2019 Juniata College Sports Performance Conference
Speaker Presentation Abstracts and Objectives

***Leslie J. Bonci, MPH, RD, CSSD, LDN, owner of "Active Eating Advice-be Fit**

"Sports Nutrition for Injury Prevention and Rehabilitation"

(1 Category A CEU)

Abstract

As the support staff for our athletes we must safeguard their health so that they can optimize performance. We must educate athletes about strategies they can adopt to reduce the risk of injuries as well as optimize rehabilitation outcome post injury. Nutrition strategies for injury prevention include nutrient support for the supporting structure, optimizing hydration, and decreasing inflammation. The emphasis in on quality, and consistency with food choices and eating behaviors. Nutrition recommendations post injury vary depending upon the type of injury but emphasize preparedness for faster healing, better physical therapy outcome and preventing or decreasing the risk of future injuries through better nutritional status. Quantity of food consumed may need to be adjusted post injury due to decreased physical demands, but the quality and consistency of food choices and eating behaviors is an essential component of the recovery process. Encouraging athletes to prioritize food choices to minimize the risk of injury can help them to optimize performance and health.

Learning Objectives:

Three healing processes occur after an injury: • Inflammation - Occurs immediately and continues up to 5 days post-injury. • Proliferation - Occurs at 5 days through 3 weeks post-injury. During this phase, there is a tissue rebuilding and repairing process. • Maturation - Occurs from 3 weeks to 2 years post-injury (depending on severity of injury). During this phase of recovery, considerable remodeling occurs to build a stronger tissue structure. Based on these healing processes, we can divide nutrition recommendations into two phases: • Injury and Immobilization – (Inflammation and proliferation of healing) Most of the muscle loss occurs during this phase. • Rehabilitation – (Maturation of healing) Exercise is re-introduced in the form of therapy and athletes are advanced to full practice when they are cleared by a trained medical staff.

PRESENTATION OBJECTIVES

1) Understand the Three healing processes occur after an injury:
   -Inflammation
   -Proliferation
   -Maturation
2) Know nutrition recommendations for:
   -Injury and Immobilization
   -Rehabilitation
3) Understand nutrition strategies that are conducive for improved athletic performance.

***Robert A. Panariello, MS, PT, ATC, CSCS, , Professional Physical Therapy**

"*Rehabilitation* and Athletic Performance Enhancement Training of Hamstring Injuries"

(1 Category A CEU)

Abstract

Common soft tissue injury in sports involving sprinting, cutting, and jumping is the hamstring strain. Hamstring strains are exceedingly common in athletics and contribute to a significant amount of morbidity and time lost from sport. A major dilemma with hamstring strains is the high incidence of re-injury. This presentation will provide the attendee with the risk factors of hamstring injuries as well as a rehabilitation approach for the athlete's optimal return to play. Also addressed will be a systematic approach with regard to the enhancement of the physical qualities necessary for the prevention of hamstring injury and/or prevention of reoccurring hamstring injury.

PRESENTATION OBJECTIVES

1) Attendees will learn about common soft tissue injury in sports involving sprinting, cutting, and jumping
2) Attendees will understand rehabilitation of hamstring injuries, enabling the athlete's optimal return to play.
3) Attendees will learn a systematic approach in rehabbing hamstring injury that are necessary for the prevention of hamstring injury and/or prevention of reoccurring hamstring injury.

***Tanya Williams MS, CSSD, RD, LDN, RYT-200, Clinical Dietitian, & Sports Nutrition Specialist**

"*RED-S; Relative Energy Deficiency Syndrome*"

(1 Category A CEU)

ABSTRACT

Protecting the health of the athlete is a goal of the International Olympic Committee (IOC). The IOC convened an expert panel to update the 2005 IOC Consensus Statement on the Female Athlete Triad. This Consensus Statement replaces the previous and provides guidelines to guide risk assessment, treatment and return-to-play decisions. The IOC expert working group introduces a broader, more comprehensive term for the condition previously known as 'Female Athlete Triad'. The term 'Relative Energy Deficiency in Sport' (RED-S), points to the complexity involved and the fact that male athletes are also affected. The syndrome of RED-S refers to impaired physiological function including, but not limited to, metabolic rate, menstrual function, bone health, immunity, protein synthesis, cardiovascular health caused by relative energy deficiency. The cause of this syndrome is energy deficiency relative to the balance between dietary energy intake and energy expenditure required for health and activities of daily living, growth and sporting activities. Psychological consequences can either precede RED-S or

be the result of RED-S. The clinical phenomenon is not a 'triad' of the three entities of energy availability, menstrual function and bone health, but rather a syndrome that affects many aspects of physiological function, health and athletic performance. This Consensus Statement also recommends practical clinical models for the management of affected athletes. The 'Sport Risk Assessment and Return to Play Model'

