
AATA NEWS

| Spring 2018 |

From the Association

Thank you for making NATM 2018 a success! Our mission for the year is to raise awareness of the athletic training profession in the state of Alaska. This is a task that requires everyone to be active in their community. We look forward to discussing future goals at the annual meeting in April!

NATA Month

This NATM2018, the AATA took part in several activities! The GNAC put an emphasis on the role of AT's at their conference basketball tournament held at the Alaska Airlines Center. They are also spotlighting AT's all month on their website! We also held a social media contest and rolled out our first fundraiser of the year!

Annual Meeting

The annual meeting will be held Sunday, April 15, 2018 at 1pm at University of Alaska Anchorage. Please RSVP via the survey or by email to alaskaata@gmail.com.



NATA Releases Statement on New “Concussion Blood Test”

On February 14, 2018, headlines filled the news stating the possibility for a concussion to be detected by a blood test. Once the details surrounding this story emerged, it was easy to see this headline was very misleading. The NATA has since released a statement on how to best address questions surrounding the new blood biomarker test. The following are some important facts detailed in the NATA release:

- 1) The FDA has approved a new blood biomarker test for the detection of intracranial hemorrhage following traumatic brain injury.
- 2) The biomarker test was not approved to diagnose any type of concussion.
- 3) The test is designed to detect the presence of two specific proteins that can suggest intracranial hemorrhage. This can help emergency room providers determine if a CT scan is indicated.



NATA New Position Statement on ACL Tears

Earlier this year, the NATA published its first position statement on the "Prevention of Anterior Cruciate Ligaments". Some guidelines provided in the statement includes:

- Injury Prevention Training Programs reduce ACL risk
- IPP's should have multiple components consisting of at least 3 of the following categories: strength, plyometrics, agilities, balance and flexibility.
- Prevention Programs should be performed in during preseason, in season and offseason.
- Prevention Programs should be supervised by AT's or those trained in providing feedback on exercise technique.
- Targeted individuals for these programs are those at high-risk for ACL tears i.e. sports with landing, jumping and cutting, females, those with a history of ACL injury and children.

Read the full position statement at www.nata.org.

4) The goal for the development of the biomarker was to decrease unnecessary exposure to radiation in patients suspected of intracranial hemorrhage.

5) Current evidence still suggests no imaging modality can diagnose or rule out a concussion.

6) A negative biomarker test results still does not rule out a concussion.

7) This is not a sideline test, results can take 3-4 hours to get back.

8) The biomarker test was approved for use in adults only (Aged 18 and older). It is not approved for children or adolescents, which is a population commonly worked with by athletic trainers.

9) Clinical exam is still the gold standard in determining if an individual has sustained a concussion or not. Concussion remains a clinical diagnosis determined by the mechanism of injury, on-field signs and patient-reported symptoms.

The NATA would like to remind athletic trainers there is no need to modify existing concussion management practices. Please reference the NATA Position Statement for more information: *Management of Sport Concussion* available at www.nata.org.

Shin Splint Prevention

Every spring track and field teams hit the hallways of their schools for training until the snow and ice melt off the track. For some athletic trainers this can be a frustrating part of season with endless complaints of shin splints. It can be easy to write off shin splints as just another reason for athletes to get out of practice, but left untreated these can severely affect the athletes ability to compete and even turn into a more severe injury such as



a stress fracture. The best way to treat shin splints is before they start! Effective shin splint prevention requires management from multi-angle attack and a comprehensive injury prevention program that includes gait analysis for proper footwear, mobility, strengthening, and education for athletes and coaches.

Practicing with **proper footwear** and performing a **gait analysis** is a good place to start for prevention as they can be the simplest solutions or lead you to other possible causes. Here are some areas to address to begin the prevention program:

- **Compliment the Individual Gait Pattern:** Learn about what shoes are best for athletes based on their body build, gait pattern, and event. This can be done by performing a gait analysis. Body build, training load and biomechanics (including factors such as pronation, supination, high arch, flat feet...etc) all dictate how quickly shoes wear down. If you don't feel comfortable making these recommendations, some running shoe stores offer a gait analysis and will help match a shoe to fit that runner's needs.
- **Replace shoes when signs of inefficiency/wear present:** You cannot put a timestamp on how often runners should replace shoes as it varies greatly for each individual. Footwear should be replaced when they show signs of breaking down or are no longer supportive. Though sometimes difficult to determine hints that this may be happening include chronic overuse symptoms present in the arch, shin, or knee.

