

PATS Moves to an NATA District-II Dues Collection Structure

**By Barry E. McGlumphy, MS, ATC,
Carnegie Mellon University, DTSI**

Members of NATA District II have approved, by a nearly unanimous vote, a dues proposal that will change the way PATS membership dues are collected.

PATS will no longer collect dues from individual members. Instead, all members of the NATA who record their official mailing address in Pennsylvania will automatically become PATS members. The NATA Dues Renewal notices will be mailed to members in late fall and will include an apparent increase in District-II dues. The increased amount is actually money that will be forwarded to PATS for State Related services. Forty dollars will be forwarded to PATS for every Certified NATA Member. Twenty-five dollars will be forwarded to

PATS for every NATA Student Member.

Advantages to collecting state dues via the NATA District II include:

- o Increased awareness among all Certified Athletic Trainers regarding state issues & a significant increase in overall PATS membership.
- o Increased income for PATS to apply towards legislation, member services, public relations, and conferences.
- o Increased student membership leading to long-term membership as active PATS members.
- o Present PATS members will be minimally affected by dues change. In fact, State Certified members of PATS will actually see a decrease in total annual dues paid. Ability to bill your employer for dues payment with one bill instead of two separate bills.

Current Trends In Concussion Assessment

Over the last ten years clinical research of cerebral concussion has increased dramatically. Simultaneously, extensive media coverage of concussions sustained by high profile athletes has increased public awareness of the injury. Despite this, concussions remain one of the most complicated and difficult injuries faced by athletic trainers. Coaches, players, and parents may pressure the athletic trainer for an early return to play decision when signs and symptoms from the first injury have not cleared. An early return however, may place the athlete at risk for Second Impact Syndrome if they sustain a second blow. To reduce the risk of returning an athlete to play too early, quantitative concussion assessment allows athletic trainers to present credible, objective information to coaches, parents, and players and make a safe return to play decision.

Dr. Robert Cantu (1992) reports the 1966 Congress of Neurological Surgeons definition of concussion to be "a clinical syndrome characterized by immediate and transient post-traumatic impairment of neural functions, such as alteration of consciousness, disturbances of vision, equilibrium, etc. due to brain stem involvement." A broad acceptance of this definition exists among specialists and is used with other signs and symptoms associated with the injury to develop several grading scales. Table 1 shows a few head injury grading scales suggested by Cantu (1988), the Colorado Medical Society (1991), and Guskiewicz (2001). The Cantu and Colorado grading scales were developed primarily from loss of consciousness and/or amnesia presented by the athlete at the time of injury. While the Guskiewicz scale also takes these symptoms into account, it also places emphasis on a cranial nerve, cognition, and coordination assessment.

No matter which grading scale is used, assessing an athlete on the sideline can often be a difficult task. Injured players are often anxious to return to their event and may hide or mask their symptoms, while other players, coaches and fans, may put pressure on the athlete to return to the game before it is safe. To provide an objective sideline assessment McCrea (1997) developed the Standardized Assessment of Concussion (SAC). This test is a battery of five neuropsychological tests that assess orientation, immediate memory, concentration, and delayed recall in about fifteen minutes. Each test section is scored individually along with an overall composite score at the end. The test also involves a brief neurologic screening and exertional maneuvers to elicit any symptoms that may

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Editor's Note:

Dear Fellow PATS Members,

The tragic events of September 11, 2001 will forever be scarred into our memories. During times like these, there are never appropriate words that can be spoken. The healing will take time. It is important that we provide support for our community of athletes, athletic trainers, families and friends. In the winter issue, we would request that you submit personal occurrences or thoughts that you may have regarding the crisis with which we have all been exposed.

We need to be mindful of those closest to us who have been directly affected by those horrific acts. As we pack away our golf clubs and swim suits, and dust off our skis and skates, be thankful for the gifts and blessings that all of us have.

Please remember that anyone wishing to send contributions to the newsletter, please pay close attention to the deadlines. When submitting articles, the best formats to use are Microsoft Word on a disk, a direct e-mail, or an e-mail attachment in Microsoft Word or text format. Pictures should be submitted in JPEG format. Our address is:

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Have a great fall season.

Alan & Beth

Newsletter Submission Dates

Spring: February 16th
Fall: August 25th



Summer: June 15th
Winter: November 1st

Pennsylvania Athletic Trainers We Salute You!

In season and out, your dedication and hard work ensure that the team's ready to play. So, here's a hearty round of applause from all of us at Medco - "Sports Medicine Supplier to PATS".