PRESENTATION OBJECTIVES

1) Session attendees will learn about the components of RED-S
2) Session attendees will learn how RED-S is clinically diagnosed.
3) Sessions attendees will learn how to adjust training protocol after a student-athlete has been diagnosed.
4) Session attendees will learn the clinical resources available to them when dealing with a student-athlete with RED-s and the subsequent treatment protocol.

*Sasha Digges – MS Physical Therapy

"Blood Flow Restriction Training: The Science and Methodology"

(1.5 EBP Credit)

Abstract

Does Blow Flow Restriction Training (BFRT) improve muscle hypertrophy and strength in active adults presenting with atrophy and deficits in muscle strength?
Blood flow restriction training (BFRT) is a relatively new modality in the US. Evidence suggests that the use patients with strength deficits to due injury or surgery may return to function sooner when treated with BFRT compared to patients who are not treated with BFRT. In active individuals and elite athletes, time is of the essence to return to functional performance. Clinicians trained in the advanced skill of BFRT may be able to offer reduced recovery time when the athlete has appropriate BFRT administered and monitored throughout their rehabilitation program. Practice Gap: BFRT is a new modality, and many clinicians have yet to be trained on its safe and effective use. This presentation is intended to provide evidence in support of the use of BFRT in injured or post-surgical individuals who need to return to a high level of functional performance. In addition, safe and effective use of the modality will be discussed. The intent of this presentation is to provide the highest quality evidence on this novel rehabilitation tool to clinicians, including the protocol parameters, contraindications, precautions, and when to terminate the session.

PRESENTATION OBJECTIVES

1. Attendees will learn how patients with strength deficits due to injury or surgery may return to function sooner when treated with BFRT.
2. Attendees will learn athletes can reduced recovery time when the athlete has appropriate BFRT administered and monitored throughout their rehabilitation program.
3. Attendees will learn protocol parameters, contraindications, precautions when using BFRT.

***Mike Craven - True Fitness Solutions - ISSA Personal Trainer Cert,**

"What we are not doing to Prevent Heat Stroke"

(1 Category A CEU)

Abstract

"What are we doing to Prevent Heat Stroke" is about the many failures that happen when a player dies each year from Exertional Heat Stroke (EHS). Every death tells a story. Many think it was a tragedy. The reality is when a player goes down from EHS SOMETHING WENT WRONG. How can we keep making the same mistakes over and over? "Winning Lawsuits causes change not young men dying.

We have more football players dying today from EHS since 1995-2015 at 3 a year than when water was restricted from 1960 -1975.

Ninety percent of these deaths happen during conditioning.

Let's LEARN at what the lawyers found as negligence in the death of Johnny Tolbert.

You must look at three factors 1- how we Identify low to high heat tolerance though Peak Vo2 testing. 2-How we prepare to prevent by using data of Peak Vo2 test results to build Aerobic Strength. 3 – Having an Emergency Action Plan.

Unmatched Aerobic strength (peak Vo2) to metabolic demands combined with over motivation is not only wrong but dangerously wrong. The physiology of each players cardio output is no different than vertical jumps or 1 rep maxes on the bench press. Much has been written about how repeated high intensity sprint activity with work to rest ratios less than 1 to 10 as a major cause of heat storage in athletes who have low aerobic capacities as measure by Peak Vo2 under 40ml/kg/min(ACSM HEAT ILLNESS GUIDELINES).

What is written in every Position stand on Exertional Heat Stroke is the relationship of heat, humidity, hydration, High Intensity effort and low Physical fitness (peak Vo2) as ingredients for the perfect storm. This means all of us that are of the same healthcare team share in the responsibility whenever an athlete dies.

We cannot pick and choose what part of the Position stand we ACT on or don't that is the duty of care of athlete

The Peak Vo2 score is an exact measurement that is the direct link to the body's ability to release heat from core to shell. If a coach today believes his athletic trainer handles all his heat related concerns he must ask if it is listed in their position stand as a reason for exertional heat stroke; and when he finds out it is, why are we not testing for it? Testing brings measurement to exercise prescription for the time period to develop aerobic strength for physiological change. This is preparing to prevent which is being proactive.

