A KNEE INJURY
AS IT HAPPENED
— For details, see page 16.
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EDITORIAL

THIS IS THE BEGINNING of a new era for The Journal. As we look toward this new era, one fact is apparent—the realization of the goals which we have set for The Journal is going to require a sense of responsibility and a productive effort by every member of the Association. The Journal is our most significant tool if we are to grow in both size and prestige.

We need material from you expressing, for publication, your ideas concerning athletic training. Through no other channel can we as individual members make such a widespread contribution to others. Your interest and your participation are essential.

It is also important to The Journal's success that we maintain a complete and up-to-date mailing list. When you change your address, please let us know promptly.

It is our sincere wish that each of you will be proud of The Journal, and that you will be stimulated to contribute to its success.

Here's to a successful era.

THE EDITOR
SURGICAL REPAIR OF A KNEE INJURY

A motion picture case history shows how a football player was returned to full competition through early surgery and dedication to rehabilitation. It points up the need for thorough examination—things may be worse than they seem.

By Frederick L. Behling, M.D.
Team Physician, Stanford University

At the National Athletic Trainers Association convention in Palo Alto last June we were pleased to have the opportunity to show a film entitled “A Case History of a Football Injury,” which was made specifically for showing to the NATA. It tells the story of a knee injury from its actual occurrence to the player's complete rehabilitation and return to full-scale competition.

In preparation for making the film we had a cameraman with us on the bench at the home football games at Stanford University in the fall of 1963. It was in the third game of the season that our first-string quarterback, Clark Weaver, was hurt on an option play; the press box camera caught the actual tackle, and our cameraman on the field recorded Weaver limping back to the huddle, being assisted from the field, and finally being examined on the bench. The film subsequently takes the injured player through successive examinations, demonstrating the pathology in the knee as we defined it in the examinations. Some insight is given into the factors which influenced the decision to treat this case surgically. Several of the key parts of the operation, involving surgical repair of the ligament tear and removal of the torn cartilage, also are shown. The surgical scenes all were made during the actual operation.

The postoperative immobilization in splints and later in a cast is shown. After the player was allowed weight-bearing we filmed the exercise program both in and out of the cast, including progressive resistance exercises after casting and the later use of the whirlpool. In the last game of the season Weaver is shown back on the gridiron on a very limited basis, holding the ball for PAT's. Three months after the injury he was filmed playing rugby without protection and with an adequately rehabilitated knee. No phys-

Editor's Note: Joint injuries have always been a problem in athletics, and none has had more attention than the knee injury. There have been great advances in the treatment of knee injuries since World War II—where the athlete once received little more than tape, crutches, hot baths, and a prayer, today he has the benefit of dedicated specialists and extensive research in treatment and rehabilitation.

That the attention given to the problem has paid dividends is the burden of the motion picture described in the accompanying article. The film offers some important guideposts for trainers. It has been honored by selection for showing and discussion at the 1965 meeting of the American Academy of Orthopedic Surgery.

The film is available without charge, except postage. Those interested in borrowing it should write to:

Dr. Frederick L. Behling
Palo Alto Medical Clinic
300 Homer Avenue
Palo Alto, California 94301
ical handicap is apparent, nor was any experienced by Weaver.

It is our hope to show in this film that a serious knee injury in football, contrary to some popular opinion, need not lead to permanent dysfunction or a blighted career. We try to show that most knee injuries sustained in football need not result in the loss of more than a few weeks or months of playing time, provided they are taken care of early and adequately. We were extremely fortunate in having as our subject a very dedicated ball player who showed the same dedication to rehabilitating his injured knee.

Two of the technical aspects pointed up in the film deserve mention:

1. There was no discoloration in the skin about the injury site. As we exposed the deeper parts beneath the skin we found a good deal of hemorrhage in the subcutaneous area and in the tissues of the knee joint capsule. To have waited for the onset of a hematoma, with black and blue discoloration in the skin, would have been to waste valuable time. The injury was so deep that the hemorrhage would not have reached the skin for several days, possibly even a week or more. Thus, discoloration is not necessarily a constant sign of a severe knee injury with ligament disruption.

