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- How To Acquire An Athletic Trainer On The High School Level
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New Editor

It is a pleasure to announce Mr. Don Kaverman, Head Athletic Trainer, Ferris State College, as the new Editor of the Journal. Please help make his job easier by following the “Guide to the Contributors” found in the back section of the Journal, and in every issue.

San Antonio

It was indeed a pleasure seeing and visiting with all my colleagues in San Antonio. This city certainly extended itself for the National Athletic Trainers Association and is to be applauded for their fine hospitality.

Thanks, Mr. Detty . . .

On my recent visit to the National Office I was very much impressed with the painting of Mr. William E. “Pinky” Newell in the main hall. Mr. G. E. “Moose” Detty is to be commended for his thoughtfulness and generosity in having this painting commissioned for our Association.

New Section . . .

Beginning in this Journal, a new committee section will appear to aid the membership with information pertaining to the various committees. See COMMITTEE FORUM beginning on page 250.

Welcome . . .

I would like to welcome to the Journal Committee Mr. Barrie Steele, Assistant Athletic Trainer at Washington State University. Barrie will be in charge of the New Products and Tips From the Field sections.

Protective Cover . . .

By now you should have noticed the new protective cover for the Journal. Hopefully this will protect and maintain your Journal in a condition acceptable for your personal library.

Closing . . .

Thank you again for all the comments and contributions to your Journal. There have been some “bugs” to work out over the past year, but I feel we are progressing with new ideas in each issue.

I trust all members will take an active role in our organization and continue your fine contributions to the Journal.

Have a successful and healthy fall season.

L. F. “Tow” Diehm
Head Athletic Trainer
The University of New Mexico

Letter to the Editor

Dear Steve:

I have just spent the past two days with John LeGear, the Public Relations Director of NATA. John has been in Albuquerque doing a story on the High School Training Program. During his stay here we have visited quite extensively about the corporate sponsorship for NATA.

You may be aware of the fact that I am a charter member and have served on the Board of Directors, as well as being the Chairman of the Board at one time.

I do have an understanding as to the inner workings of the Association. I know that in order for our Association to achieve the goals our officers strive to reach we need money. This could be achieved by increasing dues, or taking the route the Directors chose, that of the corporate sponsorship.

As a member I did have some reservations about the route the Board had chosen. I am sure the membership if they had the opportunity that I have had the last two days visiting with Mr. LeGear, any doubts about the program would be alleviated.

To the membership I say “Please be patient”, and in due time I feel that you will feel the same as I do about the route we are taking.

In closing I congratulate Otho, Bobby and the entire Board for the brave steps they took to establish this program.

Sincerely,

L. F. “Tow” Diehm
Head Athletic Trainer
The University of New Mexico

Support Our Advertisers — They Support You . . .
Dear Members:

It is with extreme pleasure that I announce Quaker Oats/Gatorade as the first corporate sponsor of the NATA, Inc. Those of us fortunate enough to attend the San Antonio meeting were able to view the evidence of our first public education/public relations program that is explained further in this issue.

In addition to Fred Hoover and the entire Alamo Athletic Trainers Association, I would like to publicly thank Mission Pharmacal Company, the Denver Broncos, the Seattle Seahawks, Johnson & Johnson and the National Football League for an outstanding meeting in San Antonio.

I have had the opportunity of attending District meetings in District 3, 6, 8 and 9 in recent months, each District has asked questions regarding the final actions of the Board of Directors regarding the athletic training major. No new action has been taken during the past academic year. Previously approved education programs that were reevaluated in 1985 had the option of being evaluated by either 1981 or 1983 guidelines. All new education programs seeking initial approval must now be a major in athletic training or what the Professional Education and the university determine to be a major equivalent. Dr. Gary Delforge will be more than happy to discuss your particular program. The athletic training internship remains a viable and popular route to certification. The NCHCA not only appreciated our internship route, it actually requires more than one route to certification. There is absolutely no intention on the part of your present Executive Director or District Director to phase out internship programs. Certain states have had particular difficulty separating state and national guidelines. It is very important that all athletic trainers specify about being specific in discussing certification programs at the national and state levels. Obviously it is possible to be certified at either level and it is imperative that our members do not misrepresent their certification status.

Our membership should be proud of our presidential candidates Jack Baynes of District One and Jerry Rhea of District Nine. They are both outstanding professionals, very worthy of leading our profession in a positive direction. Please take time to review the enclosed information regarding the presidential election. All certified members will be receiving ballots within the next few weeks. Please take time to participate in this important organizational process of our Association. The quality of these two candidates is indicative of the continuous upgrading of our profession.

Respectfully,

Bobby Barton, ATC
Jack Baynes has been the Head Athletic Trainer at Northeastern University in Boston, Massachusetts since 1972. He graduated from Mansfield Junior Senior High School, Mansfield, Pennsylvania in 1962. He then received his Bachelor of Science in Health and Physical Education from East Stroudsburg State College, East Stroudsburg, Pennsylvania in 1966. He married the former Connie Trask of Mansfield, Pennsylvania on April 9, 1966 and upon graduation he and his wife volunteered for a two year service with the Peace Corps in El Salvador, Central America.

Following his two years of service in El Salvador Mr. Baynes returned to Mansfield, Pennsylvania in 1968 to teach Physical Education at his high school alma mater. In addition to his teaching duties he served as assistant soccer coach, assistant track and field coach, and acted as volunteer athletic trainer for the school's various teams. In 1970 he entered a full time graduate program in Physical Education with an Internship in Athletic Training at the University of Arizona. He was Head Athletic Trainer at Palo Verde High School, Tucson, Arizona as part of this internship experience. He completed his Master of Education degree in 1972.

Mr. Baynes began his full time Athletic Training career in August 1971 when he joined the Athletic Training staff at Northeastern University as an Assistant Athletic Trainer. In July 1972 he was promoted to the position of Head Athletic Trainer, a position which he continues to hold today.

In 1973 Jack was selected to be a guest lecturer for the American Alliance for Health, Physical Education, Recreation and Dance and for the Mexican government's National Sports Confederation in a mutually sponsored program for coaches and physical educators of Mexico. In 1975 he was selected as a staff trainer for the Pan American Games which were held in Mexico City, Mexico. His primary assignment with the Pan American Team was with the Track and Field Team. In 1980 he served as a Staff Athletic Therapist for the host sportsmedicine team selected to serve athletes participating in the Lake Placid Winter Olympics, Lake Placid, New York. In 1984 at the annual meeting of the Eastern Athletic Trainers Association he was presented with the Cramer Award for outstanding contributions to the profession of Athletic Training.

Jack has a long standing record of service to the National Athletic Trainers' Association, Inc., and the Eastern Athletic Trainers Association. In 1976 he acted as Banquet Chairman for the national convention of the NATA which was held in Boston. In 1978 he served as a committee member on the EATA Constitution and By Laws Committee and from 1979 - 1980 he was the District One representative to the NATA Memorial Resolutions Committee. In 1980 he was elected District Director for District One and was reelected to a second three year term in 1983. He has served as a member of the Executive Council of the Eastern Athletic Trainers Association since 1980 and he served as Vice President of NATA, Inc. since June of 1984.

Jack is a charter member of Athletic Trainers of Massachusetts, a group which achieved state licensure in 1984. He has been closely involved with Northeastern University's Athletic Training Curriculum and has taught courses in Athletic Training to undergraduate and graduate students at the University. During his tenure as Head Trainer at Northeastern, Jack has been a popular speaker in the New England area regarding current issues facing Athletic Training and the Athletic Training profession. Jack has been a Certified Member of both NATA and EATA since March 1973.

Jack and his wife Connie currently live in Hingham, Massachusetts with their two children Alan and Sharon.
A member of the National Athletic Trainers Association Hall of Fame, Jerry Rhea has been in the training profession over 25 years. During that time, he has served on numerous NATA committees and has become a frequently requested convention and clinic speaker.

A native of Ennis, Texas, Rhea began his training career while earning his degree in Physical Education at Texas A&M in 1958. He has spent the past 16 years as head trainer of the Atlanta Falcons. Prior to his long service to the Falcons, Rhea worked two years as assistant trainer for the Los Angeles Rams. The first eight years of his career were devoted to the Odessa schools where he was head trainer.

Highlighting a career of such length is never easy. Trying to pick the high spots of Rhea’s career from its beginning as Publicity Director of District VI in 1960 through his selection to the NATA Hall of Fame last June is virtually impossible.

On the high school level, Rhea worked as a trainer for the North All Stars in the Texas High School All Star games. As a professional trainer, Rhea has worked the National Football League Pro Bowls in 1968, 1969, 1970, and 1981 as well as the Senior Bowl in 1978.

As an office holder, possibly no member of NATA has been more active. In 1984, he served as Director of District IX after being President of the District in 1983. He was Chairman of the Georgia Board of Athletic Trainers from 1978-1981 and President of the Professional Football Association of Trainers from 1980-1983. In 1973, he served as Co-Chairman for the NATA Annual Convention in Atlanta, and while serving as head trainer of Odessa High Schools, Rhea was District VI President (1962), Vice President (1961), and Secretary (1964-1966).

In recent years, Rhea has excelled as a convention speaker, not only in the United States but abroad as well. He was a speaker at the NATA Convention in Houston (1968), St. Louis (1978), Fort Worth (1981) and Nashville (1984), as well as traveling to Australia in 1981 as tour lecturer in New South Wales. Seven times he has been a guest lecturer at the Dogwood Sports Medicine Clinics in Atlanta.

Rhea has also been among the more progressive innovators in the training profession. He was instrumental in the move by the Georgia Board of Medical Licensure to certify trainers in Georgia, making it only the second state to pass such a code. He was also a contributing author of two chapters in the Rehabilitation of the Injured Knee, published in 1983.

With such a background, it is not surprising that honors have come Rhea’s way. As a high school trainer, he received the “Cap Harding” Award as the outstanding trainer in District VI in 1963 and 1965. Twice, 1979 and 1982, he was named Professional Trainer of the Year by NATA. In 1985, recognition culminated for Rhea with his selection to the NATA Hall of Fame by his peers.

While Rhea has made major contributions to his field, he has also devoted time to areas that were not “marquee” events. He has served with the NATA Injury Committee (1964) and Recruitment Committee (1964). In addition to speaking at the NATA National Conventions, he has taken time to lecture groups such as the Nevada Coaching Clinic, the Yuma, Arizona Schools Sports Medicine Seminar, the National Podiatric Convention, the Georgia Tech Athletic Trainers Symposium, the American College Health Association, the West Virginia Sports Medicine Symposium, and the Southeast Athletic Trainers Convention.

Most important, Rhea has served well in his day to day responsibilities with the Atlanta Falcons. He began his Falcon career under Norm Van Brocklin, and has also worked for head coaches Marion Campbell, Lee Bennett, and Dan Henning. In every case, he has met the team and staff physical needs as well as serving in the unofficial training capacities of friend and advisor to the many athletes that pass through his training room. On all stops, Rhea has given his field integrity and professionalism.

Rhea is married to the former Beverly Alford of Ennis, Texas and they have one son, John.
The Thirty-Seventh Annual Business Meeting of the National Athletic Trainers’ Association, Incorporated, was convened in the Convention Center, San Antonio, Texas, at eleven-thirty a.m. Mr. Bobby Barton, President, presided.

PRESIDENT BARTON: Ladies and gentlemen, at this time I would like to call to order this business meeting of the NATA and remind you that if you are a certified trainer, you should be in the front of the aisle crosswise. If you are not a certified trainer, please sit behind the aisle in the rear of the auditorium.

At this time, I would like to ask Mike O’Shea of the University of Louisville, to come forward to begin our meeting with a prayer and the Pledge of Allegiance to the Flag.

MR. MIKE O’SHEA: Will you all please stand. Please join me in prayer.

Thank you, Lord, for letting us attend this Thirty-Seventh Annual National NATA Convention. Thank you for our leaders who have done so much this past year and we ask that they might guide us through another year.

Lord, we again ask that you will never let us forget those people who have made this Association what it is today and, finally, Lord, we ask that we always remember the name of Pinky Newell and never let us forget what this man gave to the profession of athletic training and the NATA.

Lord, we ask this in your name. Amen.

Now, will you please remain standing for the Pledge of Allegiance.

Whereupon, the Pledge to the Flag ensued . . . .

PRESIDENT BARTON: Thank you very much, Mike.

As always, we begin our meeting on a very high level.

I asked our Parliamentarian, Mr. Bruce Melin, to please determine if we have a quorum present. While we are waiting for these results, I would ask that Mr. Nils Bormanis of the Fugacy Travel Company, come forward.

As you will recall, a great deal of information was sent out by Mr. Fred Hoover and his committee regarding Fugacy.

One of the best promotional ideas was to give away some free gifts. At this time I would like to present to you Mr. Bormanis.

MR. BORMANIS: Good morning.

As you will recall, you saw the mailing in your convention information. Fugacy is a national travel bureau.

As you know, we have gotten together with American Airlines and at this time, what we are going to do is to pull out a number here and then we will look up the name here on the sheet. I have and the lucky winner will get two tickets from American Airlines good anywhere in the United States, including Puerto Rico, Hawaii and the Virgin Islands.

Therefore, at this time, I will ask your President to pull a name from the hat here and somebody is going to be on their way.

DRAWING ENDED.

MR. BORMANIS: The number chosen has been number forty-eight and this is issued to Steve Toolese.

He has won two tickets on American Airlines for good one year to anywhere American flies.

In conclusion, I wish to thank those of you who booked your reservations and for those of you who have not, maybe the next time.

Thank you very much. (Applause)

PRESIDENT BARTON: Thank you very much.

I see that Steve did not show up today but then I do have several volunteers that will be glad to take that off of his hands. (Applause)

Ladies and gentlemen, the count indicates that we do not have a quorum and so, at this time, I would like to briefly tell you that the NATA has made some changes to help promote our profession and before our meeting is over we will see the first evidence of that and we will have a multi-media explanation of what the athletic trainer is.

During my three years as President, we have continually discussed this problem and feel strongly that it is still a major problem. Namely, that the world outside has an incorrect or at least an opinion we would like to alter somewhat.

As you know, we have discussed this for a number of years and I am elated to see that our public relations package is now in order.

I would also like to tell you, and I do not think you have been informed, that we have begun a relationship, I think, which is a great step forward in our profession as well as our organization, that we have a corporate sponsor for the next year.

Corporate sponsorship has been discussed for over a year. It has been analyzed, been studied by your officers like no other issue has been studied during my term of office.

The legal ramifications have been studied and they have been studied diligently by a group of lawyers.

I am delighted that we have taken this bold step. Our officers are all enthused with the project and our presentation that we are going to have regarding public relations will better explain our approach.

Many of you have heard the name of Timothy Communications. This is the company that is handling our public relations package. Mr. John LeGear is our agent manager and has been working just about daily with the Board of Directors, Mr. Otho Davis and myself since he came with us.

At this time, I would call upon Mr. LeGear to begin a public relations presentation that we told him he had to put together in about a month.

Also, he asked me to assemble all of the good looking pictures of athletic trainers that we could muster. I sent all of them from Eastern Kentucky and also the Philadelphia Eagles and he rejected every one of them and so you will be seeing a sizable number of our professional colleagues in this.

Let me say before you see this presentation that a great respect to this program is that the slides can be removed and replaced on a daily use basis and we definitely intend to spread out and include many of you in this room as soon as we have the time.

Now, Mr. LeGear has put this presentation together very quickly and we feel he did a great job and it is the first actual item that I have been listening to being discussed since at least 1983 on how to promote our profession. Therefore, let the show begin.

Whereupon, a sound/slide presentation to be used in relation with public relations activities concerning the athletic trainer ensued . . . .

PRESIDENT BARTON: What a great idea?

Let me say, Mr. LeGear, that if you can do this in one month, I think what we want him to do is for the next thirty-five years. We certainly look forward with anticipation to our future relationships.

Also, at this time, I would like to announce that the first corporate sponsor of the NATA is the Quaker Oats Company, Gatorade.

I have the pleasure of being President at this time and, of course, it is truly a great honor but, on the other hand, I am well aware that the history of our Association, the many, many people already mentioned today, deserve a great put on the back for a presentation such as this.

At this time, I would like to present to you Mr. Bill Schmidt, who is a former athlete of worldwide acclaim.

He was born in Texas. The State of Texas claims him as their own.

Bill, as many of you no doubt know, was a six-time All-American in track and field. He was a member of the 1972 United States Olympic Team and won the bronze medal in javelin.

Also, if you happened to be in Knoxville, Tennessee, a few summers ago, you more than likely attended the World’s Fair there and saw many displays pertaining to sports and physical activity. Bill was the Director of Sports for the 1982 World’s Fair and assistant to Mr. Peter Usherworth during the Olympic Games in Los Angeles.

At this time, Bill is the Director of Sports Development for Quaker Oats and it is a pleasure to introduce to you Bill Schmidt. (Applause)

MR. WILLIAM SCHMIDT: Thank you very much, Bobby.

I would like to say that Texas has been my home for quite awhile and, as mentioned, I went to school in Texas and also that I am a six-time All American. However, that does not mean I spent six years at North Texas State in getting my degree. (Laughter)

The only problem I have with visiting Texas is that I have an affinity for Mexican food and so, at least for the next three days, I am not going to have a problem enjoying my meals.

Now, let me say that the history of Quaker Oats and Gatorade in the sport area is widely known. We have been involved with it for some time and I personally have been involved in sports for over twenty years and we will continue to be involved in sports throughout my entire life.

I know what your job and profession is all about and, personally, I would not have been able to be involved with it had it not been for some individuals in this room and through your profession and I know that. Also, the individual at Quaker Oats, along with Gatorade know that.

Bill Schmidt.

In recent years, Quaker Oats and Gatorade have assisted the athletic trainers in professional sports in furthering their message and servicing them in some way to get the public aware of what this profession is all about, what they do, why it is so important and why there should be an athletic trainer in every high school in the United States as well as every university and
Our projections indicate that we will be able to continue to progress and realize a reasonable level of growth each year. I would like to congratulate the Board of Directors for their efficiency, effectiveness in making the tough decisions that have faced them, and also to congratulate you, for your continued dedication and commitment.

In my opinion, this organization is healthy and well on its way to meet all of its objectives. I am pleased to be a part of it.

If any of you have any questions, I will be more than happy to answer them at this time. Are there any questions? (Applause)

Next, let me make a motion to approve the Treasurer's report as given on June 9, 1986. Do I hear a motion to that effect?

I have a motion from the Sinking Fund of District 3, seconded by Jim Rudd of District 3. Is there any discussion?

If not, those in favor of approving the report of your Treasurer please say "aye," opposed; abstentions. The motion has carried to accept your Treasurer's report as submitted by Mr. Bob McIntyre.

At this time, we will receive the report of your Executive Director regarding the meetings of the Board of Directors held in San Antonio on June 5, 6, 7, 8 and 9 and still continuing.

I give you Mr. Otho Davies, your Executive Director. MR. OTHO DAVIES: You have heard the financial summary by Mr. Bob McIntyre. You have been presented with a statement of the corporation's sponsorship by Gatorade.

Also, the financial picture of this Association is very good. Our assets are on a roll and are now nearly as big as we ever thought they would be. As you remember, we have been handling our financial affairs for a number of years now and so, Brooks, will you now come up here to the podium and render your Treasurer's report?

MR. BROOKS MCKINTYRE: Thank you, Bobby. First let me say that it is always a pleasure to be here.

Each year we prepare a combined summary of the assets, liabilities and fund balance or net worth of the various entities that make up your national organization.

Each separate entity item is formed for a specific purpose. For example, the NATA Foundation was formed to own and maintain the land and building of the National Office. Grants and Scholarships, of course, was formed to receive and award scholarships and grants. The Board of Certification was formed to deal with certification matters, and the NATA Incorporated, to provide general operations to the organization.

As of April 30, 1985, the combined assets of these entities totaled $1,703,179. The combined liabilities were $106,683, leaving a fund balance or equity position of $1,596,496.

In Denver in 1983, the Board made a difficult decision of increasing the dues. I exercised all the influence I could to persuade you to reduce those dues, but I needed to have significant funds with which to do so.

I am pleased to report to you that adequate funding has been established that might have to be spent in a process of public relations, which has been identified as the top priority of the organization.

If we are to effectively encourage the corporate sponsor as a means of furthering the public relations efforts.

Let me say to you that you are going to see a couple of definitions concerning the athlete, one or two pertaining to licensing. Now, the ones you will see relating to applicants in relation to the NATA and its general membership and reads as follows:

Athletic Trainer, Certified: An allied health professional who has successfully completed the college/university undergraduate degree, fulfilled the requirements for certification as established by the Board of Certification of the National Athletic Trainers Association, Incorporated; and has passed the NATA certification examination administered by the NATA Board of Certification.

The six domains of athletic training from which specific tasks are measured in the examination are:

1. Prevention of athletic injuries.
2. Recognition and evaluation of athletic injuries.
3. Management, treatment and disposition of athletic injuries.
4. Rehabilitation of athletic injuries.
5. Organization and administration of athletic training program.
6. Education and counseling of athletes.

The certified athletic trainers work under the direction of a licensed physician in the practice of the art and science of athletic training.

That is our presently revised definition of athletic training.

Also, as I mentioned earlier, the Board started meeting on Wednesday morning and has been in session constantly, with intervening other matters totaling over 15 hours.

I did mention that all of these actions will be published in your Journal and you will receive further information in more detail during your district meetings.

At this point, I will conclude my report. (Applause) PRESIDENT BARTON: Thank you at this time, I would like to accept a motion to approve the Executive Director's report as presented this afternoon. I move.

I move from Bill Battershall of District 1, seconded by John Leard of District 1.

Mr. President and members of the Board, as chairman of the Twenty-Five Year Award committee, I have had the pleasure to name the following individuals who have been nominated for the Twenty-Five Year Award.

(Names given.)

Each year we name a person or person to the Twenty-Five Year Award Program who has served this Association and has contributed to the advancement of the profession.

I give you a five year award to Troy Young, our Arizona State University Athletic Trainer, who has headed up our Twenty-Five Year Award program and he will announce the winner.

MR. TROY YOUNG: I would like to have the following names go into our membership record as the Twenty-Five Year Award winners.


PRESIDENT BARTON: Thank you very much, Troy. As in relation to all of our awards, they will be formally presented at the banquet.

I would now like to call upon Mr. George Sullivan, University of Nebraska at Lincoln, Chairman of our Honors and Awards Committee, and he will announce the winners for the honors of the Hall of Fame, Honorary Membership and the President's Challenge Award.

MR. GEORGE SULLIVAN: Mr. President and Members of the Board of Directors and Members, I am happy to present to you this year's President's Challenge Award winner.

PRESIDENT BARTON: Thank you very much, George. For Honorary Membership we present to you Mr. Robert J. Anderson, Director of Graduate Studies at the University of Colorado, Denver. For the Doctor of Philosophy in Athletic Training, we have the following individuals who have been nominated for the NATA and its general membership and reads as follows:

Full professors with five years' experience in the classroom with students in the classroom, are not making a heck of a lot of money and, in turn, it was natural that we get involved and we were invited to become involved and to help come up with a program that we are delighted to be involved with.

Also, in relation to our history and relationships with organizations within your group, and if you believe you can ask any number of those organizations this, we have never prostituted our relationship with any other organization. (Applause) We are associated with the NATA and, in the future, we will be there to serve, to work out and basically make the public aware of what you and your organizations are all about.

As I mentioned, the Quaker Oats Company is well behind this program. We make a variety of products in addition to the Quaker Oats Company.

At this point, I would like to introduce the President of the Specialty Foods Division of Quaker Oats to say a few words. Mr. Phil Martineau. (Applause)

MR. PHIL MARTEAU: Thank you very much, Bill. I will not take up much of your time. However, I would like to reiterate what Bill had said - that Quaker Oats has been in the business of making nutritious food products for consumers for over a hundred years. However, it is really only in the last two years that we have been lucky enough, in relation to Gatorade, to become involved in the multi-dimensional world of sports and athletics. We are excited about this opportunity and we are committed to making a major contribution to sports medicine.

This contribution includes specific research in the area of hydration and sports nutrition as well as supporting the major leaders and major organizations within the medical community. We really are known throughout the world and, of course, because of this, but hand, one thing that we have quickly learned is that, you, the athletic trainers of America, are really the key to any successful advancement of sports medicine in America. You are the really the only people out there that are trained and educated to be employed in the sports medical field, at both the college, university, high school and professional sports levels and, as a result, those of you working out there now really are the ones that can do the job.

Consequently, we are very pleased to be associated with you. We have given this much closer association from what we have had in the past and, of course, we are committed to helping you educate the American Public through the role of the athletic trainer in sports and the key role that you play in the sports field.

We are very, very excited about this new sponsorship and I pledge the support of the Quaker Oats Company in any way possible that we can in the future as you begin your new era of public awareness.

Thank you so much, Bill, for giving us this opportunity. (Applause)

PRESIDENT BARTON: Thank you very, very much. At this point, I would like to present Brooks Mclntyre, former President of the Eastern Management Association.

I am very pleased to announce that Mr. Brooks Mclntyre has been handling our financial affairs for a number of years now and so, Brooks, will you now come up here to the podium and render your Treasurer's report?

MR. BROOKS MCKINTYRE: Thank you, Bobby. First let me say that it is always a pleasure to be here.

Each year we prepare a combined summary of the assets, liabilities and fund balance or net worth of the various entities that make up your national organization.

Each separate entity item is formed for a specific purpose. For example, the NATA Foundation was formed to own and maintain the land and building of the National Office. Grants and Scholarships, of course, was formed to receive and award scholarships and grants. The Board of Certification was formed to deal with certification matters, and the NATA Incorporated, to provide general operations to the organization.

As of April 30, 1985, the combined assets of these entities totaled $1,703,179. The combined liabilities were $106,683, leaving a fund balance or equity position of $1,596,496.

In Denver in 1983, the Board made a difficult decision of increasing the dues. I exercised all the influence I could to persuade you to reduce those dues, but I needed to have significant funds with which to do so.

I am pleased to report to you that adequate funding has been established that might have to be spent in a process of public relations, which has been identified as the top priority of the organization.

If we are to effectively encourage the corporate sponsor as a means of furthering the public relations efforts.
At Newport Beach, California and promptly in Teaching. He then moved to nearby Orange Coast College, where he was named Outstanding First-Year Physical Education Program at Orange Coast College. He is also a Strength Coach. Coast study body for outstanding students. From the University of Washington and earned his Master's Degree at Penn State.

Leon is Director of the Sports Medicine Center at Orange Coast College in Costa Mesa, California. He is originally from Iowa and is a true native of the State of Indiana, John is a true Outstanding Young Man of America by the Jaycees. He is a past President of the Illinois Athletic Trainers Association and has made several presentations at national conventions. He has been published in numerous professional journals, and is a co-author with John Schrader of an athletic training textbook. A native of Aberdeen, Washington, Rich graduated from the University of Northern Iowa and earned his Master's Degree at Penn State. Will you please stand, Rich, as the High School Trainer of the Year.

The Junior College Trainer of the Year is Leon Skeie. Leon is the East Coast College in Costa Mesa, California. He is originally from Iowa and a graduate of Iowa State University, where he earned his BS and MA Degrees. He went on to Western High School at Newport Beach, California and promptly received the Athletic Director's Award for Excellence in Teaching from Orange Coast College, where he was named Outstanding First-Year Community College Teacher in the nation.

Leon now supervises the Fitness Specialist Program, the Athletic Training Program and the Adapted Physical Education Program at Orange Coast College. He is also a Strength Coach.

In 1982, Leon received an award from the Orange Coast study body for outstanding students. From the University of Washington and earned his Master's Degree at Penn State.

Leon is the Director of Athletic Training and Coordinator of the Athletic Training Education Program at Indiana University. He is also a Past President of the Great Lakes Trainers' Association, District 4, and has served on the Indiana Governor's Council of Physical Fitness and Sports Medicine and the National Athletic Trainers Association Ethics Committees of the NATA. He is a Past President of the Illinois Athletic Trainers Association and has made several presentations at national conventions. He has been published in numerous professional journals, and is a co-author with John Schrader of an athletic training textbook. A native of Aberdeen, Washington, Rich graduated from the University of Northern Iowa and earned his Master's Degree at Penn State. Will you please stand, Rich, as the High School Trainer of the Year.

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Leon now supervises the Fitness Specialist Program, the Athletic Training Program and the Adapted Physical Education Program at Orange Coast College. He is also a Strength Coach.
Introducing Athletic Training to the American Public

John LeGear

The National Athletic Trainers’ Association has worked hard to put its house in order over the years, and the time has come to invite the public in for a showing. The NATA Board of Directors formally announced in June, 1985 that it had commissioned a national public relations program. The goal was to establish a line of communication with the American public to develop a greater understanding of the athletic training profession. A brief review of the NATA’s history supports the Board’s rationale.

Since 1950, the NATA has been committed to building a credible allied health care organization. The Association was reorganized in 1970 to build a stronger infrastructure, one that meets the demanding education and health care standards of the medical community.

NATA objectives were redefined. Education and NATA certification requirements were rewritten to build a system that would produce qualified health care professionals. A Continuing Education program was designed that would help athletic trainers maintain high standards, as well as share knowledge and information.

Plans for state licensure, better research capabilities and stronger membership programs were among other innovations in an association that was about to enter a new era.

Fourteen years later, the NATA reaped one of its most prized rewards for its efforts. It was officially recognized as an integral part of the allied medical community when it earned full membership in the National Commission for Health Certifying Agencies. This accreditation provided the NATA with the right to set the standards, evaluate and certify those who sought to become athletic trainers. The NATA had earned its rightful place in the health care field.


Looking Ahead

From that moment in 1983 when the NATA received the NCHCA seal of approval, the organization set its sights on a new challenge that had been beckoning them for years: educating the public. The Board of Directors knew that the NATA, like its members, had always maintained a low profile in a world of sports, where “high profile” is part of the game. If the Association was to continue to grow, the Board felt that athletic trainers would have to step from the shadows.

The NATA determined that it would actively reach into the public sector to help people gain a better understanding of the certified athletic trainer. A public relations agency would serve as the conduit to carry NATA messages to the public.

Among the NATA’s most important objectives: respond to the need for better injury prevention and health care where it is needed most, in the high schools.

At the 35th annual NATA meeting last year in Nashville, the Board of Directors reviewed capabilities of three public relations agencies. Eight months later, the Board voted to retain Timothy Communications, a public relations agency in Oak Park, Illinois, to handle the NATA assignment.

Building Public Awareness

The goal of the NATA public relations program was clearly stated by the Board from the outset: encourage continued growth and development of the athletic training profession by making key segments of the public more aware of its value and importance to physically active people.

“The NATA has accomplished some great things over the years, and we’re proud of the fine reputation that this organization has worked so hard to earn within the medical community,” explains NATA Executive Director Otho Davis.

“But up until now, we have been providing health care service mostly to college athletic departments and professional sports teams, where people have come to understand more about the need for a certified athletic trainer on staff. Our time has come to go beyond the traditional boundaries of athletic training, and respond to the needs of a rapidly changing sports climate in America.”

Today’s New Frontier

The average American’s transition from sports spectator to active athlete since the 1970s is well documented. There are more than 10,000 commercial health clubs in the United States now. There are 16 million joggers and runners, 19 million cyclists and about 27 million people who swim for exercise. There are five million varsity and junior varsity sports participants at the high school level of sports alone. A growing number of them are girls competing in sports like gymnastics, track and field, and soccer.

The NATA has been adjusting and fine-tuning to adapt to some of these changes. A cohesive public relations program that reflects the image of the NATA is just one new color in the changing portrait of the Association.

NATA Injury Prevention Program

A survey was conducted by the Department of Health, Education and Welfare in 1975 to determine the level of health care in high school sports. At that time, high school athletic trainers with NATA certification were a rarity, except in Texas. Student-athletes in Texas were benefiting from the first state licensing law governing the practice of athletic training, which had passed in 1973.

HEW realized that coaches and assistant coaches were most often responsible for providing health care for high school athletes where athletic trainers were not present. So the government agency polled coaches who were designated as “the primary health care person for that school’s athletic teams” to learn more about their

Mr. LeGear is General Manager with Timothy Communications, Oak Park, Illinois and is directly responsible for all facets of public relations for the National Athletic Trainers Association.
qualifications. Results showed that only about half of these coaches had the minimum qualifications of certification in CPR and American Red Cross first aid.

Ten years later, fewer than one thousand NATA athletic trainers are employed in America's 24,000 high schools. Fewer coaches want the responsibility for providing health care and injury protection programs today, partly due to the increasing risk of legal liability. So why don't more schools employ athletic trainers?

“Lack of available funds in the high school athletic departments is the reason most often given,” said NATA President Bobby Barton. But in a court of law, “lack of funds” for an NATA certified athletic trainer often is being translated to mean “lack of concern” for student athletes.

In noting the legal liability issue, Barton suggests that most parents and educators would probably agree that the value of certified athletic trainers more than outweighs the cost of employing one.

“We think one of the most significant reasons for so few athletic trainers in high schools is lack of awareness, so we set out to do something about that,” Barton said.

**Mass Communications**

With the objective for year one firmly set, the public relations firm presented its strategies to the Board, and received approval in April 1985.

The target audience for the NATA campaign is parents, specifically those of the estimated 20 million junior high school and secondary school students.

The target date for national rollout is September 1985, although much time has been given to developing the program on a local basis since March.

The focus of the program is on injury prevention, one aspect of health care where athletic trainers distinguish themselves from the greater medical community. The NATA Injury Prevention Program is being brought to the public by the “experts in injury prevention, certified athletic trainers of the NATA.”

There are many ways by which the NATA injury prevention program can be delivered to millions of people through the mass media. Radio and television public service announcements have been produced and are being distributed this fall. Several hundred newspapers will be contacted directly by the NATA’s agency to provide information on the Association, its members and the injury prevention program. Local talk shows and major magazines offer other opportunities to carry the NATA message to the public.

There are two rules to achieve success in this type of public service program: deliver the message to the NATA’s target audience — parents of student athletes; and do it cost effectively.

The relatively high cost of effective communications is always cause for concern, especially when the public relations program is national in scope. How does a non-profit association with modest funds like the NATA gain a share of the public’s attention when competing with companies that seemingly have unlimited advertising dollars?

One way is to have a meaningful message that people want to learn more about. Another is to seek the assistance and support from organizations that share the NATA’s concern for sports safety, and may want to help.

On June 10, 1985, Bobby Barton announced at the 36th annual NATA meeting that a three-year agreement had been reached with the Quaker Oats Company, maker of Gatorade® Thirst Quencher. In addition to providing financial support that will enable the NATA to reach millions more people, the agreement demonstrates that Quaker Oats endorses the new NATA injury prevention campaign. Several other organizations have also expressed interest in lending their assistance and expertise to the NATA.

**Anticipated Results**

From conception and implementation through the end of their projected plan, most public relations programs take about two years to develop before coming to fruition, depending on size and scope. Timothy Communications estimated a minimum two-year maturation period for the NATA program when it was presented to the Board, and received approval on that basis. But with additional support from outside, the program should begin to take root by next summer or fall, and begin to yield results sometime in its second year.

The success of the program depends on many variables, some of them beyond the control of the NATA and its public relations agency. Unlike paid advertising, which is prohibitively expensive, there are no guarantees for newspaper space or air time built into public relations programs. And there is no standard form of measurement to gauge the relative success of this program against another.

But there is reason to believe that the public will take notice, because prevention programs make sense to people who understand their need. With high school athletes suffering 800,000 time-loss injuries every year, about 100,000 of them considered significant, there is ample cause for concern by parents and educators, not to mention the student-athletes.

When measuring the relative impact of the NATA public relations program, be aware of some benchmarks along the way that merit the attention of all NATA members.

In the Fall, the first of six television public service announcements will be circulating around the country, this one hosted by CBS sports commentator Irv Cross. In addition, more than 500 radio stations will receive the first two of 12 public service announcements from the NATA on injury prevention. Ten to 20 percent will use them.

Print publicity will evolve much more slowly, due to the nature of the newspaper and magazine industries, but already there is evidence that more information is desired by newspaper reporters. By next June when the NATA meets in Las Vegas, a public relations status report will be presented to the membership at the annual Business Meeting.

**New NATA Sound/Slide Show Now Available on Videotape**

A videotape version of the new NATA sound/slide presentation entitled, “Athletic Training: In The Public Interest,” is available for purchase to members through the NATA office in Greenville, North Carolina.

The nine-minute sound/slide presentation was commissioned by the Association to help acquaint more people with the athletic training profession. The three-projector slide show was presented for the first time in the business meeting at the 36th annual NATA clinical symposium in San Antonio.

