

Alumni and Friends Newsletter Fall 2011

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By The Numbers:

- The UCF Program in Athletic Training had a 96% first time pass rate for the Class of 2011! The national average is usually between 45-50%.
- The UCF Program in Athletic Training admitted 27 students into the Class of 2013.
- The average incoming GPA for the class of 2013 was a 3.31!

UCF ATEP Weathers Changes and Comes Out on Top!

As many of you know, the UCF ATEP had several major changes related to faculty in the last two years. While change is always stressful, it also brings opportunities to grow and improve.

In the spring of 2010, Mitch Salter left the UCF ATEP to pursue a position with Breg, and Ken Takenaka (Class of '08) was brought in as the Interim Clinical Education Coordinator. Also during that spring, Kristen Schellhase was appointed as Interim Department Chair for the Department of Health Professions. To say there was a lot going on that spring would be an understatement.

Ken did an amazing job keeping the classes and



Four generations of ATEP faculty at the Senior Banquet. From left: Mitch Salter, Kristen Schellhase, Jen Plant, and Ken Takenaka

clinical placements running smoothly. The students really bonded with him and I was so grateful to him for coming on such short notice!

That summer, two new people entered the mix; TeShondra Echavarría taught our Therapeutic Rehabilitation course and Jen Plant

was hired as the new Clinical Education Coordinator beginning that summer B.

Jen has been an absolute whirlwind of activity. She works tirelessly to ensure that the students receive the best education possible, both in the classroom and at their internship sites. She takes an "open door policy" to a new level as she is often found in the office very early and very late. There is almost always a student in there being tutored or asking for advice.

As proof that the ATEP has weathered the changes, and in fact excelled, the Class of 2011 earned a 96% passing rate on the BOC exam!

Students Participate in Sideline Management Workshop for Family Practice Physicians at the AAFP 2011 Assembly

Eight ATEP students participated in the Sideline Management Assessment Response Techniques (SMART) Workshop during the American Academy of Family Physicians 2011 Assembly.

Approximately 60 family practice physicians attended the workshop. Its purpose was to help educate them on sideline management

techniques such as proper cervical spine management for athletes with equipment on.

The organizer of the workshop, Stephen Cole, recruited students from UCF's ATEP because of their "educational background in spine injury management and physical examination/palpation skills. They pro-

vide excellent feedback to the physicians regarding their performance with these skills".

Students gain the understanding that they can offer knowledge and expertise to other professionals, even physicians. They gain a lot of confidence from being the teacher. They also build their resume and their networking skills.

UCF ATEP Students take field trip to Altamonte Crossfit to Work with Olympic Weightlifting Coach.

Students in the Class of 2011 learned how to properly clean and snatch with Danny Camargo and his staff at Altamonte Crossfit and Sport Performance in Altamonte Springs (<http://altamontecrossfit.com/>).

The field trip was a part of the Applied Fitness in Sport course that students take in their final semester of the ATEP.

Danny Camargo is a U.S. International Weightlifting Coach as well as the President of the Florida Weightlifting Federation. He has a very energetic personality and loves the sport; therefore students really enjoy the experience with him.

We began coordinating this field trip two years ago because scheduling conflicts and change of coaches, were making it complicated to get into the UCF Athletics Association weight room for a hands-on activity.



Students learning the final position of the overhead snatch.



Students in the Class of 2011 show off their muscles after their training session.

Students really enjoyed the field trip for several reasons. First, the staff at Altamonte Crossfit are so passionate about what they do that their enthusiasm gets the students excited. Second, the students are in their final few weeks of school and really need to get out of the classroom and into some very "hands-on" learning experiences. Third, students get a workout while going to class!

After the students learn the basic lifts of snatch, clean and jerk, they are taken through a shorter version of a traditional crossfit workout. Crossfit workouts combine these and other high-intensity exercises with cardiovascular exercise in a circuit type style.

The Program in Athletic Training would like to give a big thank you to Danny Camargo and his staff for allowing us the experience!

Marisa Brunett Inducted Into The SEATA Hall of Fame and Receives the NATA's Most Distinguished Athletic Trainer Award!



Marisa Brunett

Marisa Brunett, longtime friend of the UCF ATEP and ACI, was inducted into the SEATA Hall of Fame in 2011. She was also awarded the NATA Most Distinguished Athletic Trainer award this year.