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The President's Message

By Joseph B. Hazzard, Jr., MS, ATC, Bloomsburg University

We are closer than ever – to passing model athletic training legislation.

I will forgo the traditional Presidents' message in order to deliver a much more important one. In addition to our State meeting, I have spent a great deal of time this summer in Harrisburg. Steve Heckler, Barry McGlumphy and I have been in constant communication developing a strategic plan for the upcoming legislative session. Together, we have come to several conclusions.

First, we are closer than ever to realizing the society's goal of State Certification under the State Board of Medicine and the State Board of Osteopathic Medicine. The Senate unanimously passed both bills last session. Currently, the bills (SB 370 & 371) reside in the House of Representatives' Professional Licensure Committee. However, by the time you read this, I hope they have moved at least one more step. We need them to travel from Committee to House floor with a positive vote, and then they can go to the Governor's desk.

Second, we need your help— immediately! I am sensitive to the plethora of duties in an athletic trainers life, but I promise you that one phone call or one 15-minute office visit will be worth plenty when we reach the House floor for a vote. Nothing speaks louder than a constituent in the office of a State Representative. A phone call will get someone's attention. If you have to call every morning before your busy day gets underway, please do so. It is imperative that you talk to your State Representatives and ask for their support of Senate Bills 370& 371.

We started a new legislative session in January, which means the bills have a two-year window. If they are not passed within that time period we would need to re-introduce new legislation. We are not interested in prolonging the process another year and a half. Now is the time for each of you to take personal responsibility for driving this legislation. Steve, Barry, and I are the point people, and we will continue to do our job. I would like nothing better than to have a State Representative say "Your organization has a big voice in Harrisburg!" If you contact the Representatives this will happen and so will the passage of these bills to the Governor's desk!

When contacting your Local State Representative, some important aspects to discuss are:

- PATS has been working for more than six years to get this legislation passed.
- The bills are vastly supported by Certified Athletic Trainers in the Commonwealth.
- Both bills passed in the State Senate, unanimously.
- By passing the bills all physically active individuals will have access to the same Certified Athletic Trainers that provide health care to Olympic, professional, college, and high school athletes.
- The Certified Athletic Trainer always works under the direction of a Licensed physician; therefore, Athletic Trainers should be Certified by the appropriate Boards.

I know that this organization is full of responsible professionals who deserve this new and modern legislation. I also know that I can count on your help and support. Let's get this done – GO PATS!

**Future
Conventions**

PATS Annual Convention & Symposium

June 1 – 3, 2001

Harrisburg (Hilton & Towers)

EATA Convention

January 7 - 9, 2001

January 6 - 8, 2002

January 5 - 7, 2003

Providence, RI

Boston, MA

Boston, MA

NATA National Convention

June 14 – 18, 2002

June 24 – 28, 2003

June 15 - 19, 2004

June 14 - 18, 2005

June 21 - 25, 2006

Dallas, TX

St. Louis, MO

Baltimore, MD

Indianapolis, IN

New Orleans, LA

**Future
Conventions**

PATS On The Back



President Joe Hazzard would like to announce the appointment of a new Governmental Affairs Liaison. Ms. Jessica Hoenich of Lititz, PA will take over this post from Matt Ficca who resigned due to his relocation out of the state. Ms. Hoenich will represent PATS to the State Board of Physical Therapy. Jessica is the Certified Athletic Trainer at Warwick High School in Lititz, PA.



Our Treasurer, Scott Bruce, has left the state for a new position with the University of Miami Hurricanes. We want to thank Scott for his tireless efforts as Treasurer and wish him well down in the land of sharks and gators!!!!

PATS Research Award Recipient Announced

On behalf of the Board of Directors, the PATS Research Committee is pleased to announce Linda S. Platt, EdD, ATC of Duquesne University as the 2001 Research Award Recipient. The title of her project is *"An Analysis of the Leadership Skills and Abilities, Professional Attributes, and Teaching Effectiveness in Athletic Training Clinical Instructors."* Paula S. Turocy, EdD, ATC, also of Duquesne University, is the co-investigator. The findings of this investigation will be presented at the 2001 PATS Annual Symposium.



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Call for PATS Supported Research

The PATS Research Committee is now accepting applications for the PATS, Inc. Supported Research Award. PATS members who are both State and NATA Certified are encouraged to apply for this award. The purpose of this program is to facilitate the advancement of the athletic training profession.

