

FWATA Preliminary Program

Tuesday, July 14, 2026

Keauhou III-IV

Pre-Conference Learning Lab #1: 10:30am – 1:30pm (Check-in begins at 10:00am)

**Pre-Registration and additional fee required – 3 CEUs*

MUST check in by 10-minutes BEFORE the start of the session.

Optimizing your Patient Care: Neuromuscular Dysfunction Interventions

Miguel Romero-Sanchez, DAT, ATC – Viewpoint School

Christopher Ludwig, EdD, ATC – California State University, Fresno

Clinical providers must address the “Why” and not just the “What” regarding pain, dysfunction, and injury. An emphasis of specificity rather than a generalist approach, in clinical evaluation, is paramount for providing high-quality individualized patient care. Musculoskeletal dysfunction and pain are an output of the nervous system. This presentation will detail the role of the nervous system and how its associated dysregulation pertains to musculoskeletal pathologies. (*Domains: II,IV/Level: Advanced*)

Learning Objectives:

- Discuss presented concepts of Neurophysiology
- Describe the influence of the nervous system in cases of musculoskeletal dysfunction and pain
- Identify and discuss neurological ‘dysregulation’ and dysfunctional pathways
- Discuss and apply various treatment paradigms for patients with neurological ‘dysregulation’ and dysfunctional pathways
- Demonstrate neurological assessment techniques for identifying dysregulation
- Apply neural mobilization and manual therapy techniques to improve function
- Evaluate patient response and modify interventions accordingly

Mid-Conference Learning Lab #2: 2:00pm – 5:00pm (Check-in begins at 1:30pm)

**Pre-Registration and additional fee required*

MUST check in by 10-minutes BEFORE the start of the session.

Myofascial Release for the Shoulder Girdle

Portia B. Resnick, PhD, ATC, BCTMB – California State University, Long Beach

Athletic trainers have been using more manual therapy techniques in the clinic, including fascial manipulation techniques. This session will focus on the shoulder girdle, including a review of the clinical anatomy and postural considerations of the upper body kinetic chain with a focus on the myofascial system. The lab will provide general techniques that can be applied to other fascial structures but will mainly focus on the shoulder girdle. This learning lab aims to help the athletic trainer create an effective treatment plan for the shoulder girdle. (*Domain: IV/Level: Advanced*)

Learning Objectives:

- Describe the clinical anatomy of the shoulder girdle
- Explain the role of myofascial release as a manual therapy treatment
- Discuss common soft tissue injuries/conditions of the shoulder girdle that can benefit from myofascial release
- Identify the appropriate myofascial techniques for the shoulder girdle
- Demonstrate correct body mechanics when applying myofascial techniques
- Demonstrate myofascial techniques for the shoulder girdle

Keauhou II

Lecture Sessions

1:00pm – 2:00pm

Implementing Neuromuscular Rehabilitation Principles to Enhance Functional Outcomes

Tyler A. Wood, PhD, LAT, ATC – Northern Illinois University

Nicholas E. Grahovec, PhD, LAT, ATC, CSCS – Northern Illinois University

Neuromuscular rehabilitation principles that enhance brain-muscle connectivity improve functional recovery and return-to-activity outcomes. Current evidence indicates that targeted motor control training and movement re-education lead to more effective neuromuscular adaptation. Many athletic trainers depend on generic strengthening programs, which create gaps in motor control, coordination, and movement quality; this can cause patients to experience ongoing instability and low confidence during their return-to-play progression. This session will present practical neuromuscular rehabilitation strategies supported by evidence, demonstrate how to integrate them across injury types, and provide clear steps to improve functional outcomes. (*Domain: IV/Level: Mastery*)

Learning Objectives:

- Identify key neuromuscular rehabilitation principles that strengthen brain-muscle connectivity and support functional recovery
- Evaluate gaps in current clinical practice that limit motor control, coordination and movement quality during rehabilitation
- Apply evidence-based neuromuscular training strategies across injury types to improve patient outcomes and return-to-play confidence

2:00pm – 3:00pm

CPC Update: Enhancing Your Professional Development Journey

Presented by the Board of Certification (BOC)

Shannon Fleming, MA, ICE-CCP, AT – Board of Certification for the Athletic Trainer

The BOC's Continuing Professional Certification (CPC) program is now the foundation of certification renewal for Athletic Trainers, offering a more personalized, meaningful, and flexible approach to lifelong professional development. This session provides an overview of the CPC structure, including the role of the Pathfinder platform in helping ATs set professional goals, identify relevant learning activities, and reflect on clinical practice. With CPC, renewal is no longer a one-size-fits-all process. Instead, it centers on individual growth, evidence-based care, and the unique paths ATs take in their careers. Early feedback from participants shows strong engagement, improved self-awareness, and positive impacts on patient

care—demonstrating that CPC is more than a requirement; it's a valuable tool for ongoing professional excellence. Attendees will gain clarity on the renewal format and requirements, understand its benefits, and see how CPC supports a more dynamic, adaptable healthcare workforce. *(Domain: V/Level: Essential)*

Learning Objectives:

- Describe the structure and key components of the Continuing Professional Certification (CPC) renewal program, including the role of the Pathfinder platform
- Summarize progress and insights gained from feedback and outcomes from early users and pilot participants that have informed the implementation of CPC
- Explain how CPC supports individualized goal setting, reflective practice, and ongoing professional development for Athletic Trainers
- Identify ways Athletic Trainers can engage with CPC to enhance clinical practice and integrate evidence-based learning into their renewal process

3:00pm – 4:00pm

Fueling Health: Collaborative Care for Feeding and Eating Disorders in Athletic Settings

Nancy A. Uriegas, PhD, LAT, ATC – Texas State University

Athletic trainers have historically relied on frameworks such as the NATA position statement on disordered eating; however, emerging evidence and updated terminology now recognize Feeding and Eating Disorders (FEDs) as clinically diagnosed conditions requiring comprehensive care. Many clinicians are unfamiliar with DSM-5 criteria and the collaborative strategies necessary for effective management. This session will provide updated, evidence-based guidance to help athletic trainers identify FEDs early, understand their complexity, and implement referral pathways within a multidisciplinary team, ensuring safe and holistic care for athletes. *(Domains: I,II/Level: Advanced)*

Learning Objectives:

- Differentiate between disordered eating and clinically diagnosed Feeding and Eating Disorders in athletes using current evidence and DSM-5 criteria
- Apply screening and referral strategies within the athletic trainer's scope of practice to support safe and effective management
- Evaluate multidisciplinary care models and return-to-play considerations for athletes affected by Feeding and Eating Disorders

4:00pm – 5:00pm

Identification and Management of Sudden Cardiac Arrest

*Ketan Patel, MD – Medical Director UMC Las Vegas and Director of Clinical Operations at UNLV
Department of Emergency Medicine*

