Southwest Athletic Trainers' Association Free Communications Abstract Presentations

The following abstracts were accepted and presented at the 67th Southwest Athletic Trainers' Association (SWATA) Symposium, 2021.

Athletic Trainers' Perceived Readiness to Recognize Mental Health Symptoms in Student Athletes

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Context: Athletic trainers (AT) may report a lack of confidence in decision-making as they transition to professional practice. There is limited research on how prepared ATs feel managing mental health conditions in athletes. **Objective:** The purpose of this study was to explore the perceived readiness and confidence of master's AT students, transitioning to professional practice, to recognize mental health symptoms and provide appropriate referral strategies. **Design:** Quantitative, descriptive study. **Setting:** Texas master's AT programs. **Patients or Other Participants:** Non-probability consecutive sampling method. The target population was 2nd-year master's AT students in Texas who were eligible to graduate and sit for the BOC. A total of 33 students attempted the electronic survey; 17 met the inclusion criteria and completed the entire survey for a response rate of 61%. **Interventions:** Program directors of AT programs received a recruitment letter asking them to distribute the participant recruitment letter and survey link to their 2nd-year master's AT students. Students completed the survey via SurveyMonkey™. The adapted survey included a set of three vignettes with two associated multiple choice response questions for each vignette, and a binary scale with an additional "Not sure" option for assessing athletic trainer responsibility. A 5-point Likert scale was created to assess perceived readiness and confidence. Subject matter experts were used to establish face and content validity. **Main Outcome Measures:** Perceived readiness and confidence were the main outcome measures assessed. Identification of the correct mental health symptom and best referral option for each vignette was also assessed. Data analysis was conducted using SPSS Statistics v. 27.0. All data were analyzed using descriptive statistics and appropriate measures of central tendency and dispersion. **Results:** Normality testing was run for the variable, *age*, using the Shapiro-Wilk test ($p < .001$). The median survey participant age was 23.00 years (*IQR*= 2; *Min/Max* = 22, 28) and the majority of students were female ($n = 15$; 88.2%). When asked if ATs were responsible for implementing psychological interventions, 52.9 % ($n =9$) students incorrectly chose *yes* and 41.2% ($n = 7$) reported *not sure*. Athletic training students reported preparedness to recognize signs and symptoms of mental health conditions in athletes ($n =11$; 64.7%), but not as prepared to provide referral strategies. They also *agreed* or *strongly agreed* they had the confidence to identify an athlete in need of a mental health referral ($n = 10$; 58.8%), but lacked confidence to manage the referral. **Conclusions**: AT students perceived readiness and confidence to recognize signs and symptoms of mental health conditions in athletes, but felt unprepared to provide appropriate referrals. The lack of preparedness and confidence may illustrate a need for further instruction in AT education programs.

Hiring Practices Among NCAA Division I Head Athletic Trainers

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Context: Limited empirical evidence exists on how athletic trainers (ATs) are hired by NCAA institutions. Current legislation protects many demographics from discrimination during hiring, but these laws may not be enforced by institutions. **Objective:** The purpose of this study was to describe potential factors that might influence the hiring practices of NCAA Division I Head Athletic Trainers. **Design:** Cross-sectional design. **Setting:** Electronic survey distributed to certified athletic trainers. **Participants:** A web-based survey (Qualtrics) that was distributed to by email to 329 NCAA Division I Head Athletic Trainers. A total of 114 ATs completed the survey (response and completion rate=34.7%). **Interventions:** NCAA Division I Head Athletic Trainers were emailed an invitation to participate in an electronic survey. The survey included a prompt for hiring an assistant athletic trainer for an NCAA Division I athletics program, questions on demographic data, impact of candidate demographic factors on hiring practices, and impact of candidate skills and education on hiring practices. After the collection window had closed, we calculated central tendencies for participant responses. **Main Outcome Measures:** Traits and characteristics of applicants preferred by NCAA Division I Head Athletic Trainers. **Results:** Most ATs reported they would be most likely to hire a candidate with three to five years of experience (90.3%). Most ATs also reported that they would be most likely to hire a candidate with primarily collegiate athletics experience (91.2%). Regarding education, most ATs were most likely to hire a candidate with a post-professional master's degree in athletic training (95.6%). For demographic factors, most ATs responded in the mid-range of agreement about the impact these factors had on hiring practices. More athletic trainers stated a willingness to hire a candidate of a different race (50%), different religion (45.6%) and different sex (48.2%). Responses regarding sexual orientation were near the mid-range for both same and different sexual orientation. When asked about the most attractive credentials for candidates, ATs ranked Corrective Exercise Specialist, Graston Technique Certified, and Performance Enhancement Specialist highest. **Conclusions:** Most head athletic trainers agreed that three to five years of professional experience, previous experience with collegiate athletics, and a master's degree in athletic training were the attributes most likely to influence a candidate being hired. However, many ATs responded toward the mid-range of agreement when asked about demographic factors when considering candidates. This may indicate an unwillingness to respond favorably or unfavorably on the topic. Future research should focus on assessing hiring practices in a manner that requires a favorable or unfavorable response. Athletic trainers involved in the hiring practice at their institutions must work to ensure that they are hiring the best candidate irrespective of demographic factors that have no bearing on technical standards of the position.