2. There was no marked effusion or fluid in the knee. In this case we found a tear through the capsule of the joint in the region of the meniscus or cartilage tear which permitted fluid to pass out of the knee joint itself and into the surrounding tissues where it was absorbed. Therefore, the knee was too badly damaged to hold the fluid in it and a large, swollen knee could not result. Thus, a large effusion or swelling may not be seen in severe injury.

These two factors point to the conclusion that serious, completely disruptive ligament injuries in the knee often are very subtle. They may seem to be only temporarily disabling; a grossly unstable knee may not appear immediately because the athlete has adequate strength to splint the loosened ligaments enough to give him fair function. This is emphasized in the film, particularly for trainers who comprise the first line of defense in evaluating which injuries won’t be forgotten before the next workout. It is our feeling that any athlete with a significant knee complaint should be given careful evaluation by a competent examiner in order to avoid overlooking the potentially disastrous injury.

The film shows the treatment by surgery, with resuturing of the ligament in its former position to reestablish its strength and tightness. This is the only method we use. We know that there is some difference of opinion in this matter —some are less surgically inclined in the treatment of knee ligament injuries.

We felt that our subject did a most excellent job of rehabilitating his leg with the help of the trainer and the aids available in the Stanford Department of Athletics training quarters. There is no reason why any of us should settle for anything less with our athlete patients. Certainly the trainers have the knowledge, should have the equipment, and have the most suitable candidates possible for early and complete rehabilitation. Not only does the trainer have the knowledge, but he also has the authority in the eyes of the players and the public. They know that the trainer is the man who will use the proper means, show the proper exercises, and give the required encouragement for complete rehabilitation.

The film can best serve its purpose if it makes each of us a little more suspicious, a little more careful in examining injuries, and a little more dedicated to full rehabilitation. While the film deals with a knee injury, the lessons apply to all athletic injuries.

Dr. Frederick L. Behling, born and educated in Minnesota, grew up in prime football country but didn’t become seriously involved with the game until becoming a team physician for Stanford University in 1961. Since then he has been in the thick of it, while continuing to carry on his practice as an orthopedic surgeon with the Palo Alto Medical Clinic. The Clinic and Stanford, neighbors 35 miles south of San Francisco, have had a close working relationship for many years. Dr. Behling is also a clinical instructor in the Stanford School of Medicine.

After high school in Moorhead, Minn., Dr. Behling (as in "baling-wire") earned his B.S. at Minnesota in 1944 and his M.D. at Minnesota Medical School in 1947. His experience includes two years in Korea as an Army Medical Corps captain and three years as a resident in orthopedics at Mayo Clinic.

Dr. and Mrs. Behling have two daughters, 12 and 8, and two sons, 6 and 2.
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SOME THOUGHTS ON ANKLE PROTECTION

A high school coach points up the benefits to be gained by a conscientious program which can be carried out by high school coaches everywhere.

BY CHUCK VINING
Wyandotte High, Kansas City

Undoubtedly every coach has heard another coach say, “If my best player hadn’t turned his ankle we’d have had a good chance to win that tournament.” In most cases the coach may have been right—but in just about as many cases he needn’t have been without the services of that star player going into the championship tournament. Following a few simple rules on wrapping or taping that ankle through the season might well have kept his boy active.

Weak or chronic ankle conditions are one of the most bothersome problems in athletics, notably in high school where know-how and facilities may be scarce. Yet it is possible even with limited resources to drastically reduce the incidence of ankle problems. Meeting the issue in three basic areas is fundamental: early recognition of problems or potential problems, learning how an ankle functions, and conditioning a problem ankle. Let’s look at these approaches in order:

First, a coach ought to know which of his players have had ankle injuries in the past, which have them now, how they occurred, and exactly how serious they were or are. Some youngsters are particularly susceptible, and a little careful checking on previous complaints will point out the athletes who will most likely need wrapping or taping.

Second, the individual who is going to be responsible for wrapping or taping should do his level best to inform himself on the functions of an ankle, the precise nature of the most common ankle injuries, and under what conditions these injuries are most likely to occur. The ankle is a complex joint which must stand up under astonishing amounts of thrust; in straight-ahead running there is very little chance of injury, but athletics require starting, stopping, twisting, and frequently a combination of movements that subject bone, muscle, and ligaments to exceptional strain.

In most high schools it is the coach himself who has to attend to the protective wrapping or taping, especially in sports other than football. Some high schools are fortunate enough to have assistant coaches or even trainers or doctors who can attend to the athletes. In any case, the person responsible isn’t doing the best possible job unless he informs himself on ankle structure.