Emergencies, such as Sudden Cardiac Arrest (SCA), spinal injuries and many others are possible at any level of competition regardless of sport. Screening techniques aren't absolute nor uniform, and thus, athletes will be always susceptible to SCA while in play. This session will focus on the management and preparation to handle major emergencies including SCA, along with delving into the obstacles to access to best care (AED/EMS) and how to address these. *(Domains: I-V/Level: Advanced)*

Learning Objectives:

- Develop plans on how to best intervene in the case of an emergent scenario
- Set a standard of response based on good resuscitation principles while considering logistical, financial and access related obstacles
- Discuss and explore implementation of well thought out EAPs regardless of sport or athlete dynamics
- Summarize methods to improve emergent response by first line providers (team staff) to achieve best outcomes in emergent scenarios

Keauhou Boardroom

Lecture Sessions

1:00pm – 2:00pm

The EPIC Clinician: Turning Complexity into Clarity

Matthew Kutz, PhD, ATC – Florida International University

Athletic trainers excel at prescribing evidence-based rehabilitation but often underutilize structured behavioral frameworks that drive adherence, therapeutic alliance, and decision quality in **volatile, uncertain, complex, and ambiguous** (VUCA) sport environments. Current practice emphasizes protocols and modalities while insufficiently addressing contextual factors like: athlete motivation, perception, and trust—factors linked to outcomes, return-to-sport decisions, and resource utilization. Evidence shows that integrating behavior-change techniques, therapeutic alliance, and routine patient-reported outcomes improves adherence and function; however, many ATs lack a practical, reproducible model to operationalize these elements within busy clinics and multidisciplinary teams.

(Domains: IV,V/Level: Essential)

Learning Objectives:

- Differentiate how VUCA factors influence clinical decisions, adherence, and outcomes in athletic training
- Apply the EPIC framework to develop a patient-centered rehabilitation plan that is effective despite being VUCA
- Design a brief, clinic-ready adherence protocol (education, signposting, cues, feedback loops) that improves implementation and documentation quality

2:00pm – 3:00pm

Language Access Considerations for the Athletic Trainer

Presented by the FWATA Ethnic Diversity Advisory Committee

Kimi Lew, MHA, ATC, CEAS – Sutter Health

The ability to receive health care services in one's preferred language is an important part of healthcare access and improving health outcomes. The ACA, Title VI of the Civil Rights Act of 1964, and the ADA outline requirements for the provisioning of language access in the healthcare setting. However, many healthcare workers, including ATs, are unaware of policies and best practices for language access, which can negatively impact care quality and safety. Healthcare professionals should be aware of the legal framework pertaining to language access in healthcare, as well as how to obtain language services for patient care needs. *(Domains: I,II,V/Level: Essential)*

Learning Objectives:

- Describe the importance of language access in healthcare
- Identify patient care scenarios where use of a qualified interpreter is appropriate
- Discuss the barriers and facilitators of providing care to non-English speaking populations

3:00pm – 4:00pm

The Truth About Vestibular Rehab: It's Simpler Than You Think

Andrea Cripps, PhD, ATC – Bowling Green State University

Although athletic trainers frequently manage patients with dizziness, imbalance, and concussion-related symptoms, many do not consistently incorporate vestibular assessment or rehabilitation into their standard care. Current evidence supports early, targeted vestibular intervention, yet many ATs lack confidence, clarity, or practical strategies to apply these techniques effectively. This gap limits timely symptom resolution and leaves patients without the comprehensive care that best supports recovery. This session will provide athletic trainers with essential knowledge, simple screening tools, and practical rehabilitation progressions to meet the growing clinical need for effective vestibular management in daily practice. *(Domains: II, IV/Level: Essential)*

Learning Objectives:

- Describe core principles of vestibular assessment and rehabilitation
- Demonstrate practical, easy-to-implement interventions for improving balance, gaze stability, and functional mobility
- Increase confidence in delivering vestibular rehabilitation by applying simplified clinical decision-making strategies and accessible, evidence-based interventions

4:00pm – 5:00pm

Tackling Tough Conversations: Managing Conflict with Coaches, Parents, and Athletes on the Sideline

Randy Cohen, AT, ATC, DPT – PhysioShop

Katie Walsh Flanagan, EdD, LAT, ATC – Moravian University

Generational conversations have changed due to technological shift; many athletic trainers feel wholly unprepared for the conflict that occurs in the traditional settings of athletic training. Uncomfortable conversations occur because athletic trainers are unprepared for the face-to-face conversations on sensitive topics. This session will provide the attendee with tools to understand and read body language, non-verbal tells and respond to challenging conversations. Through lecture and small group practice real-life scenarios, participants will be more confident in their delivery, and practice the tips provided in the lecture portion. *(Domain: II/Level: Advanced)*

Learning Objectives:

- Identify traits (verbal and physical) of a healthy conversation
- Appropriately and professionally respond to a person during a conflict situation
- Illustrate confidence in advocating for a patient
- Practice deescalating conflict to refocus back to the patient-centered care
- Analyze practice scenarios in a group to gain feedback to become confident with difficult conversations

Wednesday, July 15, 2026

Keauhou II

Lecture Sessions

7:30am – 8:30am

Proactive Cardiac Care: The Role of ECG Screening in Athletic Pre-Participation Evaluations

Nicole MacDonald, DrPH, ATC, CSCS – California Baptist University

Based on current evidence, many athletic trainers are not routinely incorporating ECG screening into pre-participation evaluations, despite its ability to detect cardiac abnormalities that history and physical exams often miss. ATs may lack up-to-date knowledge on modern ECG interpretation criteria, current consensus guidelines, and practical implementation models. As a result, athletes' underlying cardiac conditions frequently go unidentified, leaving a critical safety gap and an unmet patient need for more effective early detection of life-threatening cardiac risk. This session equips ATs with evidence-based strategies to enhance screening, improve recognition of at-risk athletes, and strengthen overall cardiac safety in athletics. (*Domains: I,II/Level: Essential*)

Learning Objectives:

- Explain the epidemiology of sudden cardiac arrest in your athletes
- Describe key cardiac conditions detectable by ECG
- Compare the strengths and limitations of traditional PPE screening methods
- Develop a preliminary action plan for integrating cardiac screening in athletic programs

8:30am – 9:30am

Exertional Heatstroke: Myths and Misconceptions

Kevin C. Miller, PhD, LAT, ATC, FNATA – Texas State University

Exertional heat stroke (EHS) is a medical emergency diagnosed when body core temperature (Tcore) is greater than 40.5°C and central nervous system dysfunction is displayed. The possibility of neurologic deterioration, organ failure, and death increases the longer Tcore remains above 40.5°C. The immediate treatment priority is to lower Tcore as rapidly as possible--preferably within the first 30 minutes of collapse and preferably using cold-water immersion. While the above points are generally accepted, many myths and misconceptions remain about the best way to diagnose and treat dangerous hyperthermia and EHS. This presentation will focus on several of these misconceptions and discuss the recent literature that debunks them so that clinicians can implement best practice for this life-threatening condition.