PRESENTATION OBJECTIVES

1- Recognizing that heat, humidity, hydration, High Intensity work sessions and low Physical fitness (peak Vo2) are key factors for Heat Stroke.
2- How to Identify low to high heat tolerance though Peak Vo2 testing.
3- How to prepare to prevent Heat Stroke by using data of Peak Vo2 test results to build Aerobic Strength.
4- Recognizing and Implementing a proper Emergency Action Plan for Heat Stroke

***Dr. Savannah Bailey, DAT, LAT, ATC, CSCS, CES, CCT**

"Negative Pressure Therapies"

(1 Category A CEU)

Abstract

1. Study pertinent history of cupping techniques:
    a. Cupping is one of the oldest and most globally practiced medical treatments in human history.
    b. This therapy dates back to as early as 3000 BC. The earliest written record describing cupping was found in Egypt in 1550 BC.
    c. It subsequently spread to many other countries. Cupping was widely used into the late 1800's by European and American physicians.
    d. Differences due exist between how cupping is practiced in Eastern and Western cultures.

2. Address mechanical methods behind the therapy:
    a. This therapy employs negative pressure rather than tissue compression.
    b. By creating suction and negative pressure, this therapy has the potential to release rigid soft tissues, drain excess fluid and toxins (lactic acid, metabolites left behind from injury, etc.), loosen adhesions, lift connective tissues, and bring blood flow to stagnant skin and muscles (stubborn scar tissue, etc.).
    c. Mechanically, cupping increases blood circulation; whereas physiologically it actives the immune system and stimulates the mechanosensitive fibers, thus leading a reduction in pain.
    d. In theory, increases in circulation encourage angiogenesis and autolysis such that the body will begin to build a new microcirculatory network.
    e. Another benefit of negative pressure is that it feels good; the pulling action engages the parasympathetic nervous system and therefore allows a deep relaxation to move through the body.

3. Examine some of the therapeutic effects:
    a. Effects on skin
        i. Expands blood vessels resulting in increased circulation, skin temperature, etc.
    b. Effects on muscle
        i. Suction facilitates the excretion of lactic acids and toxins
        ii. The action of increased blood flow may positively effect tissue pliability and/or extensibility
    c. Effects on the circulatory system
        i. Cupping is considered a "self-healing" therapy; improved blood circulation is paramount to optimal health
    d. Effect on joints
        i. Distraction on connective tissues may allow for improved range of motion
        ii. Improved blood and lymph circulation can assist in recovery following injury
    e. Effect on fascia
        i. Lifts and loosens fascial adhesions

f. Address precautions/contraindications

4. Discuss some of the current available evidence in the literature:
    a. See references below
    b. Presenter reserves the right to include additional materials as they become available

5. Consider the different types of cups and how material effects clinical use:
    a. Plastic
    b. Silicone
    c. Glass

6. Observe different dry cupping techniques (via embedded video and in-person demonstration) such as:
    a. Static cupping on static body
        i. When concerned about physiology or localized healing
    b. Static cupping on dynamic body
        i. When addressing ROM loss or movement dysfunction due to fascial restrictions
        ii. Could be considered the opposite of active release therapy
    c. Dynamic cupping on static body
        i. When concerned about fascial restrictions and adhesions
        ii. Could be considered the opposite of foam rolling

7. Learn some appropriate clinical applications of dry cupping using both plastic and silicone cups such as:
    a. Muscular soreness / pain
    b. Muscular tightness / stiffness

8. Conclusion
    a. What do we know – summation of theories, clinical applications, etc.
    b. What don't we know – gaps in science or research

Allot time for question-and-answer exchange

PRESENTATION OBJECTIVES

1. Study pertinent history of cupping techniques:
2. Address mechanical methods behind the therapy:
3. Examine some of the therapeutic effects:
4. Discuss some of the current available evidence in the literature:
5. Consider the different types of cups and how material effects clinical use:
6. Observe different dry cupping techniques (via embedded video and in-person demonstration) such as:

*** J.R. Leonardi, MS, CSCS, USAW, Strength and Conditioning Specialist**
Allegheny Health Network – Sports Performance

"Scapular Strength Options for Improved Posture and Shoulder Care"

(1 Category A CEU)

Abstract

Learn open and closed chain exercises w/ little to no equipment used t contributes to improved posture, shoulder/elbow durability and enhanced performance in overhead athletes.
o strengthen the middle/lower traps, rhomboids and thoracic paraspinals. Learn appropriate sets/rep schemes and where to place in a workout and how this contributes to improved posture, shoulder/elbow durability and enhanced performance in overhead athletes.

