenging. This presentation will offer clinical insight into the evaluation of low back, lumbopelvic, and hip disorders and offer practical intervention strategies to manage complex cases.

At the conclusion of the program, participants will:

1. Summarize current evidence in the evaluation and management related to complicated lumbopelvic and hip dysfunction.
2. Create a clinically meaningful and practical evaluation and management algorithm to treat complicated lumbopelvic and hip dysfunction.
3. Compare patient outcomes using evidence-based treatment principles to judge intervention efficacy.
**Lawsuits: How Can Athletic Trainers Minimize Risk?**

Athletic trainers continue to face risk management challenges as an inherent result of the professional, legal, and ethical requirements associated with one’s role. Daily tasks, such as returning an injured athlete to play, involves a complex decision-making process that includes, but is not limited to exercising clinical judgement, ensuring informed consent, and complying with the legal standard of care. This presentation will utilize a case study format to demonstrate contemporary risk management utilization approaches in an effort to provide the practicing athletic trainer with a list of applied interventions designed to promote best practices and maximize safe decision-making.

At the conclusion of the program, participants will be able to:
1. Demonstrate how the legal standard of care is established and applied in a variety of settings
2. Reduce the risk of legal liability associated with return to play decisions
3. Establish and Implement a strategy to obtain an athlete’s informed consent to injury rehabilitation and treatment

**Live Surgery: Tommy John Reconstruction**

Reconstruction of the Ulnar Collateral Ligament (UCL) was popularized in the mid-1970s by Dr. Frank Jobe and has been referred to as Tommy John Surgery. Since then, the technique has been modified to leave the common flexor tendon attached to the medial epicondylar insertion, expose the UCL from distal to proximal, and transfer the ulnar nerve anteriorly. Reconstruction of the UCL is a successful surgery, with 83% of patients returning to previous or higher level competition in less than 1 year, and 75.5% of major league baseball players returning to the same level after surgery.

At the conclusion of the program, participants will be able to:
1. Identify medial elbow anatomy
2. Discuss surgical technique for reconstruction of the ulnar collateral ligament (UCL)
3. Describe some pitfalls that may occur during reconstruction of the ligament

**Clinician Driven Research: A Framework for Implementation and Success**

This program will present the implementation of a successful clinician driven research initiative. The clinician driven research initiative was established to provide support and mentorship to both physical therapists and athletic trainers in the clinical setting to improve patient outcomes. The benefits of the collaborative model to the clinician, institution, and patient will be discussed. This program will summarize the accomplishments as well as the challenges and barriers of implementation.

At the conclusion of the program, participants will be able to:
1. Explain the framework for building a successful clinician driven research program
2. Identify the benefits of the clinician driven research program to the institution, clinician, and patients
3. Describe and analyze the metrics used to define success of the clinician driven research program
4. Summarize the challenges and barriers of implementation
The Influence of Cultural Competency on Patient-Centered Care
We will discuss cultural competency and its importance in athletic training and for the growth of athletic trainers. How does diversity in our profession play a role in understanding patient values? Many athletic trainers may believe they have competence in this area, but in reality, they do not truly understand what it is. Cultural competency encompasses more than skin color. Religion, sexual orientation, disability, and age are all part of different cultures. In order to provide patient-centered health care, athletic trainers must know how to treat their patients, as well as the other health care professionals they work with, regardless of their diversity.

At the conclusion of the program, participants will be able to:
1. Assess perceived cultural competence level
2. Describe the influence of cultural competency in his/her own practice
3. Illustrate qualities of culturally competent leaders
4. Evaluate one’s own definition of a leader

Facilitating Mentorship throughout the Athletic Training Profession
Mentoring is a powerful and accessible mechanism of support for athletic trainers at several stages of their career, including students, young professionals, and experienced professionals. Additionally, mentoring is a helpful tool for athletic trainers in a variety of work settings, including clinical practice and academia. Mentorship is valuable for both mentors and mentees, and regardless of the setting or age, there are common characteristics of effective mentoring relationships. This presentation will provide an evidence-based approach to mentorship in athletic training. Attendees will learn about how they might participate in mentorship, in addition to practical strategies for facilitating effective mentoring relationships.

At the conclusion of the program, participants will be able to:
1. Identify attributes of effective mentoring and strategies to build relationships while learning to combat the challenges that are part of the mentoring relationship.
2. Differentiate between informal and formal mentoring programs and their benefits and challenges
3. Describe how mentoring can be impactful for different populations, including athletic training students, preceptors, and clinicians at various stages in their careers;
4. Develop and implement an effective mentoring program that addresses their program’s needs.