“Athletic Training: In the Public Interest” illustrates the critically important role played by NATA athletic trainers today in a diverse and expanding sports arena.
Considerations of Anatomy, Physiology, and Pathology of Sports Related Ocular Injuries

John B. Jeffers, MD
Edited by: Don Kaverman, ATC

The eye is considered by many to be a sacred land upon which one should not set foot and, to a certain extent, this concept may be valid. We do indeed have more than enough feet or hands that are used as ocular trauma-producing devices. The bottom-line philosophy when considering sports related ocular injuries is to "not fear the eye - but respect it!"

In that regard some general knowledge of the anatomical and physiological aspects of the eye is necessary to then correlate this with the subsequent pathology of the injury.

In general when attempting to evaluate the severity of an ocular injury it certainly is more prudent to err on the side of referral than to carelessly pass it off as nothing.

**Orbit and Periorbital Tissue**

Although the orbit does offer some protection to the eye a missile striking the orbit may result in damage either by the direct hit or indirect force transmitted inside the orbit by the impact on the globe and its subsequent equatorial expansion.

The most common abnormality resulting is a fracture of the orbit floor otherwise known as a "blow-out" fracture. The weakest area of the orbit is the floor and it thus actually "blows-out" from the inside. When extraocular tissues (muscles) become entrapped in the fracture site there is usually a resultant decrease in upgaze and this produces double vision (diplopia). An open reduction must then be performed.

Another bony area that is occasionally involved is the ethmoid bone. When this is fractured the ethmoid sinus is opened. When an athlete blows his/her nose air rushes into the subcutaneous tissue (subcutaneous emphysema).

The roof of the orbit is not commonly involved but one must realize the adjacent tissue is the cranial cavity.

Fractures of the rim of the orbit often are not displaced; when displacement does take place some form of open reduction is necessary.

**Eyelids**

The human eyelid is a very vascular tissue and when struck by an external force ecchymosis and edema usually result.

Superficial, deep, marginal and canalicular (lacrimal drainage system) lacerations may result from injury. According to the severity of the injury careful apposition may be necessary.

Because the lid acts as a spreader of the tearfilm or

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Dr. Jeffers is Director of Resident Education and Director of Emergency Room of Wills Eye Hospital, Philadelphia, PA. He is a Fellow of the American Academy of Ophthalmology, American Medical Association, Pennsylvania State Medical Society, Pennsylvania Academy of Ophthalmology and Otolaryngology, and Philadelphia Medical Society, and Team Ophthalmologist for the Philadelphia 76ers, the Philadelphia Eagles, and the Baltimore (Philadelphia) Stars.
sweeper of foreign material over the corneal surface, the margin and mucous membrane aspect have to be smooth and moist. In some instances microscopic surgery may be indicated to close the defect.

It is also essential to recognize involvement of the lacrimal drainage system. If the drainage apparatus is lacerated, meticulous closure, maintaining a patent pathway, must be accomplished. Considering that the tears do not merely drain out of the eye but are also pumped out (blinking) is another reason to, when evaluating lid trauma, recognize potential deformities of the lids.

Among the more minor but nonetheless painful problems that an athletic trainer may encounter in regard to the eyelids is the foreign body that gets lodged under the upper lid. The structure of the lid margin is such that there is a small groove extending the length of the lid; this all too often acts as a retainer of foreign material. Evertting the upper lid with an applicator stick will allow one to remove the foreign body with a moistened applicator stick.

**Conjunctiva**

This is the transparent, mucous membrane-like tissue that covers the inside of the eyelids and partially covers the eyeball (globe). It becomes more apparent when injected or bloodshot as a result of the vascular supply being in a dilated state.

Very commonly we see, following trauma, hemorrhage over the white of the eye (sclera). This is usually a benign finding referred to as subconjunctival hemorrhage. It has to be evaluated in light of the history of the type and force of the trauma, symptoms and findings in the other ocular or periorcular tissues.

The conjunctiva contain lymphoid tissue and therefore responds to those substances that produce allergies. Aside from the subjective discomfort the eye may appear very inflamed.

Usually the distinction between inflammation from an allergic source and infection involves the type of discharge. Exudate, or pus, suggests a bacterial involvement whereas a serous or water discharge is secondary to allergy or virus. More often than not the athlete has a positive history of allergies.

**Cornea**

The cornea is comparable to a watch-crystal and should be clear because there are no blood vessels or opaque tissue present. The abrasion of the cornea probably is the most common eye injury a trainer will encounter. Usually the epithelial surface has been scratched off and pain is experienced when the eyelid rubs over the area.

A foreign body embedded in the surface corneal tissue also results in similar pain. When it is removed one is left with an abrasion.

Inflammations are frequently encountered in this era of the contact lens. Lacerations of the cornea can be partial or full thickness. The amount of scarring depends on the depth of the laceration. There will be dense scarring when the stroma (thickest portion of the cornea) is injured.

The cornea develops cloudiness, or edema, as a result of infection resulting in an increase in the intraocular pressure. This is secondary to fluid being forced into the substance of the cornea. Along similar lines blood pigment, from blood in the anterior chamber, may also be forced into the cornea resulting in staining. This clears very slowly once the pressure is brought back to a more normal level.

**Anterior Chamber**

The anterior chamber is the front region of the eye bounded by the posterior surface of the cornea, the chamber angles (containing the drainage apparatus or trabecular meshwork), and the anterior surface of the iris.

The aqueous humor that flows in this chamber is produced by the ciliary body or “faucet”, and exits through the trabecular meshwork or “drain”. Following an injury the aqueous may contain inflammatory cells or blood. These substances drain out through the trabecular meshwork and at times actually partially clog the “drain” which results in a rise in intraocular pressure. This condition is termed secondary glaucoma.

Severe contusion injuries may actually tear the tissue in the region of the ciliary body (angle recession) and as a result of scarring may alter the drainage so that glaucoma may develop as a delayed reaction to the injury.

**Iris-Pupil**

The iris is part of the pigmented tunic of the eye (uvea) and is comparable to the face of a watch.

With contusion the iris may become inflamed and the athlete may experience pain especially in light (photophobia). The reason for this is that the constrictor muscle of the iris, by its action, reduces the size of the pupil in response to the light - hence pain. One of the treatments for traumatic iritis therefore is to dilate the pupil with topical medication - and in a sense put it at relative rest. With iris injury the pupil may become distorted, often in a teardrop shape.

Tears in the iris tissue may occur anywhere. However, the more common areas are at the pupillary margin, resulting in a slightly irregular pupil, or at its attachment in the region of the junction of cornea and sclera. This causes a distorted pupil.

**Lens**

The normally clear crystalline lens located behind the iris is approximately the size of an M & M® but is very flexible for focusing light rays. It is suspended by zonules for 360° at its equator which may rupture when traumatized resulting in subluxed or luxated lens. Aside from affecting the focusing mechanism of the eye an out of place lens may produce inflammation or glaucoma.

**Vitreous**

The vitreous cavity makes up approximately 90% of the volume of the globe and is filled with a gel-like substance.

When suspended or free-floating tissue is observed by the athlete, he/she is described as having floaters. Alone, floaters present no problem other than being annoying. However, it is always wise to have the athlete undergo a good retina exam to rule out more serious problems.

**Retina-Choroid**

The retina is part of the complex neurosensory tissue of the eye.

Trauma may result in acute or delayed pathology. Unless there is enough force to rupture the eyeball the abnormality in the retina is a result of the contra-coup effect. The acute phase may consist of hemorrhage and/or edema with the hemorrhage severe enough to extend into the vitreous.
Detachment of the retina may be acute or delayed. Often inflamed tissue that is healing may, with time, contract and tug on the retina thus producing a hole and/or a detachment.

The choroid underlying the retina may develop ruptures and, depending on location, may or may not interfere with vision.

### CEU Credit Quiz

**CONSIDERATIONS OF ANATOMY, PHYSIOLOGY AND PATHOLOGY OF SPORTS RELATED OCULAR INJURIES**  
*John B. Jeffers, MD*

As an organization accredited for continuing medical education, the Hahnemann Medical College and Hospital certifies that this continuing education offering meets the criteria for .3 hours of prescribed CEU credit in the program of the National Athletic Trainers’ Association, Inc., provided the test is used and completed as designed.

To participate in this program, read the material carefully and answer the questions in the test. Mark the answers you select by placing an X in the proper square. Then tear out the test sheet, fill in your name, address and other information, and mail with $12 for processing to: Hahnemann University, School of Continuing Education, Broad and Vine, Philadelphia, PA 19102.

The NATA National Office will be notified of all members with passing scores over 70%. CEU credit will be issued to each member’s record at that time. Participation is confidential.

<table>
<thead>
<tr>
<th>Questions</th>
<th></th>
<th>a</th>
<th>b</th>
<th>c</th>
<th>d</th>
<th>e</th>
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<tbody>
<tr>
<td>1. When there is a “blow-out” fracture of the floor of the orbit and the extra-ocular muscles become entrapped in the fracture site, there is usually a resultant decrease in _______ gaze.</td>
<td></td>
<td>a. lateral</td>
<td>b. upward</td>
<td>c. downward</td>
<td>d. a and b above</td>
<td>e. a and c above</td>
</tr>
<tr>
<td>2. Subcutaneous emphysema may occur in patients with fractures of the</td>
<td></td>
<td>a. roof of the orbit</td>
<td>b. rim of the orbit</td>
<td>c. floor of the orbit</td>
<td>d. ethmoid bone</td>
<td></td>
</tr>
<tr>
<td>3. Open reduction is indicated for all fractures of the rim of the orbit.</td>
<td></td>
<td>a. True</td>
<td>b. False</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Foreign bodies lodged under the upper eyelid may be removed by everting the upper lid with a moistened applicator stick.</td>
<td></td>
<td>a. True</td>
<td>b. False</td>
<td></td>
<td></td>
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<tr>
<td>5. Which of the following statements is/are true of the cornea?</td>
<td></td>
<td>a. 1,2,3</td>
<td>b. 1,3</td>
<td>c. 2,4</td>
<td>d. 4 only</td>
<td>e. 1,2,3,4</td>
</tr>
<tr>
<td>1. there are no blood vessels present in the cornea</td>
<td></td>
<td>a. 1,2,3</td>
<td>b. 1,3</td>
<td>c. 2,4</td>
<td>d. 4 only</td>
<td>e. 1,2,3,4</td>
</tr>
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<td>2. abrasion of the cornea is a common athletic injury involving the eye</td>
<td></td>
<td>a. 1,2,3</td>
<td>b. 1,3</td>
<td>c. 2,4</td>
<td>d. 4 only</td>
<td>e. 1,2,3,4</td>
</tr>
<tr>
<td>3. cloudiness of the cornea may occur as a result of infection</td>
<td></td>
<td>a. 1,2,3</td>
<td>b. 1,3</td>
<td>c. 2,4</td>
<td>d. 4 only</td>
<td>e. 1,2,3,4</td>
</tr>
<tr>
<td>4. staining of the cornea occurs with the forcing of blood into the cornea</td>
<td></td>
<td>a. 1,2,3</td>
<td>b. 1,3</td>
<td>c. 2,4</td>
<td>d. 4 only</td>
<td>e. 1,2,3,4</td>
</tr>
<tr>
<td>6. Severe contusions in the area of the anterior chamber may result in secondary glaucoma.</td>
<td></td>
<td>a. True</td>
<td>b. False</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Tears in the iris tissue at the ______ cause a change in the shape of the pupil.</td>
<td></td>
<td>a. pupillary margin</td>
<td>b. junction of the cornea and sclera</td>
<td>c. both a and b above</td>
<td>d. neither of the above</td>
<td></td>
</tr>
<tr>
<td>a. pupillary margin</td>
<td></td>
<td>a. True</td>
<td>b. False</td>
<td></td>
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<tr>
<td>8. Retinal detachment may occur during the healing process in an individual who has sustained trauma to the retina.</td>
<td></td>
<td>a. True</td>
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Eighth Annual N.A.T.A. Student Writing Contest

In an effort to promote scholarship among young athletic trainers, the National Athletic Trainers Association, Inc. sponsors an annual writing contest.

1. This contest is open to all undergraduate student members of the NATA.

2. Papers must be on a topic germane to the profession of athletic training and can be case reports, literature reviews, experimental reports, analysis of training room techniques, etc.

3. Entries must not have been published, nor be under consideration for publication by any journal.

4. The winning entry will receive a $100.00 cash prize and be published in Athletic Training with recognition as the winning entry in the Annual Student Writing Contest. One or more other entries may be given honorable mention status.

5. Entries must be written in journal manuscript form and adhere to all regulations set forth in the ‘Guide to Contributors’ section of this issue of Athletic Training. It is suggested that before starting students read: Knight KL: Writing articles for the journal. Athletic Training 13: 196-198, 1978. NOTE: A reprint of this article, along with other helpful hints, can be obtained by writing to the Writing Contest Committee Chairman at the address below.

6. Entries must be received by March 1. Announcement of the winner will be made at the Annual Convention and Clinical Symposium in June.

7. The Writing Contest Committee reserves the right to make no awards if in their opinion none of the entries is of sufficient quality to merit recognition.

8. An original and two copies must be received at the following address by March 1, 1986.

NATA Student Writing Contest
Deloss Brubaker, ATC
U. S. Sports Academy
PO Box 8650
Mobile AL 35508
How To Acquire An Athletic Trainer
On The High School Level

Phillip Hossler, ATC

The emergency care given to athletes on the high school level has been the subject of many recent articles, roundtable discussions and medical symposiums. In addition, careful thought has been given to the post-trauma care that these athletes receive.

Studies have investigated the preparation that high school coaches have to care for emergency and initial first aid situations that occur in high school athletes. In addition, the availability of medical personnel and physician care has been investigated. This article briefly reviews the training in first aid by coaches and the availability of team physicians in three different states, followed by a presentation of eight methods by which a high school may obtain the services of a qualified athletic trainer.

The fitness boom that is sweeping this country has made persons involved in medical care painfully aware of three facts. First, there is a shortage of qualified physicians to deal with the recreational and competitive athletes’ various injuries. Accurate injury diagnosis may be difficult as there may be a vague cause-and-effect relationship. At the same time the athlete is different from the normal patient since he/she is not necessarily incapacitated in all endeavors, rather only temporarily limited in his/her physical capabilities. The second result stemming from the expanded interest by both males and females in athletic and recreational pursuits is that there must be an immediate increase in both the scope and depth of knowledge made available to athletes, parents, coaches, and physical education departments in high schools and colleges. As is true in all fields of endeavor today, the depth of our understanding is undergoing many changes. The practices and beliefs that were accepted without hesitation twenty years ago, may already be changed or are undergoing renovation. The third revelation of this country’s interest in athletic health is that young people are becoming involved at much younger ages, thus extending their athletic lives. The realization that young people in their teen years and younger are capable of astounding feats of physical strength, stamina and body control has caused the medical world to alter its outlook on athletes of all ages.

The genesis of a large number of athletic careers and recreational exercise programs is the time spent in high school athletic programs. It is during this time in life, when many developmental processes are particularly acute, that the exercise habits, injuries sustained, lessons learned and advice given from role models can be particularly potent. It is bewildering how many school systems feel that they are apparently capable of operating their athletic programs on the hope that none of the athletes will get injured; or if someone is injured, that it will be a minor injury. This premise may be based on the belief that local hospitals, first aid squads and physicians are able to provide adequate coverage of all athletic events and practices. This article has a two-fold purpose: first, to provide evidence supporting the position of athletic trainer on the high school level; second, to provide various methods in which an athletic trainer can be included in a practical manner within the athletic program.

Even under ideal conditions, anyone engaging in a physical activity is subject to the possibility of sustaining an injury. In the absence of a qualified athletic trainer, the school is faced with the following options in dealing with an injured athlete: 1) the coach can decide the severity of the injury, 2) the coach can call for a first aid squad to transport the athlete to a hospital for further evaluation, 3) the athlete can be sent home and recommended that he/she see the family physician, or 4) the coach can make the appointment for the athlete to see the appropriate specialist. The glaring problem with all of these options is that the athlete is not being seen soon enough by a qualified person who has been trained in skills such as injury evaluation, first aid procedures, preventative taping techniques and rehabilitation exercise development.

Insurance premium for coverage of every athlete having to go to the hospital or doctor out of necessity should be encouragement enough for placing such a trained person within easy access of the athletic program. In addition, many athletes may lose valuable playing time if their next doctor’s appointment is not for five to seven days. This is not to imply that there are not cases of athletic injuries which belong in hospitals and doctors’ offices; however the skills of today’s athletic

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trainer are varied, using such talents as establishing conditioning programs for healthy and rehabilitative programs for injured athletes; application of protective strapping and padding; initial evaluation and assessment of injuries; assisting in the selection and fitting of athletic equipment; advising and counseling athletes in areas such as nutrition, flexibility and health practices; as well as the administration of initial first aid.

The National Athletic Trainers Association (NATA) is the national education and certification organization in the field of health care problems associated with sports participation on the high school, collegiate and professional levels. The NATA certifies athletic trainers. It has established a strong first aid certification program for persons who are preparing for the examination under the NATA Internship route. In addition, the prospective trainer must have current cardiopulmonary resuscitation registration and standard first aid certification before being allowed to sit for the certification examination. Once certified, the athletic trainer must stay current with the field by acquiring six academic hours per year in the field of physical education and sports medicine.

As reported in the August, 1975 issue of THE PHYSICIAN AND SPORTSMEDICINE (McGraw-Hill Publishers), R.W. Redfearn stated:

"There is no other person who can unify a health care program for the athlete with greater dispatch than the properly trained and accredited athletic trainer. With the conspicuous absence of the physician and the evident variations of training, experience, and capabilities demonstrated by the coaches, there is an absolute need for a qualified person to administer the various training programs, assist with physical examinations, provide qualified emergency care capabilities, monitor safety standards in equipment and training techniques, and administer a comprehensive rehabilitation program to high school athletes" (1).

More and more administrators are recognizing what a certified athletic trainer can contribute to the quality of the athletic program. However, there are still some who feel that one person can adequately handle both the coaching duties and athletic training responsibilities. They fail to realize that a coach is most likely not schooled in the various areas of concern that a certified athletic trainer has studied. By attempting to perform both the coaching and athletic training duties, one of these two roles will surely suffer.

In a 1973-74 survey of 216 high schools in Michigan, Richard W. Redfearn, Ph.D., as reported in the August, 1975 issue of THE PHYSICIAN AND SPORTSMEDICINE, indicated that "the most critical facet of the health care continuum for the high school athlete is the availability of a competent physician to care for and treat the injured athlete. Twenty-seven percent of all the schools had a physician under contract." Table I demonstrates the breakdown for all four classes of high schools in the Michigan study (1).

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### Table 1

| Percentage of Schools Having A Physician Under Contract for Medical Services at Athletic Contests |
|------------------|------------------|------------------|------------------|
| CLASS A | CLASS B | CLASS C | CLASS D |
| 52% | 31% | 18% | 8% |

It is of paramount importance that a school district retain the services of a physician for the benefit of the athletic programs. Since most school districts generally retain more than one physician, it is suggested that in addition to a general practitioner that an orthopaedic surgeon also be retained to evaluate the variety of injuries sustained by the athletic population. One of the most troublesome situations faced by high school coaches, athletes and athletic trainers is the difficulty faced when either locating or scheduling an appointment with an orthopaedic surgeon who has a sports medicine interest.

It is not possible to retain a physician to attend all home athletic events, not to mention the practices. Considering the two, it would make more sense to have a qualified person in attendance at practices since teams obviously have more practice sessions than contests. Who is on-site to oversee injury management when, for example, football, boys and girls soccer, boys and girls gymnastics, boys and girls cross-country are all practicing at the same time? If there is no physician present, who is to tend to the care of the injured athlete? According to the Michigan survey, high schools rely heavily on the coach for the coverage (Table 2).

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### Table 2

| Percentage of Schools and Persons Who Attend to Medical Emergencies |
|------------------|------------------|------------------|------------------|
| Coach | Trainer | Person with first aid training | Physician |
| 57 | 27 | 11 | - |
| 68 | 8 | 11 | 2 |
| 84 | 6 | 6 | 2 |
| 70 | 4 | 6 | - |

The above figures show an average strongly in favor of the coach (70%) with coverage by a trainer second (52%), a first aider third (8.5%) and physician fourth (10%). A 1983-84 survey of 72.5% of the high schools in Wisconsin (2) revealed similar findings as reported in the January, 1985 issue of THE PHYSICIAN AND SPORTSMEDICINE. The data revealed that medical coverage for the athletes in Wisconsin was sparsely organized and supervised. Although fifty-two percent (52%) of the schools indicated that physician services were volunteered, only 7.8% of the schools had contracted for the services of a team physician. Eight and one-half (8.5%) percent of the schools had an NATA certified athletic trainer on staff, sixteen percent (16%) designated a staff member to perform athletic training duties, and forty percent (40%) use some type of student-trainer program.

The provision of first aid to the athletic population in the Wisconsin study revealed some interesting points. As in the 1973 Michigan study, the Wisconsin study showed that the coach performed the bulk of first aid...
coverage (43.8%). Yet only seventeen percent (17%) of the high schools responding required their coaches to have a standard first aid certificate, only five percent (5%) required an advanced first aid certificate and only four percent (4.6%) required cardiopulmonary resuscitation certification.

In October, 1982 a survey of 602 Illinois high schools (3), of which 397 (66%) responded, produced similar results as the Michigan and Wisconsin studies. When questioned if their schools employed an athletic trainer, 27.3% indicated that they did; of this number, 61.7% employed an NATA certified athletic trainer. An interesting response in this particular study was that of the schools that employed an athletic trainer, 55.9% indicated that they would consider hiring an additional trainer. Of the schools which did not currently employ an athletic trainer (72.7%), the majority of them responded that they did not plan to hire one (87.4%). The majority of schools which planned to hire a trainer in the future responded that they planned to do so in 1-5 years (57.9%). Money was the main reason given for schools not planning to hire an athletic trainer (77.5%), with administrative apathy (11.8%) and coaches already functioning as trainers (10.7%) being the other reasons given.

When asked who performed the trainer’s duties in the schools, 92% responded that coaches provided this health service. The Illinois survey collaborates with the Michigan and Wisconsin studies in many areas. The coach is the person most responsible for initial first aid in these three states. There is a movement in a few states toward requiring coaches to pass a certification requirement. The obvious intent is to ensure quality care for the athletes in their respective sports. The requirements in such a certification procedure should be directed toward ensuring that prospective coaches remain current in their knowledge in areas such as conditioning, skills, strategies and equipment. In addition, an important portion of the certification requirements for coaches should be the maintenance of current first aid and cardiopulmonary resuscitation certification. However, due to the present shortage of coaches, most states cannot impose certification requirement since many schools are having difficulty getting coaches. A truly prudent administrator can provide quality coaches for the athletic teams by encouraging the coaching staffs to attend clinics, by providing in-house opportunities to obtain CPR certification, by financing local certified athletic trainers to provide in-service seminars on sports medicine if the school does not have a trainer on staff and by establishing protocols of action in the event of an athletic injury.

Let us assume that the school district has agreed to the above arguments and is considering hiring a certified athletic trainer. What are the options open to the district for employment? What type of position should be offered as far as duties, hours, and pay? The following is a presentation of several options that can be used to acquire the services of a qualified athletic trainer.

**OPTION #1  FULL-TIME TRAINER**

A full-time athletic trainer is someone who does not teach classes during the school day and serves as the athletic trainer after school. This option is popular with school districts as it allows one person to fill two positions. There are, however, drawbacks that accompany this option of employment. One of the most obvious drawbacks is that care and treatment during the school day will suffer since the athletic trainer may not be available when the athlete is available for treatment. This problem can be controlled if a few guidelines are adhered to for the teacher-trainer position: first, the teacher-trainer should teach a reduced number of classes so as to increase the availability for treatment and therapy sessions. For example, if the normal teaching load is five classes, the teacher-trainer should only teach two or three. The difference may be termed “duty periods” which the teacher-trainer serves in the training room. The classes to be taught should be scheduled for the second and the next to last periods of the day. This allows the teacher-trainer to be freed during the student-athletes’ lunch periods as well as providing the flexibility of allowing the teacher-trainer to arrive at school after first period in the morning during the busy months of the Winter sports season when so many evenings are spent at school covering basketball and wrestling contests. The trainer should be free during the last period of the school day in order to prepare materials for practices, provide treatments and clear up last minute details for those teams that are traveling to away games.

The salary for a teacher-trainer is based on the appropriate step of the teacher’s guide plus a stipend for the position of athletic trainer. This stipend should be equivalent to that of the highest paid assistant since the athletic trainer serves as an assistant to every coaching staff throughout the Fall, Winter and Spring seasons.

The position of teacher-trainer is a very plausible solution to providing the school and athletic populations with a certified educator and a certified athletic
trainer. The administration must be aware that anyone in this position is subject to professional burnout due to the demands during and after the school day, non-stop for the length of the school year. Therefore, concessions such as class load adjustments, duty periods, salary and sport coverages must be logically approached and acted upon to ensure continued quality care.

OPTION #3 SUBSTITUTE ATHLETIC TRAINER

There are other options open to a school district that will provide the district with the services of a certified athletic trainer who are possibilities but not as commonly seen as is the teacher-trainer option. For example, the athletic trainer may be retained by the district as a “permanent substitute” within the high school or district. This will provide the trainer with gainful employment and may keep the individual foremost in the minds of those responsible for hiring in the district should an opening occur. The quality of the service provided will naturally suffer due to the unavailability of the trainer during the school day, but the person will be in the district and most likely can be freed in order to be at the high school in time for practice sessions.

The “substitute” trainer would receive whatever pay is contractually decided upon for substitutes, plus the stipend for athletic trainer. This position has been most successful with certified athletic trainers who are convinced that they want to eventually work within this district and are willing to tolerate some inconvenience until they are able to be hired full-time. Often when a certified athletic trainer returns to the high school that he/she graduated from, they are willing to tolerate the inconvenience of not knowing where they will be assigned because any setting may draw forth childhood memories.

OPTION #4 ADMINISTRATIVE ASSISTANT: ATHLETIC TRAINER

Depending upon the size of the district or the organizational pattern within a district, it may be possible to hire a certified athletic trainer as an assistant athletic director. The logical assignment of duties would include working closely with the coaching staffs in the ordering of equipment since most trainers learn the differences in quality and durability of a variety of sport equipment. In addition, the assistant athletic director/athletic trainer could maintain an accurate inventory of all equipment and be responsible for distribution and collection at the beginning and end of each sport season. This type of close supervision would markedly reduce the amount of lost or stolen equipment.

The assistant athletic director/athletic trainer would also be freed during the school day to provide both quality and comprehensive care to the athletic population of the school. The salary might follow the teacher/stipend route or it may be negotiated since many athletic directors are on the administrators’ salary guide rather than the teachers’ guide.

OPTION #5 NURSE’S OFFICE/ATHLETIC TRAINER

Another option open to acquire an athletic trainer in the high school setting is to hire a certified athletic trainer for routine clerical work within the high school nurse’s office. This would allow the nurse to obtain much needed assistance while at the same time make the athletic trainer accessible to the athlete during the day. The athletic trainer would be in a position of assisting with blood pressure recording, as well as vision and hearing examinations which are a regular part of the nurse’s duties. In addition, the trainer would be in a position to organize the pre-season sports physical examinations. The athletic trainer would be able to, in certain circumstances, provide the injured athletic population with treatment and exercise regimens. This could be done if the nurse’s office is large enough to accommodate such treatments, if the training room is adjacent to the nurse’s office, or if the trainer’s schedule would allow him/her to be away from the nurse’s office during the day.

The salary for such a health office aide may be negotiated. In addition, the athletic trainer would receive the stipend paid for the athletic training position. This type of position would necessitate close working relationships between the nurse’s and the athletic director’s offices in order to ensure both quality and adequate care for the athletic population of the school.

OPTION #6 PART-TIME TRAINER

A part-time trainer is someone who is certified as an athletic trainer but works at a job outside of the school district. The trainer would arrive at school near the end of the school day in order to provide coverage for practices and games. This type of option allows the school to have the services of a qualified person for on-site injury evaluation, rehabilitation exercise programs and treatments, but only during the after-school hours. This type of program limits the effectiveness of the athletic program because athletes are not able to be seen during the day which means that while they are in the training room for their treatments after school, they might be missing skill explanations, team strategies and conditioning that is being covered at practice. This places the athlete in a position of missing both the mental and physical aspects of the sport due to time restrictions. Many athletes may yield to real or imagined pressure from themselves, teammates or coaches and rush or eliminate their treatment/therapy in order to return to competition. The value of a qualified athletic trainer is the assurance that athletes return to practices physically capable of withstanding the trauma associated with athletic competition. If an athlete takes the shortcut route in his return to practice, he may later take the expressway back into the training room because he was playing with an injury that had not sufficiently healed and regained its initial strength. Placing time restrictions on the athlete and the athletic trainer may hinder the acquisition of quality care for the athlete. In this regard, the positions of part-time and teacher-trainer are similar.

The position of part-time athletic trainer is difficult to fill because there simply are not a sufficient number of certified athletic trainers who are not employed in high schools and who are in a position of being able to be released from their full-time job at two o’clock each day to arrive at school for practice. One viable possibility exists in hiring a certified athletic trainer who has retired from full-time employment, but is willing to come to school for those hours after school and during the evenings in the Winter season.

The salary for a part-time athletic trainer may be negotiated as a package or may be equal to that of the highest paid assistant coach.

OPTION #7 SPORTS MEDICINE CENTERS

If a high school is unfortunate enough to be without the services of a certified athletic trainer and fortunate
enough to be located near one of a handful of sports medicine centers across the nation, it may be possible to obtain competent, though limited, care. These sports medicine centers which are often university or hospital affiliated offer a visiting trainer program similar to the well-known visiting nurse program. These centers offer assistance to both coaches and athletic trainers on the high school level. For the high school athletic trainer, sports medicine centers work as a doctor referral service where the trainer is assured that the patient will be treated as an athlete. For the coach, a sports medicine center serves as a resource for education and a source of immediate consultation with doctors, trainers, and physical therapists who can offer suggestions and/or answer individual problems. While this does not relieve the coach’s responsibility for initial first aid, it does alleviate some of the problems of follow-up care.

An example of such a sports medicine center which provides the services of a free consulting certified athletic trainer is the Temple University Center for Sports Medicine. Upon request, athletic trainers who are employed by the Center will visit a high school to bring new techniques to the coaches and act as an educational resource. The consulting trainer follows up on any athlete seen by the physicians at the Center and serves as a link between physician/treatment and athlete/rehabilitation. The Temple Center is one of a handful of centers that practice sports medicine on a full-time basis. Some physicians or centers may hold sports medicine clinics on a part-time basis while continuing their general practice. However, comprehensive centers like the Temple programs are almost one hundred percent for sport-related injuries. While these facilities are open to the public, one of the most important aspects of a sports medicine program is that it is geared toward high schools and their athletes.

Typically, sports medicine centers are staffed by orthopedic surgeons, podiatrists, athletic trainers, physical therapists, nutritionists and exercise physiologists. The sports medicine center would also have all medical specialties available should referral be necessary. This is important to ensure continuity of medical care while maintaining comprehensive medical histories. The concept of a sports medicine center is to offer a broad spectrum of services which were formerly reserved for professional and collegiate athletes only. While the Temple University Center provides the services of certified athletic trainers at no cost to the high school, there are other such programs across the nation which may or may not be cost free.

This type of program requires a tactful deployment of the athletic trainers so as not to offend the medical practitioners within the geographical coverage of the program. The sports medicine center must provide public relations information so that there can be no misinterpretation of the scope of service provided by the athletic trainers.

OPTION #8 TRAINER ROTATION PROGRAM

The majority of secondary schools in this country do not have access to the services of a certified athletic trainer. The reasons given for not employing an athletic trainer include declining enrollment and budget cuts. An alternative to this dilemma is offered by The Institute for Medicine in Sports of Hamilton Hospital of Trenton, New Jersey. The basis for this program can be compared to that of the shared-teacher program employed by school districts. In the standard shared-teacher program, a teacher is shared by two or more schools within the district so as to provide a full teaching load or to meet special needs of students in two locations. In the program offered by The Institute for Medicine, two schools share the services of a certified athletic trainer and split the cost. Programs similar to this have been implemented elsewhere across the country, however, these programs are often too narrow in scope.

When two or more schools attempt to provide rotational coverage they are immediately faced with two glaring obstacles: 1) Which school will determine the trainer’s salary and benefits package? and 2) Where will the trainer be scheduled to provide services on any given day? In order to resolve this situation, The Institute for Medicine serves as a catalyst for the employment of the certified trainer, who is in reality employed by the Institute. The Institute and the two schools mutually agree upon a salary for the athletic trainer which is then split evenly between the schools. The Institute provides the athletic trainer with a medical benefits package for twenty-five percent (25%) of the salary agreed upon. The cost of the benefits package is also divided evenly between the two schools. This equates any disparities that may exist between the medical benefits of the two school districts. The cost of the athletic trainer’s salary and benefits package which are divided equally between the schools is paid to the Institute which in turn pays the athletic trainer and provides the coverage assigned in the benefits package.

There are several options open to decide the presence of the athletic trainer on any given day or night. The trainer may alternate whole days between schools or he/she may alternate morning and afternoon attendance at each school. For example, the trainer may be at school A on Monday morning and Tuesday afternoon and at school B on Monday afternoon and Tuesday morning. Coverage of athletic contests may be difficult and a constant source of conflict. The coverage of a game at school A would supercede coverage of a practice session at school B. When such a conflict arises, there must be an agreement to abide by a rotation system such that no one is slighted excessively.

The rotation of athletic trainers would work just as well if three schools were to retain the services of two certified athletic trainers. The presence of a hospital or medical university to act as a catalyst and to provide the medical benefits is crucial. Although not ideal in design, the trainer rotation program does allow high schools to provide care even though it cannot be comprehensive or consistent in nature.

The National Athletic Trainers Association (NATA) is an organization dedicated to the advancement, encouragement and improvement of the athletic training profession. The NATA currently has sixty-four undergraduate and nine graduate curriculums in athletic training in thirty-three states. If a high school is fortunate to be located close to one of these schools, there is another option available to obtain the services of an athletic trainer.

The sixty-four undergraduate curriculum schools cannot “loan” their student trainers to local high schools because in order for the student trainers to take the certification examination given by the NATA, the hours spent as a student trainer must be under the supervision of an NATA certified athletic trainer. Some colleges with approved curriculums will provide their student trainers with actual practical experience by placing them in high schools, but only if the high school already has an NATA certified athletic trainer on staff. This is an excellent method for the high school to

continued on page 228
Wanted: Athletic Trainers for Special Olympic Athletes

Brent C. Mangus, EdD, ATC
Ron French, EdD

Since the passage of the Rehabilitation Act of 1973 there have been more and more athletes with mental deficiencies participating in competitive sporting events. Most of these athletes are competing in the Special Olympics. To compete in the Special Olympics these athletes must have a physical examination which addresses the physical requirements to participate in competitive sports. However, these athletes many times have special needs which should be closely monitored before and during competition. The majority of the coaches working with these athletes were not trained in the area of physical education or athletic training. For this reason there is a need to have competent medical and paramedical personnel working with these athletes. The inclusion of an athletic trainer to monitor Special Olympic competitive events would not only help these athletes, but would benefit the individual athletic trainer and the profession of athletic training.

Many school districts across the nation are or will be employing athletic trainers to assist in the prevention and rehabilitation of athletic injuries. This role in the past has been exclusively related to the elite school athletes. With the passage of federal legislation this role is expanding to handicapped students who compete in various athletic events. The athlete trainer must also be knowledgeable about the treatment of these athletes. The purpose of this paper is to discuss the two federal laws involving athletic participation for the handicapped athlete and then apply the intent of these laws to the most widely known national and international sports program for these individuals, the Special Olympics.

The federal laws are Public Law 93-112 (9), The Rehabilitation Act of 1973 and PL 94-142 (10), the Education for All Handicapped Children Act of 1975. The Rehabilitation Act is considered the first federal rights law to protect the rights of handicapped individuals of all ages (1). In Section 504 of this law specific areas of physical education and athletics are specifically addressed. Some of the requirements stated in this law are:

1. In providing physical education courses, athletics, and similar programs and activities to any of its students, a recipient to which this subpart applies may not discriminate on the basis of handicap. A recipient which offers physical education courses or which operates or sponsors interscholastic, club, or intramural athletics shall provide to handicapped students equal opportunities for comparable participation in these activities.

