2019 Athletic Training Educational Opportunities
Today I want to share with you 40 years of athletic training experience including 27 in college athletic training room and now over 15 cases where I have been engaged as an expert witness.
Priorities in Life

- Faith
- Family
- Work
Thank you, thank you, thank you

- Thanks for coming
- Acknowledge Sponsors – they make this possible
- I am a protocol guy – I like things that are black and white
- Seminar based on the annual meetings I conducted with my staff – review of protocols and systems
- Cell Phones
- Questions
- Rest Rooms
To: 223-33

Participating with Rod Walters (RODWALTERS422)? Reply with A, B, C, D, or LEAVE
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Powered by PollEverywhere.com
On the following slides, you will find graphics to help everyone participate. I am going to pose some questions, and you can provide feedback on your computer or you can text:

pollev.com/rodwalters422

Text: RODWALTERS422 to 22333
● Imperative today to maintain objectivity when evaluating the delivery, servicing, and value of health care. **We all need transparency.**

● Too many times we select health care providers based on what they bring to the table financially – and thus lack the objectivity (quality) for patients.

● Communication
Your Unique Perspective

- Diagnosis
- Treatment
- RTP

Where did it come from?

- Your teachers/mentors
- Your own experience
- “The literature”
Sensitivity is the proportion of patients with disease who test positive. Specificity is the proportion of patients without disease who test negative. Sensitivity and specificity describe how well the test discriminates between patients with and without disease.

<table>
<thead>
<tr>
<th></th>
<th>Disease present</th>
<th>Disease absent</th>
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<tbody>
<tr>
<td>Test positive</td>
<td>True positives</td>
<td>False positives</td>
</tr>
<tr>
<td>Test negative</td>
<td>False negative</td>
<td>True negatives</td>
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- Sensitivity is the proportion of patients with disease who test positive.
- Specificity is the proportion of patients without disease who test negative.
- Sensitivity and specificity describe how well the test discriminates between patients with and without disease.
Keep in Touch — Social Media

@WaltersInc

Rod Walters, Lexington, SC

Rod Walters
## Today’s Schedule

<table>
<thead>
<tr>
<th>Time</th>
<th>Topic</th>
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<tbody>
<tr>
<td>9 am</td>
<td>Introduction / Athletic Training Updates</td>
</tr>
<tr>
<td>930</td>
<td>EBP - EAP for Safer Sports</td>
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<tr>
<td>11</td>
<td>Laser Therapies</td>
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<tr>
<td>1130</td>
<td>Concussion Updates/Taping Techniques</td>
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<td>1215 pm</td>
<td>Break for Lunch</td>
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<tr>
<td>115</td>
<td>EBP - Provision of Medical Services for Collegiate and HS Programs</td>
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<tr>
<td>245</td>
<td>Final Discussion</td>
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<tr>
<td>3:00</td>
<td>Adjourn</td>
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What is your practice setting - work setting?

- High School (employed by school)
- High School (clinic outreach)
- College
- Professional sports
- Other
1995 - “institution responsibility to protect health and provide safe environment for SA”

- April 29, 2010; - NCAA Committee on Competitive Safeguards and Medical Aspects of Sports (CSMAS) and NCAA Memorandum, mandating concussion program

2013 - Derek Sheely (Frostburg St), NCAA denies legal duty to protect SA - institutional responsibility

October 8, 2013 — NCAA names first chief medical officer
Risk mitigation is defined as taking steps to reduce adverse effects.

- **Risk Acceptance** does not reduce any effects however it is still considered a strategy. Common option when the cost of other risk management options such as avoidance or limitation may outweigh the cost of the risk itself.

- **Risk Avoidance** is the opposite of risk acceptance. Avoids any exposure to the risk whatsoever. Risk avoidance is usually the most expensive of all risk mitigation options.

- **Risk Limitation** is the most common risk management strategy used by businesses. This strategy limits a company’s exposure by taking some action. It is a strategy employing a bit of risk acceptance along with a bit of risk avoidance or an average of both.

- **Risk Transference** is the involvement of handing risk off to a willing third party. This can be beneficial for a company if a transferred risk is not a core competency of that company. It can also be used so a company can focus more on their core competencies.
Mitigation of Risk

- Entry-level educational competencies are the basis of the new graduates SOC.
- Certification - national standard (BOC) - state license.
- SOC changes as the AT remains in the profession and continuing education which includes position and consensus statements pronounce the current SOC that modifies whatever is in practice as they are evidence-based and become the modified SOC.
- SOC is a moving target as we learn more and it is expected that practicing professionals maintain their standard of care by adapting new recommendations.
Definitions

- Medical autonomy
- Independent medical care
• Educational programs competencies
• To maintain current techniques, faculty incorporate the literature (position statements, consensus statements, clinical practice guidelines)
• SOC and practice is an evolving science
• Professionals must maintain/develop their expertise or clinical deficiencies (VOMS, suturing, heart sounds)
Bottom line . . .