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Attitudes Among Collegiate Volleyball and Women's Soccer Players Prior to the COVID-19 Altered 2020-21 Season

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Context: In response to the global spread of SARS-CoV-2, the National Collegiate Athletic Association cancelled all 2020 winter and spring championships that had not been completed. Additionally, the majority of 2020 fall spring championships were rescheduled to take place in the spring semester of 2021. **Objective**: The purpose of this study was to describe the attitudes, moods, and motivations of collegiate women's soccer and women's volleyball players toward the alteration to the 2020-2021 season. **Design**: Cross-sectional design. **Setting**: Web-based survey. **Participants**: A total of 46 female collegiate soccer and volleyball players participated in this study (Age = 17.8 years ± 1.3; Women's Soccer = 24; Women's Volleyball = 22). **Interventions**: Participants were sent an electronic survey that collected demographic information, assessed attitudes and motivations regarding the altered season, and asked items found on the PHQ-9 and GAD-7 to assess depression and anxiety related feelings. Data was downloaded and analyzed using commercially available statistics software. **Main Outcome Measures**: Emotions experienced following the alteration to the 2020-2021 competitive season, depression related symptoms, and anxiety related symptoms. **Results**: The vast majority of participants stated that they were disappointed and sad when they received news that the 2020-2021 season would be altered (Disappointed = 80.4%). In contrast, the least commonly experienced emotion was happiness (Happy = 19.6%). On the PHQ-9, the majority of participants reported symptoms consistent with either moderate or severe depression (Moderate Depression = 15, Severe Depression = 13). 82.6% (N=38) of participants reported experiencing symptoms consistent with at least moderate depression. On the GAD-7, all participants reported symptoms consistent with at least mild anxiety (N = 46). The majority of participants reported symptoms consistent with mild or moderate anxiety (Mild Anxiety = 16, Moderate Anxiety = 14). **Conclusions**: The majority of surveyed collegiate women's soccer and volleyball players reported feeling disappointed or sad upon receiving news that the 2020-2021 competitive season would be altered. Less than 20% of respondents reported feeling happy about this news. The majority of participants reported feeling symptoms consistent with depression and anxiety shortly after receiving the news that their seasons would be altered. As athletic trainers, coaches, and administrators prepare to move forward, it is important to consider the possible implications and effects the alteration of the 2020-2021 competitive season will have on the mental health of student-athletes. Consideration of these factors may allow for intervention should student-athletes continue to experience these negative mood states.

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Effect of Tissue Flossing on Grip Strength in Collegiate Baseball Players

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Context: Tissue flossing bands are a relatively new therapeutic modality that has increased in popularity in recent years. While there is evidence to suggest that tissue flossing bands can decrease pain and increase perceived range of motion, there has been little research conducted to determine the effects of tissue flossing on muscular strength and performance. Thus, the aim of this study was to assess the effects of a single tissue flossing treatment on grip strength among healthy collegiate baseball players. **Methods:** Twenty apparently healthy collegiate baseball players (21.4 ± 1.54 years, 181.9 ± 3.56 cm, 84.5 ± 8.56 kg) were recruited and consented to participate in this study. The tissue flossing treatment was performed from the wrist to the elbow on the participant's throwing arm. Grip strength was then measured three times using a hand grip dynamometer both before and after treatment. The patient's non-throwing hand was tested before and after a one minute rest period to serve as a control. Data analysis was performed using a paired samples t-test to determine statistical significance of differences in maximum grip strength before and after intervention for both the treatment and control arms, and a one sample t-test was performed to determine the statistical significance of differences in maximum grip strength between groups. All statistical analyses were performed using SPSS Statistics Software (IBM, Armonk, NY). The level of significance was set at $p < 0.05$. **Results:** Following one round of tissue flossing treatment, the participants experienced a 4.3% decrease in grip strength (111.69 ± 16.95 to 106.89 ± 16.19, $p = 0.001$). However, participants did not experience a significant decrease in grip strength compared to the control arm (4.90 ± 11.12 to 1.93 ± 12.93, $p = 0.143$). None of the participants reported any adverse effects as a result of the tissue flossing band treatment other than mild soreness and redness of the skin that resolved within 10-15 minutes. **Conclusions:** These findings demonstrated that in healthy young baseball players, tissue flossing bands did not significantly decrease grip strength when compared to a healthy control. Thus, it would be reasonable to perform a tissue flossing band treatment prior to performing physical activity that involved gripping. Clinicians must use discretion when choosing a treatment option if a patient will be performing physical activity afterwards.