Marisa is one of the many UCF ATEP ACIs who set an example for our students. She demonstrates with her words and actions that it is important to be involved in your profession. While

many of our ACIs set this example, Marisa stands out! She is the current chair of the NATA PR committee, and a past President and Vice-President of ATAF. She is a past Vice President of SEATA. She also has earned many awards, including the ATAF Athletic Trainer of the Year Award ('97 and '02), the ATAF Presidential Backbone Award ('98), and the ATAF Clinical/Industrial Athletic Trainer of the Year award

2008. Marisa is a yearly participant with the UCF ATEP in the role of guest lecturer in class, guest speaker at SATO and accreditation committee member. She also serves the ATEP as an ACI.

We are so grateful for Marisa, and the other ACIs who set the bar high for our students! Students are provided leadership by example and are shown the benefits of becoming involved.

Tripod & Nasal Fracture from a High Velocity Baseball Throw

INTRODUCTION

One of the most sensitive and vulnerable areas of the human body is the face. Any direct contact or trauma to this region can lead to serious injury, especially during high contact sports and activities. High caliber impact can cause a fracture to the bone and damage the surrounding structures. One of the most frequent types of facial fractures is a tripod fracture, also known as a zygomaticomaxillary complex fracture. Tripod fractures are the second most common type of facial fracture. They represent 42% of all facial fractures with nasal bone fractures representing the most common type. It is more common in young adult males than females by a ratio of about 13 to 1.1 The most common cause of a tripod fracture is from a high velocity direct blow or trauma to the face. This can be caused by something as impactful as an automobile accident or a direct blow from a baseball.^{1,2}

Tripod fractures involve three major bony components: the zygomatic arch, the maxillary sinus and the lateral inferior orbital rim and floor. This fracture occurs when the zygoma separates from its attachment at the maxilla, frontal and temporal bones.³ The zygoma forms a significant portion of the floor and lateral walls of the orbit in the midface region. It also forms part of the zygomatic arch, also known as the malar eminence. This bone is responsible for the contour and shape of the midface. Due to its prominence, the zygoma can be more prone to fracture than other parts of the face and skull. A person suspected of having a tripod fracture should be taken to the hos-

pital immediately to protect the other neighboring structures of the midface.^{3,4}

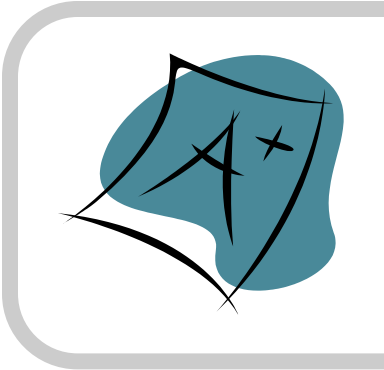
The most common signs and symptoms associated with a tripod fracture include swelling of the face, periorbital edema, subconjunctival ecchymosis, hypesthesia of the infraorbital nerve and a palpable step off deformity on the zygomatic arch or orbital rim. There are also several complications that can occur from a tripod fracture. Vision can be damaged or impaired because of the trauma to the eye or from any hemorrhaging that occurs. A second complication is binocular diplopia (double vision), which occurs in 30% of tripod fractures. This complication can be linked to muscle entrapment, neuromuscular injury or intramuscular hematoma. Another complication that can occur is blindness from excessive retrobulbar hemorrhaging. However, this varies and depends on the kind of impact. Improper healing, resulting in a mal union fracture, is an additional complication that can cause facial deformity. The last complication the subject may experience is a decrease in mandibular range of motion, making speaking and eating more difficult. There are two primary signs to look for in this complication. The first sign is trismus with mastication from a masseter spasm or bony impingement of coronoid process. The second sign is an ipsilateral epistaxis from the lacerated maxillary sinus mucosa.^{1,3,4}

The best way to diagnose a tripod fracture is with a physical examination using diagnostic tools to confirm the findings. Usually, x-rays and computed tomography

(CT) scans can show the involvement of the facial structures and the degree of displacement. Bone scans can also be used if other diagnostic tools are ineffective.^{1,4}

Displaced tripod fractures will normally require open reduction and internal fixation (ORIF) to be corrected. However, a non-displaced fracture is usually reevaluated after a week while the symptoms are being treated. If no improvement is shown, then surgery becomes the most logical choice to correct displacement.^{4,5} No matter which approach is taken, it is important assess other facial functions. Vision, eye position and eye mobility are key aspects to be tested to ensure there are no further complications. The subject should have restored masticatory function and normal facial anatomy. Also, the subject should closely monitor their progress following surgery to ensure a safe and healthy recovery. Any nose blowing should be avoided, especially if there is trauma to the eye because it can potentially lead to blindness or orbital emphysema. Any abnormal bleeding, specifically from the orbital cavity, is important to observe. Knowing the signs and symptoms of orbital and retrobulbar hemorrhaging can be a good way to identify any additional problems with the surgery or with the structures of the midface.^{5,6,7}

See "Tripod & Nasal" pg 4



The ATEP likes to highlight some of the exceptional work our students do. This particular paper was written as part of the Sports Medicine in Field Application course. The course is designed as a "capstone-like" course that integrates information from all of the coursework in the ATEP curriculum.