(Domains: II-IV/Level: Essential)

Learning Objectives:

- Defend the use of rectal thermometry to diagnose exertional heatstroke
- Explain why using just clinical signs and symptoms to diagnose exertional heatstroke can lead to poor clinical outcomes
- Provide examples of cooling strategies that are consistent with excellent patient outcomes

9:30am -10:30am

The New NATA Position Statement on Prehospital Care of the Spine Injured Athlete

Erik Swartz, PhD, ATC, FNATA – University of Hawaii, HCAMP

Richelle M. Williams, PhD, ATC – Drake University

The past decade has called into question historical approaches to the care of the suspected spine-injured patient, particularly if the patient is an athlete wearing protective equipment such as helmets and shoulder pads which inhibit access to vital life functions. Athletic trainers' and local EMS policies for care of the suspected spine-injured patient may conflict when it comes to decisions to immobilize a patient versus apply spine-motion restriction, or if, when, and how to remove helmets and shoulder pads. The purpose of the NATA updated position statement is to provide clear, focused recommendations based on contemporary evidence and expert consensus. (*Domain: III/Level: Essential*)

Learning Objectives:

- Describe the recent evidence supporting prehospital management for suspected cervical spine injury
- Outline and discuss the conclusions drawn from recent evidence for extrication, transfer, and transport of a suspected cervical spine injured patient
- Summarize the potential complications due to rigid immobilization using spineboard and cervical collars

10:30am – 11:00am

Trade Show Break and Free Communications Research Posters – Keauhou I

11:00am – 12:00pm

Finding Solutions to Practice Problems Using Quality Improvement Strategies

Alison Snyder Valier, PhD, ATC, FNATA – A.T. Still University

All athletic trainers experience recurring challenges in practice, whether related to workflow issues, communication gaps, safety considerations, or practice inefficiencies. Most of these challenges can be solved with simple quality improvement (QI) methods that focus on system functioning.^{1,2} Although quality improvement (QI) methods are widely used across healthcare to strengthen care processes, many athletic trainers are new to these concepts and may not consistently apply structured QI approaches in daily practice to solve quality issues. The Model for Improvement is a simple, flexible, and friendly approach to close quality gaps and drive meaningful improvement in practice.^{1,2} This session will introduce athletic trainers to the principles of QI. Participants will learn the difference between QI and research, explore the Model for Improvement, and learn about simple tools to help define a quality problem, test changes, and evaluate outcomes. The goal is to provide athletic trainers with accessible, actionable methods they can apply immediately to improve care processes and patient experiences in their own health systems. (*Domains: I-V/Level: Essential*)

Learning Objectives:

- Describe the foundational principles of quality improvement (QI) and differentiate QI from traditional research approaches
- Apply the Model for Improvement, including the Plan-Do-Study-Act (PDSA) cycle, to common practice challenges
- Use simple QI tools, such as process mapping, fishbone diagrams, and run charts, to analyze system functioning, identify improvement opportunities, and assess the impact of practice changes

12:00pm – 1:00pm

The New NATA Position Statement on Prehospital Care of the Spine Injured Athlete: Adoption and Implementation

Tom Bowman, PhD, ATC, FNATA – University of Lynchburg

Mark D'Anza, MEd, LAT, ATC – Clark County School District

The purpose of the NATA updated position statement on prehospital care of the spine injured athlete is to provide clear, focused recommendations based on contemporary evidence and expert consensus. However, adopting best-practice recommendations into policies and procedures and implementation of them into clinical practice have been difficult for ATs when considering similar topics such as emergency action planning. Clinicians have identified multiple facilitators and barriers to adoption and implementation of best practices in other emergency management situations. During our session, we will present examples of how to overcome barriers and leverage facilitators to best-practice adoption and implementation for potentially spine injured patients in a variety of settings with various circumstances (i.e., number of rescuers, protective equipment presence, patient positioning, etc.).

(Domain: III/Level: Essential)

Learning Objectives:

- Identify potential barriers to adoption and implementation of the recommendations from the new NATA position statement on prehospital care of the spine injured athlete
- Identify potential solutions to barriers to adoption and implementation of the recommendations from the new NATA position statement on prehospital care of the spine injured athlete
- Determine how to leverage facilitators to adoption and implementation of the recommendations from the new NATA position statement on prehospital care of the spine injured athlete

12:30pm – 1:00pm – **Trade Show CLOSED**

1:00pm – 2:00pm

Trade Show Lunch Showcase and Free Communications Research Posters – Keauhou I

2:00pm – 3:00pm

Body Bags are now Saving Lives: The Science of Body Bag Cooling for Exertional Heatstroke Care

Kevin C. Miller, PhD, LAT, ATC, FNATA – Texas State University

Exertional heat stroke (EHS) is a medical emergency diagnosed when body core temperature (T_{core}) is greater than 40.5°C and central nervous system dysfunction is displayed. The possibility of neurologic deterioration, organ failure, and death increases the longer T_{core} remains above 40.5°C. The immediate treatment priority is to lower T_{core} as rapidly as possible--preferably within the first 30 minutes of collapse and preferably using cold-water immersion. New laboratory and field research indicates that body bags can be used to effectively decrease body temperature and save patients with heatstroke. Body bags may also offer several advantages over traditional methods of cold-water immersion (e.g., portability, cost, resource dedication). This presentation will discuss the research on body bag cooling so clinicians can decide whether it should be incorporated into their heat illness policy and procedures documents. *(Domains: II,III/Level: Essential)*

Learning Objectives:

- Describe the two hallmark signs and symptoms of exertional heatstroke
- Discuss 2-3 advantages body bags have over traditional bulky methods of performing cold-water immersion

- Describe methods clinicians can use to optimize cooling with body bags (e.g., water volume, ice, oscillation)

3:00pm – 4:00pm

Knowledge and Confidence of Athletic Trainers in Managing Rotator Cuff Related Shoulder Pain

Sean Gough, DAT, LAT, ATC – Advanced Physical Therapy & Sports Medicine

As time has gone by, healthcare professionals have struggled to identify the specific causes of atraumatic shoulder pain, agree on a diagnostic label, determine appropriate risk factors, and establish the most effective management approaches. It has been nearly 20 years since Schellingerhout et al¹ suggested discarding diagnostic labels for atraumatic shoulder pain, including bursitis, tendinitis, and impingement. The diagnostic label of RCRSP has been agreed upon by shoulder experts,² and is the consensus label of physical therapists.³ It is a diagnosis of exclusion based on Bayesian probability, given to atraumatic shoulder pain that is not attributable to frozen shoulder, instability, malignancy, cervical radicular pain/radiculopathy, rheumatological conditions, or osteoarthritis.^{2,3} Despite a growing consensus around the term RCRSP and a broader shift away from pathoanatomical explanations, evidence indicates a persistent disconnect between what is known and what is practiced in clinical settings. Given the clinical ambiguity and expanding evidence surrounding RCRSP, there is a strong need to critically evaluate athletic trainers' self-reported confidence and objective knowledge regarding diagnosis, risk factor identification, and treatment strategy selection. Such evaluations can enhance athletic trainers' ability to recognize relevant factors, prioritize evidence-based interventions, and align treatment strategies with individual patient goals and expectations. (*Domains: I,II,IV/Level: Mastery*)