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Athletic Trainers' Perceived and Actual Knowledge of Cold Related Modalities

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Context: To date, there does not appear to be a study published that has examined the perceived and actual knowledge of cold related modalities that athletic trainers process. **Objective**: The purpose of this study was to determine the perceived and actual knowledge of cold related modalities among athletic trainers. **Design**: Cross sectional study. **Setting**: Electronic, web-based survey sent to credentialed athletic trainers. **Patients or Other Participants**: 191 certified athletic trainers completed the study (age = 42 ± 12 years, years of certified experience = 19 ± 11 years). **Interventions**: Participants were sent an electronic survey via email that assessed frequency of usage, perceived knowledge, and actual knowledge of cold related modalities. Data was downloaded and analyzed using a commercially available statistics package (SPSS Version 26, IBM, Armonk, NY). Measures of central tendency (means, standard deviations, frequencies) were calculated for all survey items. A Pearson correlation was calculated for the perceived and actual knowledge items to assess for a knowledge gap between what one believes they know and what they actually know. Significance was set at $P < .05$ a priori. **Main Outcome Measures**: Usage of cold related modalities, perceived knowledge of cold related modalities, actual knowledge of cold related modalities. **Results**: The majority of athletic trainers reported using cold related modalities to treat acute, chronic, and post-operative pain. Regarding perceived knowledge, most respondents indicated some level of confidence in their knowledge of cold related modalities. Average scores on actual knowledge were 6.07 ± out of 10 questions. No significant relationship was found between perceived and actual knowledge ($r = 0.127$, $P = 0.081$). **Conclusions**: While the majority of athletic trainers reported confidence in their knowledge of cold related modalities, their demonstration of actual knowledge was not commensurate. However, individuals who recently participated in post-professional continuing education related to cold related modalities demonstrated better actual knowledge of the topic than those who did not. This suggests that clinicians may benefit from continuing education interventions to improve knowledge of the definition, modes of action, indications, and contraindications of cold related modalities.

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Nonsurgical management of unilateral, nondisplaced lateral malleolus fracture in 17-year-old outside linebacker

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Background: Ankle fractures, specifically unilateral fractures, are among the most common injuries encountered by orthopedic surgeons. Ankle fractures have an incidence of 187 out of 100,000 individuals. Current treatment options for ankle fractures are dependent on stability of the ankle mortise, determined through number of fracture sites and ligamentous integrity. The management of the fracture scan either be surgical or nonsurgical, the majority being surgical. In this case report, a 17-year-oldmaleoutside linebacker sustained a left lateral ankle injury during a regular season football game. As he attempted to make a tackle, his left foot got caught in the turf, he fell backwards, and heard a pop. He continued to play in the game, but the pain progressively got worse. Upon halftime evaluation, the injury was deemed a lateral ankle sprain and the student-athlete (SA) was taped for external support. The SA could no longer ambulate. The SA was given crutches post-game and returned to the athletic training room the next day for further evaluation. The tuning fork test, squeeze test, and bump test were all positive, but only 2 out of 5 criteria for Ottawa Ankle Rules were met. **Differential Diagnosis:** Differential diagnoses include lateral ankle sprain, lateral malleolus fracture, and subluxation of peroneal muscle. **Treatment:** The SA was given a walking boot and referred to a physician for imaging. Radiographic images showed a minimally displaced, left lateral malleolus fracture. The SA was referred back to the athletic training room to complete a rehabilitation program. After 7 weeks of rehabilitation working on regaining range of motion, strength, proprioception, and neuromuscular control, the SA was cleared for participation and was able to play in the last football game of the season. **Uniqueness:** Most lateral ankle fractures are treated surgically, but because there was no displacement or ligamentous disruption in this case, the fracture was treated nonsurgically. **Conclusion:** Minimally displaced lateral ankle fractures that are treated nonsurgically have excellent outcomes. A thorough examination and evaluation is vital in overall ankle management. The best rehabilitation program depends on a lot of factors, but the stability and mobility of the ankle should be considered along with the pain levels with weight bearing, time elapsed from injury, bone quality, and risk factors for healing. While radiographic imaging is the gold standard when fractures are suspected, examination findings by an athletic trainer can play an important role in identification and triage.