2. Physical education and athletic activities offered to handicapped students may be separate or different from those offered to nonhandicapped students to the extent that separation or differentiation is necessary to ensure the health and safety of the students or to take into account their interests (p. 22685).

In the rules and regulations of Public Law 94-142 published in 1977, physical education was defined as:

1. Physical and motor fitness;
2. Fundamental and motor skills and patterns; and
3. Aquatics, dance, and individual and group games and sports (including intramural and lifetime sports).

Appenzeller (1) stated that with the passage of these two laws there will be an increasing number of students with handicapping conditions participating in sports and a concurrent rise in litigation. One area of litigation will relate to athletic injuries and the school responsibility to plan and supervise the athletic programs for these individuals in the same manner as the elite school athletes.

During the 1980's there has been increased participation in recreational and competitive sporting activities by those individuals who are mentally retarded. As more teachers of mentally retarded people realize the benefits of physical exercise and participation in sport for this population there will be increasing opportunities for the mentally disabled in sport and recreation. Many of these sports participants will have a secondary handicapping condition such as, seizure disorders, hyperactivity, and cardiorespiratory deficiencies.

One of the major organizers of sport for the mentally retarded population is the Special Olympics Inc. which was established in 1968. Today there are over two million athletes in the program participating in all 50 states and 50 foreign countries. Each year there is an increase in the local and state competitions of Special Olympics. Geographically, more states expand their programs and an increasing number of countries become involved each year. Concurrently, the number of participants will continually increase as new sports competitions are included. With the growth of this program, there becomes an increased need for competent medical supervision which includes the prevention and care of sports injuries for this population.

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Dr. French is currently an associate professor of Special Physical Education at Texas Women's University, Denton, Texas.
Special Olympics Medical Requirements

The Special Olympics Foundation requires each athlete participating in a Special Olympics sponsored competition to have a current medical/physical examination. This examination can be completed by a physician or a nurse. The only medical information required by the Special Olympics Inc. is the type of medication that the athlete is presently taking or requires on a daily basis. However, participation in the Special Olympics by athletes with Down’s Syndrome, who represent approximately 17% of the athletes, does require a more extensive medical evaluation (4). The possibility of an atlantoaxial dislocation in the Down’s population prompted the Special Olympics to require these athletes to obtain complete x-rays with views of full extension and flexion of the neck (11). The attending physician then must complete a release statement before the Down’s Syndrome athletes can train or compete in specific activities. The contraindicated activities for Down’s Syndrome athletes with a possibility of atlantoaxial dislocation include: gymnastics, diving, butterfly stroke in swimming, diving start in swimming, high jump, pentathlon, soccer, and any warm-up exercises placing pressure on the head and neck muscles.

Maxwell (8) pointed out that many of the Special Olympic athletes are receiving their medical examinations by nurses because of the cost involved to the participants when they go to a physician for this examination. The authors of this manuscript have witnessed medical examinations completed by physicians that are generally or sometimes cursory in nature. That is, the physician may listen to the athlete’s heart, look down the throat, and sign the medical release form. As a result of this type of physical examination given to these athletes there is an indication that a competent athletic trainer be part of the medical team at Special Olympic competitions. These athletes also have medical needs before, during, and after their training and competitive participation. The coaches that are doing the actual coaching of these athletes are many times Special Education teachers who have not had a first aid or a physical education course. The teachers and coaches of these athletes are not always aware that these athletes suffer sports injuries and have special medical needs due to their individual disabilities.

Precautions

In addition to being mentally disabled many of these athletes who are mentally retarded have a secondary physically disabling condition athletic trainers should be aware of when assisting in Special Olympic competitions. A good example of this is the athlete with Down’s Syndrome. It is estimated that 50% of this population have a congenital heart defect (7). Some of the more common heart defects in this population include; large cusion septal defect, atroventricularis communis, and tetralogy of Fallot. There have been other congenital heart defects discovered in this population, however the aforementioned deficits are most common. Starek (12) recommended that these and other congenital heart diseases in the postoperative stage should be dealt with on an individual basis. The inclusion of these athletes into strenuous and/or nonstrenuous sporting activities should be done on a discretionary basis by the individual’s physician. The problem is that many of these athletes do not receive medical advice from their individual physician before practice sessions and competition begins, leaving the decision of participation up to the coach.

Another physical disability associated with these athletes is seizure disorders. The athlete with diagnosed seizure disorders in most cases will be taking some type of anticonvulsive medication. Many of the competitive events the athletes participate in require an overnight stay. This brings about different problems with the athlete being administered the medication. At times the athlete will forget to bring the medication home or will forget to take the medication while competing.

Athletic trainers working as part of the medical team at a Special Olympics competition should be aware of this and be knowledgeable in the care of a person during and after a seizure. Assist the person to the ground if possible, roll the individual on the side so that any discharge from the mouth or nose will exit the body quickly and the tongue will not fall back into the throat. Next, protect the person from injury. Do not try to hold the person during the convulsion. Move any hard object that might accidently injure the athlete. Monitor respirations and heart rate after the convulsion has ceased. Make every attempt to protect the person from public embarrassment. The person should be taken to a medical facility. If the person has seizures regularly and is taking medication for the disorder, let the person rest and inform the coach or parent what has transpired (5).

Injuries Common to Special Olympics Competition

Some of the common sports injuries suffered by mentally retarded athletes were outlined by Birrer (3). Injury reports were kept over a three year period on a total of 2,056 Special Olympic athletes during competitive participation. The injuries reported were comparable to an athletic competition of intellectually normal participants. In this report 2.8% of the competitive athletes sustained injuries that were evaluated by an attending physician to be mild to moderate in severity. There were no injuries requiring hospitalization. Many of the injuries were due to environment, i.e. heat cramps, fatigue, exhaustion, and sunburn. Being aware of the environmental conditions is not only important at summer games competitions but also during winter games competitive activities. According to Hage (4) preparation for cold weather must be a major consideration for disabled athletes. The possibility of frostbite, hypothermia, and circulatory impairment needs to be constantly monitored in the athletes. Those athletes that have physically disabling conditions which accompany mental retardation have an increased probability for this type of injury due to the loss of sensation in the affected body part.

Conclusion

As Bedo, Demlow, Moffit, and Kopke (2) stated related to their observations of one International Special Olympics competition,

By and large the pattern of injuries was similar with the exception of those caused by the competitors’ underlying conditions. This is why, from the point of view of the responsible medical team, we could not consider them just like any other kids except a little slower. We had to be prepared to anticipate difficulties and be ready to treat them in a hurry. Any major mishap could cause a severe setback to this splendid program (p. 56).

We, as athletic trainers, should be aware that these athletes sprain the same ligaments and sustain injuries to the same tissues as our varsity athletes. The severity

continued on page 259
Free Weights: A Review Supporting Their Use in Training and Rehabilitation

Larry J. Nosse, MA, PT, ATC
Gary R. Hunter, PhD

Various strengthening modalities are compared and contrasted. The review reflects a bias in favor of free weights at selected phases of training and rehabilitation. It is suggested that isokinetic strengthening equipment is less effective since it does not include eccentric loading and does not duplicate the force-position curve for each movement and each individual. Isokinetic movements were found to be inferior to isotonic at every speed with the exception of slow, which resulted in equal strength gain. Free weights are felt to have an advantage in developing specific usable strength and neuromuscular coordination. The main advantages in isotonic equipment use for rehab are the multiple movement direction potential, the eccentric muscle contraction, and the offering of a known resistance for better control.

Manufacturers of the newer machines for strengthening (Cybex, Nautilus, Orthotron, Universal, etc.) have invested a great deal of time and effort advertising their "latest and best" machines. Those of us involved in strengthening and rehabilitation fields have been subjected to many forms of this advertising. Much of the glamour of the new devices, however, may be based more upon potential benefits than upon independently demonstrated benefits compared to traditional strengthening modes. The following review focuses on the point that, as yet, there is insufficient evidence to conclude that the use of strengthening machines result in superior performance, fewer injuries or shortened rehabilitation periods compared to traditional weight strengthening. The initial part of the review deals with the functional morphological benefits which can increase performance capacity and prevent injury. The latter section discusses free weight use in the rehabilitation of the injured athlete.

Resistance Training for the Healthy Athlete

Specific strength development is certainly one important aspect in improving performance capacity for many athletes. Companies that produce isokinetic and variable resistance apparatus advertise their equipment as superior to other methods in developing strength. However, both isokinetic and variable resistance apparatus may have serious limitations. First, research indicates eccentric training may cause more hypertrophy than concentric training (11, 17). This might in part explain why researchers, coaches, and athletes have indicated for years that eccentric contractions may be important in developing strength. Research in the Russian literature (8) and by others (1) indicates this may be the case. With one exception, isokinetic training apparatus does not include eccentric loading.

All variable resistance apparatus cause the resistance to change throughout the range of motion (via cams or changing lever arm, etc.). The manufacturers maintain that the changing resistance duplicates the force-position curve for each movement. This accomplishment is, for all practical purposes, impossible. Many things affect force-position curves, for example, the ratio of the length of segments that make up a joint, the point of insertion of the working muscle, the speed at which the movement is performed. In order for the force-position curve to be duplicated it would mean a separate machine would have to be built for each person, and for many different conditions. It may be possible to build a machine that approximates the "average" force-position curve. However, to our knowledge, no manufacturer has provided scientifically satisfactory evidence that his equipment is even related to the various force-position curves. In fact, recent research comparing strength position curves of college subjects with the machine torque position curves of one major variable resistance device found that the machine torque curve is very dissimilar to appropriate subject strength position curves on several machines. In several instances machine torque was increasing while strength was decreasing demonstrating almost opposite shaped curves. In addition, there was a large degree of variability between subjects. This substantiates the view that manufacture of one variable resistance machine for all users may be a more difficult matter than originally thought (7).

The scientific literature on the development of strength has largely been inconclusive, indicating no advantage in variable resistance or isokinetic training over isotonic training. Several authors have found that slow isokinetic and isotonic training are similar in the
development of strength (6,9,10) while fast isokinetic movements have been found inferior to isotonic movements in the development of strength (6,30). In addition, Meadors et al. (22) and Stevens (30) found moderate speed isokinetic to be inferior to isotonic exercise in the development of strength. Waltham (34) compared strength development on a pseudo-isokinetic device to isotonic training and found that the isotonic group improved the most when testing was done isokinetically but no difference was seen in strength improvement when testing was done isokinetically. The only study the authors are aware of that show isokinetic exercise in a positive light when compared to isotonic exercise is by Pipes and Wilmore (24). However, Wilmore has raised doubts about the validity of the findings after reanalyzing the data (35).

Coleman (4) and Sanders (28) both found no difference in development of strength when isotonic and variable resistance training programs were compared, while Pipes (23) indicated that strength improvements were greatest when tested on the modality the subjects trained. Finally, Stone (32) and Stone and Atha (1) found constant resistance training to be superior to variable resistance training devices in the development of strength.

It would be very difficult to claim that these studies favor either isokinetic or variable resistance over isotonic strengthening exercise. In fact, the reverse hypothesis may be slightly favored.

**Specificity**

At the beginning of this discussion of strength development, we qualified strength development with the term “specific”. Obviously, athletes want to develop usable strength, and it must be usable in the specific sport movements important for each athlete. Free weights are often felt to have an advantage in developing specific strength (6,31). Several arguments follow that we feel help substantiate this statement.

It is well recognized that increases in strength are specific to muscle length (1). Since many of the important large muscles of the body cross two joints (triceps, rectus, femoris, gastrocnemius, etc.) their muscle length will be influenced by both their proximal and distal joint positions. Thus, it is very important that some attention be made to position at joints immediately proximal or distal to joints where movement occurs. Most machine systems offer only one or two potential movements per major muscle. These may or may not incorporate the needed joint positions. A free weight system allows the freedom to select exercise that will encompass the correct joint positions.

Movement in most sports does not occur at only one joint at a time. Movement occurs multi-segmentally. In all probability, greater improvement in strength for multi-segment movements will be obtained when training multi-segment movements (8). It is also much more efficient in use of time to train muscles in multisegments as opposed to each joint separately. Many of the various machine companies focus predominantly on single segment movements. Most of the mainstay movements used in free weight training are multi-segment exercises (squats, cleans, deadlifts, etc.).

Finally, muscles that stabilize joints and are active in balance also need to be trained. For strong action to take place at a joint, adjoining segments must be fixed very strongly. Training the movers at one joint is useless unless the stabilizers at surrounding joints are also trained to insure a stable base for movement. Machines use some form of guidance system that limits the movement to only one plane. In addition, surrounding joints are often fixed so that movement can only take place at one joint. This may result in decreased development of neuromuscular coordination and strength improvement in stabilization muscles (32). Free weight exercises are not limited to one plane and the exerciser must use muscular force to stabilize non-moving segments.

**Power**

The ability to generate power is also an important component in many sports.

Since both force and velocity influence power (P = FxV) it is important that in any discussion of differences in power output between athletes or changes in power output due to training, either force or velocity is fixed. Power output is quite specific to the relative velocity or force (16). In comparing two athletes, or the same athlete at different times, it is obvious that wrong conclusions may be reached if comparisons are not made at similar velocities or forces.

Recent research indicates that training adaptations are probably at least partially specific to the velocity at which training occurs (5,14,15,19). For training to be most specific, it would be best to have the greatest changes in force and thus power occur at velocities or resistances that will occur in the athlete’s sport. This approach at first would seem to favor isokinetic or constant velocity exercise, since an athlete could choose a velocity for training that is similar to the velocity inherent in his sporting movement. Human movement, however, does not normally occur with constant velocity. Humans are constantly accelerating and decelerating their various segments. In fact, in much high velocity movement, the segments move ballistically and little or no muscular action is occurring during inertial phases. Acceleration thus is an important factor in many sport movements. Isokinetic resistance prevents acceleration by definition (although it does not do this entirely at high speeds, little resistance will occur during these periods of high acceleration) and variable resistance limits the ability to accelerate by increasing resistance. Acceleration is much more easily performed with free weight exercise. Although free weight exercise is often called isotonic or constant tension exercise, it is in reality not. Leverage changes, length tension variations, and changing bar velocity (acceleration) all act to vary the tension. If an athlete attempts to accelerate a bar through a joint’s full range of motion, the athlete is able to accelerate the bar more in his strong leveraged positions (8). Athletes will also likely accelerate to a much greater extent at strong leverage points when performing typical sporting movements like jumping, throwing, etc. The free weight system enables us to accommodate to differences in our force position curves by changes in velocity, thus, creating a condition in which the resistance will always match the effort in a fashion not unlike sporting movements.

One final point for the development of both power and strength, to be discussed, is the concept of variability in training. There is a large body of empirical knowledge both in the United States and Russia to indicate that variability in intensity, volume, and exercises performed is necessary for progress to continue over long periods of time (8). This variability needs to encompass many exercises of varying degrees of specificity. As mentioned before, only a very limited number of movements are available for each muscle group with any kind of machine system. Free weight systems provide a very wide selection of exercises of varying specificity.
Rehabilitation

The purposes of this section of the paper are to call attention to the phases of the rehabilitation process and identify the place of free weights as a strengthening mode within the process. While the previous discussion was directed toward strength building in the normal individual this part addresses strength building after injury or surgery. The key points are based upon lower limb rehabilitation suggestions but they are generally applicable to other body areas.

Rehabilitation of a limb post soft tissue injury or following surgery covers many activities which take place over an extended time span. This time span can be divided into stages. It is our wish to limit our views to methods used to progressively increase functionally useful strength.

Table 1 summarizes a typical strengthening progression of an injured limb (no surgery).

<table>
<thead>
<tr>
<th>Table 1</th>
<th>General Progression for Strengthening in Non Surgical Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rehabilitation Stages</td>
<td>Strengthening Modes</td>
</tr>
<tr>
<td>Advanced</td>
<td>Unrestricted free weights for overall strengthening (18)</td>
</tr>
<tr>
<td></td>
<td>Resistive machines for specific muscle groups (12)</td>
</tr>
<tr>
<td></td>
<td>Isokinetics for specific muscle groups at all speeds (29)</td>
</tr>
<tr>
<td>Intermediate</td>
<td>Moderate free weights (21)</td>
</tr>
<tr>
<td></td>
<td>High speed isokinetics maximal effort (33)</td>
</tr>
<tr>
<td></td>
<td>Various traditional strengthening machines (33)</td>
</tr>
<tr>
<td>Late Acute</td>
<td>Light free weights (27)</td>
</tr>
<tr>
<td></td>
<td>Elastic straps (26)</td>
</tr>
<tr>
<td></td>
<td>High speed isokinetics, less than maximal effort (13)</td>
</tr>
<tr>
<td></td>
<td>Manual resistance (13)</td>
</tr>
<tr>
<td>Early Acute</td>
<td>Active assistive exercise (33)</td>
</tr>
<tr>
<td></td>
<td>Isometrics (20)</td>
</tr>
</tbody>
</table>

When there has been surgical reparation to a body part the strengthening progression is modified to allow healing. An extracapsular repair requires less time to go through the rehabilitation process than intracapsular procedures. Likewise a closed arthroscopic surgical procedure is less traumatic than an open surgical procedure to accomplish a comparable repair (25). As can be seen in Table 2 even though there is a duration difference, the process is similar in progression.

The two tables identify the common use of free weights in intermediate and advanced rehabilitation stages. Isokinetic devices are depicted as being appropriate in the same stages. In our opinion, free weights offer several advantages over isokinetic exercise during these stages particularly where intracapsular surgical procedures were performed.

First, the multiple movement direction potential discussed in the earlier section of the paper may be equally important for rehabilitation. Strength should be increased in two joint muscles over a range of motion that includes different joint positions at all involved joints and stabilizing muscles should also be strengthened (or at least maintained or they may become injury prone).

Second, if as indicated earlier, hypertrophy of skeletal muscle is facilitated when strong eccentric contractions are included in the training program of normal muscle, perhaps muscle growth may also be facilitated in atrophied muscle by strong eccentric contractions when healing permits such overloading. Currently only one very expensive isokinetic apparatus provides an eccentric mode.

Finally, free weights offer a known resistance. Subject effort is controllable assuming velocity is fixed within reasonable limits. Isokinetic devices have been reported to cause exacerbations because of uncontrollable subject

Table 2

<table>
<thead>
<tr>
<th>Table 2</th>
<th>General Progression for Strengthening in Post Surgical Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rehabilitation Stages</td>
<td>Strengthening Modes</td>
</tr>
<tr>
<td>Advanced</td>
<td>Unrestricted free weights for overall strengthening (12)</td>
</tr>
<tr>
<td></td>
<td>Resistive machines for specific muscle groups (12)</td>
</tr>
<tr>
<td></td>
<td>Isokinetics for specific muscle groups at all speeds (29)</td>
</tr>
<tr>
<td>Intermediate</td>
<td>Moderate free weights (21)</td>
</tr>
<tr>
<td></td>
<td>High speed isokinetics moderate effort (27)</td>
</tr>
<tr>
<td>Intermediate</td>
<td>Light free weights (3)</td>
</tr>
<tr>
<td></td>
<td>Elastic straps (27)</td>
</tr>
<tr>
<td></td>
<td>High speed isokinetics, minimal effort level (13)</td>
</tr>
<tr>
<td>Late Acute</td>
<td>Manual resistance (13)</td>
</tr>
<tr>
<td></td>
<td>Active movements in controlled ranges (27)</td>
</tr>
<tr>
<td>Early Acute</td>
<td>Assisted movements in controlled ranges (3)</td>
</tr>
<tr>
<td></td>
<td>Isometrics (2)</td>
</tr>
</tbody>
</table>

In summary, it must be remembered that many movements are not easily trained without the use of some form of weight machine (i.e. knee extensions, knee curls, latissimus machine pull downs). In addition, isokinetic apparatus offers the opportunity to choose speeds of contraction that are specific to segment speeds in particular sports. This may be a positive feature in sports in which little or no segment acceleration generally occurs. Finally, the intermediate and later stages of rehabilitation may incorporate isokinetic exercise if done judiciously.

However, a large amount of empirical and research knowledge indicates the importance of free weight training for the healthy and recuperating athlete. This
must be considered when equipping facilities and developing training and rehabilitation programs for athletes.

References


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Fall 1985 • Athletic Training 209
Standards and Norms of Fitness and Flexibility in the High School Athlete

Stephen C. Hunter, MD
William C. Etchison, MS
Brian C. Halpern, MD

Conditioning and fitness have become essential to performance in competitive sports. Endurance, quality of performance, and decreased risk of injury all improve in the properly conditioned athlete. The problem now is determining who is fit; and to this end, we will mainly be focusing on motor performance, with reference to flexibility and body composition. Body composition is an important parameter since increased body fat impedes the athlete's performance (8).

The initial performance work began in the schools and focused on calisthenics and gymnastic activities designed to improve muscle strength and flexibility (13). One of the first large scale tests, the American Alliance for Health, Physical Education, and Recreation Youth Fitness Test of 1958 (1,9) incorporated sit-ups, pull-ups, a run, a standing broad jump, and a softball throw to evaluate muscle strength, endurance, speed, power, agility, and cardiorespiratory endurance. In 1980 the test was revised as the American Alliance for Health, Physical Education, Recreation and Dance Health-Related Physical Fitness Test (2). Less emphasis was placed on motor performance, concentrating instead on muscular strength, endurance, cardiorespiratory fitness, flexibility and body composition through sit-ups, a run, sit and reach, and skinfold measurements.

The purpose of the present project is to develop standards and norms of fitness and flexibility in the high school athlete only, rather than in the entire population of preadolescents and adolescents. With this information, we anticipate the ability to project an athlete's capabilities and weaknesses. Performance physiologists, likewise, have studied small segments of the population and developed tests of relevance in assessing performance and fitness, with hopes of establishing some standards.

Traditional reference standards involve a large number of individuals and calculations of percentiles for each test item, such that one could compare individual scores with the norms. This method is more appropriate for athletic fitness tests, as we are doing, than for application as a test for health fitness (4). When the desired goal is good health, not maximal performance, criterion reference standards may be better (3,4,10).

The goal of this study is to develop a program capable of screening large numbers of athletes that will produce accurate data. This data can be tabulated to develop standards and norms of fitness and flexibility. Comparing individual performance to these tables will allow athletes and trainers to work toward specific goals and conditioning. Also, athletes with marked deficiencies can be detected and directed away from sports that would be excessively hazardous due to the athlete's weaknesses.

Materials and Methods

The annual screening physicals for area high school athletes provided a vehicle for performing this study. Using the parameters of this study 2,774 exams were performed from 1982 to 1983. The athletes ranged from 12 to 18 years old and were screened for all sports. Twelve different measurements done in a station-to-station manner produced data for tabulation. All testing was monitored and controlled to a critical standard of performance. Physical therapists, trainers, and physiologists scored and recorded the data.

Passive measurements were documented first. Quadriceps girth was determined bilaterally by a circumferential reading at seven inches above the joint line. With the athlete supine flexibility of the hamstring was determined by measuring the angle of knee contracture with the hip flexed and held at 90 degrees. Heel cord flexibility, likewise, measured with a goniometer, was noted in degrees of active dorsiflexion of the ankle with the leg extended and the athlete supine. The athlete's height in inches and weight in pounds were also documented.

Somatic measurements included the bony diameter of the wrist which was determined with a caliper, and body fat calculations. Skinfold measurements of the arm, chest and abdomen in male and arm and hip in female, were applied to standard nomograms to give the body fat scores (11,12).

Several methods of standard strength testing were performed (6,7). Grip strength was measured by using a Jamar hand dynamometer®. This tested absolute strength by applying a force to an immovable object. Reverse hand chin-ups and parallel bar dips were both done to grade relative strength. Females were asked to do bent arm hangs instead of chin-ups. These tests determine strength in moving body weight.

Relative muscular endurance was tested by doing timed sit-ups. The athlete was given 60 seconds to do as many sit-ups as possible. A sit-up was done with hands behind the head and knees flexed, with the feet fixed or held by another student.

Vertical jumping measured explosive muscle function or relative power. This is defined as the force of moving body weight quickly. These are good parameters to determine an athlete's capabilities. With these guidelines in mind, this study attempts to collect enough data on adolescent male and

*(Asimow Engineering Company, Los Angeles, California)
female athletes to develop basic standards and norms of fitness and flexibility.

Results

The passive measurement data (Table 1) revealed that quadriceps girth was generally greater in male athletes and tended to increase with age. Quadriceps girth in female athletes remained virtually constant throughout the age ranges. Flexibility of the hamstrings tended to increase with age in male athletes and remained fairly constant in females. The female athletes demonstrated greater flexibility than the males. Heel cord flexibility did not vary significantly with age in both sexes. There was no difference in the degree of flexibility between males and females. Females tended to maintain the same height and weight, while males averaged five inches of growth and forty pounds of added weight over the six year span.

Wrist diameter measurements (Table 2) for skeletal age remained constant in the females and increased slightly in the males. As expected, the females had a higher percentage of body fat than the males; however, the scores tended to remain constant within each sex. Thus, the general increase in body weight in males indicates an increase in lean body mass during growth. Yet the scores for bent arm hangs show a significant increase. Power measurements increased in the males and remained constant in the females, while endurance measurements remained constant in both sexes.

Discussion

The fitness factors (Table 4), or scores of strength per pound of body weight, reflect the overall findings that strength in males increases in the adolescent growth spurt and remains constant in females.

Table 1: Average Passive Measurements

<table>
<thead>
<tr>
<th>AGE</th>
<th>NO.</th>
<th>HEIGHT (inches)</th>
<th>WEIGHT (pounds)</th>
<th>QUADRICEPS GIRTH (inches)</th>
<th>HAMSTRING FLEXIBILITY (degrees of flexion)</th>
<th>HEEL CORD FLEXIBILITY (degrees of dorsiflexion)</th>
</tr>
</thead>
<tbody>
<tr>
<td>MALES</td>
<td>12</td>
<td>11</td>
<td>63.8</td>
<td>114.6</td>
<td>16.1</td>
<td>17.4</td>
</tr>
<tr>
<td>13</td>
<td>117</td>
<td>126.0</td>
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<td>17.8</td>
<td>21</td>
<td>20</td>
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<td>14</td>
<td>351</td>
<td>135.0</td>
<td>17.9</td>
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<tr>
<td>15</td>
<td>135</td>
<td>144.7</td>
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<td>18.5</td>
<td>20</td>
<td>19</td>
</tr>
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<td>16</td>
<td>550</td>
<td>151.1</td>
<td>19.3</td>
<td>18.7</td>
<td>19</td>
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<td>18</td>
<td>85</td>
<td>152.3</td>
<td>18.8</td>
<td>18.8</td>
<td>18</td>
<td>19</td>
</tr>
<tr>
<td>FEMALES</td>
<td>12</td>
<td>16</td>
<td>60.7</td>
<td>105.3</td>
<td>17.4</td>
<td>17.3</td>
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<td>13</td>
<td>40</td>
<td>116.7</td>
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<td>14</td>
<td>186</td>
<td>119.2</td>
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<td>124.2</td>
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<td>127.7</td>
<td>18.3</td>
<td>18.3</td>
<td>16</td>
<td>17</td>
</tr>
</tbody>
</table>

Table 2: Average Somatic Measurements

<table>
<thead>
<tr>
<th>AGE</th>
<th>WRIST DIAMETER (inches)</th>
<th>BODY FAT (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>males</td>
<td>females</td>
</tr>
<tr>
<td>12</td>
<td>5.6</td>
<td>4.9</td>
</tr>
<tr>
<td>13</td>
<td>5.6</td>
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<tr>
<td>14</td>
<td>5.7</td>
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<td>15</td>
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<tr>
<td>16</td>
<td>5.8</td>
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</tr>
<tr>
<td>18</td>
<td>5.7</td>
<td>5.1</td>
</tr>
</tbody>
</table>

Measurements of grip strength (Table 3) were greater in males than in females. The males' scores tended to increase with age, while the females' scores increased in the early years and then leveled off. Both chin-up and dip measurements for relative strength increased in the males. The dip scores remained constant in the females, dentally rediscovered. Females in their adolescent years are apparently mature as far as increases in growth and strength are concerned. Males, on the other hand, show considerable changes in size and strength during this time. Thus, the question arises as to whether conditioning can change these scores significantly. Assuming, however, that an athletic population is already working at a high level of performance, these scores are probably a true reflection of the inherent physical ability of the individual. Surely areas of deficiencies could be corrected, but the overall capability of the athlete is probably a fixed value.

One other thought comes to mind regarding conditioning. Reservations have been voiced in the past regarding the intense training of the growing athlete. The findings of this study indicate that the female athlete can probably train harder at an earlier age than can the male athlete, who, because he is still growing, could alter his growth potential by excessive training.

We must determine if appropriate training during the
Table 3. Average Strength, Endurance and Power Measurements

<table>
<thead>
<tr>
<th>AGE</th>
<th>MEASUREMENT:</th>
<th>POUNDS</th>
<th>NO. (SECONDS)</th>
<th>NO. NO. IN 60 SECONDS</th>
<th>INCHES</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>WOMEN TEST:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>GRIP STRENGTH</td>
<td>R</td>
<td>L</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>CHIN-UPS</td>
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The period of an athlete's growth and strength development can increase that athlete's ultimate potential. In addition, other areas of fitness need attention. Plans are being instituted to add tests for reflexes, agility, and speed to the athletic screening program. With this information, not only can the athlete's general condition be calculated, but some athletes can be directed into skill positions that are most suited to their capabilities.

Table 4: Fitness Factor (Strength/Body Weight) For Athletes Twelve Through Eighteen Years

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References


37th Annual Meeting
Las Vegas Nevada

212 Athletic Training • Fall 1985
Annual Survey Of Football Injury Research 1931 - 1984

Frederick O. Mueller, Ph.D.
Chairman, American Football Coaches Committee on Football Injuries
and
Richard D. Schindler
Assistant Director of the National Federation of State High School Associations
Prepared For:
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National Collegiate Athletic Association, Shawnee Mission, Kansas
The National Federation of State High School Associations, Kansas City, Missouri
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Submitted February, 1985

Section I
INTRODUCTION

In 1931 the American Football Coaches Association initiated the First Annual Survey of Football Fatalities. The original survey committee was chaired by Marvin A. Stevens, M.D., of Yale University, who served from 1931-1942. Floyd R. Eastwood, Ph.D., Purdue University, succeeded Dr. Stevens in 1942 and served through 1964. Carl S. Blyth, Ph.D., University of North Carolina at Chapel Hill, was appointed in 1965 and served through the 1979 football season. In January 1980, Frederick O. Mueller, Ph.D., University of North Carolina at Chapel Hill, was appointed by the American Football Coaches Association and the National Collegiate Athletic Association to continue this research under the new title, Annual Survey of Football Injury Research.

The primary purpose of the Annual Survey of Football Injury Research is to make the game of football a safer and, therefore, a more enjoyable sport activity. Because of these surveys, the game of football has realized many benefits in regard to rule changes and improvement of equipment.

Data Collection
Throughout the year, upon notification of a suspected football fatality, immediate contact is made with the appropriate officials (coaches, administrators, physicians, trainers). Pertinent information is collected through questionnaires and personal contact.

Football fatalities are classified for this report as direct and indirect. The criteria used to classify football fatalities are as follows:

Direct — Those fatalities which resulted directly from participation in football.

Indirect — Those fatalities which are caused by systemic failure as a result of exertion while participating in football activity or by a complication which was secondary to a non-fatal injury.

In several instances of reported football fatalities, the respondent stated the fatality should not be attributed to football. Reasons for these
Statement are that the fatality was attributed to physical defects that were unrelated to football injuries.

Dr. Mueller compiled and prepared the survey report on college, professional, and sandlot levels, and Mr. Richard D. Schindler of the National Federation of State High School Associations assumed complete responsibility for collecting and preparing the senior and junior high school phase of the study. Sandlot is defined as non-school football, but organized and using full protective equipment.

At the conclusion of the football season, both reports are compiled into this Annual Survey of Football Injury Research. This report is sponsored by the American Football Coaches Association, the National Collegiate Athletic Association, and The National Federation of State High School Associations.

Acknowledgements

This 1984 report was compiled with the assistance of executive officers, high school and college coaches, athletic directors, school administrators, physicians, a national newspaper clipping agency, and professional associates of the authors. Dr. Carl S. Blyth served as a consultant for the 1984 report.

Section II

SUMMARY

1. Six fatalities were directly related to football during the 1984 season. Four of the direct fatalities occurred in high school, one in college and one in sandlot. (Table I).

2. The incidence of direct fatality injuries is very low on a 100,000 player exposure basis. For the approximately 1,575,000 participants in 1984, the number of direct fatalities was .38 participants per 100,000 players.

3. The incidence of direct fatalities in high school and junior high school football was .30 participants per 100,000 players. The incidence of direct fatalities in college was 1.33 participants per 100,000 players. (Table III)

4. Most direct fatalities usually occur during regularly scheduled games, but during the 1984 season two direct fatalities occurred in games and four in practice.

5. The 1984 survey shows that of six direct fatalities two occurred in August, three in September, and one in October.

6. The major activities in football would naturally account for the greatest number of direct fatalities. In 1984 two players were injured on defensive play tackling, and the activity of four was unknown. The four listed as unknown collapsed on the field or sideline and a specific activity could not be identified. (Table V)

7. In 1984 all six of the direct fatalities resulted from injuries to the head. (Table VI)

8. In many cases football cannot be directly responsible for fatal injuries (heat stroke, heart failure and so forth). In 1984 there were three indirect fatalities. All three of these were the result of heat stroke. All of the indirect fatalities were associated with high school football. (Table VIII)

The 1984 research continues the trend for fewer football fatalities when compared to fatality data collected for the past 25 years. Progress has been made and an all out effort must be made to continue this trend and to avoid another rise in direct fatalities.

Head and Neck Injuries

Past efforts that were successful in reducing fatalities to the level indicated in the 1979 and 1983 data should again be emphasized. Rule changes for the 1976 football season which eliminated the head as a primary and initial contact area for blocking and tackling is of utmost importance. Since 1960 most of the direct fatalities have been caused by head and neck injuries. The 1984 survey shows that all six of the direct fatalities were due to head and neck injuries. The 1984 survey shows that all six of the direct fatalities were due to head and neck injuries.

Section III

DISCUSSION AND RECOMMENDATIONS

The 1984 survey shows that all six of the direct fatalities were due to head and neck injuries.

TABLE I

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<th>Year</th>
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** Totals 170 75 576 78 899**

*No study was made 1942.

**Yearly totals available from past reports.
fatalities resulted from injuries to the head. We must continue to reduce head and neck injuries.

Several suggestions for reducing head and neck injuries are as follows:

1. Athletes must be given proper conditioning exercises which will strengthen their necks so that participants will be able to hold their heads firmly erect when making contact.

2. Coaches should drill the athletes in the proper execution of the fundamentals of football skills, particularly blocking and tackling.

3. Coaches and officials should discourage the players from using their heads as battering rams when blocking and tackling. The rules prohibiting spearing should be enforced in practice and in games. The players should be taught to respect the helmet as a protective device and that the helmet should not be used as a weapon.

4. All coaches, physicians, and trainers should take special care to see that the player’s equipment is properly fitted, particularly the helmet.

5. When a player has experienced or shown signs of head trauma (loss of consciousness, visual disturbance, headache, inability to walk correctly, obvious disorientation, memory loss), he should receive immediate medical attention and should not be allowed to return to practice or game without permission from the proper medical authorities.

Another important effort has been and continues to be the improvement of football protective equipment under the guidance of the National Operating Committee on Standards for Athletic Equipment (NOCSAE). The NOCSAE organizations continue their research on improving helmets for football. It is imperative that old and worn equipment be properly renovated or discarded and continued emphasis be placed on developing the best equipment possible. Manufacturers, coaches, trainers, and physicians should continue their joint and individual efforts toward this end.

The authors of this research are convinced that the current rules which eliminate the head in blocking and tackling, the helmet research conducted by NOCSAE, excellent physical conditioning and proper medical supervision have played the primary role in reducing fatalities and serious head and neck injuries in football.

**Heat Stroke**

A continuous effort should be made to eliminate heat stroke deaths associated with football. Since the beginning of the survey through 1959 there were five cases of heat stroke deaths reported. From 1960 through 1984 there have been seventy-three heat stroke cases which resulted in death (Table IV). Since 1974 there has been a dramatic reduction in heat stroke deaths with the exception of 1978 when there were four. Three deaths were caused by heat stroke in 1984. All coaches, trainers, and physicians should continue their efforts toward eliminating athletic fatalities which result from physical activity in hot weather.