Learning Objectives:

- Differentiate the differences between risk markers and risk factors for RCRSP
- Identify the best treatment strategies for patients with RCRSP
- Explain why RCRSP is a diagnosis of exclusion

4:00pm – 5:30pm

FWATA Business Meeting – Keauhou II

5:30pm – 6:30pm

California State Meeting – Keauhou II

Keauhou Boardroom

Lecture Sessions

7:30am – 8:30am

SMART Goals Aren't So Smart: Evidence-drive Approaches to Patient Goal Setting

Joshua Wooldridge, PhD, LAT, ATC, CSCS – Moravian University

Despite widespread adoption, SMART goals were designed for managerial oversight rather than therapeutic behavior change and lack alignment with supported motivational and health behavioral theories. Professional programs often teach SMART goals, and athletic trainers commonly use SMART goals, unaware of the limitations in fostering autonomy, engagement, and adherence during

rehabilitation. Current evidence highlights the need for collaborative, theory-informed approaches that better promote meaningful progress in musculoskeletal care. Without updated strategies, patients often receive goals that are misaligned with their values and needs, leaving a critical gap in motivation and goal-oriented rehabilitation outcomes. (*Domains: I,II,IV/Level: Essential*)

Learning Objectives:

- Explain the managerial origins of the SMART goal framework and summarize its theoretical and practical limitations in musculoskeletal rehabilitation
- Compare and contrast SMART goals with motivation and behavior-based goal-setting constructs such as Self Determination Theory, the Health Belief Model, Goal Setting Theory, and Human Motivation Theory
- Evaluate the impact of goal-setting methods on engagement, autonomy, and adherence within patient-centered rehabilitation contexts
- Develop collaborative, theory-driven goal-setting strategies that promote patient agency, competence, and sustained rehabilitation participation

8:30am – 9:30am

Advance with Intention: Career Planning for Today's Athletic Trainers

Presented by the FWATA Career Advancement Committee

Christina Scutti, MS, ATC – Leuzinger High School

Nicolette Harris, EdS, DAT, LAT, ATC, CSCS – A.T. Still University

Athletic training lacks the structured career ladders common in other health care professions. This leaves many athletic trainers (ATs) uncertain about their advancement opportunities and vulnerable to career stagnation, dissatisfaction, and attrition. This session will define career advancement in athletic training and present practical pathways for growth across diverse practice settings. By highlighting strategies to intentionally shape one's career, this session provides attendees with knowledge of diverse career pathways, skills that can be transferred to advanced roles, and steps to pursue professional growth that aligns with their goals and values. (*Domain: V/Level: Essential*)

Learning Objectives:

- Explain the importance of career advancement in athletic training and its impact on long-term career sustainability
- Identify common challenges and barriers that limit advancement opportunities for athletic trainers across practice settings
- Apply strategies such as mentorship, marketing, promotion, and networking to intentionally prepare for career development
- Differentiate available pathways for advancement through post-professional education and employment opportunities across diverse practice settings
- Analyze how leadership and service roles can expand career opportunities, increase professional recognition, and foster personal fulfillment

9:30am – 10:30am

Sleep Quality, Travel Fatigue, and Performance: A Systems-Based Approach

Whitney Smith, MS, ATC, LAT – Tarleton State University

Athletes competing in travel-heavy seasons experience disrupted sleep patterns, impaired recovery, and decreased performance. Despite growing evidence linking sleep quality to physical and cognitive outcomes, many athletic trainers lack structured strategies to monitor and improve athletes' sleep during frequent travel and schedule changes. This session will explore evidence-based methods to assess and enhance sleep quality through environmental, behavioral, and scheduling interventions, equipping ATs with tools to better manage athlete fatigue and recovery throughout the competitive season.

(Domains: IV,V/Level: Advanced)

Learning Objectives:

- Explain the physiological impact of sleep deprivation on athlete recovery and performance
- Apply environmental and behavioral modifications to enhance athlete sleep hygiene
- Identify evidence-based strategies to monitor and improve sleep quality in athletes during travel-heavy seasons

10:30am – 11:00am

Trade Show Break and Free Communications Research Posters – Keauhou I

11:00am – 12:00pm ***Athletic Training Student Session***

Subsystems of Gait

Lynnette Yasukawa, ATC, CMT, NKT 3 – Mt San Antonio College

At times in clinical practice, athletic training students (ATS) are not identifying missed interventions across musculoskeletal, motor, sensory, or cognitive subsystems relating to gait. This session will aim to improve this by defining learning goals, such as understanding how one subsystem's dysfunction affects another and how one dysfunction can affect a whole subsystem of gait. The session will also inform the ATS on how to determine which subsystem limits efficient, safe gait. Together, these guide targeted assessment, education, and treatment to optimize overall gait performance. *(Domain: Student/Level: Essential)*

Learning Objectives:

- Discuss each subsystem of gait
- Describe the antagonist muscles of a subsystem
- Apply perturbation assessment techniques

12:00pm – 1:00pm

Injuries within the Sport of Brazilian Jiu Jitsu: Tips and Tricks for Management of Joint Reduction and Wound Control

Ethan Kreiswirth, PhD, ATC – Medical Director, IBJJF

Brazilian Jiu Jitsu (BJJ) is arguably the fastest growing sport in the world with traumatic injuries that require immediate attention. Research suggests that a multitude of orthopaedic, as well as wound trauma injuries occur at major tournament events monthly. Thus far, injury recognition, assessment, and treatment are vastly undetermined in the management of these injuries. The purpose of this session is to

provide the current epidemiological research of injuries within the sport of BJJ and to provide athletic trainers with a standard of care for managing injuries sustained in BJJ. (*Domains: II,III/Level: Essential*)

Learning Objectives:

- Identify a joint dislocation versus a tendon rupture
- Determine whether joint reduction is necessary
- Describe necessary wound management skills for a BJJ fighter to continue in a match
- Analyze and discuss the research related to BJJ injuries

12:30pm – 1:00pm – **Trade Show CLOSED**

1:00pm – 2:00pm

Trade Show Lunch Showcase and Free Communications Research Posters – Keauhou I

2:00pm – 3:00pm **Athletic Training Student Session**

Reaching Your Goals: The Foundations of Networking

Paul Alvarez, PhD, ATC – Emeritus Professor and Athletic Trainer, University of La Verne