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Treatment and Management of Complex Knee Injury: A Case Report

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Background: The "unhappy triad" injury includes tears of the anterior cruciate ligament, medial collateral ligament, and medial meniscus. There is limited research on the prevalence and outcome of this injury. The unique surgical repair consisting of lateral extra-articular tenodesis (LET) was utilized to reinforce the anterior cruciate ligament repair (ACLR) and to prevent rerupture. Due to this extensive surgery, the patient struggled to regain full range of motion and quadriceps activation. This case is a Level 2 case study that explores the different interventions used to address the aforementioned objective deficits and return him safely to play. **Patient:** The patient is an 18-year-old male soccer player that presents to physical therapy and the athletic training room for postoperative rehabilitation after ACLR, LET, MCL repair, and medial meniscus repair. The initial injury was non-contact and occurred while playing soccer; He reports planting his left leg and feeling his knee shift. He denies feeling or hearing a pop. Swelling in the knee was present and he was unable to continue playing. Upon examination, the knee was not tender to palpation, loss of range of motion was not significant, and Valgus and Varus stress tests were negative; Lachman's was positive. **Differential Diagnosis:** The differential diagnosis of this injury was ACL tear with MCL and medial meniscus involvement; and ACL tear with concomitant chondral injury. The physician's assessment, including MRI imaging, revealed a torn ACL with MCL sprain and medial meniscus tear. **Treatment:** Surgical repair was performed 2.5 weeks after the initial injury and consisted of bone-patellar tendon-bone ACL reconstruction with lateral extra-articular tenodesis, MCL and medial meniscus repairs. The patient began physical therapy 2 days post-op with treatment consisting of manual techniques to target range of motion and blood flow restriction to promote quadriceps strength and hypertrophy. Due to weight-bearing precautions, the Alter-G machine was utilized to aid in gait training. According to an ACLR study, the knee should have full range of motion at week 6. The patient still lacked 43 degrees at week 6. **Outcomes:** There are no specific guidelines for return to play after an ACLR, LET, MCL repair, and medial meniscus repair, therefore, a unique treatment plan was created by the treating physical therapist and athletic trainer to meet the patient's needs. The patient achieved full extension and continues to lack 5 degrees of flexion at 7 months. **Conclusions:** The complexity of the surgical repair and the patient's response to the interventions created challenges. Recommendations for clinical practice include implementing early interventions of blood flow restriction to inhibit muscle atrophy, Alter-G to initiate early gait training and more manual techniques to improve range of motion. **Clinical Bottom Line:** This case stresses the importance of involving the entire medical team (physician, athletic trainer, physical therapist) in the care of the patient as well as the ability to find ways to be creative with rehabilitation when there are protocols inhibiting traditional interventions.

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Evaluation and Treatment of the Water-polo player with Anterior Glenohumeral Instability

