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# Network News

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**THE SECONDARY SCHOOL ATHLETIC TRAINING  
PRACTICE-BASED RESEARCH NETWORK  
(SSAT-PBRN)**

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## Director's Update

This second edition of the *Network News* is being sent your way at a time when there is a lot going on in the areas of EBP and clinical outcomes within our profession and the SSAT-PBRN. The Bi-annual Athletic Training Educators' Conference will be held February 25-27 in Washington, DC and members of the SSAT-PBRN will be presenting during the conference.

The *Journal of Sport Rehabilitation's* February issue is a thematic issue on clinical outcomes, guest edited by Alison R. Snyder, PhD, ATC and Eric L. Sauer, PhD, ATC, FNATA. Again, the SSAT-PBRN is well represented as authors in the special issue.

Clinicians continue to use the EMR system, and thanks to a grant from the Still Research Institute at ATSU, we will have the ability to add several new features to the EMR. These new features were decided upon as a response to the requests and suggestions of the clinicians utilizing the EMR and should be in place in time for any PPEs done this spring. More information regarding the new features will be sent to all clinical practice sites in the near future.

The PBRN has been recognized again by the Agency for Healthcare Research and Quality (AHRQ) as an affiliate PBRN for 2011 and we are continually looking for sites interested in joining our network. Interested sites should contact Kenny Lam, ScD, ATC at [klam@atsu.edu](mailto:klam@atsu.edu).

We also welcome a new Research Coordinator, Mariel Yakuboff, MS, ATC to the SSAT-PBRN. Ms. Yakuboff graduated from Boston University in 2007 with her Bachelor's in Athletic Training and received her Master's in Athletic Training from ATSU in 2009. For the past 2 years, Ms. Yakuboff has worked as a clinic-outreach athletic trainer with Spooner Physical Therapy and Desert Mountain High School, in Scottsdale, AZ. She has been a regular user of the CORE-AT EMR system and will be a great addition to the administration of the PBRN.

We look forward to seeing many of you in Washington!

*Tamara*

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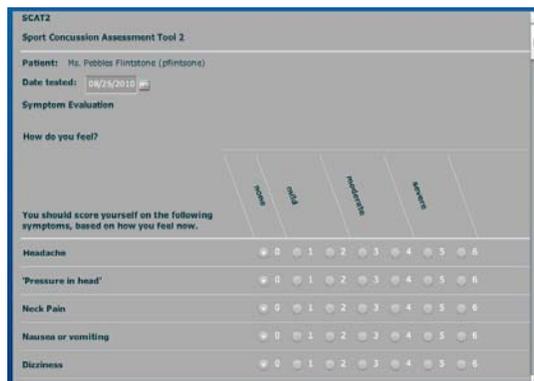
## Enhancing Clinical Education Using the CORE-AT EMR System

While the CORE-AT EMR system was primarily designed to help certified athletic trainers document their patient care in a more effective manner, clinicians have also found it to be a valuable clinical educational resource for their athletic training students (ATS). For example, from a daily practice standpoint, the standardized fields within all medical forms allow clinicians to teach ATS about the importance of proper documentation and to emphasize the essential information needed for complete medical records and thorough documentation. In addition, from a global perspective, the use of an EMR system highlights several trends occurring in the athletic training profession as well as the overall healthcare system. First, the incorporation of patient-based outcome measures within the system addresses current initiatives (and upcoming educational competencies) related to evidence-based practice and routine clinical outcomes assessment. Second, as the athletic training profession continues to integrate itself in to the global healthcare system, the use of the EMR system offers a way to follow current practice trends within other healthcare disciplines (ie, using state-of-the-art technology to document and evaluate quality of care). Lastly, the embedded CPT and ICD-9 codes within the system's medical forms introduce athletic trainers to a common language utilized by numerous healthcare fields. As the CORE-AT EMR system evolves, our team will continue to add features to help make documenting more efficient for athletic trainers. We also hope that clinicians will continue to find the system to be a useful clinical educational resource for their ATS.