Research on the role of professional socialization (Harper M, Singe SM, Ostrowski J.; 2022) and mentoring (Mazerolle Singe S, Walker SW.; 2019), do not appear to discuss how those relationships may influence networking and career aspirations (Barrett JL, Bowman TG, Singe SM, Kilbourne BF., 2022). The athletic trainer who aspires to higher level opportunities may require the assistance of those serving in the role of “gatekeeper” to those opportunities. This presentation suggests that networking goes beyond simply how to contact those key individuals, but also how to make an impression that can lead to those aspirational positions. (*Domain: Student/Level: Essential*)

Learning Objectives:

- Apply the concepts presented to improve networking potential
- Describe the importance of professional relationships and how to maximize those relationships
- Discuss the motivations of some potential gatekeepers and how to address those to maximize opportunities

3:00pm – 4:00pm

On the Road Again: Evidence-based Clinical Practice on Returning to Driving after Concussion

Julianne Schmidt, PhD, ATC – UGA Concussion Research Center, University of Georgia

Kumiko Hashida, PhD, ATC – UGA Concussion Research Center, University of Georgia

Driving is a complicated task requiring the interaction of visual, motor, and cognitive skills, which are often compromised post-concussion. Individuals with concussion display poorer driving performance^{1,2} yet, only 44% reduce their driving post-concussion.³ NATA bridge statement highlights clinicians’ role in providing post-concussion driving recommendations.⁴ Clinical recommendations must be tailored to post-concussion impairments, since overly restrictive recommendations could strip patients’ independence, mobility, and freedom. This balance between driving safety, patient autonomy, and medical-legal considerations makes this process challenging.³ This lecture will: 1) provide current evidence of post-concussion driving and 2) outline key concussion assessments to inform the return to driving process. (*Domains: I,II/Level: Advanced*)

Learning Objectives:

- Recognize the impact of concussion on driving skills
- Design evidence-based patient education on post-concussion driving
- Develop a post-concussion driving strategy to manage clinical practice

5:30pm- 6:30pm

Hawaii State Meeting – Keauhou Boardroom

Nevada State Meeting – ???

Keauhou III-IV

Mid-Conference Learning Lab #3: 8:00am – 10:00am (Check-in begins at 7:30am)

**Pre-registration and additional fee required – MUST check in by 10-minutes BEFORE the start of the session.*

Balance after Sport Related Concussion: Testing and Treating Balance Deficits to Maximize Outcomes after Sport Related Concussion

Amy Alexander, PT – Banner Sports Medicine Scottsdale

Bradley Meachum, MS, ATC, LAT – Banner Sports Medicine and Concussion Specialists

An athlete's balance is frequently impaired after mild traumatic brain injury (mTBI) and currently, the most common tests lose sensitivity after the first few days. Employing more dynamic testing and tests of active vestibular stimulation can advance a clinician's insight about an athlete's balance function. Using results from higher level balance testing can inform activity advancement in the non-contact return to play (RTP) process and contribute to informing when balance is recovered enough for advancing in RTP. Testing, exercise prescription and progressions, including sport specific exercises will be presented in this learning lab session. (*Domains: II,IV/Level: Advanced*)

Learning Objectives:

- Identify static, active vestibular stimulation, and dynamic testing procedures
- Describe rationale for testing choice
- Identify treatments to address deficits found in testing
- Demonstrate awareness of needs for each testing category
- Implement personalized interventions to address identified deficits
- Apply treatment rationale to address individual SRC related balance deficits

Mid-Conference Learning Lab #4: 11:00am – 1:00pm (Check-in begins at 10:30am)

Pre-registration and additional fee required – **MUST check in by 10-minutes BEFORE the start of the session.*

On-Field & Sideline Management of Dislocations

Steven L. Cole, MEd, ATC, LAT – Cole Consulting Services, Inc.

Katie Walsh Flanagan, PhD, ATC, LAT – Moravian University

Until recently, athletic trainers were usually not performing joint reductions in the field. However, NATA published a position paper on reductions of dislocations that identifies benefits (reduced neurovascular compromise, preservation of structural integrity of the joint, and reduced need for reduction under anesthesia) and adverse consequences of both delayed reduction and improper technique (failed reduction and secondary injury). The reduction of a hip dislocation is an important emergency procedure to reduce the risk of avascular necrosis of the femoral head¹. The Allis and Whistler methods are the only method available with single clinician. The Cunningham method has a 61% success rate (Adhikari et al. 2018); for immediate reduction in a young, healthy patient, the Boss-Halzack-Matter maneuver has a 77-86% success rate (Stafylakis et al., 2016); the Stimson method, when combined with Scapular manipulation has a 96% success rate. CAATE athletic training educational programs have just begun to teach students reduction techniques. There is a gap in clinical practice for athletic trainers who have not been trained on reduction of joint dislocations. (*Domain: II/Level: Essential*)

Learning Objectives:

- Identify the emergent issues associated with a joint dislocation
- Develop written standing orders regarding the management of dislocations
- Safely reduce dislocations of various joints
- Appropriately splint/immobilize the injured area post reduction
- Identify the emergent issues associated with a joint dislocation

Mid-Conference Learning Lab #5: 2:30pm-4:30pm (Check-in begins at 2:00pm)

Pre-registration and additional fee required – **MUST check in by 10-minutes BEFORE the start of the session.*

Do We Really Know Tape? Advances in Taping Materials, Misconceptions, and Perspectives: A hands-on re-evaluation of something we do nearly every day

Ali Bower, MAT, ATC, FAFS – OVIK Health

Athletic trainers often rely on taping practices and materials that lack strong research support, largely due to limited education on foundational taping principles, inconsistent literature, and misleading product marketing. As a result, many ATs are unaware of how significantly tape materials influence effectiveness. This program clarifies those historical and new gaps by reviewing the existing research, identifying inconsistencies, and returning to the basics to explain which materials work, which do not, and why. By strengthening foundational knowledge, ATs can apply evidence-based solutions immediately. Patients ultimately benefit from taping approaches that provide longer-lasting, more reliable support than traditional methods, addressing the unmet need for protection strategies that extend beyond the limited effectiveness of commonly used tapes. (*Domains: I,IV/Level: Essential*)

Learning Objectives:

- Distinguish taping material, structure, and composition
- Identify what taping materials have been researched

- Analyze gaps and inconsistencies in the existing tape-related research
- Recognize how different tapes are affected by exercise
- Distinguish characteristics of multiple taping materials, structure, and composition
- Demonstrate competency of multiple taping application techniques with synthetic tapes
- Compare, firsthand, traditional materials to new materials for performance and effectiveness

Thursday, July 16, 2026 – Hall of Fame Day

Keauhou II

Lecture Sessions

7:30am – 8:30am

The C.H.A.M.P.I.O.N.S.H.I.P. Game Plan for Neurological Rehabilitation

Diamond L. E. Miller, MS, ATC, CSCS – University of Hawaii, Manoa

The management of suspected CTE in living patients is largely in a state of diagnostic denial; it is considered untreatable and a progressive neurodegenerative disease. This approach is not beneficial because it ignores the brain's natural neuroplasticity. The critical practice gap lies in the absence of proactive, multimodal interventions that target motor control, executive function, and autonomic regulation to mitigate symptoms in the living. There needs to be a shift from passive observation to active, targeted rehabilitation that maximizes functional independence and delays progression.