Initiated in 1993, The PATS Supported Research Program offers a unique opportunity for members of the Society. The grant, in an amount of up to \$1,500, will be officially awarded at the PATS Annual Meeting. Completed applications must be received by March 1. Funding priority is given to basic, applied, and service related research that incorporates an interdisciplinary approach between the athletic trainer and other health care researchers. For additional information and application materials contact:

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Convention Committee Update

Tom West, PhD, ATC
Convention Committee Chair
Lock Haven University

The Convention Committee has begun planning the PATS 2002 Symposium and Convention. The meeting will be held May 31 to June 2, 2002 at the Harrisburg Hilton. We hope to build upon the success of last year's convention.

If you have a speaker you would like to have at this year's meeting or have a topic in mind, please contact Buz Swanik at cswanik@unix.temple.edu or (215) 204-9555.

Please mark the dates of the PATS Symposium in your calendar and plan to attend!



On Campus

Dan Evans, ATC
College/University Committee Chairperson
Haverford College

Welcome back to another academic year and fall semester full of athletic activities. The pre-season practices brought on many new and interesting surprises. I have decided that if you even begin to believe that you will have college athletics figured out, you won't. We must remind ourselves about the athletes who died during pre-season workouts and send our heartfelt sorrow to everyone who is mourning those individuals. Let us not forget the reasons we are on the fields, in the training rooms, and working on the PREVENTION part of our jobs.

I would like to remind everyone to keep an eye on the legislative front. The bills have passed the Senate and are currently working their way through the House. Please take the time to contact your legislators and let our collective voice be heard.

As written in the Summer 2001 PATS newsletter, District 2 has adopted a new method for collecting National, District, and State dues. In the future, you will only be receiving one dues notice that will come directly from the NATA. If you have any questions regarding this matter please email me or refer to the cover of the aforementioned newsletter.

As members of PATS and the College/University Committee, we are here to help. Please contact me with any needs or ideas you may have so that the committee can better serve you.

High School Corner

By Brian Mesich, ATC
High School Committee Chair
Norwin High School



WELCOME BACK! I hope everyone had enough time to recharge those batteries. It is so important at the high school level to just get away for awhile both mentally and physically. The start of this fall season was very difficult with the untimely deaths of those professional, collegiate and high school athletes. Unfortunately, it usually takes a major incident, and most of the time it is a negative one, to bring to light a situation or condition. I know a majority of you didn't really change anything in your preparation or conduct for the beginning of this year because you already go that extra yard. Sometimes it's good to take a step back and look at your program to see if there is something you can adjust or do better to benefit the health of your athletes. Hopefully your coaches were more receptive to practice modifications, increased water breaks, and overall view of sports medicine and what you can do as a certified athletic trainer. Those grueling two, three and even four practices are hard enough, let alone having an unreceptive and inflexible coach. Heat illnesses, asthma and sudden death are all very important issues that all certified athletic trainers need to review along with their staff of student athletic trainer aides for the start of each new athletic year.

The PIAA and the Sports Advisory Committee discussed the pay scale presentation during their meeting in late June. The PIAA are supporting our current legislation and Senate Bills.

Please feel free to contact me if you have anything you would like me to share with the membership. Thank you.

Have a Healthy and Successful Sports Year!

Nominations for the Board of Directors

Are you interested in serving PATS as a Board member? Do you know someone else that is? Nominations are being accepted at this time for several positions on the Board of Directors. We are currently seeking candidates for the following offices listed to the right.

Nominations are being accepted until January 31, 2002.

If you have a desire to run, or know someone who does, please contact:

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Treasurer (2 year position)
North East Representative (3 year position)
South Central Representative (3 year position)

CLINICAL *the connection*

**By Scott Devore, MA, ATC, Clinical Committee Co-Chair
University Orthopedics Center/ Joyner Sportsmedicine Institute**

The fall sports season is here and by now you are all now recuperating from the dreaded two-a-days. I hope all of you educated your coaches and athletes about fluid replacement and emergency care procedures. With the recent rash of heat related and sudden deaths of athletes across the country, we all need to be better prepared and educate our coaches and athletes about these issues to avoid these types of problems.

I hope that many of you were able to attend the Annual PATS Symposium in June, as it was a great success. The convention chairs and committee did a great job of putting together a first class event.

During the clinical breakout session, we discussed several key issues relating to clinical athletic training. We discussed issues relating to the Clinical Standard of Practice, reimbursement issues in athletic training, and the future development of Clinical ATC Network across the Commonwealth. We also discussed the need for Clinical/Hospital based High School ATCs to attend and get more involved with the clinical breakout session.