Heat stroke and heat exhaustion are prevented by careful control of various factors in the conditioning program of the athlete. When football activity is carried on in hot weather, the following suggestions and precautions should be taken:

1. Each athlete should have a complete physical examination with medical history and an annual health history update. History of previous heat illness and type of training activities before organized practice begins should be included.

2. Acclimatize athletes to heat gradually by providing gradually increased practice sessions for the first seven to ten days and other abnormally hot or humid days.

3. Know both the temperature and the humidity since it is more difficult for the body to cool itself in high humidity. Use of a sling psychrometer is recommended to measure the relative humidity and anytime the wet-

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**TABLE II**

Fatalities: Indirectly Due to Football - 1931-1984*

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* No study was made 1942.
**Yearly totals available from past reports.
bulb temperature is over 78 degrees practice should be altered.

4. Adjust activity level and provide frequent rest periods. Rest in cool, shaded areas with some air movement and remove helmets and loosen or remove jerseys. Rest periods of 15-30 minutes should be provided during workouts of one hour.

5. Provide adequate water replacement during practice. Water should always be available and in unlimited quantities to the athletes. GIVE WATER REGULARLY.

6. Salt should be replaced daily and liberal salting of the athletes’ food will accomplish this purpose. Coaches should not provide salt tablets to athletes while they practice. Attention must be directed to water replacement.

7. Athletes should weigh each day before and after practice and weight charts checked in order to treat the athlete who loses excessive weight each day. Generally, a three percent body weight loss through sweating is safe, and a five percent loss is in the danger zone.

8. Clothing is important and a player should avoid use of long sleeves, long stockings, and any excess clothing. Never use rubberized clothing or sweatsuits.

9. Some athletes are more susceptible to heat injury. These individuals are not accustomed to work in the heat, may be overweight, and may be the eager athlete who constantly competes at his capacity.

10. It is important to observe athletes for signs of heat illness. Some trouble signs are nausea, incoherence, fatigue, weakness, vomiting, cramps, weak rapid pulse, flushed appearance, visual disturbances, and unsteadiness. If heat illness is suspected, seek a physician’s immediate service. Recommended emergency procedures are vital.

**Recommendations**

Specific recommendations resulting from the 1984 survey data are as follows:

1. Mandatory medical examinations and medical history should be taken before allowing an athlete to participate in football. The NCAA recommends a thorough medical examination when the athlete first enters the college athletic program and annual health history update with use of referral exams when warranted. If the doctor or coach has any questions about the athlete’s readiness to participate, the athlete should not be allowed to play. High school coaches should follow the recommendations set by their state high school athletic associations.

2. All personnel concerned with training football athletes should emphasize proper, gradual, and complete physical conditioning. Particular emphasis should be placed on neck strengthening exercises.

3. A physician should be present at all games and practice sessions. If it is impossible for a physician to be present at all practice sessions, emergency measures must be provided.

4. All personnel associated with football participation should be cognizant of the problems and safety measures related to physical activity in hot weather.

5. Each institution should strive to have a team trainer who is a regular member of the faculty and is adequately prepared and qualified.

6. Cooperative liaison should be maintained by all groups interested in the field of athletic medicine (coaches, trainers, physicians, manufacturers, administrators, and so forth).

7. There should be strict enforcement of game rules, and administrative regulations should be enforced to protect the health of the athlete. Coaches and school officials must support the game officials in their conduct of the athletic contests.

8. There should be a renewed emphasis on employing well-trained athletic personnel, providing excellent facilities, and securing the safest and best equipment possible.

9. There should be continued

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<td>1984</td>
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* No study was made in 1942.

**Yearly totals available from past reports.

Based on 1,300,000 junior and senior high school players and 75,000 college players.
research concerning the safety factor in football (rules, facilities, equipment, and so forth).

10. Coaches should continue to teach and emphasize the proper fundamentals of blocking and tackling to help reduce head and neck fatalities. KEEP THE HEAD OUT OF FOOTBALL.

11. Strict enforcement of the rules of the game by both coaches and officials will help reduce serious injuries.

12. When a player has experienced or shown signs of head trauma (loss of consciousness, visual disturbances, headache, inability to walk correctly, obvious disorientation, memory loss), he should receive immediate medical attention and should not be allowed to return to practice or game without permission from the proper medical authorities.

Section IV
CASE STUDIES
DIREC T FATALITIES

High School
A 15 year old high school football player was injured on September 2, 1984, and died on September 8, 1984. The player collapsed on the sidelines during early football practice. Cause of death was a subdural hematoma. At the time of this writing the activity which caused the injury was unknown.

A 17 year old high school football player died of a subdural hematoma in September 1984. He collapsed on the sideline during the second quarter of a game and died the next day. The athlete showed no signs of head injury before he collapsed and the medical examiner stated the blows to the head probably occurred several days earlier in practice.

A high school football player died of a fractured skull on August 23, 1984. He was injured on August 14, 1984. At the time of this writing, the activity which caused the injury was unknown.

A 17 year old high school football player collapsed during practice on August 17, 1984 and died on August 21, 1984. Autopsy reports that the athlete died from a hard blow to the head. The activity that caused the injury was unknown.

College
A 21 year old college football player was injured during a game on October 6, 1984, and died on October 16, 1984.

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*No study was made in 1942.

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<td>0</td>
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<td>6</td>
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</table>
Cause of death was a subdural hematoma. He received a blow to the head while tackling in the first quarter and another blow to the head while tackling in the fourth quarter. He collapsed on the sideline.

**Sandlot**

A 13 year old football player was injured on September 1, 1984, while tackling in a game. He received a concussion. On September 11, 1984, he was allowed to practice and was injured again. On September 19, 1984, after eight days in a coma, he died of a head injury.

**Section V**

**CASE STUDIES**

**INDIRECT FATALITIES**

**High School**

A 17 year old high school football player died of heat stroke after collapsing on the field during practice. The injury occurred on August 8, 1984, and he died August 17, 1984. The athlete was five feet, eleven inches tall and weighed 225 pounds.

A 17 year old high school football player collapsed on the sidelines of a game on September 21, 1984, and died on September 28, 1984. Early reports indicated death was caused by a brain injury, but an autopsy report revealed that the probable cause of death was heat stroke.

A 14 year old high school football player died of heat stroke on July 8, 1984. He was injured on July 5, 1984. The athlete was participating in conditioning drills supervised by the coaching staff. The young man was six feet, five inches tall and weighed 265 pounds.

---

**ATTENTION:**

**ALL CERTIFIED ATHLETIC TRAINERS**

**NEED A JOB?**

**OR**

**LOOKING TO CHANGE YOUR PRESENT POSITION?**

If you answered YES to either question, the Athletic Trainer National Registry can assist you.

Developed by Athletic Training Services, Inc., the Athletic Trainer National Registry provides a communication network of job opportunities for the certified athletic trainer in high schools, college/universities, professional athletics, sports medicine clinics, industry, and hospitals. Also, provides for the employer the opportunity of easy access to those certified athletic trainers who have the necessary qualifications to fill their present job opening. Through the Job Opportunity Bulletin and Computerized Recruitment Service the Athletic Trainer National Registry offers not only job opportunities but career advancement for the certified athletic trainer.

Remember, at this very moment, the perfect job could be looking for you. But you’ll never know unless you register with the Athletic Trainer National Registry.

So, if you are a certified athletic trainer looking for a job, or an employer with a job opening for a certified athletic trainer, let the Athletic Trainer National Registry assist you.

For further information please complete and return the coupon below.

---

I am interested in the ATHLETIC TRAINER NATIONAL REGISTRY introduced by ATS, Inc.

(Check) □ Employer □ ATC □ Other ____________________________

Please send:

□ Further information about the
  ATHLETIC TRAINER NATIONAL REGISTRY

□ Application for membership into the
  ATHLETIC TRAINER NATIONAL REGISTRY

□ ATS Brochure

□ Have Representative Call

Name ____________________________

Address ____________________________

City __ State __ Zip ________________

Phone (______) ____________________

Mail To: ATHLETIC TRAINING SERVICES, INC.
2020 South Mission
Mt. Pleasant, Michigan 48858
Attn: Ron Rummel, Marketing Director - (517) 772-5888
The new Sonicator 705 can get you into some tight spots.

Between the fingers. Around the elbow. Along the ankle.

The small-transducer Sonicator 705 is easy to maneuver around difficult to treat places. Half the size of a regular sound head, the transducer of the Sonicator 705 is small enough to make solid surface contact with narrow or angular anatomy.

Solid surface contact permits maximum ultrasonic transmission. The result is maximum therapeutic effect.

Except for the size of the transducer, the Sonicator 705 is the same as the Sonicator 706...the world's leading instrument for therapeutic ultrasound. Both the Sonicator 705 and 706 provide solid-state reliability and state-of-the-art treatment flexibility. Together they deliver clinical versatility never before possible.

Why not find out how the new, small-transducer Sonicator 705 can expand your application of ultrasound? When it comes to treating hard to reach anatomy, it really hits the spot.

The new small-transducer Sonicator 705
**National Office Notes**

**SADNESS AND GLADNESS**

Sadness is saying goodbye to our mentor, Clint Thompson, who gave us 15 years of tireless effort and dedication as editor, pioneering a fledgling publication, guiding and molding it into the present professional periodical which benefits our Association so much. Gladness is welcoming Don Kaverman as our new editor and that while Clint’s shoes will be extremely difficult to fill, Don’s feet are capable and large!

**COVER-UP**

We hope you are as happy to receive this issue of the Journal as we are to get it to you this way. After batting around the pros and cons of a cover for the Journal for quite a while, we’re giving it a try with this issue. This will put an end to mutilated covers and the dreaded “label over valuable cover information” problem. If you like this revival of an old idea, please let us know.

**NEW DEPARTMENT**

Beginning with this issue, the Journal will feature selected information from various committees under COMMITTEE FORUM (see page 250). We believe this will be an informative and helpful way to get new information to you from your working committees. From now on you may turn to one department for NATA Committee announcements and updating, rather than searching throughout the Journal as in the past.

**FROM THE CERTIFICATION OFFICE**

Please take note of the revised Clinical Hours Form that appears in this issue under COMMITTEE FORUM. The Forms A and B have been combined into one form. When the student initials the form, that is considered to be verification that the hours as listed are correct. Pay special attention to the new submittance date. The hours will be recorded in accordance with the school year: June 1st to May 31st. Therefore, the forms should be completed and submitted to the Certification Office no later than June 30th, i.e.: record hours from June 1, 1985 through May 31, 1986 and submit them by June 30, 1986.

**MOVING?**

Fall is historically “moving season.” If you have moved, remember that address changes must be sent to the National Office (not to your district secretary) at least 30 days prior to the publication of each issue to assure that you will not miss an issue. The problem of missing Journals is a continuing dilemma that causes our members a great deal of worry and costs your Association a great deal of money. Therefore, please send your new address and the date it is effective (along with your old address label for reference) just as soon as you have this information. Missed Journals due to an address change will not be replaced unless notice of address change is on file. (See Spring 1985, page 38, “Replacement Journals.”) Of course, the best way to deal with this problem is to never let it arise — by notifying your post office to forward your magazines at the time you change your address.

Also, don’t forget to notify the National Office of name changes, if applicable. Remember that district transfer applications are no longer necessary. District transfers are automatically processed when the address change is received.

**“DESIGNATED DRIVER”**

The advent of football season brings memories of past fun and anticipation of new plans for this year’s activities. Picnics, ball games and tailgate parties offer outdoor fun and the celebration of friendship. To keep friendships from ending suddenly, the National Safety Council has prepared “Designated Driver: Being a Friend.” This brochure is designed to help reduce the approximately 25,000 fatalities and 300,000 injuries which result annually from alcohol-related traffic accidents. The pamphlet is available free of charge by sending a self-addressed, stamped business-size envelope, along with your request, to Department PR, National Safety Council, 444 North Michigan Avenue, Chicago, IL 60611. Limited bulk quantities are available to community organizations upon request.

**GRAFFITTI**

*If you’ve been meaning to get your 5X7 picture in to the National Office but just haven’t gotten around to it yet, why not today?*

*A catalog of Krames Communications’ health, safety, and medical information products is free upon request by writing to Krames Communications, 312 90th St., Dept. 85174, Daly City, CA 94015.)*

*Please direct your insurance inquiries (liability and group life) to Doris Stancill at the National Office.*

*President Reagan has designated October 12, 1986 as “American Running and Fitness Day.” Take a runner to lunch!*  

*Mail is delivered daily to the National Office building at 1001 East Fourth Street here in Greenville. The post office box address should not be used. “Flagging” the envelope helps our mail handling more than you can possibly know. Many thanks to those of you who take the time to do this!*

**HAVE A GREAT FALL!!!**

---

**Schedule of Future Sites and Dates**

**NATA Certification Examination**

All regional sites are subject to a minimum of six candidates per site and limited to a maximum of thirty candidates. Completed applications must be received by the Certification Office within the prescribed deadline for the exam date chosen.

- **January 12, 1986** — Deadline for receipt of applications is December 2, 1985
  - New Britain, CT
  - Montclair, NJ
  - Coraopolis, PA
  - Greenbоро, NC
  - Anderson, IN
  - Madison, WI

- **March 16, 1986** — Deadline for receipt of applications is February 3, 1986
  - Boston, MA
  - Mechanicsburg, PA
  - Columbia, SC
  - Holland, MI
  - Granville, OH

- **May 18, 1986** — Deadline for receipt of applications is April 7, 1986
  - Boston, MA
  - Claymont, DE
  - Coraopolis, PA

The following date will be open to re-exam candidates only: **November 23, 1986** — Deadline for receipt of applications is October 13, 1986.

- **Bethlehem, PA**
- **Charlotte, NC** (tentative)
- **Omaha, NE** (tentative)

Application requests must be in written form. It is suggested that you submit your request to the following address at least four months prior to the exam date:

**NATA Board of Certification Application Request**

1001 East Fourth St., Greenville, NC 27834
The NATA takes great pride in presenting the annual awards and scholarships at the NATA Convention each June. At the Awards Banquet, prominent leaders within the profession are honored for their significant and continued contributions, initiative, and dedicated years of service. At the Student Trainer Awards Banquet, outstanding young men and women who are currently enrolled in athletic training programs are awarded scholarships in recognition of their excellent performance and potential. To these established professionals and these future leaders, the Journal extends the sincere thanks and congratulations of the entire NATA membership. The sacrifice and commitment the awards represent serve to inspire others within the profession.

Sincere appreciation is extended to Frank George, Chairman of the NATA Grants and Scholarships Committee, and George Sullivan, Chairman of the NATA Honor Awards Committee for their diligent effort in coordinating the respective awards.

**FIRST INTERSTATE BANK ATHLETIC FOUNDATION HALL OF FAME**

Lewis C. Crowl, Sacramento, CA, District 8
James E. "Doc" Dobson, Midland, District 6
Larry L. Lohr, Weslaco, TX, District 6
Wilford "Billy" F. Pickard, Jr., Bryan, TX, District 6
Jerry Rhea, Tucker, GA, District 9
Paul J. Schneider, Lincoln, NE, District 5

**NATA 25-YEAR AWARD RECIPIENTS FOR 1985**

Dennis W. Aten, Eastern Illinois University, District 4
Ray C. Baldwin, Xavier University, District 4
William H. Chambers, Fullerton College, District 8
George H. Christman, Jr., Kenyon College, District 4
Gary D. Delforge, University of Arizona, District 7
Gordon L. Graham, Mankato State University, District 4
Bernard E. LaBeau, University of Texas at San Antonio, District 6
Theodore C. Quedenfeld, Temple University, District 2
John F. Snedeker, Milwaukee Bucks, District 4
Otho Davis Post Graduate Scholarship Award
Paula Tomasovich, University of Pittsburgh
Sponsored by: National Football League Charities

Jody Carl Andersen, Mankato State University
Sponsored by: Professional Baseball Athletic Trainers Society

**HONORARY MEMBERSHIP RECIPIENTS FOR 1985**

Robert E. Anderson, M.D., Team Physician, University of Michigan, District 4

**PRESIDENT'S CHALLENGE CUP AWARD FOR 1985**

James R. Andrews, M.D., Orthopedic Surgeon, Columbus, GA

**1985 SCHOLARSHIP AWARDS**

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<tr>
<td>Eddie Wojcicki 1985 Achievement Award</td>
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<td>Bradley A. Siebler, University of Nebraska</td>
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<td>Kirby T. Kauk, Western Montana College</td>
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<td>Sponsored by: Professional Baseball Athletic Trainers Society</td>
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<td>Otho Davis Post Graduate Scholarship Award</td>
<td>Paula Tomaszewich, University of Pittsburgh</td>
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**DEAN'S HONOR SCHOLARSHIP AWARD**

Gregory Ray Kreitz, California State University - Long Beach |
Sponsored by: Schutt Manufacturing Company

**G. E. "Moose" Detty Post Graduate Scholarship Award**

Christopher John Zang, West Virginia University |
Sponsored by: PRO Orthopedic Devices, Inc.
Good-Smith Post Graduate Scholarship Award  
Richard Stephen Taddei, Lock Haven State University  
Sponsored by: School Health Supply Company

Schering-Plough Foundation Post Graduate Scholarship Award  
Russell Joe Hoff, Ohio University  
Sponsored by: Schering-Plough Foundation

Annual 1985 Student Writing Contest  
Eve Elisabeth Box, West Virginia University  
Sponsored by: National Athletic Trainers Association, Inc.

1985 DISTRICT AWARD WINNERS
Joseph N. Abraham Scholarship Award  
Stephen W. Kennelly, Northeastern University

Joseph N. Abraham Scholarship Award  
Christopher A. White, Ithaca College

Eastern Athletic Trainers Association Kerkor “Koko” Kasabian Award  
Craig A. Devine, Lowell University

Victor D. Recine Award - Outstanding High School or Prep School Student Trainee  
Sandra Sue Bargainer, Lock Haven University

A. C. “Whitey” Gwynee Award  
Andrew D. Barker, Clemson University

Edward Block Scholarship Award  
Martha J. Cherry, East Carolina University

Rocky Mountain Athletic Training Association Student Achievement Award  
John Garramone, Arizona State University

Naseby Rhinehart Award  
Kent DePer, Western Montana College

FIRST INTERSTATE BANK ATHLETIC FOUNDATION HALL OF FAME — 1962 to 1985

* Joseph N. Abraham  
  Jack Aggers  
  Warren Ariaill  
  Walter B. Bakke  
  Robert Bauman  
  Roland Bevan  
  Edgar Harold “Hal” Biggs  
  Ernest Biggs  
  Samuel E. Bilik, M.D.  
  Byron Bird  
  Joseph Blankowitz  
  E. M. “Mel” Blickenstaff  
  Edward Block  
  William H. Bohm  
  Francis “Packey” Boyle  
  Martin Broussard  
  Bobby Brown  
  Delmer Brown  
  Elmer Brown  
  David M. Bullock  
  Edward A. Byrne  
  Michael C. Chambers  
  Earl “Click” Clark  
  Richard Kent Cole  
  E. J. “Jay” Colville  
  Jim Conboy  
  Edward A. Coppola  
  Charles Cramer  
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NUTRAMENT
Honors Athletic Training Professionals

TRAINER OF THE YEAR

Awards

Four members of the athletic training profession have been recognized as one of the best by their peers, the 4,500 certified members of the National Athletic Trainers Association. Voted Trainer of the Year, for their contributions to the profession are seated, Leon Skeie, Orange Coast (CA) College and Kent Falb, Detroit Lions. Standing are Richard Carey, Lyons Township (IL) High School and John Schrader, Indiana University. NUTRAMENT is proud to honor the entire Athletic Training Profession through our sponsorship of the Trainer of the Year Awards. We take this opportunity to call attention to the highly skilled and dedicated trainers whose care of athletes promotes conditioning and injury prevention as well as emergency care and rehabilitation.

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Fred J. Zambrelli
Edward Zanfrini

*Deceased
Donley Receives Distinguished Athletic Training Educator Award

Phil Donley, Professor and Head Athletic Trainer at West Chester University, is the second recipient of the Sayers J. Miller, Jr. Distinguished Athletic Training Educator Award. To follow the initial recipient, William E. “Pinky” Newell, is perhaps the highest honor that can be given an athletic trainer-involved in an NATA curriculum. Phil Donley is, indeed, worthy of such recognition and tribute, and it is important to summarize some of his contributions to athletic training education.

Donley’s academic background includes a B.S. from West Virginia University, a Certificate of Physical Therapy from D.T. Watson, and an M.S. from West Virginia University. He has been the Head Athletic Trainer at West Chester University since 1965, developing the fifth approved NATA program in 1970, the first co-ed athletic training education program, and an Athletic Training major (1982). He designed all of the ten athletic training courses required for the Majors program, co-authored the course outline for Sports Medicine Administration Course for Sports Medicine Education Institute, and developed the athletic training behavior objectives for an athletic training education program adopted by the NATA.

Phil Donley was privileged to have known and worked with “Bud” Miller and “Pinky” Newell. In 1970, Donley presented his ideas for an Athletic Training Education curriculum to the Professional Education Committee, and served on the committee from 1970-1982. While a member of the PEC, Donley was the principal author of several advances in athletic training education: Continuing Education Requirements, Faculty-Trainer Education Guidelines, Visitation Checklist, and Behavioral Objectives. Donley was instrumental in the development of the Pennsylvania Athletic Training Society and state licensure for trainers. He received the Pennsylvania Distinguished Academic Service Award in 1976 for his development of athletic training education programs, and he was the EATA Athletic Trainer of the Year in 1978.

Significant contributions to athletic training education have also been as Program Director for EATA and NATA conferences, chief visitation officer for the NATA, and as editor, author, or contributing writer for over 20 publications. Donley has been a frequent speaker at community, state, regional, and national meetings, and served as trainer at the 1980 Winter Olympics.

By all criteria, Phil Donley has truly proven to be a distinguished athletic training educator, unselfishly committed to quality education. In accepting the award at the Student Awards Banquet, Donley stated, “These are new times with new challenges for the profession. We must educate trainers for the many new roles that trainers have in the sports medicine movement. We need to retool if we are to keep pace with the varied job opportunities and changing clientele. We are the only health care profession devoted solely to the health care of the athletes. We are unique and we should be proud of it.”

Lester Hagan, a student athletic trainer at the University of Evansville, Indiana, has been credited with saving the life of an Aurora College baseball player. The player had collapsed near his team’s dugout after having received a blow to the head in a collision with a teammate while fielding a ball. The player stopped breathing three times, and Hagan applied mouth-to-mouth resuscitation, treating him also for advanced shock and administering oxygen and fluids before the ambulance arrived. Hagan has been nominated for an American Red Cross lifesaving citation.

Fred Fahey and Dick Hoover have been inducted into the Illinois Athletic Trainer Association Hall of Fame.

Nevin Made Kentucky Colonel

Prior to the final game between Villanova and Georgetown at the 1985 NCAA Final Four in Lexington, Kentucky, Jake Nevin, Trainer Emeritus (56 years) at Villanova, was presented a proclamation from Kentucky Governor Collins making Nevin an official Kentucky Colonel. The Villanova team had dedicated the 1984-85 season to Jake who suffers from Lou Gehrig’s Disease.

Ernie Golin of the Athens Sports Medicine Clinic, Georgia, was appointed as trainer for the U.S. team in the 12th World Maccabiah Games in Israel this July. Golin has been a trainer for over 25 major bowls and tournaments.

Bill Coughlin of Harvard University has been asked by the Irish American Sports Foundation to head up an Advisory Trainers Group. Twenty American trainers will be asked to communicate with the trainers in the Irish Basketball Association as to the latest techniques, modalities, and materials in athletic training. If interested, please forward your name, address and a brief statement as to why you would want to participate in this program to:

Harvard University
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September

4-17  Amateur Athletic Union National Conference, Chicago, IL.

12-13  Ethics in Sports Medicine, Hartford, CT. Contact Department of Orthopedics, University of Connecticut Health Center, 263 Farmington Ave., Farmington, CT 06032.

13-14  How to Implement and Manage a Sports Medicine Program, Atlanta, GA. Contact Faye Paris, Sports Medicine Education Institute, Inc., 993 Johnson Ferry Road, NE130-F, Atlanta, GA 30342.


21  Second National Conference on the Triathlete, Virginia Beach, VA. Contact Claire LeBlanc, ATC, Virginia Beach Sports Medicine, 1016 First Colonial Road, Virginia Beach, VA 23454.

28-Oct. 5  Annual Conference for American Academy of Physical Medicine and Rehabilitation, Kansas City, KS.

October

7-11  American Dietetic Association, National Meeting, New Orleans, LA.

9-12  59th Annual Convention of the American School Health Association, Little Rock, AR. Contact Tom Reed, American School Health Association, P.O. Box 708, Kent, OH 44240.

11-13  1985 Alaskan Sports Medicine and Recreation Conference, Anchorage, AK. Contact Given Otte, RN, MN, Director, Continuing Ed. in Health Sciences, University of Alaska, 3211 Providence Drive, Anchorage, AK 99508.


November

10-14  American Osteopathic Academy of Sports Medicine National Meeting, Atlanta, GA.

15-16  5th Annual Sports Health Forum, Minneapolis, MN. Contact Institute for Athletic Medicine, 606 24th Avenue South, Minneapolis, MN 55454.

15-17  Medithon ’85, Running Injuries Seminar, San Diego, CA. Contact Medithon ’85, P.O. Box 89, Jackson, MI 29204.

17-18  Annual Meeting for Central States Chapter, American College of Sports Medicine, Emporia, KS. Contact J. L. Mayhew, NMSU, Kirksville, MO 63501.

18-19  ATLS Provider Course, Baltimore, MD. Contact Patricia McAllister, MIEEESS, 22 S. Greene Street, Baltimore, MD 21201.

20-22  8th National Trauma Symposium, Baltimore, MD. Contact Patricia McAllister, MIEEESS, 22 S. Greene Street, Baltimore, MD 21201.

Athletic Training will list events of interest to persons involved in sports medicine, providing the information is received at least two months in advance of publication. Please include all pertinent information and the name and address of the person to contact for further information. This information should be sent to: Jeff Fair, Head Athletic Trainer, Athletic Department, Oklahoma State University, Stillwater, OK 74078.

37th Annual Meeting

Las Vegas, Nevada
Eagle Fitness Systems by Cybex are the only variable-resistance isotonic weight machines designed specifically for clinical applications in physical therapy and sports medicine. The Cybex tradition of functional design has been incorporated into all 19 machines to ensure the safety and efficacy of your patients’ treatments and to maximize your productivity. Eagle offers you these clinically-proven features:

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Eagle Fitness Systems by Cybex. There is no substitute for proven clinical performance.
HOW TO ACQUIRE AN ATHLETIC TRAINER, from page 203

improve and expand the coverage provided to the student athletes, but it may not help those schools that have no certified athletic trainer. The reasoning for this is simple: in order to ensure the student trainer that his hours of practical experience will count toward the examination requirement (800 hours of practical experience are required of students going through an NATA approved curriculum) the hours must be under the supervision of a certified athletic trainer.

A practical solution which can be accepted by both the NATA curriculum school and the high school is for the high school to pay either the college's certified athletic trainer or the college's curriculum director, if that person is NATA certified, to serve as the athletic trainer at the high school. This would, in turn, allow the college trainer the option of placing one or two of the curriculum student trainers within the high school setting since the college trainer is actually employed by the high school. This would satisfy the NATA requirement of supervising the student trainer's hours of practical experience while providing the high school with the services of an athletic trainer. The college's restrictions dictating employment by their faculty and staff would have to be investigated. The high school could ease the college's dilemma of having one of its employees hired by two educational institutions by making the trainer's salary an adjunct to programs such as adult education, community school, in-service pay, or a coach's stipend so as to avoid the necessity of signing a contract with the board of education. The practical experience afforded to the student trainers of being in the "real world" of budget limitations, limited facilities, various and often lengthy athletic practices and contests as well as the irreplaceable experience gained as the individual upon whom so many depend, would certainly make this appealing from the student's perspective.

The certified trainer may set up such a program in various ways, utilizing many options as far as the number of students sent to the high school, hours and sport coverages. Minimum requirements for the student trainers in this type of program should include current first aid and cardiopulmonary resuscitation certification. There are obvious legal restrictions as to the type of services that the student trainers could provide, especially as the number of states which adopt licensure for athletic trainers increases. The services provided by the students should be restricted to initial first aid, taping and assessment of severity. By working closely with the team physician and the college trainer, the student trainer will certainly gain.
The same restrictions stated previously apply to the nine graduate curriculums. It may be possible, however, to find within the graduate curriculum someone who is already NATA certified and has returned to college to pursue an advanced degree. As a college graduate, this person can be hired as the athletic trainer at the high school if his/her obligations at the college will allow it.

Conclusion

School administrators should be aware of the medical as well as the possible legal ramifications of hiring persons who are not certified or state licensed to provide the service for which they were hired. This is becoming increasingly acute as the number of states that adopt licensure for athletic training increases. There are presently fifteen states which have enacted licensure requirements for the position of athletic trainer. At this time, the fifteen states are: Massachusetts, Oklahoma, Kentucky, Texas, Missouri, Georgia, South Carolina, South Dakota, North Dakota, New Mexico, Rhode Island, Pennsylvania, New Jersey, Tennessee and New Hampshire. This action is meant to ensure quality care for the athletes. Licensure was not meant to eliminate the care provided by high school coaches such as initial first aid, tape application or the development of strengthening programs for healthy athletes. Rather, it provides limits of care so that in order to provide the services as outlines within the law, the person must have met the requirements necessary to be licensed or registered within that state.

The purpose of this article has been to reinforce the need for competent medical care for athletes during their high school years. Often school districts have strong motivation to provide services for the student/athlete population but are faced with budgetary restraints. The options presented should ease the dilemma while providing practical means of obtaining qualified medical care.

References

Potpourri

Dennis Aten, ATC, RPT, MS
Eastern Illinois University
Charleston, IL 61920

Spreading Colds?

News Release
University of Connecticut Health Center

Cold viruses can live for more than fifty days when drawn by back suction into the liquid in a squeeze-spray nasal decongestant bottle but tests at the University of Connecticut Health Center show this contamination can be prevented by a new, one-way pump dispenser.

The scientific studies were conducted by Raymond W. Ryan, Ph.D., associate director of microbiology in the department of laboratory medicine at the Health Center, under a grant from Boehringer Ingelheim, Ltd., (B-I) of Ridgefield.

Ryan said today in-vitro (test tube) laboratory tests have shown that back suction of squeeze-and-release dispensers drew rhinoviruses, as well as other viruses associated with the common cold, into the solutions. Some of them have survived in the solutions for more than fifty days. Ryan is continuing to study their length of survival.

He reported that tests under the same conditions with the unique, one-way pump dispensing system developed by B-I did not detect any “drawback” contamination.

According to B-I, the pump spray mechanism is the first metered dispenser to deliver specific amounts of nasal decongestant intended to relieve nasal congestion due to the common cold, sinusitis, hay fever and other upper respiratory allergies.

Company officials say the metering pump delivery system was developed to prevent “back suction” contamination and afford controlled, precise doses of decongestants. Squeeze-spray dose amounts depend on the strength of the user’s hand.

Boehringer markets two decongestants available without a prescription.

One contains phenylephrine hydrochloride and is intended to clear nasal passages for up to four hours. It comes in two strengths for use by adults and children.

The other, aimed at clearing nasal passages for up to twelve hours, contains oxymetazoline hydrochloride and is for adults only.

B-I says these two medications are the ones most recommended by physicians for relieving nasal congestion because of their safety and efficacy.

Back Care

Your AAOS Report
(American Academy of Orthopaedic Surgeons)

Two video and audio patient education programs for treatment and prevention of back pain are being developed for the Academy and will be available in January, 1985. The programs, which are designed for home use contain flexibility and strengthening exercises, relaxation techniques and detailed instruction on body mechanics.

Content of the program is being supervised by the Academy’s Committee on the Spine, chaired by Edgar G. Dawson, M.D. The program will be produced and distributed by Feeling Fine Programs, an educational firm headed by Arthur Ulene, M.D. (best known as NBC TODAY Show’s “Family Physician”).

Our program, tentatively titled “Back Pain Recovery Program”, is designed for use by patients with acute pain and significant disability. The other, tentatively titled “Back Pain Prevention Program”, is designed for regular, preventive use by patients with recurring back pain attributable to poor muscular conditioning. It will also be appropriate for healthy individuals who desire a preventive exercise routine.

The exercise routines are progressive in nature and designed to accommodate the wide variation in fitness levels that are encountered. Packaged with each video and audio cassette will be a booklet containing illustrated exercise routines and other appropriate information. The booklet will be useful for convenient review and for use when traveling.

The Academy’s programs will be distributed in a uniquely professional manner, with primary emphasis on making them available in health care settings such as pharmacies. In addition, Academy members will be able to purchase the programs for distribution directly to their patients. A mechanism is also being established to service patients via direct mail or phone order.

The Academy decided to enter this joint venture to produce these programs primarily because of the clearly defined need for them. A survey of selected AAOS members revealed that 96% would use the “preventive” program routinely in their practice and 92% would use the “recovery” program for appropriate patients. The Academy was concerned, also, about the release of ineffective and inappropriate programs produced by nonprofessionals (such programs are already appearing in the marketplace). By involving itself in the development of these programs and controlling their content, the Academy can assure its members that acceptable programs will be available.

If anyone is interested in this for educational purposes, ask your local orthopaedist.

Brochure Requests

Requests for the brochure entitled “Careers in Athletic Training” should be sent to the National Office at 1001 East 4th Street, Greenville, N.C. 27834. Single brochures are supplied upon request at no charge. NATA officers and committees, schools having an approved athletic training curriculum, and those having an apprenticeship program are furnished multiple copies of the brochure at no charge.
Heat Stress.
One injury you needn't ever treat again.
An Important Message from Gene Gieselmann
Athletic Trainer of the
St. Louis Baseball Cardinals

Dear Fellow Trainer,

Of all the injuries that can befall an athlete, probably the most insidious—and potentially dangerous—is heat stress.

As head trainer of the St. Louis Cardinals baseball team, I'm keenly aware of this. Summer temperatures in St. Louis sometimes soar above 100°F often accompanied by extremely high humidity. Players having to perform day after day under such conditions are exceptionally vulnerable to dehydration, which can result in heat cramps, heat exhaustion, and in some cases, severe heat stroke. Even a partial loss of body fluids can impair an athlete's performance, cutting down on physical and mental efficiency.

Yet, while heat stress may be one of the most devastating sports injuries, fortunately, it's also one of the most preventable. It requires that athletes be well hydrated at all times, to keep their bodies cool and properly functioning—a responsibility that rests primarily with a team's trainer.

In the Cardinals organization, we've found that nothing accomplishes this task better than Instant Gatorade® Thirst Quencher. For years we've been providing ballplayers with unlimited quantities of Gatorade before, during and after games and practices. And, consequently, there has been a marked drop in the number of players who have suffered from heat injuries.

Interestingly, a lot of pros don't have to be told to drink Gatorade. They know through experience that it works—many having used it since they were kids.

As one who is responsible for keeping highly paid professionals in top performing condition, I heartily recommend the use of Instant Gatorade Thirst Quencher. And I'm not alone. Many other teams in all sports, at every level, have made Instant Gatorade an essential part of their athletic programs.

Gatorade:
Number One Because It Works

It's no mere coincidence that Instant Gatorade Thirst Quencher is number one among athletic trainers all over America.

Instant Gatorade is scientifically formulated to quickly replace the fluids and electrolytes your players lose during rigorous games and workouts, while reducing waterlogging, cramping and bloating.

Instant Gatorade also contains glucose to provide energy reserves and enhance endurance. Its pleasant flavor encourages your athletes toward greater fluid consumption and rehydration. The Cardinal players really enjoy drinking it.

Gatorade:
Better Than Water, Soft Drinks, Fruit Juices

While some trainers elect to use water, Instant Gatorade Thirst Quencher provides more benefits. Instant Gatorade is isotonic—balanced with the fluids in the body for rapid replacement of electrolytes. Water isn't. Instant Gatorade provides a readily available source of energy, has a pleasant taste—for greater consumption. Water doesn't.

Instant Gatorade Thirst Quencher contains less sugar than most soft drinks and fruit juices, thus promoting quicker hydration. It replaces lost body salts, is more compatible with body fluids, is more easily absorbed.

First Choice of America's Athletic Trainers

The list of trainers and trainers' associations endorsing or recommending Instant Gatorade is as long as it is prestigious. It's the "Official Sports Beverage of the Professional Baseball Athletic Trainers Society" and the "Recommended Thirst Quencher of the Professional Football Athletic Trainers Society." And the "Official Sports Beverage of the National Basketball Trainers Association."