(Domain: IV/Level: Advanced)

Learning Objectives:

- Analyze the 12 key components of the C.H.A.M.P.I.O.N.S.H.I.P. framework to distinguish their specific clinical indications for neurological deficits
- Implement specific components of the C.H.A.M.P.I.O.N.S.H.I.P. framework into rehabilitation plans for patients with long-term neurodegenerative symptoms
- Determine the appropriate timing for introducing each framework component based on patient symptom severity and recovery trajectory

8:30am – 9:30am

Gameday Decisions: Applying the Principle of Informed Consent on the Sideline

Katie Walsh Flanagan, EdD, LAT, ATC – Moravian University

Randy Cohen, AT, ATC, DPT - PhysioShop

It has been well established that health care providers obtain informed consent from their patients before treatment. In the field of athletic training there are unique challenges to gaining informed consent, especially during athletic contests. This presentation sheds light on the difficulty facing athletic trainers, physicians and others who make return to play decisions during a contest. Several factors impacting these decisions include minors as their patient population, undue influence that impacts athletes (parents, coaches, agents, financial), and encouraging informed, shared decision making with athletes. The criticality of documentation outlining how consent is obtained is also explored.

(Domains: I,V/Level: Advanced)

Learning Objectives:

- Articulate the different means of obtaining informed consent
- Prepare for challenges associated with informed consent made during a contest/game/event
- Distinguish between patients who can give informed consent and those who cannot
- Critique documentation used to convey how informed decisions were communicated

9:30am – 10:30am

Responding to Mental Health Concerns in Athletic Settings: From Recognition to Referral

Nancy A. Uriegas, PhD, LAT, ATC – Texas State University

Despite increased awareness of mental health in sport, athletic trainers often lack structured, evidence-based protocols for responding to mental health concerns. Research indicates that athletic trainers are frequently the first point of contact for athletes experiencing psychological distress, yet many feel underprepared to recognize warning signs, provide immediate support, and facilitate appropriate referrals. International consensus guidelines emphasize proactive, athlete-centered approaches that integrate early recognition, crisis stabilization, and continuity of care. This session addresses these gaps by equipping athletic trainers with practical strategies to respond effectively to mental health concerns, reduce harm, and collaborate with licensed mental health professionals to ensure comprehensive care. *(Domains: I-III/Level: Essential)*

Learning Objectives:

- Recognize early signs and symptoms of mental health concerns in athletes
- Implement immediate response strategies for non-emergent and crisis situations
- Design a referral pathway that connects athletes to qualified mental health professionals and community resources

10:30am – 11:30am

Break

11:30am – 12:30pm

Injury Management and Return to Performance in Strength Sport Athletes

Reagan Morrow, PT, DPT, LAT, ATC, CSCS – Director of Physical Therapy and Wellness, City of Round Rock
Joshua Wooldridge, PhD, LAT, ATC, CSCS, BRM, CCAPA – Moravian University

Despite lower injury rates and less severe injuries than other sports, strength sport athletes often return to training prematurely or struggle to address symptoms and restore performance due to insufficient challenge and specificity in rehabilitation and return-to-performance strategies. Traditional models often overlook the biomechanical, neuromuscular, and psychosocial demands of strength sports, leaving clinicians unprepared to recognize or manage these athletes' unique needs. This session provides practical, evidence-based frameworks for athletic trainers to individualize care, preserve key adaptations, and implement performance-driven strategies to guide safe, effective recovery and reconditioning for maximal skilled performance in competitive strength athletes. *(Domains: I,III,IV/Level: Advanced)*

Learning Objectives:

- Identify injury mechanisms and common factors contributing to pain experiences affecting strength athletes, with emphasis on sport-specific movement patterns

- Develop rehabilitation plans suited to returning to high-force, high-skill performance that maintain training adaptations while addressing injury pathology in strength sport athletes
- Describe the injury epidemiology and biomechanical demands of common strength sports including weightlifting, powerlifting, and strongman

12:30pm – 1:30pm

Structural and Functional Considerations for Manual Therapy

Portia B. Resnick, PhD, ATC, BCTMB – California State University, Long Beach

The purpose of this presentation is to identify the differences in how manual therapy can be used when treating functional issues (those involving the muscles and fascia) versus those involving structural issues (skeleton and joint structure). While manual therapy cannot be used to fix a structural issue, learning effective ways to treat the associated muscle and fascia can have a positive effect. For functional issues, the presentation will explore how to use manual therapy in conjunction with therapeutic exercise to create a balanced rehabilitation approach. *(Domains: I,II,IV/Level: Essential)*

Learning Objectives:

- Identify functional and structural considerations within the body
- Create a plan to ease the muscles and fascia compromised by a structural concern
- Develop a plan to incorporate manual therapy into a therapeutic treatment plan for a functional concern

1:30pm – 2:30pm

Fueling Recovery: Evidence-Based Nutrition and Supplement Strategies to Optimize Tissue Healing

Katie Knappenberger, RD, CSSD, ATC – Northwestern Medicine

Despite the critical role of nutrition in tissue repair, many athletic trainers (ATs) report uncertainty in applying evidence-based nutrition and supplement strategies during recovery. Limited access to sports dietitians and inconsistent nutrition education contribute to knowledge and practice gaps among ATs and other support staff (Hull et al., 2016; Hull et al., 2020; Cialdella-Kam et al., 2016). As supplement use remains widespread and often poorly regulated (Maughan et al., 2018), ATs must be equipped to critically evaluate products and guide athletes within a safe, “food first but not always food only” framework (Close et al., 2022). This session addresses that gap through practical, evidence-based tools for injury recovery. *(Domains: I,II,IV/Level: Advanced)*

Learning Objectives:

- Analyze nutritional priorities that influence tissue healing and recovery after injury
- Evaluate the evidence, safety, and legality of supplements marketed to enhance tissue repair and reduce inflammation
- Integrate the “food first, but not always food only” approach into injury management plans

2:30pm – 3:00pm

Awards Reception Social – Bayview Grounds ***(Bring your wristbands)***

3:00pm – 4:15pm

Awards Reception – Bayview Grounds ***(Bring your wristbands)***

Keauhou I

Lecture Sessions

7:30am – 8:30am

Industrial Athletic Training: Expanding the AT Skillset for Modern Workforces

Holly Odean-Carpenter, MSM, MS, LAT, ATC – Comprehensive Injury Prevention Solutions, LLC (CIPS)

While Athletic Trainers are increasingly transitioning into non-traditional settings, many ATs still lack a clear understanding of the competencies, regulatory environment, and injury-prevention strategies required in the industrial setting. This session addresses unmet patient and employer needs by clarifying industrial AT roles, expanding knowledge of OSHA-guided first aid, ergonomics, and prevention programming, and equipping ATs to collaborate effectively with Environmental Health & Safety and operational leadership. (*Domains: I,II,IV/Level: Advanced*)