The Clinical SOP has been accepted by the NATA Governmental Affairs Chair and the PATS Board as a guideline for Clinical ATCs in Pennsylvania. The Clinical SOP can be utilized by ATCs as a guideline, but not as a state regulation by ATCs practicing under the current PT Practice Act in Pennsylvania. The SOP will be posted on the PATS web page and will provide important information for clinical administrators for the utilization of ATCs in the clinical setting. The SOP guidelines were established in accordance with the Current Pennsylvania PT Practice Act defining the Clinical ATCs roles and responsibilities in that practice setting.

As a committee and task force, we continue to move forward with ideas for future reimbursement for ATCs across the Commonwealth. The hospital setting already has some coding procedures in place for the billing of services provided by ATCs on a state and national level. We look to further approach the NATA Reimbursement Advisory Group and the Pennsylvania State Insurance Department for more information regarding billing for ATC Services at all levels in the Commonwealth. I provided a lecture on Third Party Reimbursement Issues in Athletic Training at the PATS Symposium and would be glad to provide additional information to any PATS member upon request.

As a current Clinical/Outreach Coordinator/High School ATC, I am concerned about the lack of involvement and attendance by other Clinical/High School ATCs in the clinical breakout session. Most Clinical/Outreach ATCs are hired and paid by a clinic or hospital to provide clinical and outreach coverage on a daily basis. They tend to forget that these organizations pay their salaries and make all decisions regarding their position within the clinic and/or outreach setting. It is very important for these ATCs to understand how they can be utilized more efficiently in both settings to protect their position and develop a stronger relationship with their employer. As Clinical ATCs, we need to educate our employers about ATC utilization within the clinic and the community to expand our business opportunities.

Pennsylvania Athletic Training Week is approaching! All ATCs should continue to support the profession and endorse yourselves within your community. We would like to welcome Eric Luben as our new Clinical Committee Member. If you have any questions or concerns relating to clinical and/or outreach athletic training issues, please feel free to contact any of our committee members for assistance.

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occur once the athlete returns to play. The composite score tallied at the completion of the SAC allows the athletic trainer to compare the score to baseline information to when making a return to play decision. If the medical staff decides to hold the athlete out of the contest following this assessment, a full neuropsychological examination may be necessary.

Neuropsychological testing has become the gold standard for concussion assessment whether it is sport or non-sport related. Properly trained individuals should deliver these tests in a controlled environment that allow the athlete to concentrate without interruption. Administrators need a variety of tests to fully assess neuropsychological performance. Some commonly used tests and the cognitive areas they assess follow: Stroop Color Word Test (attention, mental processing, response inhibition), Trail Making B (attention), Hopkins Verbal Learning (immediate memory recall), Controlled Oral Word Association Test (verbal fluency, rapid retrieval), Symbol Digit Modalities (coding and rapid processing), and the Digit Span forward and backward (working memory, attention, concentration, immediate memory recall). Traditionally, these tests are given in a pen and paper format with no more than a test, administrator, subject, and a stopwatch needed to complete them. However, the recent influx of computers into athletic training has led to the development of software that evaluates similar properties as the pen and paper tests.

Currently, two computer-based concussion assessment programs are available to athletic trainers for concussion assessment. The automated neuropsychological assessment metrics (ANAM) and the immediate post-concussion assessment and cognitive testing (ImPACT). Although both programs offer many advantages over the pen and paper tests, an initial investment is necessary for the software. The primary advantage is the ease of administration and the ability to test multiple subjects simultaneously in computer labs during baseline testing sessions. These programs may also offer greater reliability by decreasing practice effects and can more accurately assess reaction time, often to one one thousandth of a second.

In addition to a neuropsychological assessment, quantitative balance testing has recently become an intricate part of concussion. Until recently, only the Romberg protocol has been available to assess disturbances in equilibrium that may be associated with concussion. Having the athlete stand with their eyes closed and arms at their side is likely to reveal a balance deficit with moderate and severe concussions, but remains limited due to the subjectivity of the assessment and inaccuracy when evaluating minor injuries. To make the task more challenging, many athletic trainers will modify the test by having the athlete stand on one foot or heel-to-toe in a tandem stance. The ease and convenience of administering this protocol has been a valuable tool in sideline assessment of concussion.

Modifying the Romberg protocol specifically to assess concussions, researchers at the University of North Carolina at Chapel Hill developed an inexpensive method of assessing postural control that athletic trainers can perform in the training room and on a sideline. The Balance Error Scoring System (BESS) (Riemann, 1999) is the six condition test seen in Figure 2. Balance efficiency is based on the total number of errors (Table 2) the athlete commits during each 20-second trial of each condition. The lower the score at the end of the six conditions, the better the balance. This test has shown to be a valid and reliable measure of balance when compared to balance assessments performed using computer posturography.