- There is one SOC for EHI, EAP, cardiac screening, etc.
- We may have levels of care for treatment of injury — options we use.
- For emergency care — there is a SOC for all levels of practice
Errors I Commonly Identify

- No posted venue specific EAP
- Failure of coverage model - planning and training
- Failure to identify escalating symptoms of EHI
- Failure to assess core temperature
- Failure of EAP relative to appropriate equipment (weather monitoring, cold water immersion or equivalent)
Emergency Action Plan

Conditioning Considerations

Cardiovascular Care / Screening

Exertional Heat Illness

Sickle Cell Trait

On commercial airline flights, pilots and co-pilots split the flying duties equally. Yet historically, crashes are much more likely to happen when the captain is in the flying seat.

Why? Studies of cockpit voice recordings of crew conversations reveal that it is the direct result of co-pilots’ reluctance to speak up clearly to alert the captain to a problem.

The bottom line? Your plane is safer when the less experienced pilot is flying, because the second pilot is not going to be afraid to speak up.
Contemporary research on megadisasters (Chernobyl, space shuttles Challenger and Columbia, Bhopal, and any number of patient care catastrophes)---has consistently shown that major accidents require:

(1) multiple people
(2) committing multiple, often seemingly innocuous, mistakes that
(3) breach an organization’s fail-safe mechanisms, defenses, or safety nets, resulting in
(4) serious harm or frank disaster

- Cook, 1998; Gerstein, 2008; Green, 2004; Perrow, 1999; Reason, 1999; Woolf, Kuzel, Dovey, & Phillips, 2004.
Intentional deviations in care standards are often practiced or condoned by an entire group; for example, all the nurses or technicians on a given unit.

What begin as deviations from standard operating rules become, with enough repetitions, “normalized” practice patterns.

-(Vaughan, 2004; Vaughan, Gleave, & Welser, 2005)
Hindsight is 20: 20

- Student-athlete collapses, unconscious, coach calls AT Room for AT to provide care v. initiating EAP.
- Running 3 - one-mile runs at 2 pm on the first day of practice, mid-August at 97°F.
- Failure of EAP and EHI protocol (no vital sign assessment):
  - 29m — athlete presenting on field with cramps - walked around v. being removed from field;
  - 62m — initial onset of symptoms to symptoms of EHS
  - 1h 34m — Initial presentation to depart in ambulance
To that end, Hainline emphasized his belief in a “philosophical shift” from the traditional model of self-regulating institutions to one where the NCAA provides oversight on health and safety matters — potentially even punishing schools unwilling or incapable of following along.

“I believe there should be consequences. I believe the membership and board of governors are moving in that direction,” Hainline said. “The needle is shifting. ... I would say for an organization like (the NCAA), the needle is shifting rather rapidly. Others can say it’s 100 years too slow.”
• Since 2000, 33 NCAA football players have died in sport: 27 nontraumatic deaths and 6 traumatic deaths, a ratio of 4.5 nontraumatic deaths for every traumatic death.

• Best practices, consensus guidelines, and precautions are ignored, elevating the risk. However, standards exist that will, if heeded, prevent nontraumatic death in athletes training for sport.


• It is prudent we review the cause of the problem, and not just how the problem was cared for.
Medical Timeout

- Role delineation
- Venue specific EAP - distribute to team
- Include facility to transport to
- Include documentation to implement plan
- Appropriate training of staff
- Identify location of equipment
- Review and rehearse - document
- Shared involvement in planning and training
- Clarity in communication mechanisms
Athlete can voluntary withdrawal from ANY session due to (perceived) health risks.

- This "Voluntary Withdrawal" protects the athlete from what they perceive to be a health risk or a threatening environment. For example, such hostile training environments that have become popular in Collegiate or Professional Strength and Conditioning setting are "Military Style Training", "Navy Seal Training", and or "Hell Week", to name a few. These environments and atmospheres are to be implemented by trained professionals for a certain type of body and protocols are in place to protect those bodies that are meant for warfare.

- When implemented at the College or Institutional level where attrition rate is not part of the program, process, and without trained professionals in place the athlete suffer and lives are being put at risk. This type of training would be best kept for the professionals who are putting their lives at risk therefore train to put their lives at risk.

- Athlete training should be focused on Performance based protocols that are scientifically based and under the watchful eye of both the Strength and Conditioning Coach and Athletic Training.
In Closing

- Everyone needs to have the ability to “pull the cord”
- Student-athletes should feel safe - and have to opt-out of unsafe environments.
- Training of all staff
- Review of EAP and Coverage Model
- Understanding of acclimatization v. conditioning.
Thank You