

PFATS x ATP SCHOLARSHIP

Provide Athletic Training Educational Programs (MSAT / DAT) “ATP” with a scholarship to help support students produce educational content and present in a setting of their choice, AT conference preferred, while promoting the PFATS name and directly impacting future Athletic Trainers.



2026 Award Recipients

Duquesne University

Aleks Assenov & Kiarra Montanez

Updating Concussion Policy and Education at Duquesne

Two student athletic trainers collaborated to modernize Duquesne’s concussion policy, focusing on improving assessment and management for all students and club athletes. Training sessions will teach University practitioners the most recent SCAT screening (6) and vestibular ocular motor screening (VOMS) helping practitioners more accurately diagnose concussions.

Fresno State

Jessica Garrett

Accelerated Return to Play Following Internal Brace Repair of Combined MCL and MPFL Injury: A Case Study

In this case study, it is stated that utilizing an internal brace for surgical correction with an athlete that has a concurrent MCL and MPFL injury is uncommon. Early ROM was possible and early stability against valgus force cleared the way for full weight-bearing exercise. Functional drills and individual position drills were implemented before the 10-week mark.

University of Pittsburgh

CM Kelly

Which clinical tests have the best diagnostic accuracy when testing for a labral tear in the hip?: A Critically Appraised Topic

This study shows the need for a more accurate special test that clinicians could use to help diagnose or increase labral pathology suspicion. This study demonstrates using multiple physical tests (Arlington, Twist, FADIR, FABER) and patient history as the current best practices.

Next Cycle
2027

Call for Proposals: October 15 – December 15, 2026
Funding Announcement: January 15, 2027

MISSION

Reach future Athletic Trainers and be an impactful entity in their journey. The PFATS x ATP Committee selects the best produced educational content to support and students who need financial assistance in producing / presenting that material. Each ATP does not have the same financial capacity and the PFATS Scholarship can provide programs and students that additional help. PFATS gains by being a positive organization in the profession, gains exposure, and adds additional educational content for the membership.

Standardizing Concussion Procedures Within Duquesne Student Health Services

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John G. Rangos, Sr.
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Athletic Training

Concussion Evaluation

Purpose:

Duquesne University Student Health Services provides medical care to all students, including club athletes, at the university. The purpose of this project is to help the clinic develop a standardized concussion procedure, so all students receive consistent, evidence-based care.

Needs Assessment:

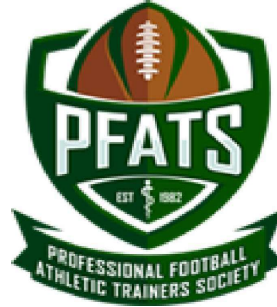
- Update symptom score sheet to match SCAT6
- Educational materials for all providers on current, evidence-based concussion assessments
- Training for all providers on current, evidence-based concussion assessments

Completed:

- ✓ Update symptom score sheet to match the SCAT6

The next step is to combine all of our research into high-quality educational materials that provide clear and consistent guidance for providers on concussion evaluation. Then, we will hold a formal training session to practice applying the new concussion evaluation procedures. This will ensure consistency among providers and allow for any questions to be addressed.

During the training session, the providers will be taught how to use the Sport Concussion Assessment Tool 6 (SCAT6) and Vestibular Ocular Motor Screening (VOMS) assessment. These tools are validated, evidence-based tools that are recommended by the Concussion in Sport Group (CISG) and the National Athletic Trainers' Association (NATA).^{1,2} Multidomain assessments combined with a provider's clinical judgement ensure a thorough concussion evaluation and proper management.² This project will have lasting impact on the students receiving concussion care through Student Health Services. Also, it highlights the impact of athletic trainers' expertise and interprofessional collaboration outside of traditional sports medicine settings.



Through funding provided by the PFATS x ATP scholarship, we will develop high-quality, evidence based educational materials for providers at Duquesne University Student Health Services. This may include, but is not limited to, quick reference tools, referral guidelines, and an online database.