Third, conditioning an ankle for either wrapping or taping is important for the susceptible athlete. If it is certain that a boy is going to need wrapping or taping for a game, then he ought to have the same treatment for practice. An ankle

Editor’s Note: This article by Chuck Vining should strike a responsive chord among trainers. While Mr. Vining is primarily a coach, not a trainer, he has a serious interest in a guiding principle for all trainers—injury prevention. He talks here about the application of prevention at the high school level, where professional trainers are seldom available and the coach himself is usually the one man who can implement a program of preventive care.
cannot be conditioned to taping properly only one day a week. Conditioning an ankle for regular protection involves such factors as these:

1. Experimentation with tape or wrap at the beginning of the practice season to determine which method is best, and what special techniques within either method are required. (Since wrapping takes a lot less time and money than taping, it's a good idea to give wrapping an honest try. If a severe injury has occurred, it may be that for physiological or psychological reasons taping is the best answer.)

2. Checking a wrap or tape job after a contest, even though no injury has occurred, to determine how well it has held up. If the wrap or tape comes loose, find the technique to prevent this.

3. Protecting the skin, initially with a reliable tape adherent and, when feasible, with stockinet or gauze underwrap. Many trainers prefer to tape directly to the skin, but this often results in skin irritation which can be as much of a problem as the weak ankle itself.

4. Protecting pressure points, notably the top, back, and side of the foot, with padding to prevent tape or wrap from cutting into the skin. Some youngsters have particularly thin or bony ankles, requiring extra felt padding.

In the matter of technique, there are some good rules to follow:

1. Tape or wrap an ankle to protect against the outside sprain, unless you know the boy has an inside weakness. There are relatively few cases of inside weakness.

2. Add a heel lock somewhere during the taping or wrapping. It gives that extra support which may make the difference between a slight or severe strain.

3. Work at a height that's comfortable for you and for the athlete, who must hold his ankle rigid until the job is complete.

4. Use firm padding, such as doughnut-shaped felt pieces around the projecting bones, when necessary to supply pressure in the proper places.

5. Wrap the ankle high enough to provide a solid anchor.

This discussion is not meant to imply that taping or wrapping will absolutely prevent ankle injuries. The best possible support job will not prevent injury in case of extreme stress. What it will do, however, is reduce the frequency and severity of injury. And for the athlete who is worried about his ankles, having been injured previously (those who have had sprained ankles know how much they can hurt, and for how long the tenderness may last), competent wrapping or taping may be a great psychological boost.

Some theorists hold that protecting an ankle can be a psychological hindrance, too—that a youngster who gets the notion he needs special protection will think he is injury-prone and will never put out the maximum effort. That comes down to the relationship between coach and player. There is ample justification for appropriate protection when that protection is indicated. There is also much to be said for a relationship between coach and athlete in which the athlete understands the coach's genuine concern for him as an individual.

(Continued on page 14)

Charles E. "Chuck" Vining has been coaching football at Wyandotte High in Kansas City, Kansas, for nine years. He's a native of Kansas City, graduated from Rosedale High in 1950, and then from Kansas State at Pittsburg in 1956 after a year in athletic training work with the Far East Command in Japan. He and Mrs. Vining have an 8-year-old boy and a 6-year-old girl. Chuck lists his hobbies as "fishing, etc.," but obviously among them are athletic training, for which he has devised a special traveling kit, and basketball, for which he has developed an oversized dummy that helps players learn to overcome the gigantic pivot man so prevalent today.
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THREE of the nation’s foremost trainers, (l. to r.) HENRY SCHMIDT, MICKEY O’BRIEN, and ELVIN “DUCKY” DRAKE, received certificates testifying to their election to the Helms Hall Athletic Trainers Hall of Fame during the June convention.

Henry Schmidt graduated from Santa Clara University and served his alma mater as trainer for 38 years. He also put in 21 years as trainer for the East Shrine squad, 4 years at various Navy pre-flight schools during WW II, and 7 years with the San Francisco ’49ers. He founded the Pacific Coast Athletic Trainers Association in 1948.