Strength and mobility deficiencies can also lead to chronic overuse injuries. It is important to look at the whole kinetic (feet to spine) when addressing shin splints to avoid just treating the symptoms and not correcting the actual problem. Athletes often overtrain the anterior kinetic chain (quads, abs, shoulders and biceps) and forget about the posterior chain leading to weak glutes, tight hip flexors, decreased hamstring activation and anterior dominance in training form. When creating the strength and mobility portion of your injury prevention program, here are some things to keep in mind:

- **Create a comprehensive list of exercises:** Include exercises for both anterior and posterior chain muscle groups, focusing on common but easily missed problem areas like proper core engagement, thoracic spine mobility, and gluteus medius activation (Note: this muscle is key to contralateral hip stability and if weak can lead to knee valgus and over pronation of the foot). Make them as functionally based as possible and try to include these in fun, sport reallocated activities to keep athletes engaged.
- **Gait/functional movement analysis:** You should have already performed a gait analysis and a functional movement analysis to identify areas of weakness (valgus knee, hip drop, foot over pronation/supination, etc). If not, now is a great time to help determine which exercises will best fit your athlete.
- **Be consistent with correcting technique:** Even if you feel like a broken record in the beginning, this is the most important part of any injury prevention program! If the athlete does not use the proper technique for exercises, they will be less effective and can reinforce bad habits that have led to improper form causing the injury in the first place. These injury prevention programs typically focus on fine-tuning the smaller muscle groups to enhance functional performance and preventing/correcting poor movement patterns. Technique, technique, technique!!!

Lastly, knowledge about the running surface is very important. The beginning of track season consists of running indoors on tracks or through the school hallways on concrete until they can transition to the rubber based outdoor track. Encourage coaches to make this transition of surfaces more gradually as this could reduce the occurrence of shin splints. Proper footwear based on gait analysis, a comprehensive strength and mobility plan, and educating coaches on how training surfaces can affect athletes are all key components to an effective shin splint prevention program.

New AATA Website in April 2018

The executive team has been hard at work this spring creating and finalizing our new website! All the work has been done by your executive team personally and it will be unveiled at the Annual Meeting on April 15. We hope this new website will serve as a great resource for all of our members as well as an educational tool for coaches, parents and athletes. Thank you to Alaska Photography by Mike Criss for all of the beautiful photos for the website.



2018 BOC Approved CEU's

4/20/18-4/22/18 William J Mills, III All Alaska Orthopedic Conference - 17 CEU's - The Hotel Alyeska, Girdwood, AK, Category D

04/07/18-04/08/18 When the Feet Hit the Ground Everything Changes: When the Feet Hit the Ground Everything Changes - 16 CEU's - FAIRBANKS, AK- 8:00 am - 5:00 pm - Category A

04/07/18- 04/08/18 Instrument Assisted Soft Tissue Mobilization: Soft Tissue Manual Tool Level 1 Certification (STMT-1)- 13 CEU's - Anchorage, AK - 8:00 am - 4:30 pm - Category A

04/28/18- 04/29/18 Comprehensive Treatment of the Foot and Ankle- P2139: Great Lakes Seminars - 16 CEU's - Anchorage, AK 8:00 am - 5:30 pm- EBP

05/03/18- 05/06/18 CranioSacral Therapy 2 (CS2) - P543: International Alliance of Healthcare Educators - 24 CEU's - Anchorage, AK 9:00 am - 5:00 pm - Category A

05/03/18- 05/06/18 Visceral Manipulation: Abdomen 1 (VM1) - P543: International Alliance of Healthcare Educators 24 CEU's - Anchorage, AK 9:00 am - 5:00 pm - Category A

05/19/18-05/20/18 The Science of Exercise, Injury and Recovery Management: Select Medical Corporation - 12.75 CEU's - Anchorage, AK -8:00 am - 6:00 pm - Category A

06/09/18-06/10/18 Basic Training: Graston Technique, LLC - 12 CEU's - Anchorage, AK -8:00 am - 5:00 pm - Category A

06/21/18- 06/24/18 Active Release Techniques Upper Extremity Level 1: Active Release Techniques, LLC - 24 CEU's- Anchorage, AK - 11:30 am - 5:00 pm - Category A

Contact Us

If you wish to provide feedback, have questions, or would like to contribute to further newsletters, please contact us at: alaskaata@gmail.com.