This project was completed as part of the Bridges

Common Learning Experience

REFERENCES

1. Broglio SP, Register-Mihalik JK, Guskiewicz KM, Leddy JJ, Merriman A, Valovich McLeod TC. National Athletic Trainers' Association Bridge Statement: Management of Sport-Related Concussion. *Journal of Athletic Training*. 2024;59(3):225-242. doi:10.4085/1062-6050-0046.22
2. Patricios JS, Schneider KJ, Dvorak J, et al. Consensus statement on concussion in sport: the 6th International Conference on Concussion in Sport—Amsterdam, October 2022. *Br J Sports Med*. 2023;57(11):695-711. doi:10.1136/bjsports-2023-106898

Concussion Management

Purpose:

The purpose of this project is to improve concussion management within Duquesne Health Services by creating a consistent, evidence-based approach to identification, referral, and recovery. This includes educating healthcare providers (HCPs), faculty, and students on concussion signs and symptoms, as well as implementing clear Return-to-Learn (RTL) strategies to support safe academic reintegration. The overall goal is to enhance patient outcomes through coordinated care and informed decision making.

Needs Assessment:

- Development of evidence-based educational resources and comprehensive materials for HCPs, faculty, and students focused on concussion identification, referral processes, and RTL protocols. These resources are designed to support consistent, informed management and recovery across all stakeholders.
- Creation of a standardized letter for Disability Services to communicate academic accommodations and concussion-related guidance to faculty and students.

Completed:

- ✓ Developed evidence-based concussion education and resources for HCPs, faculty, and students, including identification, referral, and RTL protocols.

The next step is to complete and implement the educational resources for use within Duquesne Health Services and develop a standardized letter for Disability Services to communicate concussion related accommodations and guidance to faculty and students.

During the training session, the providers will be educated on the RTL process and introduce the finalized resource packets designed for patients and faculty. This will ensure providers understand how to apply RTL guidelines and confidently distribute materials to support consistent, effective concussion management.

Accelerated Return to Play Following Internal Brace Repair of Combined MCL and MPFL Injury: A Case Study

Jessica Garrett, ATS and Brittany A. Clason, EdD, ATC

Background

Multiligamentous knee injuries involving both the medial collateral ligament (MCL) and medial patellofemoral ligament (MPFL) are uncommon and often lead to prolonged recovery timelines. Although grade three MCL injuries are typically treated with reconstruction, particularly when combined with additional ligament damage, this case features a midsubstance grade three MCL sprain with a torn MPFL and capsular avulsion that was successfully managed through primary repair using an internal brace rather than reconstruction. The use of an internal brace for acute repair of a midsubstance MCL, along with MPFL, is uncommon and offers the potential for accelerated healing and early return to play.

Patient

The patient was a 25-year-old male collegiate football player who experienced a valgus stress to the knee while engaging in a contact play during practice. Immediately following the incident, he reported pain and instability along the medial aspect of the knee. Initial on-field assessment revealed a soft end feel during Lachman's testing and no end feel when applying a valgus stress test, leading athletic trainers to believe there was an ACL and MCL injury. A follow-up MRI confirmed a grade three midsubstance tear of the MCL and revealed a tear of the MPFL and capsular avulsion. The ACL remained intact.

Intervention

Surgery involved repairing the midsubstance of the MCL with an internal brace, while leaving the MPFL to scar over, and a capsular repair. Rehabilitation following surgery emphasized quadriceps activation with precautions to avoid valgus stress on the knee. The program advanced to a comprehensive lower extremity strengthening plan, incorporating aquatic therapy and Alter-G treadmill training. The patient was gradually transitioned to ground-based running as strength and stability improved. During this time, the athlete also worked with strength and conditioning staff to maintain upper extremity strength and overall endurance. The patient additionally received platelet-rich plasma (PRP) and hyaluronic acid injections to support healing and recovery.