Prevalence, Injury Risks, Attitudes, and Belief Associated with Youth Sport Specialization
Youth sport specialization is a growing concern across the US. In recent years, medical associations have published statements warning against specialization. Despite these warnings, evidence suggests that sport specialization is increasing and may partially explain the increase in the frequency and severity of pediatric musculoskeletal injuries over the past decades. This presentation will present the evidence regarding the prevalence of sport specialization, the association of specialization with injury, and the evidence based recommendations for safe youth sport participation. Athletic trainers can utilize the information from this presentation to facilitate change in the environment and culture surrounding youth sport specialization.
At the conclusion of the session, participants will be able to:
1. Describe the prevalence of youth sport specialization across the US.
2. Identify factors that affect sport specialization including athlete age, sex, school size, and sport.
3. Explain the evidence linking sport specialization with risk of injury in clinical populations.
4. Summarize retrospective and prospective data illustrating the link between sport specialization and risk of injury in high school athletes.
5. Describe attitudes and behaviors of coaches, parents, and athletes regarding the rationalization behind deciding to specialize in a sport.
6. Discuss with coaches, parents, and athletes the adverse risks associated with sport specialization.

Conventional, Alternative & Mechanical CPR: What Does the Science Show?
Conventional cardiopulmonary resuscitation (CPR) consisting of manual chest compressions with ventilation is inherently inefficient with respect to generating cardiac output. A variety of alternatives and adjuncts to conventional CPR have been developed, with the aim of enhancing perfusion during resuscitation from cardiac arrest. Compared with conventional CPR, many of these techniques and devices require specialized equipment and training; but may be more efficient and must be considered when rescuers or healthcare systems are considering implementation. The session examines the evidence for, application, and interrelatedness of alternatives and adjuncts to conventional CPR such as interposed abdominal compression, “cough” CPR, prone CPR, and devices to assist circulation.

At the conclusion of the program, participants will be able to:
1. Discuss the knowledge/skills associated with the administrative and risk management aspects of planning for an emergent circulatory injury/illness situation.
2. Define the terms/concepts “interposed abdominal compression”, “cough” CPR”, and “prone CPR” Piston Activate CPR, and Load-Distributing Band CPR.
3. Describe and value the need for providing alternatives and adjuncts to conventional CPR, especially during an out-of-hospital cardiac arrest (OHCA) event.
4. Identify and distinguish the roles, characteristics, indications, contraindications and precautions for using interposed abdominal compression, “cough” CPR, prone CPR, and Piston Activate and Load-Distributing Band CPR to ensure high-quality CPR during an OHCA event.
5. Examine and appraise the evidence to answer the question “do alternatives and adjuncts to conventional CPR (I), compared to conventional CPR (C), change survival with favorable neurological/functional outcome and return of spontaneous circulation (ROSC) (O)?”
6. Implement strategies based on the clinical bottom line (from objective 4) to effect patient care in the out-of-hospital setting.
7. Implement strategies based on the clinical bottom line (from objective 4) to effect patient care in the out-of-hospital setting in equipment vs. non-equipment laden athletes.
8. Demonstrate how to prepare, administer and monitor the use of interposed abdominal compression, “cough” CPR, prone CPR, and Piston Activate and Load-Distributing Band CPR to ensure high-quality CPR during an OHCA event in equipment vs. non-equipment laden athletes.

Functional Testing for the Upper Extremity
Functional performance tests attempt to replicate the demands imposed by sports in a safe, controlled environment without requiring expensive instrumentation. As evaluation tools, functional performance tests help determine predisposing injury characteristics, evaluate injury impact on performance, and help determine return to activity readiness. The purpose of this presentation will be to address the latest evidence regarding test selection, criteria for progression in the Upper Extremity Functional Testing Algorithm, and provide specific assessment examples. Additionally, the evidence supporting and methodology for the Single Arm Shot Put Test, the equivalent to the single leg hop test for the lower extremity, will be presented.

At the conclusion of the program, participants will be able to:

1. Recognize, interpret and appraise the statistical characteristics associated with tests to make informed decisions on selecting assessment methods.
2. Organize and develop an assessment strategy using the hierarchical approach of the Upper Extremity Functional Testing Algorithm to screen and evaluate patients
3. Apply and evaluate the performance of specific upper extremity tests
4. Summarize and recommend intervention strategies based on the results of the assessments used with a patient

What, Why, and How to Monitor and Manage Training Load to Prevent Injury and Maximize Availability of Your Athletes

Training load is one of the primary measurable and modifiable risk factors associated with sport-related musculoskeletal injury and systemic illness. Today’s athletic trainers are inundated with health and performance data. External training load data is representative of work completed by an athlete measured independently of physiological responses. Internal training loads are descriptive of relative physiological and psychological responses experienced by the athlete. The collective aim of this session is to provide clinicians with the skills to efficiently collect, analyze, and leverage training load information to inform effective care and management of their athletes to reduce injury risk, optimize performance, and maximize player availability.

At the conclusion of the program, attendees will be able to:

1. Discuss the definitions of internal and external training load.
2. Describe training load monitoring and management techniques that can be used to help globally reduce an athlete’s risk of musculoskeletal injury and systemic illness.
3. Apply training load monitoring and management skills to reduce their athlete’s risk of lower extremity musculoskeletal injury.
4. Apply training load monitoring and management skills to reduce their athlete’s risk of upper extremity musculoskeletal injury.
5. Analyze, evaluate, and manage training load in their athletes during rehabilitation and full / unrestricted return to sport.
6. Moderate training load responses in their athletes during the rehabilitation and return to unrestricted sport.