Instant Gatorade, in fact, is used by more trainers, coaches and athletes than any other sports beverage in America. It works for the St. Louis Cardinals; it'll work for you.
Studies Confirm Gatorade's Effectiveness

Test results show that Instant Gatorade Thirst Quencher can prolong the peak performances of athletes. Here are the findings of two tests:

1. Studies on runners (athletes) performed by Dr. David Costill at Ball State University concluded: “Our findings indicate that frequent GE (Gatorade) feedings tend to maintain carbohydrate utilization throughout the 120 minutes of running (exercise). Subjects suffered extreme muscular fatigue during WI (water ingestion) . ... another subjective observation noted was a rapid muscular recovery after GE (Gatorade) trial. Three of the subjects ran additional 5-10 miles on the GE trial day as part of their training but were too exhausted on the other test days.”

2. In a test performed by Dr. David Lamb, at Purdue University in 1984, on prolonged exercise in a hot environment, he concluded that “The cyclist's endurance during the Gatorade trial was 9% better than during the water placebo (control) trial. Fifteen out of twenty-two subjects rode longer during the Gatorade trial.”

---

Put Gatorade in your program today

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Instant Gatorade. We help keep your players on the winning edge.

Spring

Spring is the time for getting back into shape after a long winter layoff and adhering to a training program that grows more rigorous each day. Spring, then, is an ideal time to make Instant Gatorade Thirst Quencher an essential part of an athlete's regimen. In the Cardinals organization, we use it right from the start at spring training in February. It keeps our players in top form through the workouts, the practices and the long season ahead.

Instant Gatorade, in fact, is the “Official Sports Beverage of Major League Baseball.” And any other team that values the peak condition of its athletes.

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Harold Mundy
June 19, 1915 - April 22, 1985

The NATA has lost one of its originating fathers in Harold Mundy, owner of Mundy Athletic Training Supply in Detroit, Michigan. Harold’s life came to a tragic end from an assailant’s bullet while he was on a business trip. He is survived by his wife Evelyn.

Harold was graduated from Linden Area High School in 1933. After serving in World War II, Harold began his career selling heat lamps and that progressed to the present athletic training supply business. Harold and his wife, Evelyn, were instrumental in the formation of the NATA. Both were in attendance at the first meeting in Kansas City in 1950 and have rarely missed an annual meeting since.

Harold was bestowed Honorary Membership in the NATA in 1974 and has served the Association as few can serve it. He not only served his clients with a great professionalism, but his clients also became his friends. An NATA Scholarship Fund has been established in District IV in his honor. Harold will be sadly missed by all.
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The Physiological and Psychological Consequences of Excessive Weight Loss in Athletics

Winning Entry of the 1985 Student Writing Contest

Eve Elisabeth Boe

Excessive weight loss in athletics may have serious physiological and psychological consequences. Many dieting athletes use weight loss techniques identical to those used by patients with anorexia nervosa and bulimia. The results of such severe dieting and weight loss techniques can be dangerous. The simplest and most effective solution to this problem is active intervention and guidance from coaches, athletic trainers, and parents. Dieting athletes who are directed in the proper methods of reaching a healthy minimum weight will enjoy optimal performances, achieve athletic success, and develop a positive outlook on their athletic experience.

Competitive athletics fosters and develops many positive individual qualities, such as commitment, goal setting, and determination. However, an athlete’s drive to be “the best” or merely to earn a place on a team may also have negative results. For example, it is increasingly common for athletes intentionally to lose excessive weight. Such extreme weight loss once occurred mainly among wrestlers, gymnasts, and ballet dancers, but with today’s highly competitive and scientific approach to athletic preparation, athletes in many fields are now becoming aware of the benefits of minimal fat level for speed, strength, and energy reserves. This paper will examine the physiological and psychological consequences of intentional excessive weight loss in athletics, and will follow with solutions. Perhaps through recognition and intervention, the devastating occurrence of excessive weight loss among aspiring athletes can be dealt with more effectively.

The Practice of Excessive Weight Loss in Athletics

In the past, extreme weight loss was common practice only in those athletic activities which impose weight-class divisions, such as wrestling and lightweight crew, or which emphasize slender body types, such as gymnastics and ballet. In their attempts to “make weight”, for example, high school and college wrestlers would often lose from three to twenty percent of their preseason body weight before certification, with most of this loss occurring in the last few days before the official weigh-in. However, the incidence of extreme weight loss has been increasing in other sports as well. Varying notions of the ideal healthy minimal fat level for each individual athlete, and also of proper and safe techniques for losing weight, can lead to problems. An athlete who is convinced of the advantages of attaining a minimal fat level for each individual athlete, and also of proper and safe techniques for losing weight, can lead to problems. 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What does “excessive weight reduction in athletics” actually entail? To begin with, any athlete, male or female, is a potential candidate for excessive weight reduction. The reasons for losing weight are numerous and varied: some athletes may be trying to meet weight-class requirements, some may be trying to achieve an additional competitive advantage, some may be responding to pressures from parents and coaches, and some may be losing weight solely for personal esthetic reasons.

Weight loss techniques used by athletes are often severe and unsafe. Among the most common are dehydration, semi-starvation, self-induced vomiting, spitting, over-exercising, wearing rubber suits while exercising, and the use of laxatives, diuretics or water pills. In the preparation of this paper, interviews with 16 athletes (nine wrestlers, five gymnasts, and two swimmers) turned up further details on common weight loss techniques. One 22 year old wrestler in the 177 pound class, who had been in his sport for ten years, explained the weight loss methods he had relied upon in high school as follows:

“I would become very dehydrated and a few days before the competition I would begin dieting very strictly, usually eating no more than 500 calories a day. When I did eat, I’d eat foods like beef bouillon and diet soft drinks. If my weight was real close or still over, I would force myself to vomit, use laxatives, spit for an hour or more, wear a plastic sweat suit while working out, go for long runs, jump rope, ride a stationary bike, find a furnace room to sit in or work out in, take hot showers, go in steam rooms, take water pills, and once I even cut my hair. Whatever would work!”

Another characteristic of excessive weight loss in athletics is the great degree of weight fluctuation which typically occurs between competitions. A head wrestling coach at a major university reports that his wrestlers gain an average of five to eight pounds after weigh-in and before competition, and then lose the weight after competing to make weight for the next week (13).

Anorexia Nervosa and Bulimia

Anorexia nervosa and bulimia are two severe eating disorders which typically occur among adolescent girls. In anorexia nervosa the victims literally starve themselves, whereas bulimia victims succumb to huge, uncontrolled episodes of overeating but follow the binge with self-induced vomiting, laxatives, diuretics, or a combination of all three (2, 3, 4, 8). Both anorexia nervosa and bulimia are classified as severe psychological disturbances which may become life-threatening (2, 3). A comparison of these two eating disorders will reveal many disturbing similarities. The actual weight loss techniques of each group are often identical (i.e., semi-starvation, self-induced vomiting, the use of laxatives and diuretics, and over-exercising) and therefore, are the physiological consequences (amenorrhea, hypokalemia, dental problems, etc.).

Similarities are also found between the personality traits of anorectics or bulimics and those of athletes who lose excessive weight. In her discussion of anorexia nervosa and bulimia, Buickel (2) states that the prime candidates for these two eating disorders are high achievers and people who have an intense desire to please others.

Fear of failure, stated by Boskind-Lodahl and Sirlin (1) to be a key element in bulimia, is also a common characteristic of athletes who diet excessively (16). It has been suggested that bulimia is initiated in response to other stresses because it provides temporary solace for the dieter who is feeling deprived (4). In interviews conducted during the research for this paper, it was found that the athletes who practice severe dieting techniques respond to stress and food deprivation in much the same way as bulimics. All athletes interviewed reported that they had, at one time or another, gorged themselves on food. When asked what types of food they preferred to binge on, most of the respondents exclaimed “Everything! All types!” However, as with bulimics, the athletes would usually experience a sense of guilt and regret following their eating binges and would resort to purging and vomiting.

In contrast with bulimics, some athletes who die severely may develop a true physiological aversion to food typical of anorectics (16). In addition, the dieting athlete may have psychological traits which resemble those of anorectics. Both groups may feel in control of themselves and their behavior, and believe that their behavior is normal, which helps to explain why the body changes are not personally recognized as dangerous. Many team competitors who lose excessive weight are surrounded by fellow athletes who are also dieting severely, and therefore the extreme dieting behavior is actually normal within that group. In fact, many of the athletes interviewed for this paper described considerable camaraderie and support among dieting teammates. Spitting in Mason jars until time of competition, or group gatherings in the sauna, were reflected upon with amusement and even seemed to represent good memories for some.

In view of these disturbing similarities between victims of anorexia nervosa and bulimia and athletes who diet excessively, it becomes imperative to ask, what is the likelihood that, after temporary yet excessive dieting among athletes, disorders such as anorexia nervosa and bulimia may develop and, if the likelihood is great, will these eating disorders persist after the athlete discontinues involvement in sports? Addressing these questions should be of primary concern to parents, coaches, and medical personnel.

PROBLEMS OF EXCESSIVE WEIGHT LOSS IN ATHLETES

Physiological Consequences

It is ironic that a great deal of medical literature has been published recently describing the numerous physical dangers of excessive dieting techniques, and yet these warnings continue to be underestimated and often completely ignored in athletics.

The most obvious physical danger of excessive dieting is death. Like anorectics, athletes who restrict virtually all food intake may die of starvation. Athletes who develop eating behavior typical of bulimics run the risk of developing hypokalemia if the behavior persists frequently and over an extended period of time (2). Hypokalemia results from constant vomiting and is characterized by severe dehydration and large losses of electrolytes, especially potassium which regulates the heart rhythm (2). Although fatalities among athletes caused by excessive dieting are rare, the possibility should be taken seriously.

The second leading danger of excessive dieting is severe dehydration, the result of restriction of fluids and abnormal sweating achieved by wearing plastic suits during workouts, taking long saunas, spitting, and so forth. Dehydration may cause fainting, convulsions,
heat cramps, heat exhaustion, heat stroke, decreased muscular strength and endurance, increased heart rate, increased electrolyte loss, renal ischemia, and circulatory collapse (5, 6, 12, 17). The dangerous state of dehydration is seldom significantly eliminated between competitions. Two independent studies examining the urinary profiles of Iowa wrestlers found that the athletes were not adequately rehydrated between the weigh-in and the initial match (19, 20).

Various other weight loss techniques used in combination with dehydration and semi-starvation can also present dangers. The use of diuretics and laxatives may lead to dehydration and significant losses of potassium (necessary for proper muscle function), which may lead to extreme fatigue, heat cramps, heat exhaustion, and heat stroke (11, 15). Diuretics may also damage the liver, stomach, and pancreas, as well as causing skin reactions, serious changes in the blood, and hypotension (11). A serious consequence of excessive dieting for female athletes is the increased incidence of menstrual abnormalities. In response to the low percent of body fat, the female's body will become infertile because it no longer has the ability to protect and nourish the developing fetus. Binge-eating behavior may result in acute pancreatitis, and the vomit-and-purge that follows the binge is especially hazardous. Among the dangers of purging and vomiting are potassium depletion, urinary infections, renal failure, epileptic seizures, tetany, swollen salivary glands, and dental problems (7, 10). A further major hazard of excessive dieting, especially in athletics because so many athletes are dieting at young ages, is the possibility of stunted growth (5, 13).

A closing point concerning the physiological dangers of excessive weight reduction is that many of these negative physical conditions can develop in a short time. If an adolescent boy begins wrestling during high school and continues to wrestle through college, the harmful effects of "making weight" year after year may begin to take their toll on this still-youthful body. He may be considered a successful wrestler, but he might have been able to enjoy a more satisfying and successful athletic career had he been able to maintain a healthy stable weight.

**Psychological Consequences**

A key point in considering the psychological consequences of extreme weight loss in athletics is that most of the athletes who are required or expected to maintain low-fat percentages are young and extremely impressionable. We live in a society in which fatness is morally and esthetically undesirable, and the ideal body type is young, slender, and athletic. When diets and fat tests are imposed upon young, aspiring athletes, they are likely to adopt society's negative attitudes toward fatness. Unfortunately, a young athlete may not understand that in athletics, having to lose weight does not necessarily imply that the athlete's aversion to fatness is often reinforced by persons who fill dominant roles in the athlete's life: coaches, teammates, and parents (16). The young athlete may believe that in order to satisfy others or to succeed, it is necessary to make deep commitments or sacrifices which may include losing as much weight as possible. At this point, the athlete may develop the same predisposing psychological characteristics which exist in anorexia nervosa or bulimia. The pressure and stress of both making weight and being a successful athlete can be extremely heavy. These two stressful forces eventually cause some aspiring athletes to develop negative attitudes toward their sport and even to drop out altogether.

In addition to the negative socializing effects of weight loss upon athletes, there are some more obvious consequences. For example, as a result of dehydration and semi-starvation, many athletes demonstrate reduced learning abilities. The Minnesota starvation study (13) found that comprehension, learning ability, performance ability, and interest levels all decreased among individuals who had fasted or were dehydrated. Unfortunately, athletes who experience learning difficulties as a result of unhealthy dieting will probably be considered by others, and even by themselves, as merely slow learners or "dumb jocks".

**Recommendations and Possible Solutions**

Fortunately, there are some constructive pathways available when confronting the problem of excessive weight loss in athletics. The crux of the problem may be the weight classification system itself, and the reluctance of coaches and trainers, as well as athletes, to challenge the demands made by the system. Excessive weight loss can become a matter of life or death, and yet be difficult to discuss with a young athlete whose self-image is distorted, who is under intense pressure from family or teammates, or whose competitive drive and desire to succeed is simply very strong. But once the problem is recognized, intervention by involved and responsible adults becomes not only possible, but essential. Coaches and medical personnel can and should take active initiative through prevention, recognition, referral, and support. This process of intervention has been badly neglected in the past. What is meant by intervention, and what does it involve?

First of all, intervention requires that appropriate adult figures learn to recognize the dangerous physical and psychological symptoms of excessive dieting. According to Dr. Timothy Roberts, an assistant professor at the School of Medicine of West Virginia University (18), an athlete who is dieting severely may demonstrate the following behaviors: leaving teammates and coaches immediately after eating (possibly to vomit), eating little or no food on away trips, and the most obvious — a noticeable change in appearance (dry skin, thinning hair, extreme skininess, dental problems). Dieting athletes may also be abnormally restless, depressed, moody, withdrawn, and fatigued prior to competition. Intervention means, too, that appropriate adult figures (i.e., coaches or athletic trainers) adopt improved systems for monitoring the athletes' weight.

According to current literature and responses from the athletes interviewed for this paper, daily weights of athletes are not usually monitored by anyone except the athletes themselves (13). As a result, an athlete could conceivably gain or lose great amounts of weight between competitions without its being noticed.

Intervention also requires that adults who have adequate knowledge about proper diet and weight loss offer counseling and guidance to the dieting athlete. If adults in the immediate situation do not have adequate knowledge of nutrition and diet, they should refer the athletes to others who do, such as team physicians or nutritionists. Guest speakers, films, books, and brochures should be made available to dieting athletes. It may seem surprising, but most athletes know very little about proper dieting methods because so many of them are young and have never had to diet before. In fact, most athletes receive their dieting advice from other athletes. There are many helpful articles and books available today which offer sound information on proper nutrition in sports, information which should be passed on to dieting athletes.
Current literature strongly recommends that athletes lose no more than two to three pounds in one week, that the diet should provide no less than 1,800 to 2,200 kcal for most young men and 1,600 to 2,000 kcal for most young women athletes, and that an athlete’s weight should not fluctuate more than five pounds above the recommended weight so that excessive dehydration prior to competition will not occur (13, 15, 16). It has also been suggested that the minimum body fat levels of young athletes should exceed the seven percent value currently recommended (14). A final note on diet is that while carbohydrate loading may increase energy stores, it also increases water retention. Therefore, athletes who must meet a weight requirement will experience difficulties if they are advised to try a carbohydrate loading technique. Instead, dieting athletes need an adequate and well-balanced diet consisting of fats, proteins, and carbohydrates as well as plenty of fluids, especially water (2, 15). Athletes should also avoid excessive protein (which may cause dehydration), excessive salt, caffeine drinks, and alcoholic beverages (15).

Another important factor to keep in mind is that often, when athletes want to lose weight, they want to lose it fast. The Tcheng-Tipton formula for ideal weight loss suggests that a loss of three to four pounds on consecutive days is too much (5). However, crash diets are popular in athletics and the dangers of such techniques need to be explained to the dieting athlete.

Aside from recognition of the danger signals, monitoring weight, and providing nutritional guidance, the best and most effective means of intervention is to develop a good relationship with the athlete. Roberts (9) feels that maintaining good relationships between athletes and their coaches and trainers can greatly reduce the dangerous use of improper dieting techniques.

Direct intervention, as described above is the most immediate form of possible action. However, there are also many indirect forms of intervention which actually go to the root of the problem — the system itself. For example, the American College of Sports Medicine and many others in the medical profession have advocated a reorganization of the weight classification system established for wrestlers (5, 17, 18). The fundamental problem is that most wrestlers compete in a weight class which is below their normal healthy weight because they feel that being bigger in a smaller weight class will give them an advantage. What actually happens, though, is that the wrestlers with whom they compete have done the same thing. No one gains any real advantage because everyone is usually wrestling in a weight class lower than his normal body weight. Perhaps a wrestler competing at his normal weight would have the real advantage, because although he would be facing taller opponents, he would be superior in muscular strength and endurance.

Summary

Excessive weight loss among athletes may have numerous physiological and psychological consequences, all of which are unfavorable and potentially dangerous. The weight loss techniques practiced by some athletes are often identical to those used by anorexia nervosa and bulimia victims, and therefore, the resulting symptoms and physical conditions of some dieting athletes cannot be distinguished from those of anorexia nervosa and bulimia patients.

It is crucial that adult figures, such as parents, coaches, and athletic trainers, become actively involved in the weight loss process of young athletes in order to minimize or eliminate the possible negative consequences. In the course of adequate intervention, adults should offer nutritional guidance, monitor the weight of the athlete daily, become knowledgeable about the danger signs of excessive dieting, be prepared to refer an athlete to others who can help, and finally, develop and maintain a good relationship with the athlete. Only after providing support and demonstrating an ongoing concern for the well-being of an athlete can we expect to see optimal performance and athletic success.

References

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The Use of Athletic Training Personnel in Oregon High Schools during 1984-1985

A recent study undertaken at the University of Oregon to determine the background of paid coaches in Oregon High Schools during 1984-85 revealed some interesting findings about the employment of athletic trainers in High Schools in the State of Oregon. The study analyzed data from 187 (74.2%) of the high schools in the State of Oregon, and information was obtained about 4,238 coaches. Only 43 (20.4%) of these schools indicated that personnel were employed specifically for athletic training. This percentage includes 9.8% employed as a faculty member, 6.6% as a graduate student and 6.6% other. Of these, 62.8% were certified athletic trainers. Further, 30.2% were employed full-time, 51.2% part-time, and 18.6% as volunteers.

Within this sample 2,884 (68%) of the coaches are responsible for the athletic injury management of their athletes. Preparation in basic athletic injury management for coaches is essential. Data analyzed revealed that 76% of the coaches held a first-aid certificate, 21% a CPR certificate, 36% had taken a care and prevention course in college/university and 22% had received in-service training for athletic injury management.

These results appeared to indicate that there is inadequate provision for athletic training or athletic injury management in the high schools in the State of Oregon, a pattern which may or may not be repeated in other states. High school athletes could be at risk if they incur injuries during athletic competition, therefore questions need to be answered as to how best to overcome this. Is it feasible for schools to have personnel specifically for athletic training? Can coaches be better prepared for this task? Can school districts help in this matter by providing personnel to be jointly shared by a number of high schools? This situation needs to be looked at carefully and analyzed as to what is the best answer in each situation.

The study was conducted by Becky L. Sisley and Susan A. Capel of the Department of Physical Education and Human Movement Studies at the University of Oregon. Contact the first author for further information.

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In the preface of this excellent text the authors sum up my initial feeling concerning the true need for such a publication. "Assessment of athletic injuries is one of the most vital skills required of the athletic trainer. Yet its significance has not been given adequate attention in athletic training textbooks currently available."

This superbly illustrated text is divided into six units comprised of nineteen chapters. The six units are as follows: Introduction and Anatomic Basis for Athletic Injury Assessment, Athletic Related Trauma, Athletic Injury Assessment Process, Athletic Injury of the Axial Region, Athletic Injuries of the Lower Extremities, and Athletic Injuries of the Upper Extremities.

Each unit is clearly written and gives a step by step plan for the assessment of injuries germane to that particular part of the body. Chapter six, entitled "The body's response to trauma and environmental stress", has never been more clearly and thoroughly covered. Page 95 has the best illustration concerning the cycle of an athletic injury I've ever seen published.

This text is a must for all individuals charged with assessment of athletic injuries at any level ranging from junior high school to the professional ranks. The authors have given us a classic in a period of time when every month a new book is released in the field of sports medicine. ©

The study investigated the gait characteristics of three groups of patients before and after different treatment regimens. The 33 patients (26 males), who ranged in ages from 11-51 years were randomly allocated to one of three treatment groups. Group I was provided with a pair of Sorbothane heel pads of suitable width in wedge form by the physiotherapist and was asked to wear them in all sports and walking shoes for two months. Group II was provided with soft sponge rubber pads of “Molefoam” cut from a standard sheet of 15 mm thickness and was asked to use them in the same way. Group III received no pads. Patients in all three groups received five consecutive daily five minute treatments with ultrasound from the day of entry into the study. They were shown standard stretching and strengthening exercises for the posterior leg structures and were asked to perform them throughout the study. Patients were not told to rest, but were encouraged to maintain a gradual and progressive program of training, provided it failed to cause an increase in Achilles tendinitis and associated symptoms. All patients underwent clinical and biochemical assessment on entry to the trial, after 10 days, and after two months. Results suggest that the soft sponge rubber produces more significant changes following treatment than the viscoelastic polymer pads. This finding is contrary to the previous report of complete recovery in almost all of the subjects with Achilles tendinitis, regardless of duration, following a three month period of wearing Sorbothane heel inserts. Recent reports in the literature all agree that a pronated foot predisposes an athlete to such injuries as Achilles tendinitis. Therefore, it may be that alleviation of this pronation is the most important factor in the recovery of the injury. This would explain the relative failure of heel inserts, particularly the Sorbothane pads which are wedged in a posterior-anterior direction. Further work is planned using inserts wedged in the lateral-medial direction to reposition the pronated foot.

David E. Knoeppel


The vast majority of injuries evaluated daily in any sports medicine facility are injuries to the musculoskeletal structures which are many times the so-called “overuse injury.” By definition, an overuse injury occurs when a structure is exposed to a repetitive force beyond the abilities of that specific structure to withstand such a force. The intrinsic causes are the defects in the genotype. The extrinsic factors include all other factors ranging from equipment to coaching which may affect the athlete and his/her performance. The most obvious intrinsic problem is mechanical derangement or malalignment. The vast majority of the malalignment problems affect the lower extremities, however, no anatomical level is exempt from this problem. The general fitness level of the active athlete is another intrinsic factor. Many people caught in the current wave of increased participation in sports are not physically prepared for the levels of activity at which they begin. A final consideration of intrinsic factors involves the child athlete with open epiphyseal plates. The intrinsic causes of overuse syndromes. Terrain is another important extrinsic consideration for the jogger and runner. Improper skill technique is another important extrinsic factor. The methods of training are equally important. A rapid change in training sessions can lead to a system failure. The quest for information such as the ideal duration and intensity for each age and sport could be invaluable in avoiding overuse injuries. Optimal, we will soon be able to identify and measure early warning signals to alert coaches and athletes. It is a delusion to think that enforced rest and immobility is the panacea it would seem to be for the overuse phenomenon. Our energies must be directed to intercepting the overuse injuries rather than merely discouraging the athlete from further participation. The major issue, vital to offering a permanent solution to the overuse injury, is in the understanding and correction of underlying mechanical problems related to the injury. Essentially and simplistically, the treatment program must prepare the injured tissue to withstand the stress which triggered the injury initially, realizing that if this objective is not realized, reinjury is predictable.

Brent C. Mangus


The purposes of this paper are to compare the effects of two elastic ankle guards and two types of adhesive taping, and to measure range of motion before, during, and after exercise. Twelve league players from the University of Cape Town squash club acted as subjects. Their ages ranged from 18 to 22 years, all had a dominant right foot, and none had a history of ankle injury. Each subject played two matches wearing an ankle guard on the right foot and tape on the left. There was a break in play after ten minutes to perform
measurements and during this time subjects were not permitted to walk around. The strapping technique that was used was a combination of basketweave, stirrup, and heel lock applied to the skin. The results of each range of motion were analyzed by an analysis of variance. The first point that one notices is that the two ankle guards did not provide significant support for any of the motions measured before, during, and after exercise. Before exercise both types of tape provided support for all motions except dorsiflexion, in which restriction was significant only for the zinc oxide elastic tape for plantar flexion. After 10 minutes of exercise, elastic tape had loosened considerably more than zinc oxide tape and provided restriction only for plantar flexion and neutral eversion. After one hour of exercise, no tape strapping provided significant support for any of the motions measured. A comparison between unsupported motion before and after exercise showed the same additional motion. However, this apparent "warming up" effect was not statistically significant.

Dave England

MOVING?
Please notify the National Office of your new address as well as your old address (at least 30 days in advance of publication).

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Am Pro Knee Guard
with Bilateral Support

Am Pro Sport Supports now offers the coach, trainer and player a knee device which has a proven documented record of success.* When used as a preventive device, Am Pro Knee Guard will not prevent all knee injuries, but it offers bilateral support to the very vulnerable medial collateral ligament, as well as the lateral collateral ligament.

Am Pro Knee Guards are available in three (3) cuff sizes and can be mixed or matched to give a more comfortable and secure fit. Each Am Pro is packaged complete with instructions for fitting.

Am Pro Sports Supports Knee Guards are versatile.
- Hinges can be adapted for special problems.
- Thigh and calf cuff were formed over model leg forms to give a comfortable, secure fit.
- Nylon uprights and joints offer additional shock absorbing qualities not present in metal guards.
- Tested in a variety of competitive sports: football, basketball, hockey, skiing, softball.
- Easily fitted by trainers, coaches, and players.

Am Pro Knee Guard was worn throughout its three year development by a Division I football team in a major athletic conference.

Three year test results.
- In cases where injuries did occur, they were confined to contusions and ligament strains of substantially reduced severity (less than second degree).
- Speed tests in 40 yard dash and clover leaf agility runs were not substantially hindered in the uninjured athletes.
- The previously injured athlete showed no substantial reduction in 40 yard dash and a .70 second faster agility run.
- Am Pro Knee Guard weighs only 12-13 oz.
- $190 per pair

Am Pro Sport Supports Knee Guard is a product of American Prosthetics, Inc.


For more information write:
Athletic Training Specialists, Box 1023, Welch Street, Ames, Iowa 50010 (515) 232-4886

Fall 1985 • Athletic Training 247
The Advisory Board of Athletic Trainers in the State of Texas would like to pass along some information concerning licensure of athletic trainers in the State of Texas.

The law in Texas states “No person may hold himself out as an athletic trainer or perform any of the activities of an athletic trainer without first obtaining a license or a temporary license under this Act.”. In order to teach in a public school in Texas, a person must have a teaching certificate. Out of state applicants have up to one year from date of employment to satisfy Texas and Federal requirements in order to obtain a Texas certificate. This is not true in regard to the athletic trainer’s license. A prospective trainer must apply for his license prior to employment. (A letter from the prospective employer is also required with each out of state application). A temporary license may be granted, if qualified and if needed. A temporary license is valid only until the next exam date. Exams are given in April, July, and December of each year.

The requirements for an athletic trainer license in the State of Texas are:

**Apprenticeship Requirements**
A minimum of three academic years (fall-spring semesters) under the direct supervision of the supervising athletic trainer on the same campus where the student is enrolled. Candidates must serve a minimum of 600 block hours per academic year in the training room. Hours over 600 per year are not accumulative.

**Academic Requirements**
- 3 Hours - Human Anatomy
- 3 Hours - Human Physiology or Physiology of Exercise
- 3 Hours - Kinesiology
- 3 Hours - Health Education
- Basic Red Cross first aid, emergency care attendant, or emergency medical technician
- C.P.R. training completed in the last three years

The fees for licensure in Texas are:
- Temporary License Fee $12.50
- Initial License Fee $35.00
- Examination Fee $20.00
- Annual Renewal Fee $25.00

Applications and more information may be received from the:
- Bureau of Licensing & Certification
- Texas Department of Health
- 1100 West 49th Street
- Austin, TX 78756
- (512) 458-7583

March 22, 1985

Garnett E. Detty, ATC
525 General Muhlenberg Road
King of Prussia, PA 19406

Dear “Moose”:
The painting is hung at the end of the long hall and brings instant attention to those entering the “mecca” Pinky never visited. This week one of Pinky’s former students visited the office, he was overwhelmed by the impressive painting located at the focal point of the building Pinky laid the foundation to build. This impression has enabled me to realize the impact that this painting will have on those individuals who knew him as both you and I did.

The semblance of this gesture relates your love and devotion to the athletic training profession. We are grateful to be associated with individuals who possess your thoughtfulness and generosity.

Respectfully,

Otho Davis, ATC
Executive Director

To: Bobby Barton, Board of Directors
From: Otho Davis
Date: April 3, 1985
Reference: Presentation of Painting to National Office

Our friend “Moose” Detty commissioned Tommy MacDonald, King of Prussia, Pennsylvania and former Philadelphia Eagle football team member to paint an oil portrait of William E. Newell. This painting is housed in our National Office and hangs at the end of the main hall.

Our first impression of this painting, as was the impression of “Moose” “it is beautiful and gives those of us who knew him a feeling that his everyday presence is there.” It is!

Hopefully you will all be able to visit the office soon and see this beautiful memorial.

**Note From the Editor of Athletic Training**
To all those authors who have submitted manuscripts to Athletic Training for publication we beg your indulgence during this period of transition. The job of editor has changed hands for the first time in fifteen years and it will take me a little time to get “squared away”. Thanks to all for your patience and understanding.

Don Kaverman

**Editorial Board Vacancies:**
There are several vacancies on the Editorial Board of Athletic Training to be filled. Any certified trainer interested in reviewing articles for the Journal should send a letter indicating their interest along with a resume to:

Don Kaverman
Department of Athletics
Ferris State College
Big Rapids, MI 49307

Only those certified members chosen to serve on the Editorial Board of Athletic Training will be notified. Thanks, in advance, for your interest.

DLK
CHLORASTAT™

CHLORASTAT™ with 3% PCMX (Parachlorometaxylenol), detergents, and emollients has been proven to be an effective cleanser with antimicrobial, antifungal and antiviral properties. CHLORASTAT™, the totally versatile antiseptic, wound cleanser.

SCRUB BRUSH®

Mission® Scrub Brush (with Chlorastat™) contains 3% PCMX (Parachlorometaxylenol), detergents, and emollients. Scrub units are pre-wet, mild (with a soft bristled brush), and can be carried on the field in an antiseptic manner.

SUPAC®

SUPAC® is a pain reliever that minimizes mild to moderate pain without interrupting reflexes or trained muscular response. SUPAC® is quick acting, non-prescription, and non-narcotic.

Perhaps you should try these products in your program. For additional information and trial samples call Toll Free 1-800-531-3333 or in Texas 1-800-292-7364.
Certification

To: Curriculum and Internship Program Directors Athletic Training Students

From: Paul Grace
Chairman, Board of Certification

Re: Reporting Clinical Hours

In an effort to plan future examination sites and to verify fulfillment of the Clinical Hours requirement for all students, several changes have been made in the reporting of this information to the Certification Office at the National Office in Greenville.

Please note these changes and file them for future reference:

1. Athletic Trainers who are supervising students (NATA approved curriculum directors or internship program directors) must submit the form “Clinical Hour Report” no earlier than June 1st and no later than June 30th.

2. Internship students no longer are required to submit Form A.

3. If hours are attained at more than one facility, a separate form must be completed by the supervising Athletic Trainer at each facility.

Your cooperation, as always, is appreciated. Thank you for your continued support.

BOARD OF CERTIFICATION
NATIONAL ATHLETIC TRAINERS’ ASSOCIATION

CLINICAL HOURS REPORT

This form is to be completed by the supervising Athletic Trainer and sent to the Certification Office by June 30th of each year. DO NOT send weekly logs. DO NOT submit this form prior to June 1st, nor later than June 30th.

Name of supervisor: ___________________________ Membership #: ___________________________

Signature: __________________________________ Certification #: _________________________

Institution where clinical hours were attained:

Name: ___________________________ Location: ___________________________

Please list names of other NATA Certified Athletic Trainers who supervised interns at the institution listed above:

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CLINICAL HOURS LOG

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Grants & Scholarships

The first NATA scholarship was the 1970 William E. Newell Award in the amount of $250.00. Since then the NATA has awarded $141,250.00 to deserving members of the Association. These scholarships have been totally funded by the members of the Association and by private corporations and scholarship funds. We are very grateful to these members and corporations who have been so generous and supportive of these scholarships. The sponsors of each scholarship are noted in the 1985 list of award winners in this issue (See Association Activities). We could not make these grants without the help of our friends who have supported us for so many years.

This past year at the Annual Clinical Symposium, twenty-two awards of $1000 each were made. There were ten undergraduate awards, eleven graduate awards and an achievement award for top score on the Certification Examination.

Next year we are raising the awards to $1500 each and we hope to be able to continue raising the amounts of the awards to meet the increasing costs of education. In 1985 more than 55% of all qualified applicants received an award.

Following is a description of the types of scholarships and the general requirements for each one:

The NATA Grants and Scholarships Committee reviews applications for three categories of scholarships: Undergraduate, Curriculum, and Post Graduate student athletic trainer categories.

The Undergraduate Scholarship is for an undergraduate student in the sophomore or junior year of baccalaureate degree study. If the student is in a program of study requiring more than four years, then he/she may be in the third or fourth year of study.

The Curriculum Scholarship is for a junior in an NATA Approved Undergraduate Athletic Trainer Education Program. A student in a program which requires more than four years of undergraduate study must be in the third or fourth year.

The Post Graduate Scholarship considers students in their final year of a four year baccalaureate degree or those returning to school. If the program of study is no longer than four years, then the student must be in his/her final year. The student must signify an intention to continue academic work beyond the baccalaureate degree as a full-time graduate student.

The following are basic requirements for eligibility:

1. In all scholarship categories the applicants must be a member of the NATA for at least one year prior to the deadline date for submitting completed applications (February 1st).
2. NATA scholarships will not be awarded to the same student two consecutive years.
3. The student must have at least a 3.00 (based on a 4.00 maximum) grade point average.
4. The student must signify an intent to continue academic work at the appropriate level.
5. The student must signify an intent to pursue the profession of Athletic Training as his/her means of livelihood.

There is also another type of scholarship given and that is to the children of an NATA Certified Athletic Trainer who was an active member of our profession and Association at the time of death. This award is from the National Athletic Trainers Association Benevolent Fund and is named in memory of Warren H. Lee, the former Head Athletic Trainer at the University of Arizona. The funds are to be used for tuition, fees, board, room and books at an accredited university, college or junior college. Any Certified Athletic Trainer may submit a nomination for this award.

Placement

The number for the 24-hour telephone “HOT LINE” offering information on job opportunities is (919) 752-1266. Two different tapes are used: Graduate Assistantship tape is run on Monday, Wednesday and Friday from 5:00 pm until 9:00 am the following working day. General employment tape is run at all other times. Have pen and paper available to take down the following information: Position Title, Location, Deadline, Person to Contact.

A good idea some trainers are using: The HOT LINE tape is recorded for later play-back or transcription for posting on bulletin boards.

A current Placement File is also maintained by Committee Chairperson Craig Sink. If you would like to be included in this cross-indexed file, mail your current resume to him at NCSU, Box 5187, Raleigh, NC 27650.

Professional Education

Sayers “Bud” Miller
Distinguished Athletic Training Educator Award

Nominations are being received for the annual Distinguished Athletic Training Educator Award to be presented by the NATA Professional Education Committee in recognition of excellence in athletic training education:

I. Qualifications

To be nominated for the award, educators must have the following qualifications:

1. Current member of the National Athletic Trainers Association, Inc.
2. Member of a teaching faculty in the area of athletic training/sports medicine for at least ten (10) years.
3. Minimum of ten years of outstanding service in the area of athletic training education and research.
4. Recognized excellence in the field of athletic training education.
5. Outstanding service in district, state or national professional organizations concerned primarily with the field of athletic training.
6. Evidence of quality in publications and public speaking on topics in athletic training/sports medicine.