Mickey O’Brien, a native of Chattanooga, began his training career with the Chattanooga Lookouts of the Southern Association in 1925. Later he served at the University of Chattanooga, then in 1938 moved to the University of Tennessee. He has been there ever since, except for wartime pre-flight school trainer duty. He was a founder and first president of the Southeastern Conference Trainers Association.

Ducky Drake retired this year as track and field coach at University of California at Los Angeles, but he continues in his other role as head trainer. Ducky was a trackman during his undergraduate days at UCLA, and began his coaching and training career there in 1929. He became head track coach in 1947; his Bruins won the NCAA championship in 1956, and two of his brightest stars, Rafer Johnson and C.K. Yang, placed one-two in the decathlon in the 1960 Melbourne Olympics. Ducky was the chief trainer at Melbourne.
ABOVE — KATE and FRANK CRAMER (right) celebrated their 50th wedding anniversary this year, of which due note was taken at the national convention. A big surprise for them was the silver coffee service presented to them "as a token of the NATA's esteem and gratitude for their many years of guidance and good will to the training profession." Looking on were Mr. and Mrs. E.J. "Mike" CLOSE (he, like Frank, also an Honorary Member of the Association), and WARREN ARIAII of Indiana, convention exhibits chairman.

BELOW — ADMIRAL TOM HAMILTON, executive director of the Athletic Association of Western Universities (second from left), was host at dinner and a featured speaker during the June convention at Rickey's Hyatt House in Palo Alto, California. Shown with him are (1. to r.) Tom Healion of Northwestern University, last year's chairman of the board of directors and chairman for the 1965 convention in Chicago; HENRY SCHMIDT, veteran Santa Clara University trainer; and BILL NEWELL of Purdue University, executive secretary of the Association.
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ALL-YEAR CONDITIONING REQUIRES SALESMANSHIP

Once the professional athlete “buys” the idea, there is much the trainer can do that will help him to a better, longer career.

The biggest problem facing the trainer of a professional football team in developing a year-around program of conditioning for team members is selling the program to the athletes. This was a key point brought out in a panel discussion on the topic “Year-Around Conditioning Programs in Professional Football,” one of the features of the 1964 National Athletic Trainers Association convention in Palo Alto, California, last June.

Participants in the panel discussion were Jack Rockwell, St. Louis Cardinals, moderator; Larry Chase, Calgary Stampeders; Clint Hous, Dallas Cowboys; and Fred Zamberletti, Minnesota Vikings.

Following is a summary of the thoughts offered by the panel members:

Staying in shape the year around is vital to the professional football player. But he should go beyond this in attempting to attain more strength, flexibility, and speed; the payoff is likely to be several more years of competition, partly because he will be much less likely to be injured.

Since professional teams have little contact with the majority of their athletes during the off-season, it is essential that various conditioning programs be set up late in the regular season. Convincing the players of the wisdom of following these programs, and then following through with letters, calls, or personal visits, are absolutely essential.

Typical of the programs now being used by many of the professional football clubs are these:

1. Off-season—The off-season portion of the overall program should be started around February 1. It is aimed primarily at maintaining endurance and improving strength and agility.

Precise written instructions and descriptions of the exercises should be given to each player before the regular season ends. Both isotonic and isometric exercises should be prescribed, and should include at least three days a week of isometric work and two days a week of weight lifting, using the same lifts for both types of exercise. All athletes should also be urged to play handball, paddleball, basketball, or squash. Players who have been injured or who need special development should be given additional special exercises aimed at strengthening their weak points.

Beginning in April, a gradually-accelerating program of calisthenics and running should be added to the isotonic and isometric exercises. This program increases in intensity until the athletes report to camp in mid-July.

2. Camp Program—The isotonic and isometric work continues, with the addition of controlled calisthenics, group isometrics (done with manual resistance), work on the step bench, and rope skipping. In using the step bench (a 2 X 12 board 32 feet long and 18 inches high) each
player should do at least 45 steps on each leg once a day. This seems to be much better than stadium step running for building up knee and leg strength because there is no body momentum to aid the athlete.

The calisthenics program is aimed at overstretching all the muscles before every practice session.

3. Regular Season Program—Once the season starts the program should be lightened. The purpose now is to maintain what has been gained rather than to attain further development. It is important to continue a workout program of about two days a week of isometrics and one day a week of weight-lifting; once the body has been conditioned to perform in certain ways, it can very easily slip back with disuse. Most athletes also work on the step bench two days a week. All injured or previously injured players have an extra program of three days of manual isometric work per week tailored specially for their injuries.

