

Disclosures/Conflicts of Interest None UCONN

Current Employment

- Sports Medicine Physician
 Assistant Clinical Professor

 - UConn Health Orthopedics and Sports Medicine
- · Head Team Physician
 - Woodstock Academy Prep/Boarding High School
- Team Physician
 - UConn Athletes
 - Osteopathic Manual Treatment (OMT) consult service
 - Game float coverage as needed (Men's hockey and Football)
- · Medical Director

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UConn Rec/Club Sports

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Learning Objectives

- · Describe the benefits and outcomes of athletic healthcare teamwork in the preparatory school setting
- Summarize recommendations for advancing the athletic trainer as a healthcare professional
- Discuss the dynamic nature of the athletic healthcare team

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Case 1

- 17 y/o female with acute right knee pain related to a fall while snowboarding
- Boarding student → non-athlete → sent by on-campus medical services to our ATC staff for evaluation
- Mechanism described to be a high energy fall while snowboarding
- · Initial pain appreciated laterally
- Continued pain with terminal flexion/extension
- · No report of bruising or effusion

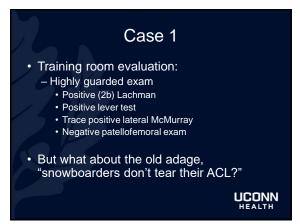
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Case 1

- · Rehab initiated with ATC on campus
- Patient noted to not progress as expected and re-evaluation with ATC noted concerning ACL findings
- Patient brought to me for training room evaluation

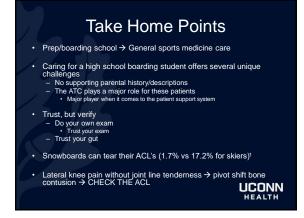
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NOT TRUE!

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Case 2

• 15 y/o male evaluated on the field after a football injury

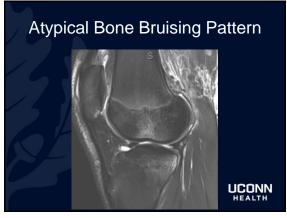
• Patient was tangled with another player while making a tackle

• Immediate severe pain screaming, "I dislocated my knee!"

– Patellofemoral dislocation vs complete knee dislocation

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Case 2 ATC gets the patient first and realizes that the patient is unable to straighten his knee My initial evaluation notes a knee stuck at 90 with a strange externally rotated position of the tibia relative to the femur No evidence of patellar dislocation Firm pressure was applied to the posterior/lateral knee while guiding the knee to extension Immediate relocation was achieved with pain immediately improved Distal sensation and pulses normal Athlete splinted in extension and sent via ambulance to local ER



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Medial and lateral posterior meniscal tears with capsular separation

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Case 2

Initial presentation in ER

Negative CTA of the lower extremity

Athlete underwent successful surgery

ACL reconstruction

Posterior lateral corner reconstruction

Lateral meniscal repair with additional capsule repair

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Case 2 Athlete was very hesitant to move the knee post surgery Quickly fell behind with rehab Later, he reported significant symptoms of depression Weight loss Hard for him to look at himself in the mirror As it currently stands: Psychotherapy has been a great success He continues to struggle with stiffness s/p surgery Arthroscopic debridement remains on the table pending continued response with PT

Case 2

• Multi-ligament knee injuries

- There is a 9-15% incidence of tearing both menisci with an ACL tear²

- 15% of ACL injuries have an associated PLC injury that also requires reconstruction³

- Prevalence of depression in the general population = 9%

• Those undergoing ACL reconstruction = 23-42%⁴

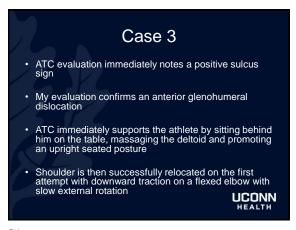
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Case 2 • Take home points - Clear and well-communicated roles for serious injury management - Offering the family multiple points of contact with both myself and the school's athletic trainer - Regular follow up in clinic & on campus - Immediate mobilization of on-campus mental health services when needed

Case 3
10 minutes after case 2, brother decides to join the "fun"
Defensive play resulting in a huge hit delivered by our eventual patient
Play finishes with him running off the field with a "dead arm"

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Case 3

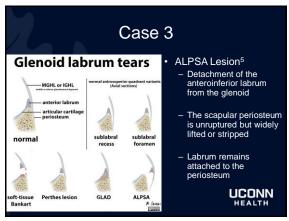
Regarding the shoulder dislocation
First time dislocation

No prior subluxation events

Highly motivated to return to athletics ASAP
Senior season, primary sport

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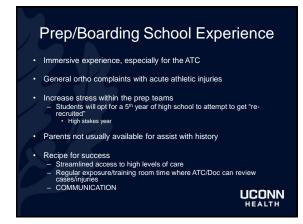


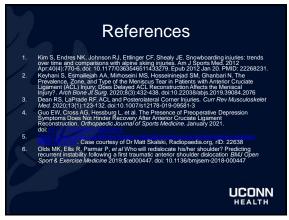
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Case 3 • For adolescents/young adults with a first-time dislocation - ~90% lifetime risk of recurrent instability⁶ • Patient-centered decision making - Athlete trialed a Sully brace • Successful surgery after the football season - 6 months before return to contact sports



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