Students were asked to report a case study of an injury or illness. Rey Malave is a graduate of the Class of 2011. His paper (and abstract poster) is an excellent example of the work our students do while in the program.

Tripod & Nasal cont.

CASE REPORT

In 2011, a 57-year old male was struck in the right eye by a high velocity baseball throw. The second baseman was fielding a ground ball and then attempted a quick throw to first base. The throw was wild and headed toward the visiting team's dugout. A photographer, who was covering the game for both teams, was standing 20 yards away from first base in front of the visiting team's dugout. As he lowered his camera, the ball headed directly towards him and struck him in the right eye. The subject immediately reached for his right eye as he felt agonizing pain. The athletic trainer immediately ran onto the field to provide medical care. The impact of the ball on the photographer's glasses caused the right lens to pop out of the frame. The frame also caused very deep lacerations above his right eyebrow and on the bridge of his nose. There was severe bleeding from both wounds as well as bleeding out of the eye and nose. Excessive facial bruising and swelling was visible on the right side. Several gauze pads were applied to the areas with careful pressure along with ice to control the pain and swelling. Since other members of the athletic training staff were available to cover the rest of the game and the day's events, the athletic trainer immediately made the decision to transport the subject to the emergency room.

The subject stated that he had never been hit in the face from a baseball in all his years of photography. He complained of severe sharp pain in the center and right side of his face. He also had difficulty breathing

through his nose, a headache, dizziness and nausea. However, the subject was still coherent with an unaffected mental state. The subject had a hard time speaking through the right side of his jaw and complained of numbness in his right upper teeth. He also reported feeling the right side of his face going numb at one point during the trip to the hospital.

Once the subject arrived at the emergency room, a computed tomography (CT) scan of the face and brain was performed to determine the severity of the injury. The results of the CT scan reported three fractures to the right zygoma and a nasal fracture. The subject was also found to have a laceration on the right eye from contact with the eyeglass lens, neuropathy in the upper maxillary region (specifically to his upper teeth), a laceration to the right eyebrow ridge and a laceration above the nose. He was diagnosed with a tripod and nasal fractures.

The initial assessment was to stabilize the fractured facial bone with small plates and screws by the hospital plastic surgeon. However, the hospital ophthalmologist aborted this decision in favor of medically treating complications to the right eye. In order to restore vision to the injured eye, the ophthalmologist treated it with a series of eye drops and recommended hospitalization to monitor the progress of the subject. The subject was hospitalized for less than 72 hours because of the improvement in vision of the right eye. He was released for home care with a series of eye drops, a schedule for administration and a pre-

scription for pain medications.

The subject did not have any complications from the medication. However, he did experience severe eye pain a few days after being released from the hospital. He returned to the emergency room and was inspected by the ophthalmologist who relieved the intraocular pressure using a diamond tipped instrument. The subject was then referred to a retina specialist for further evaluation. The specialist found the retina to be perfectly intact but with elevated intraocular pressure. He was able to relieve the elevated pressure using a needle to withdraw excess blood.

The following week, the subject went to a physician for a diagnosis of his neck pain. He suffers from cervical degenerative disc disease. The physician prescribed the subject muscle relaxers along with a series of stretches and heat application to the affected area. The same day, the subject attended his follow up visit with the ophthalmologist. He found improvement in the subject's right eye and reduced the eye drop prescription. The ophthalmologist also permitted the subject to consult with the plastic surgeon regarding the facial fractures. A week later, he returned to the neck pain diagnostician for a follow up and was released from the physician's care.

Almost three weeks after the incident, the subject was able to consult with the plastic surgeon. The physician assistant determined the extent of prospective surgery would be to straighten the broken nasal bone and check if any of the facial

bone fragments were resting on the facial nerve affecting his right front teeth. Since the zygoma fracture was not displaced, it was recommended to allow this area to heal without invasive surgery.

A month after the accident, the subject returned to the ophthalmologist and was found to be making excellent progress. The eye drop medication was once again reduced. He was also released from the care of the retina specialist a week following this visit. At the time of this report, the subject had been released to return to light duty work. Surgery has not been scheduled at this time. The vision in the subject's right eye has almost fully recovered, which was the biggest concern from the initial injury.