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## EMR System Highlight: Concussion Module

The start of the 2010-11 athletics year saw the introduction of the Concussion Module to the CORE-AT EMR, as part of a research project funded by the National Operating Committee on Standards for Athletic Equipment (NOCSAE). The investigation, under the direction of Dr. Tamara McLeod is studying the effects of sport-related concussion on symptoms, cognition, balance, and health-related quality of life in adolescent athletes. As part of the study NOCSAE provided funds to add a concussion module to the CORE-AT EMR.



The concussion module includes specific evaluation, follow-up, and patient-reported outcomes forms for athletes sustaining a concussion, including the Sport Concussion Assessment Tool-2 (SCAT2), the Headache Impact Test (HIT-6), and the Pediatric Quality of Life Inventory (PedsQL). Once the athletic trainer indicates that the patient has suffered a concussion under the diagnosis field, the system will generate concussion-specific fields for the evaluation and discharge forms and add a SCAT2 form to the patient's treatment screen. These new concussion-specific forms are fairly self-explanatory and we hope that they will assistance you in providing better care for your patients.

*Patient Self-Registration and Region-specific evaluation forms will be added to the EMR this Spring!*

## PBRN Members Have Prominent Role at ATEC

The SSAT-PBRN will have a presence at the upcoming Athletic Training Educators' Conference in Washington, DC. The theme of this year's conference is Evidence-Based Practice. If you are coming to the conference be sure to attend the following presentations:

### **The Simplicity Behind Improving Patient Care**

*Bonnie Van Lunen, PhD, ATC - SSAT-PBRN Advisory Board*

### **Grading the Evidence: Is AT Education and Research Positioned to Support a Future of Evidence-Based Practice?**

*John Parsons, PhD, ATC - SSAT-PBRN Director of Health Informatics and Policy*

### **Breakout A: Don't Forget About Your Patients: The Importance of Assessing Patient-Rated Clinical Outcomes Within an Evidence-Based Practice Culture**

*Kenneth Lam, ScD, ATC - SSAT-PBRN Clinical Practice Site Coordinator*

*Alison Snyder, PhD, ATC - SSAT-PBRN Director, Injury Surveillance and Outcomes Research*

### **Breakout I: Clinical Epidemiology in Athletic Training Education and Clinical Practice: A Critical Missing Element for Advancement of the Profession**

*Gary Wilkerson, EdD, ATC - SSAT-PBRN Advisory Board*

### **Breakout L: Practice-Based Research Networks: Connecting Clinicians, Educators and Researchers to Enable Evidence-Based Practice**

*Tamara Valovich McLeod, PhD, ATC - SSAT-PBRN Director*

*Eric Sauers, PhD, ATC - SSAT-PBRN Scientist*

Snyder AR, Vela LI, Parson JT. The reliability of an instrument to measure the utilization of patient-rated measures of outcome in athletic training: an initial report . *Accepted as a poster presentation.*

## PBRN Member Highlight: Meredith Madden, MA, ATC

### **Athletic Trainer Profile**

Name: Meredith Madden, MA, ATC  
 Position: Graduate Assistant Athletic Trainer at Boston University  
 Secondary School: Chelsea High School, Chelsea, MA  
 PBRN member since September 2010  
 Years certified: 3.5



### **Briefly describe your work setting.**

Chelsea High School has approximately 250 athletes who compete at a Division 4 level on 12 varsity and 6 junior varsity/freshman teams. Many of the students, particularly females, are multi-sport athletes who compete year-round. The City of Chelsea, MA is located just outside of Boston where most residents live below the poverty line and 80% of the student body is of Hispanic descent, many of whom are first or second generation. Due to socioeconomic constraints, I am limited on space and resources – I have no athletic training room, no designated area for rehabilitation/treatment, no modalities, and limited storage space. For many of the athletes, I am their primary (and only) source of medical care, as most lack healthcare coverage and insurance. Also, because I provide coverage for the school on a part-time basis and this is only the second year that the school has had an athletic trainer on a consistent basis, compliance (eg, reporting for follow-up) can sometimes be a challenge.