PRESENTATION OBJECTIVES

1) Session attendees will learn the exercises used to strengthen middle/lower traps, rhomboids and thoracic paraspinals.

2) Session attendees will learn to teach proper mechanics and technique of exercises that strengthen middle/lower traps, rhomboids and thoracic paraspinals.

3) Sessions attendees will learn how develop a training program that focuses on the correct exercise intensities and volumes that contribute to improved of posture, shoulder/elbow durability and enhanced performance in overhead athletes.

***Will Peveler, Ph.D., Liberty University Assistant Professor of Exercise Physiology**

"Strength and Conditioning for Combat Sports"

(1 Category A CEU)

Abstract

The purpose of this presentation is to examine the current literature on strength and conditioning in combat sports. While this presentation will focus mainly on mixed martial arts, the concepts are applicable to all combat sports. Competing in combat sports requires muscular strength, muscular endurance, anaerobic power, aerobic power, and flexibility. A strength and conditioning program must address these key areas in order to improve performance and decrease the risk of injury. With the exception of collegiate wrestling, combat sports are not broken up into traditional in-season and off-season. Making periodization more complicated in relation to traditional sports. This presentation will cover how to implement a strength and conditioning program into a physically demanding sport with no true offseason.

PRESENTATION OBJECTIVES

Develop and understanding of the energy systems required to compete in combat sports.

1. Identify key areas of strength and conditioning requirements for performance and injury prevention.
2. Gain knowledge on how to effectively implement a periodization program that will optimize performance in a sport with no true off-season.
3. Identify the symptoms of overtraining.

***Tom Swaldi DPT, ATC, CSCS, Star Physical Therapy & Fitness**

"Temporomandibular Joint Dysfunction in the Athletic Population"

(1 Category A CEU)

Abstract

In the age of Concussion Awareness, we are much more sensitive to all head injuries and their complicating factors. Temporomandibular Joint (TMJ) dysfunction is one such complication. The TMJ is one area that may be overlooked or not considered during the treatment of head and neck pathology. The anatomy may have not been thought about since we were all vigorously studying to get through our curriculum. This may be quite a few years for some. When TMJ anatomy and biomechanics are reviewed, the close correlation with the head and neck is apparent. Assessing or screening our athletes for TMJ dysfunction should be included, as a possible contributing factor of certain symptoms, to all head and neck injuries. Headache can be one such symptom that can be exacerbated by TMJ dysfunction. We should be aware when a referral to a dentist is appropriate. Treating the TMJ is specific and should include the entire upper quarter for better outcome. Considering everything that may be involved in any injury to the head or neck, the TMJ can be a key component to an athlete's speedy recovery with a good outcome.

PRESENTATION OBJECTIVES

1) Session attendees will understand the correlation of the neck and head through by reviewing TMJ anatomy and biomechanics.
2) Session attendees will learn assessment and screening procedures for for Temporomandibular Joint (TMJ) dysfunction.
3) Sessions attendees understand treatment specific for athletes with Temporomandibular Joint (TMJ) dysfunction

***Andy Bosak, Ph.D., CSCS, HFS, Liberty University, Exercise Science Professor and Director of Exercise Science Master's Degree Program Liberty University**

"Assessment and Strength training and Conditioning for Professional Firefighters"

(1 Category A CEU)

ABSTRACT:

Firefighters are faced with dramatic physiological challenges during the course of duty where they sit for long periods, but when called upon, they must instantly respond at or near maximal physical capacity and perform at a high intensity for various amounts of time. This stressful reaction takes the body through a dramatic "fight or flight" response and it is best that firefighters should be trained in the same manner as professional or Olympic athletes. Hence, the purpose of this presentation is to assess the particular physiological demands of several firefighter positions and suggest ways to develop appropriate training programs.

PRESENTATION OBJECTIVES

1. Understand that physiological demands of firefighting and how to design training programs for these unique individuals.
2. Learn about the challenges and barriers to successfully conducting firefighter research studies and designing fitness programs for various types of firefighter positions.
3. Discover the various internship and career opportunities that exist with being an occupational performance specialist, exercise physiologist, and/or strength training and conditioning professional with the firefighter population.