Figure 1. MCL Repair with Internal Brace ¹

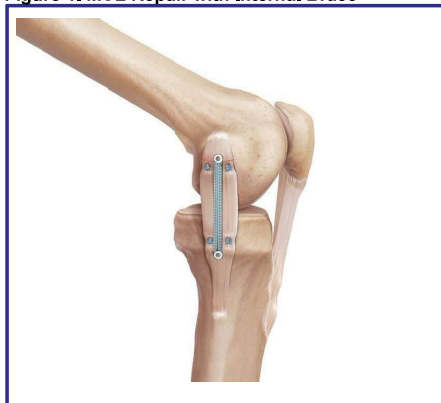


Table 1. Goals for Rehabilitation Program

Phase of Rehabilitation	Goals	Examples of Exercises
Weeks 1-3	- Reduce Inflammation - Regain ROM to 135 degrees - Decrease pain - Avoid Valgus stresses	- Heel slides - Ankle pumps - Quad sets - SLR - Glute Bridges
Weeks 4-6	- Increase weight bearing tolerance - Improve balance and neuromuscular control	- Shuttle Press - Heel Taps - Split Squat - Lunges - Blood Flow Restriction
Weeks 7-8	- Improve gait mechanics - Regain full strength	- Hydrowork walking 10-15 minutes - Alter-G walking and jogging 30%-90%
Week 9	- Restore sport specific agility - Reinforce proper biomechanics during directional changes - Prepare for progression to full practice participation	- Shadow Play Drives - Mirror Drills - Bag Drills - Pocket Presence Drills

Outcomes

Three weeks post-surgery, the patient achieved 150 degrees of knee flexion and full extension while still using a hinged brace limited to 90 degrees of flexion. In week four, the patient was allowed to progress beyond 90 degrees of flexion while remaining in the hinge brace. Six weeks post-surgery the physician assessed the integrity and stability of the knee and cleared the patient to begin full weight-bearing activities. Nine weeks post-surgery, the athlete started to participate in functional individual drills, modified practice drills and limited live team drills. As the number of practice repetitions increased, however, the patient began experiencing increased pain. He was again referred for an MRI which revealed the MCL intact but showed patellar chondromalacia and increased edema. The patient was no longer able to continue with practices due to pain.

Conclusion

The treatment and surgical intervention were successful, as postoperative imaging confirmed an intact MCL and evidence of MPFL scarring, indicating appropriate healing had occurred. Physical examinations supported this with strong ligamentous stability demonstrated during testing. Although the athlete was unable to resume full activity due to other factors, the patient continues to progress through their rehabilitation program to maintain strength and stability.

Clinical Bottom Line

The case demonstrates that primary repair of a midsubstance grade three MCL tear with an internal brace, combined with conservative management of the MPFL, can result in positive structural and functional outcomes. Postoperative imaging confirmed ligament integrity and appropriate healing, while physical examination findings showed strong stability. Although the athlete was unable to return to full participation due to persistent pain and unrelated factors, the results highlight that an internal brace repair may be a viable alternative to a reconstruction in select multiligamentous knee injuries, offering the potential for earlier mobilization and functional recovery.

References

¹. Internal Brace in depth - the knee, Mackay Clinic.
<https://www.mackayclinic.co.uk/internal-brace-in-depth-the-knee/>

Which Clinical Tests Have the Best Diagnostic Accuracy When Assessing an Acetabular Labral Tear ?

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Introduction

The acetabular labrum of the hip is a fibrocartilagenous ring that provides stability, shock absorption, and smooth movement of the joint. When damage to the labrum occurs, patients may report pain, clicking, or a "catching" sensation during dynamic movement. Many clinical tests are used to identify a possible acetabular labral tear, but their diagnostic accuracy varies across the literature, complicating evidence-based clinical decision making.

Purpose

The purpose of this study was to determine which clinical tests demonstrate the best diagnostic accuracy for identifying acetabular labral tears in the hip, in patients with a suspected torn labrum, compared to the gold standard of hip arthroscopy and MRI.