The most intricate piece of balance assessment equipment available is the Smart Balance Master by NeuroCom International (Clackamas, OR). This computer posturography device allows for a specific examination of the three balance mechanisms through a six condition testing procedure. Using this device on mild head injury patients, Guskiewicz (1997) found it to be a more sensitive measure of concussion than traditional pen and paper cognitive tests. Since then, the NeuroCom has become the gold standard in balance assessment because of the detailed information it provides, but is limited due to its high cost and thus is not a practical assessment tool for everyone.

Regardless which test or tests are chosen to assess athletes who have sustained a concussion, the format should be reproducible at the time of injury and compared to baseline scores whenever possible. Quantifiable baseline scores collected during the preseason can be invaluable at the time of injury and in making return to play decisions. Following injury and a medical doctor's evaluation, assessment of the athlete should continue each day until they are able to complete the assessment battery at a level equal to or better than their baseline value.

Table 1: Concussion Grading Scales

Grade	Cantu	Colorado	Guskiewicz
0			No LOC, confusion < 10 min
1	No LOC, PTA <30min	No LOC, no PTA, confusion	No LOC and 1 of following abnormal cranial-nerve (<1hr), abnormal cognition (<1hr), abnormal balance (<3 days)
2	LOC <5min or PTA 30min-24hrs	No LOC, confusion, Amnesia	LOC(10sec-1min) and 1 of following abnormal cranial-nerve (>1hr), abnormal cognition (>1hr), abnormal balance (>3days)
3	LOC ≥5min or PTA ≥24 hrs	LOC	LOC(>1min) and 2 of following abnormal cranial-nerve (>24hrs), abnormal cognition (>24hrs), abnormal balance

References: Soccer Heading: A Closer Look

1.Thomassen, A. et al: Neurological, electroencephalographic and neuropsychological examination of 53 former amateur boxers, *Acta Neurologica Scandinavia* 60: 352-362, 1979.

2.Matser, J. et al: Chronic traumatic brain injuries in professional soccer players, *The American Academy of Neurology* 51: 791-795, 1998.

3.Jordan, S. et al: Acute and chronic brain injury in United States national team soccer players, *American Journal of Sports Medicine* 24: 205-210, 1996.

4.Matser, E. et al: Neuropsychological impairment in amateur soccer players, *JAMA* 282: 971-973, 1999.

5.Broglio, S. and K. Guskiewicz: Soccer Heading: Are there risks involved? *Athletic Therapy Today* 6(1): 28-32, 2001.

6.Boden, B. et al: Concussion incidence in elite college soccer players, *The American Journal of Sports Medicine* 26: 238-241, 1998.

7.Guskiewicz, K. et al: Epidemiology of concussion in collegiate and high school football players, *American Journal of Sports Medicine*, 28(5), 643-650, 2000.

8.Kirkendall, D, S Jordan, and W Garrett: Heading and head injuries in soccer, *Sports Medicine*, 31(5); 369-386, 2001.

9.Micheli, L: ABC news interview available at: http://more.abcnews.go.com/sections/living/dailynews/soccerinjury_980922.html, 1998.

Table 2: BESS Scoring Errors

- 1) Hands lifted off the iliac crests
- 2) Opening Eyes
- 3) Step, Stumble, or Fall
- 4) Greater than 30 degrees hip flexion or abduction
- 5) Lifting forefoot or heel
- 6) Taking longer than 5 sec to return to test position



References: Current Trends in Concussion Assessment

1.Cantu, R: Cerebral concussion in sport: Management and prevention, *Sports Medicine*, 14(1) 64-74, 1992.

2.Colorado Medical Society: Report of the Sports Medicine Committee: Guidelines for the management of concussion in sports, May, 1991.

3.Guskiewicz, K: Concussion in sport: The grading system-dilemma, *Athletic Therapy Today*, 6(1) 18-27, 2001.

4.McCrea, M et al: Standardized assessment of concussion in football players, *Neurology*, 48, 586-588, 1997.

5.Guskiewicz, K. et al: Alternative approaches to the assessment of mild head injury in athletes, *Medicine and Science in Sports and Exercise* 29(7): S213-221, 1997.

6.Riemann, B, K. Guskiewicz, and E. Shields: Relationship between clinical and forceplate measures of postural stability, *Journal of Sport Rehabilitation* 8(2) 71-82, 1999.

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**PATS is please to announce that you
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on the PATS website beginning with
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