***Alan DeGennaro, MS, ATC, CSCS, Carnegie Mellon University Strength and Conditioning Coordinator**

"Expanding the Strength-Aerobic Method: Implications for Health, Performance, and Injury Prevention"

(1 Category A CEU)

Abstract:

This presentation will discuss the history of the strength-aerobic method, why it works, how it's been used over the years, and its implications for general health, performance enhancement, and injury prevention.

Aerobic training is often synonymous with cardiovascular training, specifically training of the heart and lungs. As such, many activities, both steady-state and interval based, are typically used to develop the 'aerobic' system such as: running, swimming, cycling, and rowing. What is not often appreciated is the fact that 60% of the body is comprised of muscle and precise methods of strength training may more effectively develop the aerobic system in the body than those traditional forms.

PRESENTATION OBJECTIVES

Discuss the history of the strength-aerobic method and show:

1. Why it works
2. How it's been used over the years
3 .Show its implications for general health, performance enhancement, and injury prevention.

***Kate Decker, CSCS, USAW & USATF Coach, FST Level 3 Medical Specialist,**

"Demonstrations of Active Release Technique and Fascial Stretch Therapy"

(1 Category A CEU)

Abstract

Displays of techniques presenter has utilized with NBA, NFL, MLB, CCU, TU, UNC, and Olympians to assist with enhanced performance and return to play of injured athletes. You will learn quick postural observations, fascial and movement evaluations, benefits of Active Release Technique and Fascial Stretch Therapy, stretching and hands-on techniques Kate has utilized in time restricted settings to assist with biomechanics, return from injury and to assist performance. An upper and lower body injury will be addressed during the hands-on demonstration.

Presentation Objectives

1. Attendees will learn benefits of Active Release Techniques and Facial Stretch Therapy in providing rehabilitating for upper and lower body injuries.
2. Attendees will learn to design hands-on time restricted Active Release Techniques and Facial Stretch Therapy protocols for assisting injured athletes return to completion.
3. Attendees will be able to ask questions in regards to any portion of the presentation and be provided precise answers to their questions with the hope the attendee can take away information that will benefit their athletes training in a positive manner.

***Jerry Shreck, MS, ATC/L, NCSF-CPT, Bucknell University Strength**

"Identifying Weak Links, Movement Pattern Awareness, & Corrective Exercise For Maximal Results and Reduction of Injuries"

(1 Category A CEU)

Abstract

This presentation is designed to get into specific details on evaluating an athlete's movement pattern and then how to prescribe specific exercises or mobility stretches to address the athlete's weakness or imbalance. Being able to access the athlete's weakness or imbalance is a vital part of the training process in lowering the percentage chance of injuries.
The presentation will go into details on the methods of identifying weaknesses of the body and how to address them with specific exercises. It will also highlight deceleration techniques to maximize acceleration while reducing the probability of knee injuries, particularly focused on the ACL.

PRESENTATION OBJECTIVES

- Attendees will learn what to identify as a weakness or imbalance when evaluating their athletes movement patterns with weight and non-weighted.
- Session attendees will be presented with the presenter's jump program which focuses on deceleration mechanics to maximize acceleration techniques which ultimately tries to train athletes to move better and reduce the likely hood of a knee injury.
- Attendees will be able to ask questions in regards to any portion of the presentation and be provided precise answers to their questions with the hope the attendee can take away information that will benefit their athletes training in a positive manner.

***Tony Decker, MS, CSCS, Coastal Carolina University Director of Strength**

"Partial Movement Teaching Progressions for the Injured or Restricted Athlete"

(1 Category A CEU)

Abstract

In this presentation the speaker will discuss the teaching progressions utilized for full body exercises. This will include partial movement patterns and modified exercise application for athletes that are injured or restricted based on muscle weakness and/or imbalance. These progressions can be used for return to play and transition from the training room to the weight room.

PRESENTATION OBJECTIVES

1. Attendees will learn teaching progressions utilized for full body exercises used for assisting injured athletes in returning to play.
2. Attendees will learn partial movement patterns and modified exercise applications that focuses on muscle weakness and/or imbalance that contribute to injury.
3. Attendees will obtain information from the presentation that will benefit in designing training routines that help their athletes train in a positive manner in order to return to play after injury.