Learning Objectives:

- Analyze the differing goals and operational priorities of industrial employers
- Apply OSHA-guided first aid principles and ergonomic assessment strategies
- Evaluate communication strategies for collaboration with EHS and management
- Design a professional development roadmap for industrial AT roles

8:30am –9:30am **Athletic Training Student Session**

Navigating How to Work with Large Male Dominated Teams as a Female Athletic Trainer

Melissa Ramos, ATC – California State University, Los Angeles

This session will inform the audience how to identify changes in perspectives of gender blur in culture/society and how these changes have impacted the athletic training (AT) profession in a positive manner. Over the past two to three decades, athletic training has shifted from a male-dominated field to one with a significant influx of female professionals, who are now widely represented in current MSAT programs and working across all levels of sports, including men's professional leagues. Despite strides made in some states, particularly at DII, DIII, and NAIA levels, there remains a notable lack of representation in other parts of the country. This includes a scarcity of women in leadership positions and those working with all-male teams, such as baseball and men's basketball. This session will provide specific steps that can be helpful for female ATs working with male athletes/coaches relating to: maintaining a level of professionalism, effectively communicating (being transparent/direct with both athletes and coaches), earning the athletes and coaches trust and respect by creating & maintaining healthy boundaries/relationships with both. (*Domain: Student/Level: Essential*)

Learning Objectives:

- Describe how societal gender roles have transitioned over the years and have positively impacted the AT profession
- Analyze the evolution of the AT profession from a male-dominated field to a more female-inclusive one, identify existing growth areas, and propose opportunities for female ATs to work with diverse teams and assume more leadership roles
- Develop a skill set that allows you to create your own healthy boundaries and relationships with both male coaches and athletes as young professionals entering the field

9:30am – 10:30am

Secondary School Town Hall Session

Presented by the FWATA Secondary School Athletic Trainers' Committee

Marissa Fukunaga, EdD, ATC – Kalani High School

This Town Hall Session will share current information and updates specifically to athletic trainers working in the Secondary School setting. It will also include a question-and-answer period to allow for attendee feedback and discussions. *(No CEUs will be offered for this session)*

10:30am-11:30am

Break

11:30am – 12:30pm

When Asthma Isn't Asthma: The Hidden Role of Laryngeal Dysfunction in Exertional Dyspnea

Cris Stickley, PhD, ATC, CSCS – University of Hawaii, Manoa

Exercise-induced laryngeal obstruction (EILO) is often misdiagnosed as refractory asthma or exercise-induced bronchoconstriction (EIB) in patients with exertional dyspnea that doesn't respond to rescue and controller medications. Yet, a large number of these cases may involve EILO, even with concurrent asthma. Underlying mechanisms of EILO are distinct from asthma/EIB and asthma therapies offer minimal relief. Accurate differential diagnosis is challenging, contributing to frequent misdiagnosis. Continuous laryngoscopy during exercise (CLE) is necessary to confirm EILO and treatment typically involves speech therapy, breathing techniques, and inspiratory muscle training; surgery is rarely needed.

(Domain: II/Level: Essential/Advanced)

Learning Objectives:

- Identify differences in the clinical symptomatology of EILO and asthma/EIB
- Describe the differences in physiologic mechanisms between EILO and asthma/EIB
- Discuss treatment plans for addressing EILO in patients

12:30pm – 1:30pm

Are you Thinking what I'm Thinking? Unpacking Cognitive Biases in Athletic Training Practice and Education

Andrea Kovalsky, DAT, LAT, ATC – University of Connecticut

Athletic trainers regularly make rapid clinical decisions, often relying on heuristics to manage the fast-paced nature of patient care. Although heuristics are necessary, current evidence indicates that cognitive biases contribute to 36–77% of diagnostic errors, as well as therapeutic and management errors.¹ Currently, many athletic trainers may not be consistently identifying how cognitive biases influence their clinical reasoning, nor are they routinely engaging in metacognitive strategies to evaluate and adjust their decision-making processes. This represents a gap between current practice and best practice in clinical reasoning and patient care. Additionally, athletic trainers are increasingly responsible for communicating health information² in an environment with high levels of misinformation.³ Many ATs have not been trained to distinguish when to rely on intuitive (System 1) reasoning versus analytical (System 2) thinking in these contexts, which may impact patient education and clinical outcomes. This session will provide athletic trainers with knowledge and strategies to recognize common cognitive biases, apply metacognition to evaluate their reasoning in real time, and intentionally utilize System 1 and System 2 thinking to support accurate clinical and educational decision-making.

(Domains: I,II,IV/Level: Advanced)

Learning Objectives:

- Identify the cognitive biases you may be subject to in your clinical practice or education
- Analyze your clinical practice, learning, or teaching for specific opportunities to engage in metacognition
- Evaluate your clinical decision-making process to identify patterns of System 1 and System 2 thinking

1:30pm – 2:30pm

Utilizing Medical Documentation Data to Advocate for Resources, Staff, and Compensation

Caitlin Romero-Sanchez, DAT, AT – Milken School

Miguel Romero-Sanchez, DAT, AT – Viewpoint School

This lecture addresses performance gaps in athletic training by equipping practitioners with practical strategies to collect, analyze, and present medical documentation in ways that clearly demonstrate their value. By learning to quantify cost savings, workload, and clinical impact, athletic trainers can more effectively advocate for resources, staffing, and compensation. (*Domain: V/Level: Essential*)

Learning Objectives:

- Identify key quantitative and qualitative data points that athletic trainers can collect to demonstrate their clinical impact and value
- Apply service valuation to estimate the economic worth of athletic training services
- Develop strategies to present documentation data in a concise, persuasive format to advocate for resources, staffing, and compensation

Keauhou III-IV

Mid-Conference Learning Lab #6: 8:30am-10:30am (Check-in begins at 8:00am)

**Pre-Registration and additional fee required – MUST check in by 10-minutes BEFORE the start of the session.*

Suture 101: Basics of Suturing

Leslie Cardoza, ATC, PA-C - Urgent Care

Per CAATE Standards, basic suturing skills are a competency for athletic trainers. Standard 70 states that athletic trainers should be able to evaluate and manage patients with acute skin conditions including wound care and closure. It is imperative that all athletic trainers know the basics of wound care and be able to determine and demonstrate appropriate wound care and basic closures.