II. Nomination Procedures

1. The candidate’s current personal resume which includes:
   a. academic background
   b. employment background
   c. published research and other publications (journal articles, books, etc.)
   d. course work taught (during past five years)
   e. classroom teaching innovations
   f. course work/curriculums developed
   g. professional memberships
   h. positions on state, district, or national level of the National Athletic Trainers Association, Inc.
Research & Injury

Free Communications
Call for Abstracts
June 1986

Each year during our National Convention, members are continually sharing ideas, procedures, techniques and innovations in and for the profession of athletic training. Most of these conversations are among small groups of members and much of the information exchanged would be highly meaningful for the larger group. Many of these ideas have been developed through systematic data collection and observations made by the athletic trainers in the performance of their responsibilities. The accumulation of this information represents an important form of applied research.

With this in mind, the NATA Research and Injury Committee will offer a Free Communications Section at our National Meeting in Las Vegas in June 1986. The purpose of this section is to provide a forum in which information regarding the techniques and knowledge attendant in athletic training rooms all over the country can be openly exchanged. In order to provide organization to this session, the Committee is issuing a CALL FOR ABSTRACTS from the NATA membership. The titles of the projects to be presented will be available to members prior to the convention so that they will know which topics will be discussed and at what time during the session.

The response to this session has been excellent. We encourage each member to participate in these information exchanges. So please submit your abstract soon and we look forward to seeing you in Las Vegas.

Yours in sport,
John W. Powell, PhD, ATC
Chairman
Research and injury Committee

Instructions for Completion of Free Communication Abstract

Please read all instructions before preparing abstract. Carefully develop your abstract so it can be placed easily in the space provided on the following page. Mail the original and 3 copies prior to February 15, 1986.

1. Type title of paper or project in all caps.
2. Type the name of all authors with the author that will make the presentation listed first.
3. Indent three spaces on a new line and type the text of your paper.
4. Indicate any funding or grants information on one line at the bottom.
5. Indicate if presenting author is “member of the NATA.”
6. Indicate any audio-visual aids required.
7. Sign the completed abstract.

Remember: Your abstract should be of the informative type and should contain:
A. Sentence stating the specific objective of the project.
B. Brief statement of methods.
C. Summary of results.
D. Statement of conclusion.

Due to the time frame a limited number of papers will be presented. Each presenter will have fifteen minutes in which to deliver his/her topic. The Committee will select the papers to be presented. Submission of an abstract therefore does not mean you will automatically be responsible for a presentation. Notification will be made in plenty of time for final paper preparation.

Refer questions to: Russ Cagle, (503) 370-6420

MAIL TO:
Russ Cagle
Research and Injury Committee
Willamette University
Salem, OR 97301

National Athletic Trainers Association
Outstanding Research Award
Call For Paper

The Research and Injury Committee of the National Athletic Trainers Association has as its overall mission to encourage members of our Association to conduct, document and report research in the athletic training profession. In order for our profession to continue to grow, we must continually search for new methods of prevention, care and rehabilitation of athletic related trauma. We also have a responsibility to continually monitor and strive for excellence in our current procedures. To this end the NATA Board of Directors has approved the establishment of an Outstanding Research Award.

The Outstanding Research Award will be selected on a competitive basis from those completed and written documents submitted to Russ Cagle at Willamette University by February 15, 1986. A sub-committee for Outstanding Research Award consisting of Members of the NATA Research and Injury Committee will review all completed projects. Each member of this group will conduct the review without benefit of the author's name or clinical affiliation. From the projects submitted to this Sub-Committee, the most highly rated projects will be submitted to a Final Selection Committee. This Committee to consist of three athletic trainers who have proven competency in the conduct of research projects. The two non-athletic trainers will be selected based on their record of excellence in research within the professional discipline closely associated with Sports.
Medicine i.e., Exercise Physiology or Biomechanics. All review will be done without knowledge of author or institution. The Final Selection Committee will submit their established order of merit to the Chairman of Research and Injury Committee for announcement of the award.

In order to be eligible for this Award the following criteria are established:

1. Principal investigator must be a Certified Athletic Trainer.
2. The project must be of original design and not have been published at the time of application.
3. The project must have been completed at the time of application.
4. The paper must be manuscript format according to the standards established by the NATA Journal and Award winners must submit an article to the NATA Journal relevant to their research.
5. Completed papers must be sent to Russ Cagle, Willamette University, Outstanding Research Award, Salem, OR 97301, prior to February 15, 1986. (6 copies)

The basic criteria for final selection will be as follows:

1. Originality
   a. Background for research design
2. Depth of Analysis
   a. Use of appropriate statistical designs and methodologies
   b. Application of theoretical and practical design
   c. Interpretations based on the project design
3. Application of profession
   a. Effectiveness and relationship of research to the clinical setting
   b. Application for growth of the profession
   c. Contributions to the theoretical and practical knowledge
4. Presentation
   a. Clarity of organization
   b. Internal consistency
   c. Bibliography

It should be noted that this project is not to be confused with the Call For Abstracts for the 1986 Free Communication Session in Las Vegas. The Outstanding Research Award is offered based on fully completed research projects and requires written documentation of background, method, data collection, findings, discussion bibliography, and auxiliary funding sources.

Outstanding Research Award
Application Form

Please complete the following information and return this form with the six (6) copies of your completed research project.

Name ___________________________________________ Position ___________________________________________

Institution Address ___________________________________________

City ____________________________ State __________ Zip __________

Phone ( ) ___________________________

Home Address ___________________________________________

City ____________________________ State __________ Zip __________

Phone ( ) ___________________________

Certification Number __________ Membership Number __________

Contributing Authors ___________________________________________

________________________________________

________________________________________

If you have any questions relevant to this award, please contact:

Russ Cagle
Athletic Department
Willamette University
Salem, OR 97301
(503) 370-6420

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Guide to Contributors

Athletic Training, The Journal of the National Athletic Trainers Association, Inc. welcomes the submission of manuscripts which may be of interest to persons engaged in or concerned with the progress of the athletic training profession.

The following recommendations are offered to those submitting MANUSCRIPTS:

1. Four copies of the manuscript should be forwarded to the editor and each page typed on one side of 8 1/2 x 11 inch white paper, triple spaced with one inch margins.

2. Good quality color photography is acceptable for accompanying graphics but glossy black and white prints are preferred. Graphs, charts, or figures should be of good quality and clearly presented on white paper with black ink in a form which will be legible if reduced for publication. Tables must be typed, not hand written. Personal photographs are encouraged; however photographs cannot be returned if the manuscript is published.

3. The list of references and citations should be in the following form: a) books: author, title, publisher with city and state of publication, year; b) articles: family names, initial(s), and full authors, title of article, journal title, with abbreviations accepted as per Index Medicus, volume, page, year. Citations in the text of the manuscript will take the form of a number in parentheses, (7), directly after the reference or name of author being cited, indicating the number of the reference in the list. Example of references to a journal, book, chapter in an edited book, and presentation at a meeting are illustrated below. Reference pages accompanying manuscript should be submitted.

The following guidelines must be met for submission of papers or material to the Athletic Training.

4. Manuscripts are reviewed and edited to improve the effectiveness of communication between the author and the reader and to assist the author in a presentation compatible with the accepted style of Athletic Training. The initial review process takes from six to eight weeks. The time required to process a manuscript through all phases of review, revision, and editing, to final publication is usually six to eight months depending on the timeliness of the subject. The author accepts responsibility for any major corrections of the manuscript as suggested by the editor.

5. It is requested that submitting authors include a comprehensive abstract, a brief biographical sketch and acceptable black and white glossy photograph of themselves. Please refrain from putting paper clips on any photograph.

6. Manuscripts and accompanying artwork cannot be returned. Unused manuscripts will be reviewed when submitted with a stamped, self-addressed envelope.

Journal Deadlines

In order to avoid confusion and delays on contributions to the Journal the deadlines for various sections are provided below.

The Editorial Board will review papers submitted on an individual basis, work with the authors and prepare the papers for publication.

The deadlines are:

Journal Deadline
Spring Issue: December 15
Summer Issue: March 1
Fall Issue: June 15
Winter Issue: September 15

Send manuscript to:
Don Kavanagh
Athletic Department
Ferris State College
Big Rapids, MI 49307
(616) 798-0461

Send material for “Announcements”, “Case Histories”, “Letters to the Editor” and miscellaneous items to:
Steve Yates, Editor-in-Chief
P.O. Box 7265-Sports Medicine Unit
Wake Forest University
Winston-Salem, NC 27109

Send manuscripts to:
Jeff Fair, ATC
Athletic Department
Oklahoma State University
Stillwater, OK 74074

“Tips From the Field” and “New Products” should be sent to:
Barrie Steele
Training Room Bohler Gym
Washington State University
Pullman, WA 99164

Items for the “Student Trainer Corner” should be sent to:
Deloss Brubaker
U.S. Sports Academy
PO Box 8650
Mobile, AL 36608

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REDUCING A TRAINER’S LIABILITY

“A PRACTICAL APPROACH”

Nathaniel E.P. Ehrlich, JD, ATC

In the last several years, there has been a sharp increase in the number of medical malpractice lawsuits instituted against physicians and other health care providers. Despite this litigation, trainers have essentially avoided such exposure. However, it is increasingly clear that as our society becomes better educated to the role of the athletic trainer, an increasing number of suits will be directed at the trainer. The NATA Ethic Committee has approved the following series of forms in an effort to assist the trainer in attempting to limit potential exposure.

These forms will not eliminate liability. However, if utilized properly, these forms may act as a deterrent to suit, may limit liability in the event suit is instituted, and may help the trainer to plan his/her program so as to reduce exposure in areas that were never anticipated. These forms are not a license to do that which is beyond the legally accepted limits of a trainer’s ability or authority.

Obviously, the extent of a trainer’s practice varies from state to state. It is suggested, therefore, that before any of these forms are utilized, the trainer should check with an attorney. Further, even if the athletes being treated are minors, it is still recommended that both the athlete and the legal guardians be required to sign these forms.

The following is an explanation of the various forms:

PRE-SEASON PHYSICAL (Exhibit 1)

It is undisputed that some form of pre-participation exam is essential to the physician and trainer in order to allow the practitioner to establish an athlete’s physical status. Without this exam, neither the physician nor trainer has the necessary data to evaluate an athlete’s ability to participate. It is arguably the trainer’s duty to not only recommend that a physical be given, but also to inform the physicians giving the exams that the screening should meet certain minimum standards. The days of the two-minute physical are long past. Exhibit 1 is just one example of what might be acceptable. There are several acknowledgements which are part of the exhibit. Similar acknowledgements appear in later exhibits, since the more times an athlete and/or the guardians see and sign them, the less plausible is the argument that, “I did not see them.”

Mr. Ehrlich is with the law firm of Post and Schell in Philadelphia, PA, and specializes in defending medical malpractice suits. He is a member of the NFL Players Association and serves on the Workmen’s Compensation panel.

Finally, there is a section which the athlete and/or the guardians sign allowing a trainer to release information concerning the athlete’s physical condition during the season to the coaches and/or sports information director. This acknowledgement is designed to reduce the potential for a suit wherein it may be alleged that confidential or privileged information was released to these parties without the athlete’s consent.

CONSENT TO TREATMENT
(Exhibits 2A, 2B)

Part of the trainer’s duties include recognition and evaluation of athletic injuries; management, treatment, and disposition of athletic injuries; and rehabilitation of athletic injuries. Obviously, these duties include some form of treatment, either by the trainer himself or by some other trained medical practitioner. If the injury is so severe that immediate attention is required, the trainer may not have time to obtain consent from the athlete and/or the athlete’s guardians. Unnecessary delay and additional injury can be prevented by having one of the following forms executed prior to a season. Furthermore, in many states treating personnel in a life-threatening situation are further protected by “Good Samaritan” statutes. One additional benefit of these forms is that in the traditional athlete-trainer situation, the argument that treatment was performed without consent will be eliminated or reduced, further protecting the trainer.

Of the two forms, Exhibit 2A is the more complete as it provides additional protection for any injury which may be sustained during treatment. Nonetheless, these forms will not protect the trainer if he/she commits malpractice. As, under most circumstances, a party will not be held to have waived a claim based upon negligence.

ACKNOWLEDGEMENT OF INJURY
(Exhibit 3)

Many trainers are faced with a situation where an athlete who should not participate wishes to participate. The ideal protection would be if the athlete secured a court order requiring that the individual be allowed to participate. Such an order will only be issued in the most unusual circumstance. Another alternative is to have a form similar to the one attached executed by the athlete and/or the guardians. This form is only an example of what can be developed. In each situation, an attorney should be consulted to prepare a more complete authorization if time permits.
RELEASE OF INFORMATION
(Exhibits 4A and 4B)

Another area of concern for the trainer is whether to release information concerning an athlete who has been under the athletic trainer's care. Requests for information may come from the team's coaches, the sports information director, professional scouts, college coaches recruiting high school players, the media and from coaches and sports information personnel. If the trainer releases information without the athlete's consent, the trainer may be exposing himself to suit under a variety of theories. Exhibit 1 (The Pre-Season Physical) contains an authorization for the release of information to coaches and sports information personnel. As previously mentioned, there are others who will be contacting you for information and the trainer must be extremely careful in how this information is disseminated.

The ideal situation would be for the trainer to release no information to anyone. Obviously, this is not very practical. Therefore, the trainer will have to ascertain whether each athlete desires to have information regarding himself released. If the athlete wishes to have information released, there are certain procedures which must then be followed. The ideal procedure is to have the athlete execute the attached authorization each time someone requests information, with the athlete noting on the form to whom the information is being released. The next best scenario would be to have the athlete execute the authorization before each season with the authorization being reexecuted during the season when circumstances warrant.

Two cautionary notes are in order here. First, under no circumstances should a trainer release any information verbally. Second, the trainer should not make any comments on the player's personality, injury rate, etc. Only information contained in the form should be provided.

REQUEST FOR CONFIDENTIAL INFORMATION (Exhibit 5)

As an additional precaution, it may be wise to have the individual requesting information about the athlete execute this form. This form is an attempt to limit the use of the information and to limit a trainer's liability for the dissemination of that information beyond that authorized.

INFORMATION PROVIDED
(Exhibit 6)

A trainer must keep records and this is one suggestion for recording the information provided to the requesting parties. If records are kept accurately the trainer will be able to properly verify not only when the information was released, but to whom the information was released and what was released.

CONCLUSION

These forms will not completely eliminate liability for athletic trainers. However, the forms may reduce the number of suits against trainers. In addition to the forms, the trainer should attempt to keep accurate records which reflect the time and type of treatment and the person who performed the treatment. These records are important since they may be a trainer's only way to verify activities should a suit be instituted. Finally, it is highly recommended that the athletic trainer take advantage of the malpractice insurance offered to NATA members.

(Exhibit 1)

STANDARD MINIMUM PRE-SEASON PHYSICAL EXAMINATION

Should there be the need for additional examination or testing in any specific area, such will be permitted.

GENERAL MEDICAL EXAMINATION
1. History
   - player
   - family
   - thorough review of all team physicians and trainer reports for preceding seasons

2. Examination
   - head
   - face
   - scalp
   - ears - external & drums
   - sinuses
   - throat
   - eyes - pupils
   - reaction to movement and light
   - lungs - palpation
   - chest
   - heart
   - vascual - hernia
   - rectal - hemorrhoid
   - fistula
   - gastric
   - any unusual body marks, i.e., scars, birthmark
   - height
   - weight
   - temperature
   - blood pressure
   - pulse
   - heart rate

ORTHOPEDIC EXAMINATION
Examination visually, including stress testing and range of motion for all of the following:
- neck and spine
- shoulder
- elbow
- wrist
- fingers
- hips
- knees - also knee jerk
- ankle - check Achilles tendon for abnormalities and by jerk test

FLEXIBILITY
Testing of hamstrings and neck.

EKG
Heart abnormalities.

STRESS TESTING (at physician's discretion)
(Treadmill or bicycle) for cardiovascular.

BLOOD TESTING
Standard grid. Testing for (including but not limited to):
- Chemistry
- Calcium
- Phosphorus
- Glucose
- Uric Acid
- Cholesterol
- Iron
- Triglycerides
- Lipids
- Sodium
- Chlorides
- White Blood Count
- Red Blood Count
- Mono-Screen
- Tay-Sachs
- Sickle Cell
- V.D.

URINALYSIS
Check for (including but not limited to):
- Protein
- Glucose
- PH Factor
- Diabetes
- Renal Failure
- Gout
VISION TESTING - peripheral vision
- standard eye test

HEARING TEST

DENTAL EXAMINATION

CHEST X-RAY (at appropriate intervals) (Only as recommended by AMA standard) Check for:
- Tumor
- T.B.
- Lesions

X-RAY ALL PREVIOUSLY INJURED AREAS - (at Physician’s discretion)

BY: _____________________________

PHYSICIAN

ACKNOWLEDGEMENT

I have reviewed the Medical History Report on the above form and affirm that it is true and correct to the best of my ability. The above-named Student consents to participation in ________________________________ which may include travel.

(LEGAL GUARDIAN(S) OR STUDENT)

I/We hereby grant permission to _________________ , its physicians and/or Trainers to render aid, treatment, medical or surgical care deemed reasonably necessary to the health and well being of ________________________________ .

I/We further authorize the Athletic Trainers at the above-named institution who are under the direction and guidance of ________________________________ , to render any first aid or preventive, rehabilitative or emergency treatment deemed reasonably necessary to protect the health and well being of ________________________________ .

I/We additionally grant, when necessary, for protecting the health and well being of ________________________________ , permission for hospitalization, treatment or surgery at a competent and/or accredited facility.

We, the undersigned, grant permission for the school employees to secure medical services for ________________________________ , if necessary.

It is understood that even though protective equipment is worn by the Athlete whenever needed, the possibility of an accident still remains. Neither ________________________________ nor its Trainers assume any responsibility in the event of an accident. In consideration of the above-named Student being permitted to participate in ________________________________ , I/We hereby release the above-named institution, its employees and Trainers, together with all persons, assisting with any phase of such activities, from all liability and responsibility in connection with such activity. I/We further agree to indemnify and hold harmless from all claims hereafter made and asserted by or on behalf of the above-named Student, his parents, guardian(s), heirs, executors or assigns.

I further authorize any physician to release confidential information concerning an athletic injury to the coaches or Sports Information Director.

DATE: ____________________

BY: _____________________________

PARENT/GUARDIAN

BY: _____________________________

STUDENT

(Exhibit 2A)

MEDICAL CONSENT FORM

I/We hereby grant permission to ________________________________ , its physicians and/or Trainers to render aid, treatment, medical or surgical care deemed reasonably necessary to the health and well being of ________________________________ .

I/We further authorize the Athletic Trainers at the above-named institution who are under the direction and guidance of ________________________________ , to render any first aid or preventive, rehabilitative or emergency treatment deemed reasonably necessary to protect the health and well being of ________________________________ .

I/We additionally grant, when necessary, for protecting the health and well being of ________________________________ , permission for hospitalization, treatment or surgery at a competent and/or accredited facility.

I/We further release ________________________________ , its Trainers, agents, servants, and employees from any liability for damage and injury to ________________________________ and hereby accept the full responsibility for any and all damages or injuries sustained as a result of participation in ________________________________ .

DATE: ____________________

PARENT/GUARDIAN(S)

(Exhibit 2B)

MEDICAL CONSENT FORM

I/WE hereby grant permission to ________________________________ , its physicians and/or Trainers to render aid, treatment, medical or surgical care deemed reasonably necessary to the health and well being of ________________________________ .

I/WE further authorize the Athletic Trainers at the above-named institution who are under the direction and guidance of ________________________________ , to render any first aid or preventive, rehabilitative or emergency treatment deemed reasonably necessary to protect the health and well being of ________________________________ .

I/WE additionally grant, when necessary, for protecting the health and well being of ________________________________ , permission for hospitalization, treatment or surgery at a competent and/or accredited facility.

(Exhibit 3)

ACKNOWLEDGEMENT OF INJURY

1. I have been informed by the team physician that I have the following physical condition(s):

2. I have received a full explanation from the team physician that to continue to play __________________________________________ may result in the deterioration or aggravation of such physical condition(s) rendering me physically unable to perform life’s daily functions.

3. I fully understand the possible consequences of playing with the physical condition(s) set forth in paragraph 1 above. Nevertheless, I desire to continue to play ____________________________________________________________________________________________ and hereby assume all risks inherent in the sport of ________________________________ .

4. Because I desire to play __________________________________________ for ________________________________ , I hereby waive and release its agents, employees, physicians and trainers from any and all liability or responsibility in the event I become physically disabled as a result of this or any other injuries sustained while participating in ________________________________ or as a result of a deterioration or aggravation of the physical condition(s) set forth in paragraph 1 above.

DATE: ____________________

STUDENT AND GUARDIAN

WITNESS

AUTHORIZATION FOR RELEASE OF INFORMATION

1. Name:
2. Sport(s):
3. Position:
4. Number (Jersey):
5. Height:
6. Weight:
7. Birthdate:
8. Year At (Freshman, Sophomore, Junior, Senior) (School)
9. Junior College Transfer (Check): Yes No
10. If “Yes” to #9 above, state Junior College:
11. High School:
12. Glasses (Check): Yes No
13. Contact Lenses (Check): Yes No
14. Injuries and/or problems about which information will be released:

I/We ________________________________ , give my consent for the team physician, athletic trainers, or other medical personnel at ________________________________ to release the above information regarding my medical history, record of injury or surgery, record of serious illness, and rehabilitation results as may be requested by the scout or representative of any professional or amateur athletic organization seeking such information. Said information shall include, but is not limited to, any and all information within their knowledge, or
of the injury to the mentally retarded athlete is many times less, but remember, these athletes are experiencing trauma to the body. The athletic trainer should be knowledgeable of the special needs of these athletes due to a mental and/or physical disabling condition. These athletes take such a small portion of our time and they, as athletes, also need the medical attention of an athletic trainer who cares.

References
PROCEEDINGS of the BOARD OF DIRECTORS NATIONAL ATHLETIC TRAINERS’ ASSOCIATION, INC.

June 5-10, 1985
San Antonio, Marriott Hotel
San Antonio, Texas

SUMMARY OF ACTIONS NATA BOARD OF DIRECTORS

The following agenda items were considered and actions taken by the NATA Board of Directors at its meeting held at the San Antonio Marriott Hotel, San Antonio, Texas, commencing at eight-fifteen o'clock a.m., on Wednesday, June 5, 1985, and terminating at four-thirty p.m. on Monday, June 10, 1985, with Mr. Bobby Barton, President, presiding and with the following present:

Mr. Bobby Barton, President
Mr. Otho Davis, Executive Director
Mr. Jack Baynes, District 1
Mr. Hal Higgins, District 2
Mr. Andy Clawson, District 3
Mr. Gary Craner, District 4
Mr. Dennis Aten, Eastern Illinois University (District 5)
Mr. Wayne Delforge, University of Arizona (District 6)
Mr. Jack H. Henry, M.D.
Mr. Gordon Graham, District 4
Mr. Mark Smaha, District 8
Mr. Bruce Molin, Parliamentarian

I. APPROVAL OF MAIL ITEMS:
Moved by District 8, seconded by District 1 and carried 10-0 to approve all of the mail items previously approved, as follows:

1. Appointment of Gary Craner, Boise State University (District 10) to Ethics Committee.
2. Approval of Dr. James R. Andrews, Columbus, Georgia as recipient of the 1985 President’s Challenge Award.
3. Approval of groups who were recipients of the 1985 Honorary Membership.

II. DEFINITION OF CERTIFIED ATHLETIC TRAINER
Moved by District 6, seconded by District 8 and carried 10-0 that the following definition of a Certified Athletic Trainer be approved:

DEFINITION
ATHLETIC TRAINER, CERTIFIED: An allied health professional who has successfully completed the college/university undergraduate degree, fulfilled the requirements for Certification as established by the Board of Certification of the National Athletic Trainers’ Association, Inc., and has passed the NATA Certification Examination administered by the NATA Board of Certification. The six domains of Athletic Training from which specific tasks are measured in the examination are:

1. Prevention of Athletic Injuries
2. Recognition and Evaluation of Athletic Injuries
3. Management, Treatment and Disposition of Athletic Injuries
4. Rehabilitation of Athletic Injuries
5. Education and Counseling of Athletes
6. Education and Counseling of Athletes

The Certified Athletic Trainer works under the direction of a licensed physician in the practice of the art and science of athletic training.

III. ACCEPTANCE OF INFORMATIONAL ITEMS:
Moved by District 10, seconded by District 1 and carried 10-0 to accept the following informational items:

Career Information and Services
History and Archives
Memorial Resolutions
Placement
Publications

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help sell the training profession to the public as well as to school systems throughout the country. Mr. Irvine Cross is now a commissioner of the NATA Board of Certification.

The current president of NATA is Dr. Bobby Burton of Eastern Kentucky University, Richmond, Kentucky. Mr. Otho Davis of the Philadelphia Eagles continues as the Executive Director. Ms. Mary Edgerly remains in Greenville, North Carolina at the national headquarters as the full time Administrative Assistant to the organization.

The Journal of the NATA continues to furnish many excellent papers on sports medicine. It is always a very worthwhile experience to have the honor of being the liaison representative to the NATA from the ACHA. The next Annual Meeting of the NATA will be held on 9, 10, and 11, June, 1985 in San Antonio, Texas. All ACHA members from that area or who are free at that time would be welcomed to attend and would enjoy the excellent programs.

The American Correctional Therapy (ACTA) report is as follows:

TO: National Athletic Trainers Association, Board of Directors

Jeff Fair, ACTA Liaison

SUBJECT: American Correctional Therapy Liaison Report

The 38th Annual Scientific and Clinical Conference of the American Correctional Therapy Association will be held on July 13-18, 1985 at the Penta Hotel in Manhattan, New York.

As per instructions from NATA President Bob Hutton, Don Lowe has agreed to attend the ACTA meeting and act as our liaison.

Roger Kalsan’s attendance at last year’s meeting was very productive and it is recommended to the Board that we continue our liaison with the American Correctional Therapy Association for the benefit of both associations.

The National Association for Girls & Women in Sport (NAGWS) report is as follows:

TO: NAGWS Liaison Representatives

FROM: Carolyn B. Mitchell

SUBJECT: NAGWS Board of Directors Meeting

April 17, 1985 - Atlanta, Georgia

February 6, 1985

As agreed at the fall NAGWS Board of Directors meeting, there will be an abbreviated spring Board meeting lasting only a few hours. Since the meeting has taken on this format, we are extending an invitation to our liaison representatives to submit only a report to our Board. We will distribute written reports received by March 5. If you have written materials you would like to have distributed, please mail 30 copies to Carol L. Thompson, NAGWS Executive Director, 1900 Association Drive, Reston, VA 22091.

On behalf of the NAGWS Board of Directors, I extend a personal invitation to join us in celebrating our 100th anniversary during the Atlanta Convention, April 17-21, 1985. I look forward to seeing you there.

The National Association of Intercollegiate Athletics (NAIA) report is as follows:

Business meeting of the NAIA Athletic Trainers Association and the Medical Aspects of Sports Committee met on March 17, 1985 at the Veterans International Hotel in Kansas City, MO with the following members present:

Jerry Krummel

Lewis & Clark College

ATA President

Gary Smith

Central Wash. Univ.

ATA 1st Vice President

Phillip A. Pifer

Southern Oregon St.

ATA 2nd Vice President

Julie Reine

Pittsburgh State Univ.

ATA Secretary

Kari Klinkiesk

Univ. of So. Colorado

ATA Past President

Steve Bellande

Western Wash. Univ.

ATA

Larry Gorchick

Georgia Southern

John Baxter

Emporia State Univ.

ATA

Harry Orely

Harding University


Herb Appenzeller

Guarford College

Med. Asp. of Comm.

Wally Schwartz

NAIA National Office Liaison

I. The meeting was called to order at 2:45 p.m. and the NAIA ATA officers were introduced.

II. Minutes from the last meeting and financial report were approved.

III. Old Business

A. Action of the NAIA Executive Committee on Recommendations: Recommendation that a certified athletic trainer be included in the traveling party for NAIA-ATA championship events disapproved. The NAIA went on record to encourage member schools to include a certified athletic trainer in the travel party.

Wally Schwartz pointed out that the NAIA supports having a certified trainer on the bench at championship events, but they will not pay for more than 14 persons per school for basketball.

Recommendation that a plaque be presented to the outgoing NAIA ATA President each year passed.

It was agreed that this plaque would be similar to that given to the outgoing President of the Coaches Association.

B. Appointment of Nomination Committee for vacant seats on the NAIA ATA executive board in 1986.

Jerry Krummel announced that there have been three nominations for the position of secretary for 1985-86. They are:

Steve Reistinger

Jeff McIlhlan

Greg Vought

C. Preview of San Antonio Meeting, June 7-11.

It was agreed that the NAIA ATA would award 6 CEU to those attending the NAIA ATA workshop in San Antonio.

Jerry Krummel emphasized the fact that the CEU form must be postmarked within 30 days.

D. Concern over stunts performed by cheerleaders at NAIA district, area, and national events.

Wally Schwartz discussed the recent injury to a cheerleader at Fort Hays State University and said that although cheerleading is not an NAIA recognized sport, the NAIA-ATA and the Medical Aspects of Sports Committee should voice their concern.

John Baxter explained the policy at Emporia State University.

RECOMMENDATION:

The NAIA-ATA and the Medical Aspects of Sports Committee recommend that pyramid or the stacking of bodies by cheerleaders be disallowed at NAIA district, area, or national events.

Motion made by Karl Klinkiesk Seconded by Phil Pifer

Motion passed unanimously.

RECOMMENDATION:

The NAIA-ATA and the Medical Aspects of Sports Committee recommend that pyramids or the stacking of bodies by cheerleaders be disallowed at NAIA district, area, or national events.

Motion made by Karl Klinkiesk Seconded by Phil Pifer

Motion passed unanimously.

D. Discussion of NACDA Drug Session

Findings and the test results at 1983-84 championship events

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were reviewed. Don Spencer volunteered to look into Trans World Airlines drug testing procedures for its employees.

It was agreed that the NACDA session should be shortened next year and possibly be a joint session between the NAIA-ATA and the NAIA Athletic Directors Association.

Wally thought that a joint session including other topics should be carefully considered so that they are of interest to both groups.

RECOMMENDATION:
The NAIA-ATA and the Medical Aspects of Sports Committee recommends that we contact the NAIA-ADA concerning a joint venture of providing a workshop in areas of mutual concern beginning with the 1986 NAIA Convention.

Motion made by Harry Olree Seconded by Herb Appenzeller

Motion passed unanimously.

D. Topics to address at future workshops

President Jerry Krummel appointed a committee to plan next year’s workshop consisting of the following:

The incoming secretary of the NAIA-ATA (chair)
The outgoing secretary of the NAIA-ATA
Ken Brown
Larry Gurchiek

Two additional volunteers chosen at the June meeting.

E. Discussion of services given by NAIA directors to students visiting teams (water, ice, certified trainer present, etc.)

Wally suggested having Athletic Directors make provisions for these services in game contracts. Steve Bellande will submit a copy of a form used in District I asking what services are provided.

F. Discussion of acceptable standard of care

Jerry Krummel pointed out that athletes are entitled to adequate medical care and that some guidelines should exist for NAIA schools for the provision of medical care.

It was agreed that this might be a good topic for a joint session with the NAIA-ADA next year. Future discussion will take place in San Antonio.

G. Discussion of items from the floor

1. Don Spencer initiated discussion of asking the NAIA-ATA to require a physical for all athletes. His proposal is as follows:

“The NAIA-ATA and the medical aspects of Sports Committee recommends that all NAIA schools require preparticipation physical examinations for all students participating in NAIA recognized sports. This examination must be performed by a licensed physician.”

Karl Klinksiek motioned that the proposal be sent from “pre-entrance” to “preparticipation”.

After further discussion about the wording of the proposal both the proposal and the amendment were withdrawn. President Jerry Krummel appointed a committee to study the matter and work on a proposal. Members of this committee are:

Julie Bruns - Chair
Dr. Donald Spencer
Karl Klinksiek

This committee will give a progress report at the June meeting.

2. The following NAIA athletic trainers are eligible for the 5 year award:

Patrick C. Baril
Ben Davidson

Gary Nicholson
Jay Bradley
Alex Bremer

Two Athletic Trainers, Karl Klink­skiek and John Baxter are Hall of Fame eligible.

Motion for a joint session by Karl Klink­skiek, seconded by Jerry Krummel.

V. Meeting Adjourned at 5:00 p.m.

Respectfully submitted,

Julie Bruns, Secretary

The National Athletic Head and Neck Injury Registry report is as follows:

April 4, 1985
Ohio Davis, ATC
Executive Director

NATA
c/o Philadelphia Eagles
Veterans Stadium
Philadelphia, PA 19148

RE: Liaison Report - National Athletic Head and Neck Injury Registry

Dear Otho:

Enclosed please find my completed Liaison Activity Report for the National Athletic Head and Neck Injury Registry.

The Registry has continued its annual survey for 1984. At this point in time the data is being compiled and analyzed. As you know, I will present a 14 year report at our upcoming Annual Meeting and Symposium in San Antonio.

This past year we have embarked on a new project involving transient cervical spinal neuropathy. We have recognized patterns of injuries from football that result in temporary paralysis or numbness involving both arms and/or legs. This type of injury is occurring with relative frequency.

Dr. Torg’s address to the NATA membership will focus on this newly recognized injury. He will speak on the mechanism, pathology and incidence of these injuries.

We believe that our findings are a significant contribution to the body of knowledge necessary for appropriate injury prevention and management.

We would like to thank the members of the NATA for their assistance in this year’s survey and we look forward to our participation in the 1985 program in San Antonio.

Sincerely yours,

Joseph J. Vegso, ATC
Liaison Representative

MEMORANDUM

FROM: Joseph S. Torg, MD - Director
University of Pennsylvania Sports Medicine Center

DATE: February 1, 1985

SUBJECT: Athletic Head and Neck Injuries

The National Athletic Head and Neck Injury Registry was established in 1975 to document head and neck injuries in athletic activities. The Registry is soliciting information: regarding injuries to the head and/or neck that required hospitalization for more than 12 hours, surgical intervention, involved a fracture and/or dislocation, resulted in permanent paralysis or death.

Information from the Registry has been presented to the NCAA Rules Committee and was instrumental in rules changes that preclude the use of the head as a battering ram. Subsequent to these rules changes, it has been encouraging to note that a dramatic decrease in the number of head and neck injuries has occurred in football. We believe, however, that the athletic head and neck injury problem is of significant magnitude to warrant the continued concern of all responsible individuals. Your cooperation in reporting these injuries will be most appreciated.

Please complete the enclosed reporting form, being as specific as possible. If you cannot complete the reporting form, please forward it to the individual who could best do so. All information will be held in the strictest of confidence and be used only for epidemiologic survey purposes.

All correspondence should be addressed to the National Athletic Head and Neck Injury Registry, University of Pennsylvania Sports Medicine Center, Weightman Hall, E-7, 235 S. 36th Street, Philadelphia, PA 19104.

This report is for your concern and cooperation.

INJURY REPORT

Thank you for supplying all of the information requested. It will be used for epidemiologic purposes only.
The National Federation of State High School Associations report is as follows:

National Federation rejects proposal concerning external warning label.

The National Federation Football Rules Committee has rejected a proposal both in 1984 and 1985 which would have required that each player’s helmet must not only meet the “NOCSAE Standard,” but must also have an external warning label.

The NOCSAE Board of Directors at their meeting in Nashville on January 12-13 (following the football rules committee meeting) took action which made the external warning label a part of the standard for the football helmet and batting helmets. This means that if a rules committee mandates a helmet which meets the NOCSAE standard, the helmet must have an external warning label.

Since the football rules committee met prior to NOCSAE’s action, it does not affect the football rule for the 1985 season. However, the committee will need to be aware of this when they meet in 1986, and the baseball and softball rules committees will need to consider this at their meeting in June.

The National Federation has supported and encouraged the use of the external warning labels. In fact, a major effort was made in 1984 and 1985 to obtain and distribute huge quantities of these labels.

While the label will not be mandatory by rules in 1985 in football, schools are encouraged to use them. The external label is part of the educational effort in alerting players to the possibility of injury and the danger of using illegal techniques.