Research Methods

- Relevant research for this study was identified by electronic databases: PubMed, Google Scholar, and HSLS Pitt (Health Sciences Library System).
- The search terms used across these databases between 9.18.25 and 9.24.25 were: Clinical Tests, FADIR, FABER, Hip Scour, Log Roll, McCarthy, Arlington, Twist Test, Gold Standard, Hip Arthroscopy, MRI, Diagnostic Accuracy, Labral Tear, Acetabular Labrum Tear, and Hip Pathologies
- Inclusion Criteria: studies with reported sensitivity, specificity, and +/- LR, reported outcomes of clinical tests, and patients with suspected labrum pathology
- Exclusion Criteria: literature published > 10 years ago



Results

Across all studies numerous clinical tests were referenced with given sensitivities and specificities. See Figure 1.

- The Arlington test consistently demonstrated high sensitivity at .94, making it the most effective test to *rule in* a labral tear.
- The Twist test showed the highest specificity at .72, making it the most effective to *rule out* a labral tear.
- FADIR, FABER, Stinchfield, Hip Scour, and Fitzgerald tests were consistently referenced across studies; however, diagnostic accuracy varied substantially, underscoring the limitations of relying on a single test
- Multiple studies recommended clustering tests with patient history to improve diagnostic accuracy.
 - Example: a clinical cluster of +FADIR, +FABER, and groin pain demonstrated a sensitivity of 0.97
- Structured combinations of high-sensitivity tests showed greater consistency than any single test.

Figure 1.

Diagnostic Accuracy of Clinical Tests								
	Arlington	Twist	FADIR	FABER	Stinchfield	Hip Scour	Thomas	Fitzgerald
Adib et al.	SN: 0.94	SN: 0.68	SN: 0.43	-	-	-	-	-
	SP: 0.33	SP: 0.72	SP: 0.56					
Dhillon et al.	SN: 94.0		SN: 43.0 - SN: 41.0 100.0 - 82.0		SN: 59.0	SN: 50.0	SN: 75.0	-
	SP: 33.0		SP: 10.0 - SP: 18.0 100.0 - 100.0		SP: 32.0	SP: 29.0	SP: 43.0	
Tijssen et al.	-	-	SN: 0.91	SN: 0.81	SN: 0.21	SN: 0.5	SN: 0.11	SN: 0.72
			SP: 0	SP: 0	SP: 0	SP: NR	SP: 0.67	SP: 0.33
Wong et al.	-	-	SN: 59.0 - SN: 41.0 100.0 - 97.0	SN: 6.0 - 75.0	SN: 50.0 - 100.0	SN: 89.0		
			SP: 10.0 - SP: 18.0 100.0 - 100.0	SP: 38.0 - 100.0	SP: 29.0	SP: 92.0		

SN - Sensitivity; SP - Specificity; "-" clinical test was not featured in corresponding literature; NR - Not Reported

Discussion

The diagnostic accuracy of individual clinical tests for acetabular labral tears varies considerably across the literature, likely due to differences in patient populations, examiner technique, and the absence of standardized testing protocols. This variability limits the clinical utility of any single test in isolation.

When used in combination, however, several tests demonstrate consistent diagnostic value. Adib et al.¹ provided strong evidence for the Arlington and Twist Tests, while Dhillon et al.² and Tijssen et al.⁴ support test clustering paired with patient history to improve overall accuracy. A cluster approach incorporating the Arlington, FADIR, FABER, Stinchfield, Fitzgerald, Twist, and Hip Scour tests, particularly those with high sensitivity, appears most effective for ruling in a labral tear. While MRI and hip arthroscopy remain the gold standard for definitive diagnosis, systematic test clustering offers meaningful clinical utility as an accessible, low-cost screening strategy.

Conclusion

The findings from this study recommend combining multiple clinical tests when assessing for labral pathology. Based on the data presented in Figure 1, the Arlington, Stinchfield, Hip Scour, and Fitzgerald tests are recommended for ruling in a labral tear, while the Twist and Thomas tests demonstrate utility for ruling out pathology. Due to their wide range of reported accuracy, the FABER and FADIR tests are not recommended as standalone cluster components. Further research is warranted to validate these findings and establish standardized clinical testing protocols.

References