***Timothy N. Harvey MS, ATC, Mercyhurst University, Assistant Professor in the Sports Medicine Department, Erie PA**

"Pharmacology: How Common Medications act and interact with the body during Exercise"

(1 Category A CEU)

Abstract

This presentation will explore how selected medications act upon the body and how the body acts upon the medications during exercise. The actions of common meds such as: Beta Blockers, Diuretics, Analgesics, Anti-Inflammatory agents and Sympathomimetic meds (cold meds) must be considered and understood when employed in exercise. These medications can negatively affect an individual who is exercising, potentially causing: increased dehydration leading to heat illness, increased/exacerbated injury potential, or cardiac complications. Understanding how these meds work on the body and how the body works on these meds can prevent or mitigate

PRESENTATION OBJECTIVES

1. Audience will learn about how medications affect the body during exercise.
2. How medications are absorbed in the body, how long does it take for a pill to digest on an empty stomach.
3. Which drugs are absorbed in the stomach, and how long does it take for medicine to get out of your system.
4. Audience will learn potential negative risk of commonly taken Medications when exercising

***Stuart Singer, PsyD (ABD), M.Ed**

"The Core Psychological Principles of the Performance Environment"

(1 Category A CEU)

Abstract

There are unique psychological reactions in the performance environment triggered by the survival instinct. The athlete that experiences moments of doubt, fear, hesitation, lack of confidence, or inhibited motivation is not mentally "weak", or unfocused, but is more accurately purely human, and simply exhibiting emotions that are considered within the normal spectrum when confronted with performance stress.

The greatest influence the coach can have is creating an everyday performance environment that encourages the athlete to take risks, push their comfort zone, crave challenges, and grow. By understanding the science of the brain when under performance stress, and specific core-principles of mental strength the coach can create not only a healthy performance environment, but on a daily basis help their athletes to develop these mental resiliency skills.

This training will cover the science of the brain under stress; how to identify if the athlete is struggling psychologically; and most importantly teach proven psychological principles that are easy for the coach to effectively apply in the moment within the performance environment.

PRESENTATION OBJECTIVES

1. How mindset influences the sympathetic and parasympathetic nervous systems and how to manage each in order to positively impact performance
2. The relationship between the Amygdala and Prefrontal Cortex in performance
3. Why coaches have traditionally stayed away from entirely, or spent minimal time on the psychological pillar of performance
4. Sound psychological principles that all coaches can use to effectively improve the performance environment they create, and teach their athletes these proven psychological strategies.

***Robert Taylor, Jr., CSCS, CCS, PES, CES, CSES, NSCA-CPT, NSPA-CP**

"Dissipating Sub-Concussive Forces"

(1 Category A CEU)

ABSTRACT

Protecting the health of a client, athlete or general population, should be the goal of any strength and conditioning coach or fitness trainer. As information becomes available about injuries to the brain, concussions, CTE, etc, the more discussions are necessary to develop a plan to protect the most vital organ of the body. This plan should be proactive and include having a strength training program that is specific to the muscles of the head, jaw, neck, and upper back that can be administered well before a potential action that would lead to a concussive or sub-concussive force reaching the brain. The plan should also have an appropriate return-to-play component that is current with the research and may include low-impact aerobic exercise, visuals and proprioceptive assessments, and other evaluations in addition to the continued strengthening of the muscles of the head, jaw, neck, and upper back which is often times over looked. It is common in other injuries to compare strength and range of motion uni-laterally to monitor the progress of the individual, but we do not have this opportunity when assessing the functionality of the neck and head. With more research being needed on this topic, the time is now to generate discussions and share exercises that are prudent, progressive, productive, and efficient that can be implemented at practice or in a training environment.

PRESENTATION OBJECTIVES

1) Session attendees will learn about the muscles of the head, jaw, neck, and upper back
2) Session attendees will learn how to program appropriate exercises to train the musculature of the head, jaw, neck, and upper back.
3) Sessions attendees will learn how to develop progressions/regressions within their training protocols to address the muscles of the head, jaw, neck, and upper back.

4) Session attendees will learn progressive overloads to develop strength in the muscles of the head, jaw, neck, and upper back.

CEU's
Target Audience: Athletic Trainers
16 Category A CEUs
1.5 EBP-CEUs (General Session)

EBP Statement
Juniata College (BOC AP# P3208) is approved by the Board of Certification, Inc. to provide continuing education to Athletic Trainers. This program is eligible for a maximum of 1.5 EBP Category hours/CEUs. ATs should claim only those hours actually spent in the educational program.

(You must be in attendance to receive EBP Credit. Attendance will be taken.)
Target Audience: Athletic Trainers