The Sporting Goods Manufacturers Association (SOMA) has stated that all football helmet manufacturers and all batting helmet manufacturers will provide free labels to the schools. Helmet reconditioners will also provide labels to their customers. The sporting goods dealers and individual salesmen, in most cases, will also supply them to the school clients.

Following is a list of football and baseball helmet manufacturers:

**Football Helmet Manufacturers**

- Bike Athletic
  - P.O. Box 979
  - Knoxville, TN 37914
  - (800) 251-9230

- Nocona Athletic Goods Co.
  - P.O. Box 329
  - Nocona, TX 76055
  - (817) 825-5326

- Rawlings Sporting Goods Co.
  - 2300 Delmar Boulevard
  - St. Louis, MO 63166
  - (314) 242-2900

- Mac-Pro Helmet, Inc.
  - P.O. Box 8580
  - Waco, TX 76710
  - (817) 777-0010

**Baseball Batting and Helmet Manufacturers**

- American Baseball Cap, Inc.
  - Station Road
  - Media, PA 19063
  - (215) 565-0845

- Nocona Athletic Goods Co.
  - P.O. Box 329
  - Nocona, TX 76055
  - (817) 825-5326

- Rawlings Sporting Goods Co.
  - 2300 Delmar Boulevard
  - St. Louis, MO 63166
  - (314) 242-2900

- Mac-Pro Helmet, Inc.
  - P.O. Box 8580
  - Waco, TX 76710
  - (817) 777-0010

- Hutch Sporting Goods, Inc.
  - 1929 W. 8th Street
  - Kansas City, MO 64104
  - (800) 346-0005

- Rawlings Sporting Goods Co.
  - 2300 Delmar Boulevard
  - St. Louis, MO 63166
  - (314) 242-2900

- Mac-Pro Helmet, Inc.
  - P.O. Box 8580
  - Waco, TX 76710
  - (817) 777-0010

Sincerely,

Otho Davia, ATC
Executive Director
NATA, Inc.

April 9, 1985

Otho Davia
Executive Director
NATA, Inc.
1001 East 4th Street
Greenville, NC 27834

Dear Otho:

This letter is in regard to your question concerning the article in the National Federation’s newspaper.

The headline is misleading as far as what actually transpired. I would like to summarize as follows:

For the past two years, the National Federation Football Rules Committee has had on its agenda a proposal that would have mandated an external warning label on the football helmet. The Football Rules Committee did not approve this item in either of the last two rules committee meetings. However, following the National Federation’s 1985 Football Rules Committee meeting, the NOCSAE committee subsequently met and made the warning label a part of the NOCSAE Standard. Since the Football Rules Committee had met prior to this action, the warning label is not a part of the National Federation Football Rules for the 1985 season. At the 1986 Football Rules Committee meeting, we will have to consider the language we use when referring to a “helmet which meets the NOCSAE Standard,” since now the warning label is part of the Standard. If we keep the language the same, it would in fact mean that beginning in 1986 every football player would have to have a helmet that not only includes the NOCSAE seal, but has the visible external warning label.

I hope you didn’t get the wrong idea from the headline. The National Federation has been the leader in promoting the use of the external warning label; and in fact, we are the first organization to dispense huge quantities (over one million, five hundred thousand) to our member schools in 1982 urging them to begin using the external warning label. It was upon the Federation’s recommendation that the entire push toward the external helmet warning label has become a reality.

Thank you very much.

Sincerely,

Dick Schindler
Assistant Director
National Federation of State High School Associations

**IV. AUDIOVISUAL AIDS:**

Moved by District 9, seconded by District 10 and carried 10-0 to approve the April 15th report for informational purposes.

Moved by District 8, seconded by District 6 and carried 10-0 that Mr. Bill Prentice coordinate the use of the NATA special exhibit with the Audiovisual Aids Committee and that any excessive damage will be paid for by the district using the exhibit and that all freight charges not authorized by the Board of Directors will be paid by the user.

Moved by District 3, seconded by District 5 and carried 10-0 that Mr. Prentice be permitted to take this booth to the meetings of the American Association of School Administrators (AASA) and the National Association of School Boards (NASB).

The report is as follows:

TO: Board of Directors
FROM: Jerry Nowensick
RE: Audiovisual Aids Committee Report

DATE: April 15, 1985

1. Committee Report

   1. The Audio Visual Aids Media Review room will be coordinated by Allen Eggert of Rice University - District VI.

   2. Viewing hours in the media room will be...
V. DRUG EDUCATION:
Moved by District 3, seconded by District 2 and carried 10-5 to table the issue of drug testing indefinitely for consideration.

Moved by District 9, seconded by District 10 and carried 10-5 to table the issue of drug testing indefinitely for consideration.

The report of the NATA Drug Education Committee for the year 1984.

APRIL 13, 1985

1. In response to the second directed item in the February 11, 1985, communication from Bobby Barton, "attempt to secure information on the conclusions of the February 22, 23 meeting on drug testing held in Chicago."

This meeting was sponsored by Northwestern University. The keynote speaker was Carl Blyth of UNC-Chapel Hill as indicated in II.

A. Not all speakers used prepared notes.
B. No transcript was made of the meeting.
C. It was his opinion that the real conclusions were made by the individual participants, as they compared their individual notes after the session.

According to Carl Blyth, there was no new information presented at this meeting, but only a distribution of the information already available to the NATA Board of Directors from the Drug Education Committee.

2. John Wells was interviewed regarding drug testing by M. McNulty of "Sportsstalk" show on KFPR, Columbia, Missouri.

3. An up-date of the November 9, 1984 NATA Drug Education Committee Report shows that twenty-one schools have now responded to our request for drug screening procedures.

Of these twenty-one schools, nine use the Emit system, one has dropped drug screening on-site, seven schools use independent laboratories (one of which used the Emit system), and five schools did not, or would not, indicate testing procedures.

The Athletic Trainer is responsible for drug screening at one of the twenty-one schools.

The seventeen schools that did, or would respond, indicated Drug Education as a part of their drug screening procedure.

The enforcement, or penalties assessed, still ranged from none ("the drug athlete will eventually eliminate himself") to immediate suspension (one week) for the first offense.

If the school has a "voluntary" drug screening program, and the athlete refuses to voluntarily comply with the testing, the athlete's coach is not compelled to play the athlete. Two Athletic Trainers stated that this was understood at their schools. One school uses failure to comply with testing as a basis for automatically assigning the athlete to their first offense category. Two schools tie compliance with drug testing to financial aid.

LABORATORIES AVAILABLE FOR DRUG TESTING

3 M Drug Testing Clinical Laboratory Services
Box 42
Ventura, CA 90092
805-289-2062

Check Point Laboratories
Box 3510
Manassas, VA 22110

The American Institute for Drug Detection
438 Dodge Avenue
Evanston, IL 60202

These laboratories indicate that they will handle schools on a national basis.

Based on the NCAA Drug Testing Survey, there are an additional forty-three schools doing drug screening. The Drug Education Committee is currently trying to receive copies of procedures from these schools.

TO: John Wells
FROM: Scott Brown
DATE: April 9, 1985

I am writing with regard to my recent telephone call with Mr. Eric Zemper, Research Coordinator for the NCAA. We discussed the meeting that occurred in Chicago on February 22 and 23. Eric stated that the meeting was held at Northwestern University and was not connected from football by the NCAA Drug Education Committee. The meeting was a Drug Testing Symposium held by the University. The NCAA was contacted in need of help to secure a speaker the workshop. Carl Blyth was the NCAA chosen representative.

As for the NCAA Drug Education Committee, Eric stated that the committee is in the process of revising legislation and should be putting a Drug Education Program in front of the membership within the next several months. The program will describe a testing plan. The Committee has not yet had a chance to meet because John Thompson of Georgetown University, one of the Committee members, just finished his basketball season. The Committee consists of only one technical staff member. The majority of the other members are administrators who include Jacky Sherrill.

The Drug Education Committee will meet early in May and attempt to find funding to produce several videos on Drug Education for the member institutions. This attempt has been going on for several years and due to loss of revenue from football site, this project is not foreseen as developing.

Presently, some matters are now being put together considering the legality of drug testing for the NCAA and the individual schools who are doing testing at this time. The University of Indiana is helping Eric out with the legality end. His office study done in December of 1983 consisted of 1214 member institutions performing some form of drug testing.

In November of 1984, the follow-up study estimates 84-87 schools involved.

Another interesting point to consider is that many of the field testing equipment utilized by each school has 2-3% problems. It was mentioned that the confounding data which should be considered by you and the Board, a positive test are not planned out well. Some of these procedures are repeating the test with the same field equipment. This would not stand up in a court of law.

Once again, I will make sure that Eric documents the figures mentioned by him to see if he is overseeing several fairly sizeable committees and can only touch base with these committees from time to time. I feel that Carl Blyth would be the contact person as Eric does mention his name quite frequently. I will keep you informed of any additional information.

In closing, I have started my pursuit of cocaine information. I have contacted Senator Paulus Hawkins, Chairperson of the Subcommittee on Alcohol and Drug Abuse. She will be contacting me. I have also looked at different cocaine articles in the library.

May 7, 1985

Mr. Otho Davis
O/Phi Philadelphia Eagles
Veterans Stadium
Philadelphia, Pennsylvania

Dear Otho:

In response to your Memo of April 30th, I have reviewed the 1985 Drug Education Committee report. I commend John Wells and the Committee for a fine report which provides the excellent job of covering all facets of the subject matter. While I believe the idea behind the report is a good one, I have several thoughts which should be considered by you and the Board.

1. You should consider deleting the word "model" as it refers to the guidelines and limit the report to "suggested" guidelines. The term "model" gives the user the impression of having a higher degree of credibility than perhaps the Board intends for it to have. I am sure neither the Board nor the Committee intends for what they are sending out to be definitive and run the risk of someone accusing the NATA of holding itself out as the ultimate authority on drug testing.

2. Although the report wisely points out the necessity of conferring with local counsel, this cannot be overstated. I think this point should be emphasized several more times because the potential for legal problems to arise out of this kind of thing is great for the organization or educational institution.

3. Whenever possible, the trainer should limit his involvement to assisting in collecting and packaging of specimens. Analyzing and providing the results for the test should be the responsibility of an independent lab. The use of an outside testing source would help to put the trainer in a more neutral situation and avoid problems which may further arise as discussed in #4 below.

4. The guidelines should remind the trainer that he should be alert for conflict of interest situations. The trainer may face pressure from the coach, athlete, or third parties who desire a particular result from the test.

5. It may be wise to have the results delivered to a particular designated individual, i.e. Athletic Director, who is relatively neutral and conflict free. This individual could then give the results to the person or persons designated in the guidelines.

I hope these suggestions are of some help to you and the Board in formulating what action to take as far as the drug testing policy will be.
The report is as follows:

TO: Bobby Barton  
Oto Davis  
NATA Board of Directors

FROM: Frank George, Committee Chairman

RE: Grants & Scholarship Committee Report

DATE: April 1, 1985

Item 1

Committee Members and Duties

Bobby Barton - Ex-Officio
Robert H. Gunn - Candidate Selection
Linday Easum - Candidate Selection
Charles Moss - Representative to Professional Baseball Trainers Fund
Bo Bee - Representative to Professional Basketball Trainers
Jerry Rhea - Student Banquet
Ron Sendre - Corporation Fund Raising
Richard Vandervoort - Representative to Professional Basketball Trainers and Fund Raising

Item 2

Scholarship Selections for 1985

1985 NATA Scholarship Winners

UNDERGRADUATE SCHOLARSHIP AWARD
Name: Kathleen Sue Hornickel  
School: Kansas State University  
Sponsor: National Football League Charities

Name: Bradley A. Siebler  
School: University of Nebraska  
Sponsor: National Basketball Trainers' Association

Name: Kirby T. Kauk  
School: Western Montana College  
Sponsor: Professional Football Athletic Trainers Society

SAYERS J. MILLER, JR. SCHOLARSHIP AWARD
Name: Phillip Gregory Bogle  
School: East Carolina University  
Sponsor: National Athletic Trainers' Association, Inc.

Name: Carie T. Neff  
School: Ohio University  
Sponsor: Cramer Products, Inc.

FRANK CRAMER SCHOLARSHIP AWARD
Name: Susan Rose Hoy  
School: Bridgewater State College  
Sponsor: Cramer Products, Inc.

Name: Kaye O'Neil  
School: California State University at Fullerton  
Sponsor: Johnson & Johnson

WILLIAM P. X. LINSKEY SCHOLARSHIP AWARD
Name: Scott James Belham  
School: University of Southern Mississippi  
Sponsor: Chattanooga Pharmaceutical Company

Name: Janet R. Briator  
School: Ithaca College

POSTGRADUATE SCHOLARSHIP AWARD
Name: Leslie Paul Sewall  
School: Northeastern University  
Sponsor: National Football League Charities

Name: Jody Carl Anderson  
School: Mankato State University  
Sponsor: National Basketball Trainers' Association

Name: Charles Michael Williams  
School: University of Southern Mississippi  
Sponsor: Professional Football Athletic Trainers' Society

Name: Karen A. Baker  
School: East Carolina University  
Sponsor: American Orthopedic Society for Sports Medicine

G. E. "MOOSE" DETTY POSTGRADUATE AWARD
Name: Christopher John Zang  
School: West Virginia University  
Sponsor: PRO Orthopedic Devices, Inc.

GOOD-SMITH POSTGRADUATE SCHOLARSHIP AWARD
Name: Russell Joe Hoff  
School: Oklahoma University  
Sponsor: Schering Plough Foundation

ROBERT H. GUNN SCHOLARSHIP AWARD
TO: Bobby Barton
FROM: Frank George, Committee Chairman

Item 2B

Discussion of Criteria Established for Scholarship Applicants

There appears to be three or four criteria which have been questioned by a number of members and which are adhered to ruled out some of the scholarship applicants.

a. Some members (especially curriculum directors) feel that the one year membership requirement is an undue hardship and should be eliminated. The committee feels that this criteria, which was new this year, will not be a problem if we go into the second year of its enforcement and if the curriculum directors are made more aware.

b. One of the criteria in all scholarship categories is that the applicant intends to pursue a career in athletic training. This has been a criteria since the scholarships began. Two applicants were not considered because they stated that they were pursuing other professions.

The committee feels strongly that this criteria should be maintained. The scholarships are given by NATA for students who wish to be athletic trainers.

c. Students must have at least a 3.0 average to be considered for scholarship. This is also a criteria which was established when the scholarships began.

There were five applicants this year who did not meet this criteria.

The committee feels that this criteria should be maintained. All of the applicants had glowing recommendations and a grade point average of 3.0 does not appear unreasonable for a scholarship award.

d. In the nominating instructions it states that a certified athletic trainer may sponsor one scholarship applicant. There was some confusion and two members sponsored more than one applicant. This puts the committee in an awkward position if the "best selected" which was the case until a phone conversation cleared this matter.

There is no need for board action on these matters discussed. The committee would like the criteria established to remain unchanged for at least another year until we see if there are any real problems.

Item 3

Financial Statement

a. IDS - Cash Management Fund - 3/25/85  
- $25,846.78

b. IDS - Certificate of Deposit - 1/28/85  
- 70,326.67

c. Pawtucket Institution for Savings - 4/1/85  
- 12,964.28

d. NATA Athletic Trainers Benevolent Fund - 4/1/85  
- 3,000.00

TOTAL  
- $110,137.73

After the June, 1984 expenses income were accounted for there was a balance of about $90,000. This is when I took over as committee chairman.

After the June, 1984 expenses and income are accounted for I am hoping for an increase in the 1984 balance of about $20,000.

Item 4

NATA, Inc. Athletic Trainers Benevolent Fund

After discussion with the Executive Director a separate fund was established by going through past records to earmark donations to this fund. There is now $3,000 in a certificate of deposit. This fund is to be used for educational assistance of children of deceased members. The funding for the Benevolent Fund has been from a $1,000.00 donation each year from G.E. "Moose" Detty, PRO Orthopedic Devices, Inc.
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Athletic-related trauma
Athletic injury assessment process
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Athletic injuries of the lower extremities
Athletic injuries of the upper extremities

1985. 622 pages, 776 illustrations. (0711-6) $25.95

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- Tennis and Total Fitness

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make deadlines and journal delivery to the membership on time.

2. Implementation of abstract as lead-in to technical manuscripts.

3. New format with uninterrupted technical material, with majority of advertising in back according to member's request.


5. Contacted various other paramedical organizations and periodicals regarding the NATA Convention and Journal, per direction from Nashville 1984 Board of Directors meeting.

a. American College of Sports Medicine
b. American Physical Therapy Association
c. Athletic Business
d. American Corrective Therapy Association
e. American Medical Association
f. American School Health Association
g. Cramer First Aider
h. The Physician & Sportsmedicine Digest
i. The Winning Edge
j. Sports Medicine Guide
k. Orthopedics Digest
l. Sports Medicine
m. American Orthopedic Society
n. American College Health Association

O. CBEX — Division of Lumen
p. United States Sports Academy
q. Kendall Company
r. National Junior College Athletic Association

s. Professional Football Athletic Trainers Society

6. Receipt of highest revenue ever generated due to Journal advertising.

B. NEW BUSINESS

1. Protective Cover
   Yes, there are complaints from members pertaining to the condition of the Journal and its received condition. The cost to cover the Journal with a plastic cover would equal approximately the same as one color advertisement in the Journal ($800.00 vs. $1,000.00 per issue).

2. Index Update
   This was brought to the Journal's attention in that the student membership lacks a research guide from the personal that serves its best interest. It was last published in Spring 1981 with index articles from 1959-1979. This was done by Mr. Ed Christman free of charge. Athletic trainers searching for material and articles have found errors in that the student membership, periodicals or from library, (Readers Guide, Education Index, or Index Medicus).

   E.运送 accepted manuscripts to Editor-in-Chief for selection
   Barbara Manning
   Business Manager, Proforeader, Copy Editor, Liaison
   A. All work (public relations, bookkeeping, correspondence, etc.) necessary to handle the approximately 800 outside (non-member) subscribers to the Journal.
   B. Liaison with Journal advertisers and their agencies (billing, collection, correspondence and bookkeeping)
   C. Liaison with printer and layout department
   D. Handles all advertising sales and public relations with media and advertising work
   E. Makes last minute decisions with Editor-in-Chief such as deletions or additions to volume
   F. Orders volume of printing
   G. Liaison to Typesetting/Layout/Printer and with Caravan Graphics and Hunter Publishing Company
   H. Liaison with Editor-in-Chief working to develop Journal for publication
   I. Notes from the National Office
   J. 1001 East 4th Street
      Greenville, NC 27834
      Phone: (919) 752-1725
      Home: (919) 746-3523

   Dennis Aten
   Potpourri Column
   District 4
   A. Prepare and submit material for Potpourri Column
   B. Assist Chairman or other Committee members
   Athletic Trainer
   Eastern Illinois University
   Charleston, IL 61920
   Phone: (217) 581-5509
   Delos Brubaker
   Student Writing Contest
   District 9
   A. Mail information on preparing a journal manuscript to those student NATA members who request it
      1. Content rules
      2. Common problems in previous years
      3. Reprint of "Writing Articles for the Journal" (Athletic Training 13:196-198
      1978)
   B. Receive manuscripts from contestants
   C. Organize the judging of manuscripts
      1. Select judges
      2. Mail forms and manuscripts to judges
      3. Compile results from judges
   D. Inform Journal Committee Chairman of the winning entry.
   E. Correct any problems with the winning manuscript and submit to the Editor-in-Chief for publication
   F. Forwards accepted manuscripts to Editor-in-Chief for selection
   G. Cramer First Aider
   H. The Physician & Sportsmedicine
   I. Athletic Business
   J. American Physical Therapy Association
   K. American College of Sports Medicine
   L. American College Health
   M. American Orthopedic Society
   N. American School Health Association
   O. CBEX — Division of Lumen
   P. United States Sports Academy
   Q. Kendall Company
   R. National Junior College Athletic Association
   S. Professional Football Athletic Trainers Society
   T. American College of Sports Medicine
   U. American Physical Therapy Association
   V. Athletic Business
   W. American College of Sports Medicine
   X. American Physical Therapy Association
   Y. Athletic Business
   Z. American College of Sports Medicine

C. COMMITTEE MEMBERS

All districts will be represented although some vacancies had to be replaced.

D. JOURNAL COMMITTEE MEETING

The Journal Committee is scheduled to meet from 1:00-5:00 p.m. in Salon B - Marriott Hotel Saturday, June 8, 1985 in San Antonio, Texas.

II. BUDGET REPORT

Per reported in February by Mr. Brooks McIntyre to the Board of Directors.

III. COMMITTEE MEMBERS

Attached page.
IX. MEMBERSHIP:
Following a brief discussion concerning student membership and some of the difficulties being encountered in this regard, it was moved by District 8, seconded by District 9 and carried 10-0 that this matter be referred to the Membership Committee for further study and report at a subsequent session of the Board.

Moved by District 4, seconded by District 10 and carried 10-0 to approve proposed changes in the NATA By-Laws to enable certain graduate students to pay dues of $25 per year instead of $75 per year as presented by the Membership Committee.

X. DISTRICT MATTERS:
The Board heard reports from the various Directors concerning matters of concern in their respective districts, it being indicated that many of these could be addressed and acted upon when various committee reports were presented.

1. NCAT will lobby with the leadership and administration of AHPERD to reach an agreement whereby athletic trainers and their representatives as speakers at AHPERD meetings will not have to be members of the Alliance or pay the convention registration fee.

2. NCAT is the primary professional organization for athletic trainers interested in membership in AHPERD. Historically, the Alliance has enforced this regulation stringently and only a few professionals such as physicians and lawyers have been permitted to speak without holding membership and paying full registration fees.

3. Active action toward recognition of athletic training as a separate and unique profession.

4. Lengthy discussion took place regarding the role of NCAT. Council members were unanimous in the desire to be viewed as an organization that was designed to provide educational services to coaches and educators. It was agreed by council members that it would be inappropriate for the council to investigate and view themselves as a professional organization for athletic trainers. The liaison representative endorsed the position of NCAT members changing the role of NCAT.

In view of the proceedings at the Atlanta Convention the liaison representative would like to make the following recommendations to the Board of Directors of NCAT:

1. That NATA continue to fund the liaison relationship with AHPERD. Projected expenses for the representative to attend the Alliance Convention in Cincinnati, Ohio make it feasible that the $200,000 expenditure recently being alloted for this professional activity would be adequate.

2. That the NATA allow NCAT to endorse, publish, and disseminate the NATA position paper on drug abuse in athletics. The potential of this valuable information reaching a significant number of educators, administrators, and parents cannot be greatly enhanced by positive action on this recommendation.

XIV. AMERICAN ORTHOPAEDIC SOCIETY FOR SPORTS MEDICINE (AOSSM):
Moved by District 6, seconded by District 7 and carried 10-0 to accept the report for information.

MEMORANDUM: March 4, 1985
TO: Board of Directors, NATA
FROM: Joe Godke, Liaison Representative to AHPERD
SUBJECT: Liaison Report

The National Council of Athletic Training (NCAT) of the American Alliance of Health, Physical Education, Recreation and Dance (AHPERD) held its annual meeting in conjunction with the Centennial Convention of AAHPERD in Atlanta, Georgia from April 17-21, 1985. Among significant decisions made by NCAT are the following which seem to be related to concerns of the NATA:

1. Much discussion centered upon the development of position papers for presentation at the Alliance Delegate Assembly in Cincinnati, Ohio in April 1986. The following position papers will be developed:
   - A. NCAT will develop a position paper on the need for Athletic Trainers in secondary schools which sponsor interscholastic athletic programs.
   - B. NCAT would like to endorse, publish and disseminate the NATA position paper on drug abuse in athletics.
   - C. Some thought was given to reinstituting the regional conferences and workshops on care and prevention of athletic injuries. Should this activity be implemented it is hoped the NATA certified athletic trainers will be of assistance to NCAT and serve as program presenters for these worthwhile professional endeavors.

2. Among the program topics which were decided upon for next year was a panel presentation on the need for certified athletic trainers in secondary schools. Among those who are interested and administrative school personnel who are interested in making presentations to those interested in making presentations to the concern of District 7 to the matter of dues, he then moving, second was of the difficulties that he was having in a way to get his point to the reader.

Ken Knight
Director 4
Athletic Trainer
Indiana State University
Terre Haute, IN 47809
Phone: (812) 234-6331

Dan Libera
District 10
Athletic Trainer
University of North Colorado
Greeley, CO 80639
Phone: (303) 341-2282

Bob Moore
District 8
Athletic Trainer
San Diego State University
San Diego, CA 92182
Phone: (714) 265-0091

Jim Rankin
District 4
DePaul University
Chicago, IL 60614
Phone: (312) 396-5555

Jeff Sheehan
District 7
Human Performance Lab
Texas A & M University
College Station, TX 77840

Sue Halstead Shapiro
Director 6
Queen City Sports Medicine
2415 Albion Avenue
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XI. NATIONAL ASSOCIATION OF COLLEGE DIRECTORS OF ATHLETICS (NACDA):

Moved by District 4, seconded by District 3 and carried 10-0 to adopt the report as information.

The report is as follows:

TO: Otto Davis, Executive Director
From: The NACDA Board of Directors
Subject: NCAA Football Rules Committee Report

DATE: February 14, 1985

Please take note concerning the liaison position with the American Physical Therapy Association. I was not able to attend the Physician/Therapist Conference because of a prior commitment, however, from my conversations with their executives I don’t know of anything new that they have proposed or anything that is urgent at this time. Their main concern still is the upgrading of the practice acts for physical therapy around the country.

DISTRICT II: Delaware, New Jersey, New York, Pennsylvania
Liaison: E. Hal Fara
Bucknell

DISTRICT III: Maryland, North Carolina, South Carolina, Virginia, West Virginia, District of Columbia
District Director: Andy Clawson
The Citadel, Charleston, SC
Tucson, AZ
Rockville MD

DISTRICT IV: Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin, Manitoba, Saskatchewan
District Director: Gordon Graham
Mankato State University, Mankato, MN

Liaison: Michael Kulczyn, MD
Lorman

DISTRICT V: Iowa, Kansas, Missouri, Nebraska, North Dakota, South Dakota, Oklahoma
District Director: Dennis Jawow
NS State U., Fargo, ND

DISTRICT VI: Kansas, Texas
District Director: Paul Zek
Lamar University

DISTRICT VII: Arizona, Colorado, New Mexico, Utah, Wyoming
District Director: Dan Libera
U. of Northern Colorado, Greeley, CO

DISTRICT VIII: California, Nevada, Hawaii
District Director: Janice Daniela
Sacramento, CA

DISTRICT IX: Alabama, Florida, Georgia, Kentucky, Louisiana, Mississippi, Tennessee
District Director: Jerry Rhee
Alabama, Nashville, TN

District Director: Mark Smaha
Washington State University

DISTRICT XI: Arkansas, Texas
District Director: Paul Zek
Lamar University

DISTRICT XII: Arizona, Colorado, New Mexico, Utah, Wyoming
District Director: Dan Libera
U. of Northern Colorado, Greeley, CO

DISTRICT XIII: California, Nevada, Hawaii
District Director: Janice Daniela
Sacramento, CA

DISTRICT XIV: Alabama, Florida, Georgia, Kentucky, Louisiana, Mississippi, Tennessee
District Director: Jerry Rhee
Atlanta Falcons, Suwannee, GA

District Director: Mark Smaha
Washington State University

DISTRICT XVI:

Elected by District 2 and District 10-0 to adopt the report as information.

The report is as follows:

The N.C.A.A. Football Rules Committee is a group of dedicated hard working people that sincerely want the best rules for the game of football. The principles that govern all rule changes are:

1. It must be safe for all playing the game.
2. It must be applicable by all institutions.
3. It must be a rule as such.
4. It must be administrable by officials.
5. It must maintain the balance between offense and defense.
6. It must be interesting to the spectators.

The athletic trainer is invited by the chairman of the committee to report to the committee on anything that the NATA and its members have to report for the past year, concerning injuries or equipment.

There is one doctor from the AMA Medical Aspects, also invited to the committee. The doctor and athletic trainer are the conscience of the committee from time to time for safety reasons. The trainer is also on the equipment and injury sub committee which meets prior to the committee meeting and makes a report to the rules committee concerning any equipment or injury that should be changed.

The athletic trainer has been well received by the committees and with accurate data the NATA can continue to help the NCAA, the NOCSAE and the Football Rules Committee.

moved by District 9, seconded by District 8 and carried 10-0 to adopt the report as information.

The report is as follows:

The N.C.A.A. Football Rules Committee is a group of dedicated hard working people that sincerely want the best rules for the game of football. The principles that govern all rule changes are:

1. It must be safe for all playing the game.
2. It must be applicable by all institutions.
3. It must be a rule as such.
4. It must be administrable by officials.
5. It must maintain the balance between offense and defense.
6. It must be interesting to the spectators.

The athletic trainer is invited by the chairman of the committee to report to the committee on anything that the NATA and its members have to report for the past year, concerning injuries or equipment.

There is one doctor from the AMA Medical Aspects, also invited to the committee. The doctor and athletic trainer are the conscience of the committee from time to time for safety reasons. The trainer is also on the equipment and injury sub committee which meets prior to the committee meeting and makes a report to the rules committee concerning any equipment or injury that should be changed.

The athletic trainer has been well received by the committees and with accurate data the NATA can continue to help the NCAA, the NOCSAE and the Football Rules Committee.

The committee's action on offensive blocking and use of the hands and arms rules and abolished the 30-yard touchback provision on kickoffs that land beyond the end zone unattended by the receiving team.

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Officials need to help in the use of mandatory equipment. Some teams adhere to the mandatory equipment that was worn by their opponents. We should make sure that all players wear their pants over their knees, and wear sportswear and safety gear. There are no rules that would prevent the use of padding or protective devices. However, there are discussions about the use of certain equipment in the future, and we should keep track of them. The minutes show that the use of padding and protective devices is sometimes a problem.

The meeting took place at the Opryland Hotel in Nashville, Tennessee, on January 13, 1985. The meeting was called to order by President Robert White at 1:00 p.m. with the following Board members present: Ray C. Ball, National Federation (Vice President), Dick Schindler, National Federation (Secretary); Byron Goldman, NAERA (Treasurer); Don Gleisner, NAERA (Treasurer); Don Goldman, NAERA (Treasurer); John Goldman, SGMA; Donnal Schindler, Rawlings, Bike, Riddell, Manufacturing Company, Rawlings, Bike, Riddell, Manufacturing Company; Kermit Smith, NJCAA; John Miller, ACHA; Harry Oler, NAIA; Bill Kelly, AEMA; Dwight Haught, Sports Foundation; and Michelle Van Deusen.

Guest attending: Dr. Voigt Hodgson, Principal Investigator for NOCSAE; Sebastian DeCarlo, SGMA; Douglas Schindler, P.C.; Jim Van Deusen, Bike; Henry Cross, Bike; Larry Maddox, Bike; Allen Hager, Rawlings, Inc.; and Steve Detweiler, Rawlings, Inc.

The meeting was attended by Board Directors and representatives from various organizations. The meeting lasted for four and a half hours, and the agenda included discussions on the following topics:

- The feasibility of establishing a standard for batting helmets for the 1985 season.
- The use of mandatory equipment and its impact on player safety.
- The development of a standard for football helmets.
- The establishment of a standard for baseball batting helmets.
- The development of a standard for football helmets.
- The development of a standard for baseball batting helmets.
- The development of a standard for football helmets.
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- The development of a standard for baseball batting helmets.
- The development of a standard for football helmets.
will supply warning labels so that this information can be included in a memo which Dick Schindler will circulate to the state association calling attention to the fact that these labels are now part of the Standard. As the National Federation Football Rules Committee plans to cut the front label, therefore the 1985 season do not include the mandatory use of the warning label. The National Federation will undoubtedly discuss the question at their next meeting to determine aging problem.

2. Motion by District 8, seconded by District 6, carried 10-0 that initial NATA approval be granted to the athletic education training programs for a five-year period, effective June, 1985; Gerald W. Bell; L. Koechnecke; David Leigh; Ken Murray; Lou Osternig; David Perrin; Bill Prentice and Jack Redgren.

Motion by District 10, seconded by District 3 and carried by a vote of 9-0-1, with District 6 abstaining, to accept the probationary status of the following athletic training curriculums be removed with NATA Guidelines:

- California State University (Fresno) (Undergraduate)
- Marshall University (West Virginia) (Undergraduate)
- California State University (Northridge)
- Toledo University (Ohio)
- Brigham Young University (Utah)
- Lock Haven University (Pennsylvania)
- Loyola University (Maryland)
- Ball State University (Indiana)
- West Virginia University
- California State University (Fresno) (Undergraduate)
- potato University (Pennsylvania)
- Slippery Rock University

Moved by District 4, seconded by District 6 and carried 10-0 that the probationary status of the following athletic training curriculums be removed with NATA Guidelines:

- Brigham Young University (Utah)
- California State University (Fresno) (Undergraduate)
- California State University (Northridge)
- Lock Haven University (Pennsylvania)
- Bridgewater State University (Massachusetts)
- Canisius College (New York)
- William Paterson College of New Jersey

Following presentation by Mr. McIntyre of his departmental financial report and answering of brief clarifying questions, it was moved by District 3, seconded by District 6 and carried 10-0 to accept the financial report as presented.

Moved by District 3, seconded by District 6 and carried 10-0 that the following institutions be granted an additional five year approval of their education curriculums:

- Appalachian State University (North Carolina)
- Ball State University (Indiana)
- University of North Dakota
- California State University (Northridge)
- East Carolina University
- Eastern Kentucky University

Moved by District 4, seconded by District 6 and carried 10-0 that the following schools be placed on probation for one year effective June, 1985, due to violations of the Guidelines as cited in the report:

- California State University (Fresno) (Undergraduate)
- Loyola University (Maryland)
- Ball State University (Indiana)
- University of North Dakota
- California State University (Northridge)
- East Carolina University
- Eastern Kentucky University

Moved by District 6, seconded by District 7 and carried 10-0 that initial NATA approval be granted to the athletic education training programs for a five-year period, effective June, 1985; Gerald W. Bell; L. Koechnecke; David Leigh; Ken Murray; Lou Osternig; David Perrin; Bill Prentice and Jack Redgren.

Moved by District 3, seconded by District 9 and carried 10-0 that initial NATA approval be granted to the athletic education training programs for a five-year period, effective June, 1985; Gerald W. Bell; L. Koechnecke; David Leigh; Ken Murray; Lou Osternig; David Perrin; Bill Prentice and Jack Redgren.

Moved by District 3, seconded by District 9 and carried 10-0 that the following be reappointed to the Professional Education Committee.

- National Athletic Trainers Association, Inc.
We can make your Orthotron* or Cybex* finally come of age. The Computer Age, of course.

How does Isoscan do this? By joining forces with a computer to upgrade your Orthotron or Cybex as a diagnostic tool for human performance testing and research. Use it for pre-season and task screening, clinical testing and evaluation, even for reports submissible to physicians and insurance companies.

**COMPREHENSIVE ANALYSIS.** You can count on Isoscan's Comprehensive Analysis for complete data evaluation. Data collection includes biographical information as well as user-definable parameters for test duration, movement task and direction, body segment and speed setting. Your Analysis will include graph data; print data displaying positions, torques and times; along with a summary table print out. You will also be able to store and retrieve data and compare any two performances with the trial comparison feature.

**REPETITIONS AND MAXIMUM TORQUE.** Isoscan's Repetitions routine collects data for any number of repetitive movements. It is used as a first step in testing. When abnormalities appear, you'll move on to Comprehensive Analysis.

With our Maximum Torque routine, you can investigate your patients' motivation as well as past performance. Real-time feedback and patient incentive are provided.

**NO LOST FILES.** Isoscan stores your files on a 5½ inch floppy disk. To retrieve information, you just need to know the file number. A Directory is automatically created and updated as you add files through the Comprehensive Analysis and Repetitions routines.

**MONEY SAVER.** As you see on the accompanying graph, the cost of a retro-fitted Orthotron—including the cost of a computer—is about half that of a Cybex system. Independent research indicates that with this combination you'll be able to gather data comparable to that from a Cybex.

If you have a Cybex, you can use Isoscan to expand it tremendously as a measurement tool. No other software program offers you more for the money than Isoscan.

Isoscan is designed to run on the Apple IIe, IBM PC and several other leading personal computers. Besides expanding your Orthotron or Cybex, these computers let you add time saving software for word processing, financial management, inventory control and many other functions.