### **What kind of barriers did you encounter when initially implementing the CORE-AT system into your daily practice? How did you overcome this barrier?**

The number one barrier was time. As with most athletic trainers, during the pre-practice rush, I spend most of my time caring for and educating my patients. In addition, as an approved clinical instructor (ACI), I spend much of my “down” time (eg, before the rush, during practice) engaged in clinical education with my undergraduate athletic training students. Needless to say, staying current with my medical records is a daily challenge. However, because I can basically sign onto the system wherever I am, I often find myself updating my records during unofficial working hours like before I get into work, after all the athletes have gone home for the night, and even in between my classes (she is currently pursuing her EdD degree). The system is user-friendly so creating and updating medical records doesn’t take too much time – if I can find 10-15 minutes out of my day, I can typically catch up on all my notes.

### **Are there any barriers you still need to address to fully incorporate the CORE-AT system into your practice?**

Although I am still getting used to the system, it is still a challenge to have all my athletes fill out the outcome measures. It’s important that I have the completed outcome measures available to me because information on quality of life and daily activities would enhance my evaluations and treatments plans. I think that these outcome measures are especially important for an underserved population because it allows for complete whole person care, which they may not otherwise receive.

### **What are some of the benefits of using the CORE-AT system?**

The system has been very helpful to my daily practice. Since I don’t have an athletic training room or a storage space, the system has allowed me to securely document and store my medical records. Also, the system is set up in a way that it’s easy to track injuries and I especially love the concussion module with the incorporated SCAT forms. In addition, I think it’s been a great resource for my athletic training students since they can gain experience with and an appreciation for proper documentation skills, the use of an EMR system, and the importance of incorporating outcome measures into daily practice.

*“...information on quality of life and daily activities would enhance my evaluations and treatments plans”*

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The mission of the Secondary School Athletic Training PBRN is to improve the quality of care and patient outcomes in adolescent athletes under the care of certified athletic trainers. The PBRN is administered through A.T. Still University and consists of partnerships with Professional (a.k.a., entry-level) and Post-Professional Athletic Training Education Programs as well as hospital groups and clinics, establishing a geographically diverse group of clinical sites.



[www.coreat.org](http://www.coreat.org)

## Focus on Clinical Outcomes: *Journal of Sport Rehabilitation*

The *Journal of Sport Rehabilitation* recently released the *Clinical Outcomes Assessment in Sport Rehabilitation* special issue (*J Sport Rehabilitation*, 2011; 20: 1-142) which highlights general topic papers, clinical application papers, and original research articles all related to the assessment of health care outcomes. This issue is the first of its kind in sport rehabilitation and presents topics that are relevant to educators, clinicians, and researchers. The general topics papers are specifically designed to provide an overview of key topics related the clinical outcomes assessment, including an introduction to outcomes assessment as it relates to sports rehabilitation, health-related quality of life (HRQOL) as a primary clinical outcome in sports rehabilitation, and clinical decision making as it relates to patient- and clinician-rated outcomes. These papers provide helpful information for those new to outcomes assessment and are valuable pieces to include in athletic training evaluation and injury management courses. Clinical application papers are included to provide readers with examples of case scenarios which incorporate clinical outcomes as part of patient care and management. These papers are specific to body regions, including the head (ie, sport-related concussion), upper extremity, back, and ankle. A value of the clinical application papers is that they provide clinicians with a picture of how to use outcomes assessment, specifically patient-based outcomes assessment, in the management of sport injuries. Finally, the special issue highlights several original research investigations that address HRQOL in softball pitchers, responsiveness of a pain rating scale in shoulder pain patients, and measurement properties of headache-specific outcomes in young athletes. In general, little is known about many common patient-rated outcome measures in active populations and these original articles may spark others to investigate similar questions with different body regions and outcome measures.

One highlight of the special issue is that the predominance of authors are athletic trainers! We hope you find this special issue as useful as we do for professional and post-professional education, clinical practice, and research!