(Domains: II,III/Level: Essential)

Learning Objectives:

- Describe the stages of wound healing
- Identify appropriate wound-cleaning methods
- Identify and discuss skin closures for different wound types
- Explain and demonstrate holding of suture tools including pick-up and needle driver
- Evaluate and identify a wound and determine if suture closure is needed
- Apply sutures to an appropriate wound

Mid-Conference Learning Lab #7: 12:00pm-2:00pm (Check-in begins at 11:30am)

Pre-Registration and additional fee required – **MUST check in by 10-minutes BEFORE the start of the session.*

Testing and Treating Dynamic Visual Acuity after Sport Related Concussion

Amy Alexander, PT – Banner Sports Medicine Scottsdale

Bradley Meachum, MS, ATC, LAT – Banner Sports Medicine and Concussion Specialists

A clear visual field is achieved, in part, via the vestibular ocular reflex. The vestibular domain is a frequent source of dizziness and balance symptoms after concussion. Assessing dynamic visual acuity via the dynamic visual acuity test (DVAT) assists in distinguishing oculomotor from vestibular deficits after mTBI. Appropriate exercise prescription to address specific systems promotes an optimal recovery to prepare for return to play (RTP). This learning lab will present a low-tech cost-effective way to perform the DVAT and prescribe exercises to address deficits. A case-based lab will provide an opportunity to work through progressing an athlete toward RTP. (*Domain: IV/Level: Advanced*)

Learning Objectives:

- Describe how the vestibular ocular reflex (VOR) affects dynamic vision
- Describe how deficits in dynamic vision contribute to both symptoms and athletic performance
- Identify exercises designed to address the VOR
- Demonstrate basic VOR x 1 viewing exercises
- Articulate exercise progressions for an athlete to prepare for RTP
- Differentiate exercises that address oculomotor from dynamic vision function

Friday, July 17, 2026

Keauhou II

Lecture Sessions

7:30am – 8:30am

Global Clinical Perspectives on MTSS: Beyond Conventional Treatment Models

Miguel Martinez, DAT, MHA, ATC – Clover Enterprises Inc.

Based on current evidence, there is no gold standard for managing MTSS, and most available interventions rely on localized treatment or activity restriction despite inconsistent outcomes. Athletic trainers do not routinely assess global postural compensations or neuromuscular contributors that may influence symptom development and prolong recovery. ATs also lack exposure to evidence supporting broader, nervous-system-informed treatment models that allow athletes to continue participation while improving pain and function. This session addresses the unmet need for clinically applicable, global assessment and intervention strategies that may reduce recovery time, maintain sport participation, and better reflect the multifactorial nature of MTSS. (*Domains: II,IV/Level: Essential*)

Learning Objectives:

- Critically evaluate the current treatment narrative for medial tibial stress syndrome (MTSS) and identify limitations in conventional approaches
- Discuss the role of neuromuscular pathways and postural compensation in the development and management of MTSS

- Apply a global, system-based approach to clinical decision-making for patients with MTSS, considering both symptom relief and functional improvement outcomes
- Integrate innovative assessment and treatment strategies into clinical practice to support patients with MTSS while maintaining sport activity

8:30am – 9:30am

Hydration for Performance: A Guide to Sports Beverage Composition and Use

Sponsored by Gatorade

Kimberly, Stein, PhD, Gatorade Sports Science Institute

Athletic trainers are well trained in providing care for athletes who suffer from heat-related injuries due to severe hypohydration. However, they may lack an understanding of the science behind the fluid replacement process and therefore may not always know which fluid sources have the right composition to support the hydration and limit the risk for severe hypohydration during training and competition. Identifying strategies to limit the potential for these types of injuries includes evaluating the fluid sources athletes are consuming and understanding individual fluid and electrolyte needs. Utilizing evidence-based criteria, the AT can evaluate different fluid replacement beverages and determine what is most appropriate for individual athletes. (*Domain: I/Level: Advanced*)

Learning Objectives:

- Discuss the different strategies for hydration and when each strategy should be employed
- Describe the risk of hyper- and hypo-hydration on athlete health and physical performance
- Identify the current composition components of a rehydration beverage to support athlete hydration needs

9:30am – 10:30am

Health Literacy in Athletic Training: Research, Tools, and Patient Outcomes

Jessica Wallace, PhD, MPH, LAT, ATC – The University of Alabama

Many athletic trainers work with populations where health literacy is low, impacting the effectiveness of health care and intervention outcomes. This gap is exacerbated by a lack of targeted tools and strategies that address the unique needs of our patient populations and communities. Moreover, athletic trainers have expressed struggles assessing health literacy and typically rely on perceptions and assumptions. This presentation aims to fill this gap by discussing public health models that include health literacy strategies. Content will provide athletic trainers with information and resources that can effectively raise health literacy levels, thus improving health outcomes in our most disadvantaged populations. (*Domains: I, V/Level: Advanced*)

Learning Objectives:

- Identify key barriers to health literacy in athletic training
- Evaluate current tools and research that support improved health literacy
- Apply health literacy strategies to improve health education and health outcomes

10:30am – 11:30am

Bridging Athletic Training and Sport Science: Concepts, Context, and Practical Application

Andrew Takata, PhD, ATC, CPSS, CSCS – University of Hawai'i at Manoa, Punahou School

Athletic trainers often view sport science as technology-heavy or outside their clinical role, resulting in limited use of objective monitoring and evidence-informed decision frameworks. Early sport science literature highlights the value of structured observation, athlete monitoring, and load management, yet many ATs are unfamiliar with how these concepts provide context for injury risk, recovery, and performance. This session addresses the gap by helping ATs build foundational understanding of these principles and how simple monitoring strategies can enhance clinical context. The focus is on increasing awareness and confidence so ATs can begin recognizing where sport science concepts may complement and inform their existing practice. (*Domains: I,II,IV/Level: Essential*)

Learning Objectives:

- Explain foundational sport science concepts and the scientific reasoning framework that guides objective monitoring and performance evaluation
- Describe how subjective and objective athlete monitoring methods from current literature can provide meaningful context to support clinical decision-making
- Recognize practical ways that sport science principles can complement the athletic trainer's existing workflows, even in settings with limited resources or technology

11:30am-12:30pm

Assessing Cognitive-Motor Interference: A Comparative Study of Single vs. Dual-Task Performance Using the SWAY Medical System

Kaori Tamura, PhD, ATC – University of Hawaii at Manoa

Diamond L. E. Miller, MS, ATC, CSCS – University of Hawaii at Manoa

Increasing evidence indicates that a dual-task approach is critical for concussion management. The dual-task paradigms require a higher level of cognitive function associated with decision-making and task prioritization, and recent evidence suggests that deficits in dual-task performance are associated with a higher risk of post-concussion musculoskeletal injuries. Despite the benefits, clinical integration of dual-task paradigms is limited by expensive laboratory equipment and lack of normative data. To facilitate the implementation of dual-task paradigms, this session will discuss the use of financially feasible and clinically accessible methods for valid assessment protocols and demonstrate how they can be implemented. (*Domain: II/Level: Advanced*)

Learning Objectives:

- Describe theoretical foundations of dual-task (DT) paradigms, including executive function, divided attention, and cognitive-motor interference in sport
- Incorporate dual-task assessment strategies into existing concussion protocols to increase assessment sensitivity and reduce premature return-to-play
- Construct dual-task rehabilitation progressions that challenge cognitive and motor reserves to optimize patient readiness for sport