Another money-saving plus: an experienced Cybex or Orthotron user—with no computer knowledge—can learn Isoscan in just a few hours. **GUARANTEED ACCURACY.** With Isoscan's System Utilities Functions you can count on guaranteed accuracy of measurement values. Speed Setting allows you to establish degrees per second with the Orthotron for reliable and valid data. Calibration means your computer can calculate accurate position and torque values on your Cybex or Orthotron. And the Diagnostics function tells you if recalibration is necessary.

**SUPER SUPPORT.** You'll be glad to know, too, that you can count on the specialists at Isotechnologies, the developers of Isoscan, for dependable, ongoing support. We'll assist you with installation, any technical difficulties and everyday use. Periodic updates to the Isoscan program will be available to you at no cost.

**PLUS.** Isoscan is not the only Isotechnologies product you should know about.

Our Injury Records Program (IRP) combines four user-friendly programs to help you keep records of injuries and to produce accurate, useful reports within minutes.

Isotechnologies is also introducing computer-monitored Isostations. Setting new standards in performance measurement for the back, shoulder, ankle, knee and neck, Isostations are the first machines that accommodate human motion naturally in three dimensions. This is only an overview of all we can do for you—for less. Call us for complete information.

*Orthotron and Cybex are registered trademarks of Lumex Corporation.
PROFESSIONAL EDUCATION COMMITTEE REPORT TO THE BOARD OF DIRECTORS
April 15, 1985
Gary Delforge, Chairman

Information included herein should be considered as a progress report on Professional Education Committee (PEC) activities through March 15, 1985. An additional report including PEC recommendations will be submitted at the consideration by the Board of Directors meeting in San Antonio, Texas. No recommendations for Board action are included in this report.

PROFESSIONAL EDUCATION COMMITTEE ACTIVITIES

Committee Membership. No changes in committee membership or assignments have occurred since the last PEC report.

Sub-Committee Meeting. The second meeting of the Sub-Committee on Professional Planning was held on the February 9-10, 1985 in San Antonio. Major issues discussed during this meeting included: (1) formulation of policies governing the requirement that currently approved undergraduate programs (curriculum) be "in the process" of developing athletic training majors, or equivalent, by 1986. A draft of a questionnaire to be sent to athletic training programs will provide a mechanism to determine if this requirement is being met. (2) An enhancement of the on-site visitation process, with the objective of formulizing specific guidelines that will be followed by the Board of Directors. (3) The need to delineate plans regarding verification of 'unethical conduct' on the part of NATA members/athletic training educators observed during on-site visitation.

Committee Budget Report. As per policy established last year by the Board of Directors, the Professional Education Committee will submit an abstract of the 1984-85 budget report to the Board of Directors. The PEC Chairman will provide such an abstract of the budget report to the Board of Directors. The PEC Chairman will forward a copy of this budget report to the Board of Directors. The PEC Chairman will forward a copy of this budget report to the Board of Directors before final printing.

Program Evaluation. David H. Perrin, Project Director, has completed the final evaluation of the NATA student training program in-service training session from 6:00 - 8:00 p.m., Friday, June 7, 1985, in order to keep the necessary information up-to-date. The NATA Guidelines, visitation procedures, etc. Annual Reports. Annual report forms for 1984-85 were sent to all undergraduate and graduate program directors on April 1st. The 1984-85 reports are due June 1, 1985.

Program Graduates Placement. The format for recording data regarding placement of education programs graduates has been revised. Two new forms have been developed. The form "Undergraduate (Graduate) Placement Record Five-Year Period: 1983-1987" will provide a complete record of job placement for year-by-year comparisons, analysis of placement trends, etc. The form, "Program Graduates Placement Summary," contains an analysis and summary of job placement each particular year. As can be noted, job placement among graduates of undergraduate curriculums (men and women) is now being presented separately. The PEC is continuing to determine how many of the total graduates each year actually complete NATA certification requirements, thus placing themselves in the job market. Hopefully, this information will be available in the future.

Program Graduate Certification. In cooperation with the Board of Certification, Janet Guilfoyle, Project Director, is continuing to make progress in development of a system for collecting data regarding certification examination results which will be of value to program directors in indentification of possible curricular strengths and weaknesses.

Internship Program Recommendations. The newly developed manual, Recommendations for Development and Implementation of Athletic Training Internship Programs, is now in print and available for purchase through the National Office. The final copy incorporates the changes mandated by the Board of Directors at their February, 1985, meeting and was sent to Otho Davis and Bobby Barton for approval before final printing.

Allied Clinical Setting Approval. The policies and procedures for PEC approval of allied clinical settings (sports medicine clinics, etc.) have now been established. Jerry Bell, Project Director, will receive all applications and will forward proposals to a PEC sub-committee consisting of Bell, Bill Prentice, and Gary Delforge, who will serve on this sub-committee.

Special Projects. Athletic Training Educators Workshop

Pete Kocheske, Project Director, has finalized the program for the Athletic Training Educators workshop to be held on Friday, June 7th, in San Antonio.

NATA Professional Education Committee PROGRAM GRADUATES PLACEMENT SUMMARY Graduate Athletic Training Education Programs 1984

PROGRAM GRADUATES

A total of 60 of the 64 NATA approved undergraduate athletic training education programs submitted the program graduates report for 1984. These 60 programs reported a total of 348 graduates which represents an average of 5.8 graduates per program. The total number of graduates, 149 (43%) were men and 200 (57%) were women.

ATHLETIC TRAINING EMPLOYMENT

Of the total 348 graduates, 104 (30%) received employment in athletic training in colleges, high schools, professional sports, or related athletic training positions. Of the total 104 placements in athletic training, 63 (51%) were men and 51 (49%) were women. When placement among male and female graduates is considered separately, 53 (56%) of the total 148 male graduates and 51 (29%) of the total 60 female graduates were placed in athletic training positions.

Type of Athletic Training Placement (Total). When the specific type of placement among the 53 male graduates receiving athletic training employment is considered, 45 (85%) were placed in four-year colleges/universities or junior/community colleges, 28 (53%) received employment in high schools, 4 (8%) were employed in professional sports organizations, 12 (23%) were placed in sports medicine or related clinics, and 5 (9%) received other types of athletic training employment.

Type of Athletic Training Employment (Male vs. Female). When the specific type of placement among the 51 female graduates receiving athletic training employment is considered, 48 (94%) were placed in four-year colleges/universities or junior/community colleges, 29 (56%) received employment in high schools, 4 (8%) were employed in professional sports organizations, 19 (37%) were placed in sports medicine or related clinics, and 4 (8%) received other types of athletic training employment.

OTHER PLACEMENT EMPLOYMENT

Of the total 348 graduates, 244 (70%) continued their education at the graduate level. The total number of jobs other than athletic training, were unemployed at the time program graduates reports were submitted (October 1984) or had not reported their employment status to their program director. Of the total 244 graduates who did not receive employment in athletic training, 158 (65%) entered into post graduate study, 42 (17%) were employed in jobs other than athletic training, 8 (3%) were unemployed. The employment status of the remaining 36 (15%) was unknown.

NATA Professional Education Committee PROGRAM GRADUATES PLACEMENT SUMMARY Graduate Athletic Training Education Programs 1984

PROGRAM GRADUATES

A total of 7 of the 9 NATA approved graduate athletic training education programs submitted the program graduates report for 1984. These 7 programs reported a total of 81 graduates which represents an average of 11.5 graduates per school. Of the total 81 graduates, 41 (51%) were men and 40 (49%) were women.

ATHLETIC TRAINING EMPLOYMENT

Of the total 81 graduates, 65 (80%) received employment in athletic training in colleges, high schools, professional sports, or related athletic training positions. Of the total 85 placements in athletic training, 35 (54%) were men and 50 (64%) were women. When placement among male and female graduates is considered separately, 35 (85%) of the total 41 male....
Type of Athletic Training Placement (Total). When the specific type of placement among the total 85 graduates receiving athletic training employment was considered, 29 (45%) were placed in four-year college departments, 13 (20%) were placed in professional sports organizations, 13 (20%) were placed in sports medicine or related clinics, and 3 (5%) received other types of athletic training employment.

Type of Athletic Training Employment (Male vs. Female). The specific type of placement among the 35 male graduates receiving athletic training employment was considered. As expected, February 13 (37%) were placed in four-year college/university or junior college community colleges, 12 (30%) received employment in high schools, 6 (17%) were employed in professional sports organizations, 8 (23%) were placed in sports medicine or related clinics, and 0 (0%) received other types of athletic training employment.

When the specific type of placement among the 30 female graduates receiving athletic training employment was considered separately, 16 (53%) were placed in four-year colleges/universities or junior/community colleges, 9 (30%) received employment in high schools, 0 (0%) were employed in professional sports organizations, 0 (0%) were placed in sports medicine or related clinics, and 0 (0%) received other types of athletic training employment.

OTHER PLACEMENT/EMPLOYMENT

Of the total 81 graduates, 16 (19%) continued their education, 12 (15%) were employed in jobs other than athletic training, were unemployed at the time program graduates reports were submitted (October 1984), 47 (58%) were critical issues to the program director. Of the total 15 graduates who did not receive employment in athletic training, 2 (12%) were placed in non-athletic training employment, 5 (17%) were employed in jobs other than athletic training, 7 (44%) were unemployed. The employment status of the remaining 13 graduates is unknown.

XCVI. Honors Awards

Moved by District 5, seconded by District 6 and carried 10-0 that the report as presented by this committee be approved.

XCVII. Licensure

Following presentation of two definitions of a certified athletic trainer recommended for use in various state lobbying activities concerning licensure, it was moved by District 7, seconded by District 8 that the Licensure Committee be directed to include the two definitions as recommended by it plus the definition previously adopted for sports organizational guidelines as definitions to be used in any proposed model legislation.

XCVIII. Research and Injury

Attention was directed to the previously submitted report and additional comments made by the Committee Chairman concerning a proposed research study. Following the presentation of two definitions concerning proposed study, it was moved by District 6, seconded by District 7 that the Board approve formalization of the request, involving one sport, that football, starting in 1985, in the amount of $30,000, with no more than half of this amount to be spent in the first year and the full report to be submitted back to the Board at its mid-year meeting. The motion was amended, seconded by District 8 and carried 10-0 that the motion be amended to also include a woman's sport to be selected by the Research and Injury Committee. A further amendment was presented by District 1, seconded by District 10 and carried 10-0 that it be at the discretion of the Executive Director to approve the final allotments. The original motion, together with the two amendments, was then voted upon and carried.

December 6, 1984

Mr. Obo Davis
Philadelphia Eagles
Veterans Stadium
Philadelphia, PA 19148

Dear Obo:

Here we go again. Jack's question regarding a longitudinal study and athletic exposure is a worthwhile one. To some degree the old NAIRS high school records could be used to establish a baseline and track in selected sports. The only national level study, at least recently, is the "HEW Survey of Athletic Injuries and Death 1975-1976." These two data sets could be used to obtain some perspective on the problem. Obviously a quite limited perspective.

On an afternote I will offer suggestions to continue discussions on this issue. We have been able to develop the old NAIRS Software Programs so that they will operate from an IBM desk top computer. The new software allows on-screen entry, disk storage and a variety of printing options. In essence, the same kind of options offered in the NFL system. If we could isolate enough secondary schools using IBM equipment that would be willing to install our basic software, we could simply have them send us disks of data for national comparison. As with any system of this nature there would be immediate interest associated with the full operation. Unlike the old NAIRS system the new approach has a whole new area for creative financing opportunities. For example, the central sponsor would support the national data base and its activities, while the individual school could purchase the software from the sponsor so that there then would have the opportunity to contribute nationally but still maintain supervision over their own information. In fact, as I am writing, my mind is creating and reviewing a wide variety of operations that could lead to a new NAIRS perspective. The critical factor to the operation is a sponsor who is willing to provide an underwriting function over time as well as the initial start-up funds. Speaking for myself I find that for my committee, I would like to see the NATA take on the responsibility for such a survey. Not that all of the funds from the computer generated data would go to the NATA budget, but that the NATA through its contacts throughout sports must offer the sponsorship support from a variety of groups. If the Board's decision were to pursue this avenue I would like to coordinate the actual design and operation of this study.

I know you are in a tight time frame for the Mid-Winter meeting, but I think more critically about the issue and prepare a more detailed perspective before February. Please let me know your thoughts. I will be available on January 15, 15, and 1985 with basketball. If you would like I will find the time to meet with you regarding further details. Best wishes for a Happy Holiday Season.

Yours in sport,

John W. Powell
Chairman
Research and Injury

April 5, 1985

Mr. Hal Biggs
Athletic Trainer
Bucknell University
Lewisburg, PA 17837

Dear Hal:

Enclosed you will find a copy of the basic proposal for an NATA sponsored injury surveillance project. I designed the proposal as the NATA would want it. In its present state, the proposal is the most useful with the least effort. Because of the new computer technology, I have the capability of running an injury surveillance system to the NFL from a desk top computer. This proposal is based on modifying existing computer software to meet the needs of the NHL and the NFL. I believe that moving to San Diego should not affect the ability of our Committee to accomplish the project.

The problem of collecting data may be addressed by several techniques. A survey sent to all relevant individuals asking for "their best memory" would be very inexpensive and provide an accurate data set with questionable accuracy. To organize a system with the detail of a NAIRS (injured injury, participant, exposure, equipment and personnel consideration) would be relatively simple from the computer standpoint but very expensive administratively. A model more like the NAIRS-II (injured injury and exposure data) would be more desirable. The software is adaptable and the administration costs are considerably less.

As you can see the exact nature of the design, quality of output and time frame of the project dictates the amount of money necessary to support the project. Multiple sport sponsors would be more desirable and if the NATA has to be done to become operational, the less the overall project will cost.

As I mentioned on the phone, it may be desirable to use the positive reputation of the NATA to develop a cadre of sponsors who would contribute small amounts of capital through annual pledges. This money would be used directly to support the high school program. The pledge could be limited to a 5 year commitment or needed to fluctuate over time. It would be the task of the Research and Injury Committee to operate the development campaign. I think our reputation as a professional is such that we could readily get this worthwhile project to become a reality. Our Committee is willing to work diligently towards the accomplishment of this task.

Hal, I am confident that an NATA sponsored program of high school injury surveillance can be designed and implemented for a reasonable financial commitment.

A cooperative effort between the Board of Directors and Research and Injury will demonstrate to the public the commitment to sports safety, particularly at the high school level, that is part of granting the philosophy of the athletic training profession and its individual members. I look forward to the challenge of the project.

Thank you for your consideration in this matter. If the Board requires additional information, please contact me immediately concerning the agenda in June to more fully discuss this project with the Board.

Yours in sport:

John W. Powell
Chairman
Research and Injury

JWP: bg

Enclosure

cc: John Davis
B. Barton

NATA High School Injury Surveillance Project

Research Proposal

In recent years amateur athletics, particularly the sport of football, have been under attack regarding the number and severity of injuries which occur as a result of participation. High school, college, and professional programs have been indicted in these activities. In order to fully interpret the risk of injury in sports, representative information on injury patterns that exist in the real world must be accumulated. Who collects the necessary data and by what mechanism are critical issues to the utility of findings for decision-makers.

The National Athletic Injury/Illness Reporting System (NAIRS) was developed to collect information sufficient to establish injury patterns for a variety of competitive levels and for various sports. In fact, NAIRS accumulated data for over 30 sports in 8 years in high school and college sports. During those years the major contributors to the data base were NCAA colleges and universities with a small sample of volunteer high schools. In 1986, the National Football League adopted a customized NAIRS model for use among its members club in order to develop decision oriented injury data. In 1982, the NCAA Research Office developed a software tool for its members schools. With the development of the NCAA program, many of the volunteer colleges who had participated in NAIRS felt they could not support two programs and they dropped participation in the volunteer program. During the 1982-1985 year, NAIRS was unable to produce sufficient external operating funds to continue its broad base of operation. Therefore the NFL model that was developed and implemented before August, 1985 is not to continue internal funding and NAIRS ceased to operate at the end of the 1982-1983 school year.

Currently the NFL model is in operation while the NCAA is developing software. To establish, from the beginning, new computer software would be very expensive and time consuming. Therefore the Research and Injury Committee proposes that the NATA adapt the development and operation of an injury surveillance project for the secondary school program. The design of this model will be one of a short term temporary commitment, the committee proposes the development of a fund raising campaign of small pledges to the NATA for specific athletic training phase is to be completed. These pledges could come from manufacturers, agencies or individuals.

Characteristics

The actual design of the project can range from the very simple one-time recall survey to an in depth mapping of injury occurrence. The cost of operating the project is dependent on the nature and the quality of the design. A good example of the outcome of the project...
FOAMS AND SHOCK ABSORBING MATERIALS

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FOAM ASSORTMENT

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VINYL FOAM ASSORTMENT

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Cobras

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Econoline Trainers Tape*

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*Plus freight on all quantities. Less than 50 cases must be ordered in increments of 6 cases.
a one-time recall survey form can be found in the HEW Survey of Athletic Injuries and Deaths 1975-1976. While this study represented the national participation in sports, the injury part was so clouded with ambiguity that the data had little utility for decision making. On the other hand, the NAIRS program was an example of an in-depth longitudinal study of the risk pattern. The NAIRS data, because of the specific definition used to collect the data and the conscientiousness of the athletes who volunteered to be used, several times to answer a variety of professional ad hoc questions. The multiple sport approach used by NAIRS was ideal but too much for the NATA project to tackle at first. The most important part of the design of an NATA project would be to make the recording instrument such that the maximum amount of data could be accumulated on the part of the recorder. The overall goal is to develop a data set with a high degree of accuracy so the interpretation will be useful to decision makers relevant to safety issues in athletics. The Research and Injury Committee recommends a project whose design learn for the simplicity of the HEW Survey and the complexity of NAIRS and produce a superior program to both. From all of the possible variables which could be recorded, it would be the committee's task to select the most appropriate.

Recorded Variables

A variety of past studies, the following variables should be addressed in a surveillance project in order to maximize the utility of the data for prevention of injury. They are:

I. Characteristics of persons on athletic squads whether injured or not:
   - Age
   - Height
   - Weight
   - Experience in Sport (Freshman, Sophomore, etc.)

II. Characteristics of Injuries
   - Site and Degree of Anatomical and Functional Damage
   - Source of Diagnosis (Physician, Athletic Trainer, etc.)
   - Severity (Minor, Moderate, Major, Severe).
   - Defining what is considered as Increasing Duration of Absenteeism for Practice or Game
   - Primary Mechanism (Torsion, Stretch, Direct Impact, Impingement, etc.)
   - Protection of Injured Body Part at Time of Injury (Emphasis on Prevention)
   - Nature of Injury (New, Recurrent, Complications From This or Other Sport, etc.)

III. Characteristics of Treatment
   - Action Taken
     - Principal Management (Superficial) Debridement, Surgery, Immobilization, Therapeutic Modalities, Prescription on Nonprescription Drugs
   - Position, Activity and Situation When Stricken (Defensive End Involved in a Block Below the Waist on a Rushing Play Outside Tackle)

IV. Characteristics of Environments
   - Time of Day/Season
   - Exposure (Games, Practice, and Squad Size)
   - Playing Surface
   - Occasion (Non-Sport-Related, Varsity or Sub-varsity, Competition, Practice, etc.)

Interpretive Methods

The measurements of accident experience generally accepted for use in injury surveillance programs are epidemiological rates or ratios, where the numerator is usually the number of injuries of a specific type. The denominator, as the number of people exposed to a situation, is the number of people at risk for injury. It is not enough to know how many injuries occur in a specific population. It is imperative that these frequencies be translated to the opportunity for injury. Sound decisions regarding risk must use a measure of the amount of time the individual have been on the field and the number of opportunities for injury.

To illustrate the importance of the exposure concept, consider two individuals who both suffer a number of injuries over a given period of time. If the number of injuries is the same, it is not enough to know how many injuries occurred since it is not clear whether the numerator (the number of injuries) or the denominator (the number of opportunities for injury) is the larger number. The determination of the denominator for the definition of a specific injury is therefore critical. In addition, it is necessary to determine the opportunity for injury.

Based on this time schedule, it would be possible to initiate such a larger number of schools with a minimum of complications. It would be noted that most of the active recruiting must occur while the recruiters are still in school and can be contacted for the project before the start of school. This will help ensure quality input and generate quality output for analysis.

Proposed Budget

The enclosed budget for this project has been prepared to include all appropriate costs necessary to completely develop, implement, and operate a high school football data base of 100 programs on a year-to-year basis at no cost to the institution. The most of the cost is based on one staff member to coordinate this entire project and the services of a secretary/editor to maintain records, correspondence, and data entry. Because the high school project will use existing computer technology, the project is not expected to use existing computer software. The budget is for the initial start-up cost being present in only the first year. The overall budget would be reduced in subsequent years. Beyond this point, the continuity of the project would depend on the institution's willingness to continue and the availability of funds. The project emphasis is to collect, process, and retrieve pertinent injury information for each of the participating schools as well as developing a national data base of injury information and injury prevention for administrators and clinicians. NATA is to publish a study of injury risk patterns. The NAIRS data because of its broader scope, lack of data utility, this level of play is the most obvious model for interpretation.

Another objective would be to promote a unified, standardized recordkeeping mechanism for participating high school projects. This would be a most appropriate practice in today's legal climate. The leadership in sports medicine is excited about a good system that would benefit the high school programs are well within the scope of the professional goals of the NATA.

There would be several ancillary objectives that could be realized:

1. Resource for justification of proper medical super vision within high school sports medicine programs.
2. Jump-off point for a truly national injury recording device.
3. Continuing professional leadership by the NATA for sports related safety.

Implementation

To maximize a short term start up, the Research and Injury Committee recommends the initial year be limited to football. To plan, the project could be designed to include more sports. The implementation of this project would be an advance in the field. The initial year could be divided into two time frames: those activities that should be accomplished between May 1 and July 1; and those activities that should be completed by August 15. The initial system would be planned for football and expanded to other sports as needed.

May 1-July 1

1. Recruitment of as many high schools as possible for the 1983 season.
2. Recruitment of schools based on a definitive selection criteria; geographic location and institutional size.
3. Printing of books and forms necessary to operate a data base of 100 high school teams.
4. Mailing of books and practice forms in order to prepare records well in advance of the 1983 season.
5. Contact recruiters individually by telephone (first of three calls).
6. Evaluate response forms from recruiters to clarify recording interpretations and provide feedback regarding corrections.
7. Employ one individual for full-time maintenance of this program. All of these tasks must be completed before the current school year ends in late May.
8. July 9-August 15

1. Two follow-up telephone calls for clarification of interpretations and explanations of medical coding.
2. Mailing of all forms and materials for the 1985 recording season.
3. Computerize mailing addresses for ease of contact with individual schools.
4. Computer software customized to meet the needs of the new system.
5. Update jobstream to current year for compatibility with other systems.

Based on the proposed budget, it is not possible to initiate such a larger number of schools with a minimum of complications. The proposed budget should be noted that most of the active recruiting must occur while the recruiters are still in school and can be contacted for the project before the start of school. This will help ensure quality input and generate quality output for analysis.

Annual Report for 1985

The annual report for this year is acceptable. There is little to add this year report for, indeed, the Committee will hold the spring meeting in Alexandria, Virginia shortly after the close of the reporting period.
Checklist

As previously reported, question 9 on page 4 of the Self Appraisal Checklist for Health Supervisors of Athletic Programs was removed to address the NATA concerns expressed by President Barton. In its place, it was reported:

9. Non-certified staff personnel in the sports program have had approved first-aid training and continue to attend courses and workshops to better prepare them for their duties.

The revised question would read:

9. Aides to the certified staff personnel in the sports program have had training in first-aid, CPR, and Box 9.

This new language eliminates any implication or suggestion that the certified personnel should be androgynous. The requirement is that an athletic trainer certified by the NATA. This, then, through inference creates four specific limitations on the use of hormones. The Committee recognizes that a major obstacle is the elevated status of the United States Drug Enforcement Agency and the use of hormones to enhance performance. The first edition was distributed to all AAHPERD members, as well as through the Chapter Chairmen's Forum (AAP). The schedule calls for the printing of 10,000 copies of this first printing.

Liaison

The Committee has determined that continued liaison with Canadian Pediatric Society and the American College of Sports Medicine is unnecessary in that these organizations were already in alternate positions. Therefore, those positions were eliminated. The Committee continues to accept formal liaison from the AAHPERD and, as originally reported, the President's Council on Physical Fitness.

Boxing

A copy of the Committee's statement on boxing was attached to the report. The Committee has, as suggested, taken an even stronger stand on this issue and will join the AMA in opposing boxing "in any form." The Committee recognizes that a major obstacle is the elevated status of the United States Olympic Committee. The Committee, however, anticipates that the AAP position will encourage Chairmen's and promote a national medical society to promote boxing and boxing for health.

Athletic Training in Albuquerque

An addendum to the report at mid-year regarding the program of athletic training established at the secondary schools in Albuquerque, New Mexico, was submitted. Mr. Nelson, one of the prime movers in this program, will report on the progress of the program. The addendum is available for distribution.

Sports Medicine: Health Care For The Young Athlete

The target date to begin the rewrite of the second edition of the Sports Medicine manual will begin in January 1986. The first edition was distributed to all members of the Committee and offered for sale to non-members. Your liaison representative suggests that any input on Chapter 16, The Athlete Trainer, be submitted promptly so that it may be considered prior to rewrite time.

An addendum to this report will be filed prior to the June meeting of the NATA Board of Directors on actions taken at the spring meeting of the Committee on Sports Medicine of the American Academy of Pediatrics.

TO: Dr. Robert Barton, President
FROM: Richard F. Malacrea
RE: NATA liaison with the Committee on Sports Medicine of the American Academy of Pediatrics

Addendum

Annual Report
1984-85

Liaison

It seems that more than one deliberating body has the problem of hasty action and pulled the trigger before the gun leaves the holster. This can lead to an embarrassing and sometimes harmful consequence.

After consultation and deliberation since the last meeting, the Committee recalled the previous actions and restored liaison with the Canadian Pediatric Society and the American College of Sports Medicine.

Boxing

There was more than one round in the cylinder of that rule. Dr. Pat Dinkels, President of the Epilepsy Foundation of America, appeared before the Committee to support the Foundation's position (markedly different from that taken by the Committee) on boxing. His approach is more of a positive approach to be able to exert a pressure from within rather than a flat prohibition from without. It seems that the Committee's position might shift to one of 1) education of the inherent dangers in boxing, 2) examinations to test for abnormality, and 3) the promotion of boxing.

Dr. Ross Merrick of the AAHPERD agreed with that approach and stated that his organization cannot put forth a resolution unless it is accompanied by an implementation plan.

Hormones

The Committee discussed the length of the concern over the use and availability of drugs to the athletic population. There was special concern regarding the apparent ease of access to even the growth hormone and the effects on the body. Mail order sheets were distributed to point out the ease of acquiring the growth hormone.

Recent information is that all growth hormones have been recalled because of contaminated lots. Four cases of Kretschfeld-Job's disease have been reported as a result of using human pituitary manufactured in Scandinavia. Dr. Jack Murray (Burlington, Vermont) has been given the task of formulating a statement on the use of hormones.

A spin-off is that this liaison representative received a telephone call from the Pacific Institute of Research in New Zealand inquiring about the NATA concerns expressed by President Barton. In this call, the NATA was asked about its support of the PCPF. The Committee has determined that continued support of the PCPF is in the best interest of the NATA concerns expressed by President Barton. In this call, the NATA was asked about its support of the PCPF. The Committee has determined that continued support of the PCPF is in the best interest of the NATA.

Liaison

Dr. Gene Luckstead (Des Moines, Iowa) introduced a short slide presentation that will be used to promote the use of the CAPS checklist at the secondary school level. This showing was for Dr. Ross Merrick (AAHPERD) and Dr. Ash Hayes (President's Council on Physical Fitness). Dr. Merrick offered to use the presentation at the meeting of the NATA Concerns expressed by President Barton. In this call, the NATA was asked about its support of the PCPF. The Committee has determined that continued support of the PCPF is in the best interest of the NATA.

Boxing

Dr. Ash Hayes presented an overview of the functions of the PCPF. There was concern on the part of members of the Committee that the testing did not really address the issues of cardiovascular fitness, lifelong physical activity, and obesity. The discussion revolved around the issue of an apparent increase in the level of youth fitness. Dr. Mike Nelson (Albuquerque) expressed grave concern over the requirement of P.E. courses in college and the health risk associated with obesity.

All agreed that the question of youth fitness and obesity needed to be addressed, however, no action was taken at this time.

Joint Commission

Dr. Paul Dymt, Chairman of the Committee, will attend the meeting of the Joint Commission in San Antonio, Texas.

YMCA

A new pool . . . a new diving board . . . the divers projected beyond the area of the "diving well" by the new board . . . two quads in one week.

USOC

Dr. Murray reports that the position occupied by Dr. Dinkels has been abolished.

XLV. NATIONAL LEADERSHIP INSTITUTE:

Following an explanation by Mr. Dennis Sealey concerning the health care program being expended upon by Dr. Rice from the organization and a brief discussion as to its infringement on the education and certification programs of the NATA, it was moved by District 8, seconded by District 3 and carried 10-0 that a letter be drafted and sent to Dr. Rice by Mr. Barton expressing the concerns of the NATA about the inadequacies of a high school student attempting to fulfill the role of an athletic trainer. Upon her suggestion, Ms. Daniels, at the suggestion of Mr. Barton, was appointed to draft this letter for Mr. Barton's signature.

XLV. NATA LOGO:

Moved by District 8, seconded by District 10 and carried 9-0, with District 8 abstaining, that Board permission to use the NATA Logo in endeavors related to corporate sponsorship be sought at the discretion of the Executive Director and the President.

XLVI. NATA SPONSORSHIP OF EDUCATIONAL TV PRODUCTIONS:

Mr. Bill Chambers, Mr. Leon Skeie and Mr. Gilbert Wald, Concepts for Industry, Inc., called attention to a proposed series of educational TV presentations concerning athletic training to be formulated for presentation to the public requesting permission to be able, at the end of these presentations, to include the words "Produced with the assistance and cooperation of the NATA." Following extended discussion concerning financial implications, rights of release and script approval, it was moved by District 4, seconded by District 8 and carried 10-0 that in view of the situation as it presents itself a thorough discussion of this issue that the matter be tabled for further presentation at the Board's mid-winter meeting.

XLVII. ADJOURNMENT:

The business as called for on the agenda having been completed, the Board of Directors, on Monday, December 10, 1985 at the hour of four-thirty p.m., adjourned.

37th Annual Meeting
Las Vegas, Nevada

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BUSINESS MEETING, from page 192

The first is the Denver Broncos, for the sponsorship of that great party we had Friday night. When you look back in history and you have a great event like we experienced on Friday night, it certainly sets the tempo for our Annual Meeting and Clinical Symposium.

Of course, there was also the party by Mission Pharmacal Company at the Lone Star Brewery and there was our transportation by the Seattle Seahawks. Thank you all so very, very much.

Also, I would like to thank the National Football League for the cocktail party that we will be having this evening. Likewise, the COCA COLA Company has helped us with our program and then we will, on Monday evening, have our Awards Banquet preceded by the Johnson and Johnson party as well as the Presidential Reception hosted by Professional Medical Products, Inc.

To all of our sponsors of these events this year, a great big "thank you" and a warm appreciation from all of us. (Applause)

At this time, there are two individuals I must recognize because a year from today one of them is going to be your new leader.

Let me say that we had some excellent candidates for the Office of President of the NATA. Your Board of Directors, after careful consideration and study, has selected Mr. Jack Baynes, Northeastern University at Boston and Mr. Jerry Rhea from the Atlanta Falcons, as the two candidates to be submitted to you, the membership, to be voted upon as the next President of the NATA. (Applause)

I would like to have Mr. Jack Baynes come forward to receive a plaque as outgoing Vice President of the NATA. (Applause)

Presentation of plaque to Mr. Baynes and applause ensues...

MR. DAVIS: We next proceed to our outgoing District Directors. There are four and, uniquely, all were reappointed by their respective districts and so you will be seeing these faces around for another term of office.

I would like to present these plaques to Andy Clow of District 3, Paul Concialdi of District 6, Jerry Rhea of District 9, and Mark Smaha of District 10. I would like to have them come forward and receive their plaques for the work they have done during their past term of office.

Presentation of plaques to these individuals and applause ensues...

MR. DAVIS: Without the voluntary help that goes into this Association, things would not function very well. I am sure all of you are well aware of this. Therefore, at this time, we would like to recognize some of our various committee members who so willingly and voluntarily have given of their time in the past and now will be devoting time to other ventures.

... Whereupon, plaques were presented to Bruce Kola, Board of Certification; Al Green, Certification Committee; Dave Burton, Journal Committee; Paul Concialdi, Journal Committee; Steve Antonoplos, Licensure Committee; Jerry Lewis, Licensure Committee; John Sciara, Licensure Committee and James Madaleno, Audio-visual Aids Committee. (Applause)

MR. DAVIS: I would like to recognize another individual who has devoted a great deal of time to the Journal.

You know, some years ago, our Journal was just another piece of paper but with the new leadership of Clint Thompson as Editor of the Journal, it soon took on a new look and he has brought it on through the years, until this past year, when he tendered his resignation as the Editor of the Journal.

Clint had planned to be here but I have not seen him. Well, I understand he is not here and so we will see that his award is presented to him. However, will those of you who will be seeing him please express our appreciation to him for all of his efforts regarding the Journal. (Applause)

In relation to the District/Local Annual Meeting Committee, I would like to recognize Paul Zeek, Henry Birdwell, Bernie LaReau, Bobby Patton and John Zerr and present them with these plaques for their efforts.

... Whereupon, plaque presentations to these individuals ensued... (Applause)

MR. DAVIS: Let me say that these individuals have done one tremendous job. Also, they just did not start yesterday. They have been working on this meeting for two years.

MR. ZEEK: Let me say, Otho, that the Local Group Committee members did all of the work and so I will just accept this plaque for District 6. (Applause)

MR. DAVIS: No matter what you are doing, when you are putting on a program of this type, you likewise have some lieutenants working with you and so at this time I would like to recognize these people.

... Whereupon, the following individuals were recognized: George Young, Rex Hartwig, Mary Zerr, Tim Kirschner, Larry Lohr, Al Wilson, Ray Ramierz, Becky Biudeas Marshall, Cathy Poerner, James Dodson, John Young, Eddie Day, John Anderson, Spanky Stephens, Wayne Witt, Juan Leal, Kevin Palamerschuck and Charles Doyle... (Applause)

PRESIDENT BARTON: Thanks to all of you that participated in arranging this year's meeting.

I might further add that the Board had an opportunity to meet here during our mid-winter meeting and, as has been said, this group has really done a great job of organizing and planning for this meeting and we are indebted to each of you.

At this time, I would like to ask, is there any new business to be addressed?

If not, thank you.

I would like to say that we anticipated a great meeting in San Antonio and we certainly have not been disappointed.

This is one of the few times that the Board of Directors has been able to go out, go to restaurants, attend a couple of lectures, etc., and I think the reason that our Association is coming together in a spirit of cooperation that has followed down through the Board.

It certainly makes it much easier and I know that Jack and Jerry would appreciate that continuing for a while.

I would also like to say that it has been very fascinating for me to turn on the television and watch the different programs that we are having and see how the state of Texas understands what the athletic trainer's role is, much better, for example, than the rest of the country. I certainly hope that our public education program can allow our other states, including Kentucky, to catch up with what you have done for your profession in this state.

Also, at this point, I would remind you of your district meetings this afternoon.

Let me say that Mr. Davis and I will again attempt to make them all but please be aware of the fact that we do not move as fast as we used to and that we may not be able to get to all of them. However, we did ask the Board this morning if there were any particular requests and we certainly intend to fulfill those.

At this time, I would like to entertain a motion to adjourn this Annual Business Meeting.

... Whereupon, in accordance with regular motion duly made, seconded and carried, the business meeting was, at twelve thirty o'clock p.m., declared to be adjourned.
community. The well-rounded educational background of NATA certified athletic trainers is outlined in the audio-visual presentation. It emphasizes injury prevention, an often underestimated aspect of health care where athletic trainers are particularly valuable to athletes of all ages.

Since its production, "Athletic Training: In the Public Interest" has been presented to a variety of audiences, including school boards, parent groups, state legislators and others interested in learning more about the importance of this allied health care profession.

The new sound/slide presentation is available to NATA members for the cost of its reproduction, handling and postage. It may be ordered in one of three video formats: three-quarter inch, VHS or Beta Two (please note which format). All NATA members who interact with the public are encouraged to send a check or money order with the order form for $30 to the NATA, 1001 East Fourth Street, Greenville, NC 27834. Allow three to four weeks for delivery.

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