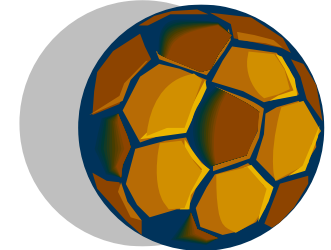
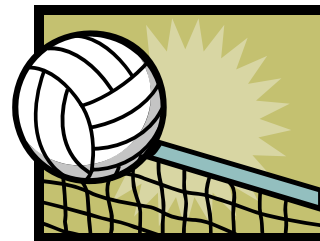


ESSMC

East Suburban Sports Medicine Center

**18TH Annual Student Athletic Trainer Workshop
August 11, 12, 13, 2009**

**At Penn -Trafford High School, Route 130
Harrison City, Pennsylvania 15636**



2644 Mosside Boulevard, Mosside Village Suite 119
Monroeville, PA 15146 | 412.856.8060
Norwin Professional Building, 40 Lincoln Way
North Huntingdon, PA 15642 | 724.863.8681
One Franklin Centre, 4115 William Penn Hwy
Murrysville, PA 15668 | 724.327.7099

Integrity Office Suites, 1000 Integrity Drive, Suite 240
Pittsburgh, PA 15235 | 412. 241.0620
Leverington Office Complex, 3520 Route 130
Irwin, PA 15642 | 724.744.0950
Infinity Suites, 1000 Infinity Drive, Suite 210
Monroeville, PA 15146 | 724.733.9899

KEEP INFORMATION BELOW FOR FUTURE REFERENCE

COST: \$50.00, which includes Lunch, T-shirt, and Diploma

Time: 9:00 a.m. – 3:00 p.m.

Coordinator: Larry Cooper, ATC

Presenters: Certified Athletic Trainers and Physical Therapists from East Suburban Sports Medicine Center and area high schools and colleges.

Tentative Schedule:

Tuesday, August 11, 2009

- 9:00 Welcome and Introduction
- 9:15 Anatomy: recognition of bones, major muscle groups
- 9:45 Taping, Basic Principles, miscellaneous taping procedures: LAB, Taping Practice
- 10:15 Stretching principles: dynamic, static, and specific techniques for certain muscle groups
- 10:45 HIPPA, MRSA, Herpes Gladiatorum, HIV Concerns in the Training Room: What should you know?
- 11:00 Fundamentals of taping; types, methods, guidelines and practice
- 11:45 Local collegiate Athletic Training students discussing their experiences and answering your questions
- 12:00 LUNCH-Pizza
- 12:30 Question and Answer time-ask ATC's about their job, an average day, skills needed to be successful, educational requirements, dealing with coaches and athletes, how to help the staff ATC at your school
- 1:00 Using Swiss Balls as a Rehabilitation/Conditioning/Strengthening Tool
Work in the Weight Room: Nautilus Principles, free weights, eccentric/concentric, Plyoballs, tubing, Manual Resistive Exercises, designing a program
- Bring or Wear workout gear**
- 3:00 Dismissal

Wednesday, August 12, 2009

- 9:00 Environmental Injuries: prevention, recognition and treatment
- 9:30 Injuries to muscles and bones and what to do/on field management of injuries
- 10:00 Internal Injuries: recognition and treatment
- 10:30 Shoulder Injuries
- 11:00 Knee Injuries
- 11:45 LUNCH: Hoagies
- 12:15 Ankle Injuries
- 1:30 Elbow, Wrist and Hand Injuries
- 2:00 Taping practice
- 3:00 Dismissal

Thursday, August 13, 2009

- 9:00 Rehabilitation Principles: proprioception, sport specific exercises, stretching principles
- 9:30 Treatments in the High School Training Room: LAB/wound management, Blister Care, Sprain/Strain, Making and applying protective pad and ace wraps
- 10:15 Body Composition and Nutritional Concerns for the Athlete, update to the Wrestling weight loss Guidelines for Pennsylvania HS Wrestlers
- 11:00 Aquatic Therapy: rehab in the pool, experience the pool workouts. **Bring a swim suit and towel**
- 11:45 LUNCH: Ski's and Nicks Chicken
- 12:15 Head and Neck Injuries
- 1:45 Taping Competition
- 2:30 Athletic Training Quiz by school put on your thinking caps and win something for your school.
- 3:00 Diploma Presentation
- 3:00 Conclusion and Dismissal

PLEASE DETACH THIS PART OF THE FORM AND RETURN COMPLETED AND SIGNED ALONG WITH A CHECK FOR \$50.00 MADE PAYABLE TO: EAST SUBURBAN SPORTS MEDICINE CENTER BY JULY 29, 2009 TO THE FOLLOWING ADDRESS:

Larry Cooper, ATC
Workshop Coordinator
118 Stoney Creek Lane
Harrison City, PA 15636

East Suburban Sports Medicine Center

If you have any questions e-mail Mr. Cooper at coopatc@aol.com or visit the ESSMC Web site at www.essmc.com.

DATE: _____

NAME: _____

GRADE: _____ YEARS EXPERIENCE AS A STUDENT ATHLETIC TRAINER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ E-Mail: _____

EMERGENCY PHONE: _____

HAVE YOU PREVIOUSLY ATTENDED THIS WORKSHOP? YES NO

HOW DID YOU HEAR ABOUT THIS WORKSHOP? _____

PARENT/GUARDIAN: I GIVE PERMISSION TO MY SON/DAUGHTER TO ATTEND THIS EDUCATIONAL SEMINAR. I UNDERSTAND IT IS MY RESPONSIBILITY TO PROVIDE TRANSPORTATION TO AND FROM PENN-TRAFFORD HIGH SCHOOL FOR MY CHILD.

PARENT/GUARDIAN SIGNATURE: _____

DATE SIGNED: _____

Five dollars from each registration goes toward the Tim Kerin Athletic Training Scholarship Fund. This scholarship was developed in memory of Time Kerin, former Head Athletic Trainer at the University of Pittsburgh who met an untimely death in August, 1992 at the age of 44. He was a true teacher and inspiration for many athletic trainers in the state of Pennsylvania.

See www.essmc.com for more info