DISCUSSION

At first glance, the mechanism of injury in this specific case seemed to point to an orbital blowout fracture. However, looking back at the location of impact as well as the signs and symptoms displayed by the subject, the case shared many resemblances with that of a traditional tripod fracture. The subject displayed excessive facial bruising and swelling, a decrease in mandibular range of motion, severe bleeding from the eye and a palpable step off deformity along the zygomatic arch. These all suggested the presence of a tripod fracture.

Another important aspect of this case was the response time in which the injury was handled. The athletic trainer immediately identified this injury as a serious problem;

Reflections from Matt Biancuzzo - Cirque du Soleil Athletic Trainer

When most people think of Athletic Training, they think of traditional sport. They think of football, basketball, baseball, hockey, soccer, etc. They think of the big hits during the game that may leave somebody lying on the field needing assistance or the ankle sprain that has an athlete hobbling off the court. When I

started my athletic training career as a student in the UCF ATEP during the summer of 2004, I was definitely in the same mindset. If you had asked me back then where I would be as an athletic training professional, I would've said that I would be working in the NFL or a high level collegiate program, likely with football. As I came across new experiences, met new people, and worked with different athletes, my mindset made a big change.

One of the frequent comments that I regularly heard throughout my years as an Athletic Training Student, Graduate Assistant Athletic Trainer, and young professional in the field was along the lines of "Please keep in touch – I am going to love to see where you end up as a professional down the road. I see you doing something unique and interesting... outside the box." Little did I know that after just two years working as an Assistant Athletic Trainer at Georgia Southern University, I would end up in that "outside the box" environment, working for Cirque du Soleil.



Matt, in costume and make-up for the show, with one of the therapists who also works for the show.

As a little background into Cirque du Soleil, there are currently over 20 active shows, some resident/non-traveling shows and others touring shows, either in big top tents or arenas. Each of those shows is unique in its own way and has a variety of differences between themselves. You can just walk down the strip in Las Vegas and see multiple shows: one show that is heavily music/dance based, another that is highly acrobatic/tumbling, another that is water based, and another that has amazing aerial acts. With each of these differences amongst the shows, therapists for each show face different challenges, but one thing remains the same – the care for the artists.

I started off with the company at the La Nouba show in Orlando, FL. Thankfully this was an easy transition in terms of my surroundings, as I knew the Orlando area pretty well from my years at UCF. Once I was settled into my job and became adjusted to it all, I knew I was at home working with Cirque du Soleil. The family-like, laid-back atmosphere fit in well with my eccentric personality and mindset.

After all, I was working for a "circus" now. The one thing that was clear though, was that regardless of the laid back, friendly, and relaxed attitude, the matters of the job are taken seriously. Continuing education is highly stressed, self and supervisor evaluations are performed often, and the demands on the

artists' bodies and therapy that follows requires rigorous attention. But the job was still incredibly fun. During a trapeze artist rehabilitation, I found myself being taught on the proper technique and swinging trapeze backstage with the artist. As an athletic trainer, I found that I had to be even more creative when progressing through rehabilitation especially when it came time for that sport specific activity.

My average day while working at La Nouba was all dependent upon the shift that was worked. The staff of three therapists (Athletic Trainers, Physical Therapists, Physiotherapists, Athletic Therapists, etc) would rotate between an overlapping early shift, middle shift, and late shift, with the early shift opening and late shift closing the clinic. When people ask me "What is it like working there? What kinds of things do you do?" I commonly respond that it is very similar to a hybrid between a clinic and collegiate setting. Rehabilitation and treatments occur throughout the day leading up to pre-show preparation.

See "Cirque du Soleil" pg 6

"I found that I had to be even more creative when progressing through rehabilitation especially when it came time for that sport specific activity."

Cirque du Soleil cont.

All acrobatic, aerial, and choreography trainings are covered just like sport practices and at least one Performance Medicine staff member covers the shows each night. At La Nouba, the artists performed in two shows per night, five days per week. You work with artist/athletes on an emotional, personal level as well as the physical, orthopedic level. But the one thing I have found is the closeness I found between myself, my co-workers, and the artists.

After a year with La Nouba, I made a difficult change, leaving my new family in Orlando, and joining a new one within the company. I now currently work with a

new arena touring show that is in the creation process called *Michael Jackson THE IMMORTAL* World Tour. This gave me a whole new light into Cirque that I had never seen before. When I joined the show in Montreal at Cirque du Soleil's International Headquarters, they had already been in the creation process for a few months. Seeing the creation process gave me a totally new understanding and appreciation for the work that goes into the creation and production of a show. This new experience is leaving me excited and anticipating the adventures of a touring show.