It isn’t always easy to sell an athlete on the necessity for this kind of conditioning, but experience proves it helps. Of particular importance to the athlete are two points: It will help him to become a better athlete, and it will reduce his chances of injury, both vital to his career.

Trainers Reminded of Medic Alert Tags

All athletic trainers have been asked to become familiar with, and look for, the Medic Alert identification tag now being worn by more than 120,000 members of the Medic Alert Foundation International. This identification tag, worn on a bracelet or around the neck, establishes for someone attending an injured or unconscious person any special medical problem affecting the victim.

ANKLE PROTECTION

(Continued from page 7)

We at Wyandotte High School are convinced there is a practical payoff to both individuals and the team in serious and continuing attention to protective ankle treatment. We have been fortunate enough to reach the state championship football game every year for the past twelve, and have won the championship eight times. In the past eight years we have not lost an athlete to injury for more than a week, and have not had an athlete miss a game because of injury in the preceding week’s game. We have seen other teams lose their chance to win a regional tournament because of ankle injuries. To us, the time we spend to wrap or tape the ankles of youngsters is well spent.

PLAN AHEAD for the 1965 convention, to be held at the Conrad Hilton Hotel in Chicago June 13 through 16.
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President’s Physical Fitness Program

Detailed information on the President’s Physical Fitness Program—bulletins, training programs, suggestions for implementing the Program—are available to all trainers from Miss Ann Russell, Room 4820, 441 G Street N.W., Washington, D.C. Those NAT A members who have sought information on the Program and haven’t known whom to contact will find Miss Russell a prime source of help.

Information Concerning Coming Events Welcome

Trainors, team physicians, and others concerned with the medical aspects of sports are encouraged to notify The Jour­nal well in advance of events which would be of interest to members. Every effort will be made to publicize conferences of a regional or national nature dealing with sports medicine at which members of the NAT A would be welcome. Information should be received by The Journal early in January, April, July, or October for one of the four quarterly issues.

NCAA Instructional Films Available

Five instructional films, in football, baseball, basketball, and track, are available from the national Collegiate Athletic Association’s Film Service, and a sixth, “Best Football Plays of 1964,” is scheduled to be released January 1, 1965. Each of these films is available to NCAA member institutions once a year without charge; they are also available to non-member institutions, including high schools, at reasonable rental rates. Prints also can be purchased.

For a complete catalog of the NCAA’s extensive film library and information on ordering films, institutions should write to National Collegiate Film Service, 1030 West Chicago Avenue, Chicago, Illinois 60622.

THE COVER

The cover pictures are three frames in sequence from a motion picture film of the Stanford–Southern California game in Los Angeles in 1963. At the top the player in white, tackle John Wilbur, has just set his left foot at the instant of contact by the blocker. With his full weight anchoring his cleats, and his momentum carrying him at a 90-degree angle to the course of the blocker, there was only one place likely to give—his knee. The extent of the damage is only too apparent in the bottom photo. Curiously, and in keeping with Dr. Behling’s remarks in the article on knee surgery on page 3, this particular player had enough muscle structure to partially splint the damage; he did not collapse at that point, but kept scrambling after the man with the ball. Three days later he was recovering from surgery, and went on to participate without handicap in 1964 spring practice and the full fall season.

NCAA Football Injury Reports Requested

Trainers who have been asked to forward their reports of 1964 football injuries to the NCAA and have not done so are urged to get them in immediately. They should be sent to Dean Ernest B. McCoy, College of Physical Education and Athletics, Pennsylvania State University, University Park, Pennsylvania. Forms for the report are available from Dean McCoy.

“Snapper” Stein Wins Viking Ring Award

Lloyd “Snapper” Stein, University of Minnesota trainer, is the first winner of the Viking Ring Award for service to athletics beyond the call of duty. The ring, awarded to Stein at a banquet in Minneapolis in late June, has been established as an annual award by the Minnesota Vikings football club.

Stein, highly regarded for his professional competence as a trainer, is equally well known for his concern about the competitive attitude of athletes. It has been said that literally hundreds of athletes credit his inspirational “needling” with making them better competitors.
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