In the end, when I step back and look at my career, I can only help but smile and enjoy the entertaining company I work with. I still see the standard ankle sprains, chronic overuse injuries, and expected orthopedic issues that the traditional sports athletes come across, but just with a circus twist. Instead of rehabbing the shoulder of a baseball pitcher, the new challenge is determining the cause of the shoulder issue with a trapeze flyer or break dancing artist. It is those challenges and the amazing people I get to work with that keep me smiling every day.

- **Matt Biancuzzo, MS, ATC, LAT, PES, CES, Class of '04**

Tripod Fracture cont.

"Tripod fractures are the second most common type of facial fracture. They represent 42% of all facial fractures."

therefore, the subject was taken to the emergency room for medical attention promptly. If the situation had been handled differently and the subject was delayed in getting to the hospital, the complications from the injury could have been more severe.

This case is unique because the subject not only encountered a tripod fracture but a nasal fracture as well. This would have to mean that the ball landed directly between both structures and generated the necessary force to fracture both locations. The subject's eyeglasses may have also contributed to this. The frames were responsible for causing lacerations above his right eye and above his nose. The lens also caused direct trauma to his right eye.

CONCLUSION

Tripod fractures are important to understand and recognize so that proper emergency procedures can be followed. This can result in a higher standard of care given to an athlete who encounters this injury. Currently, there is insufficient research on how this injury is involved in sports and the frequency in which it occurs.

As an athletic trainer, this provides a unique opportunity to explore the subject and respond accordingly to any given situation without necessarily having first-hand experience. Once a diagnosis is confirmed, we expect a specific treatment to be followed to provide the desired outcome. However, it does not work this way. Every injury is going to present itself differently and can develop complications. This

case demonstrates how an initial assessment recommending surgery can suddenly change due to an unforeseen complication. It is important to be able to adapt to these changes while pursuing the best course of action in the interest of the athlete. This will ultimately make us a more skilled health care professionals while helping us achieve greater success in our profession.

Reinaldo Malavé, ATC, LAT, Class of '11

This Program is Accredited by the



Commission on Accreditation
of Athletic Training Education

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ATEP Alumni Tailgate

The official UCF Athletic Training Alumni Tailgate will be held during Homecoming on October 29th. The game is at 4PM. Tailgating will start around 1PM right in front of the HPA II building (parking lot side). Feel free to come by and visit with us and other alumni.

Let us know you are coming so that we are sure to have enough food (Kristen.schellhase@ucf.edu).

Alumni and Friends Gathered in New Orleans, LA!

The Program in Athletic Training hosted the Alumni and Friends Gathering at the National Athletic Trainers' Association Annual Meeting in New Orleans, LA. We welcomed 55 alumni and friends of the program at The Bricks Courtyard. It was a wonderful chance to reconnect with each other and network! Stay tuned for details about the upcoming convention in St. Louis!

Want to Support SATO or the Program?

The Student Athletic Trainers Association (SATO) is a student run organization which relies on fundraising. SATO members work hard to raise enough money to attend Student SEATA, have meetings, and a senior banquet for families and friends of the graduates. Please consider making a donation to SATO, participating in the fundraiser and/or donating your time as a guest speaker at a meeting.

You can get information on any of the above by contacting Kristen Schellhase at Kristen.schellhase@ucf.edu.

The Program in Athletic Training relies on donations to the UCF Foundation in order to put on events such as free CEU seminars, alumni tailgates, and scholarships for Program in Athletic Training students. Your donation, large or small, would help to

meet these needs. The UCF Foundation can give information regarding ways to give. Please be sure to designate to the Program in Athletic Training to ensure your donation gets to the correct place. To support the Athletic Training program, give a gift! All donations are tax-deductible.

<https://giving.ucffoundation.org/SSLPage.aspx?pid=551>

Please Update Your Information!

The Program in Athletic Training is trying to gain updated information on UCF ATEP alumni. Our new system allows you to update your information whenever you like from the Program in Athletic Training website.

http://www.cohpa.ucf.edu/health.pro/athletic_training.shtml

Please forward this information to anyone who is a UCF ATEP alumni. We have lost track of many alumni and know that not everyone is receiving our emails.

Even if you are receiving our emails, please update your information so you will continue to get information from us. The new system will

network better.

Please know that we will never release your information to an outside party. Your personal information will only be accessible by the Program in Athletic Training Faculty and Staff.