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Background: Glenohumeral (GH) instability is a common shoulder condition with a range of characteristics from laxity within the GH joint to complete dislocation of the humerus. The GH joint is held in place by static and dynamic stabilizers that need to be functioning appropriately to center the humerus in the glenoid fossa. Acquired shoulder instability is defined as chronic stress of the humerus in an externally rotated and abducted position on the shoulder joint from repetitive overhead (OH) sports causing anterior instability of the shoulder. Diagnosing shoulder instability is reliant on the patient's history and physical examination findings during testing. Using a combination of anterior apprehension, relocation, sulcus sign, and load and shift tests are recommended in the clinical examination to effectively diagnose GH instability. Current evidence treating non-operative shoulder instability starts with restoring ROM with the use of mobilization techniques, followed by strengthening exercises targeting the serratus anterior (SA), rhomboids, deltoids, and rotator cuff to improve overall stability. The purpose of this case is to show that manual therapy followed by specific therapeutic exercise is effective in treating acquired anterior shoulder instability in an adolescent water polo player. **Patient:** The subject is a seventeen-year-old female water polo player who has been suffering from left shoulder pain for two months. Her pain is intermittent throughout the day but worsens with swimming and the late cocking phase of her throw. She has no specific mechanism of injury (MOI). She rated her pain a dull and achy 5/10 at rest and a sharp 9/10 pain while throwing during practice. Her pain starts on the anterior aspect of the shoulder at rest and moves to the superior/posterior aspect during movement. She complains about neck stiffness with any movement along with shoulder pain. She reported no radiating symptoms down her back or arm. She reported no popping or clicking within the shoulder. She was unable to sleep on the left side and is frequently woken up due to the pain. Her goal for treatment is to learn how to manage her pain if the pain comes back after being treated. She also wants to be able to practice and participate in games pain-free. **Treatment:** Treatment consisted of manual intervention and therapeutic exercise throughout four sessions. Manual techniques performed included: soft tissue stripping of the pectoralis (pec) minor, lattisimus dorsi (lats), upper trapezius (traps), and subscapularis (subscap), inferior and posterior mobilization GH mobilizations, thoracic gapping and manipulations. The goals of manual therapy was to improve the patient's ROM and postural deficits. The posterior mobilizations were used to increase flexion and internal rotation while the inferior mobilizations were utilized to increase abduction and flexion at 0-60 degrees. Therapeutic exercises targeting thoracic mobility, internal and external rotation. While strengthening and stability exercises were aimed towards the rotator cuff, deltoid, serratus anterior, and rhomboids. **Outcomes:** By the end of all four sessions every deficit was addressed. She has been able to fully participate in practices and games completely without pain. Her functionality score progressed from a 49% to a 96.3% in two weeks. All the patient's goals were completed showing increased strength and stability within the GH joint. **Conclusion** During the four-session rehabilitation program, this case showed that acquired anterior GH instability can be treated with the previous techniques to increase stability within the dynamic stabilizers of the GH joint. Clinical bottom line: The results shown in this case of a water-polo player with acquired anterior GH instability showed that manual therapy and

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specific exercise can efficiently treat acquired instability with only four visits.

Diagnosis and Intervention of Posterior Shoulder Impingement in a Non-Throwing Athlete

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Background: Posterior impingement, also commonly called internal impingement, is identified by a repetitive compression of the posterosuperior aspect of the glenoid by the greater tuberosity of the humeral head when the arm is in an abducted and externally rotated position. There are multiple possible causes of this impingement. One of the most frequent contributors is scapular dyskinesis, where the scapula does not track properly with overhead movement due to weakness. Other contributors include kinetic chain instabilities found in the spine, core, and lower extremity, as well as glenohumeral instability causing a shift in the humeral head. Posterior impingement is commonly seen in upper extremity athletes during the late cocking and early acceleration phase of throwing, however this level two case report looks at the dysfunction in the less commonly occurring sport of volleyball. **Patient**: The patient is a fifteen-year-old female volleyball athlete that came to the athletic training facility complaining of left posterior shoulder pain. She has been playing the sport for 2 years, and claims the pain started around two years ago. At the time of evaluation the patient was in the off-season and was preparing to play in the upcoming season. The patient reported moderate pain at rest which increased to major pain while performing overhead movement. Her most recent season saw the greatest increase in pain, and the athlete attributed it to an increase in hitting and serving. The patient reported frequent popping in the shoulder, but no pain accompanied it. With passive movement, the patient had pain at end range in external and internal rotation, and actively had pain with flexion and abduction twenty degrees before end range. Patient presented as well was a lack of scapular upward rotation during shoulder movement, and the patient reported no pain with flexion when assisted with scapular upward rotation. A load and shift test presented with a grade 2 on the involved side. The posterior impingement test was performed and found to be positive. This led to a diagnosis of posterior shoulder impingement, caused by scapular dyskinesis and glenohumeral instability. **Treatment**: Treatment was focused on improving glenohumeral stability and activating the upward rotators of the scapula to improve the dyskinesis. Initially, manual therapy was used to mobilize the scapula into upward rotation and decrease tension in the latissimus dorsi and upper trapezius. Therapeutic exercise consisted of strengthening of the upward rotators, focusing on functional positions and overhead activities to mimic athletic play. Glenohumeral stability was improved through closed kinetic chain exercises for the shoulder. With the patient being a volleyball athlete, a larger importance was placed on overhead stability with the elbow in near full extension when compared to the typical throwing athlete with posterior impingement. **Outcomes**: The patient progressed well, with manual and exercise therapy interventions improving the patient back to pain free active daily living. Rehabilitation is still ongoing to return to a competitive level, however sport specific activity has been performed by the athlete pain free for short amounts of time. **Conclusions**: Overall the patient's progression was in line with current research, however modifications to rehabilitation needed to be made to fit the athlete's sport. Research for posterior impingement is centered on throwing athletes, and does not take into account the different demands of volleyball. While the patient herself did not have an atypical presentation, her sport called for an atypical approach when forming a rehabilitation plan based on current research. This approach placed a greater emphasis on stabilization in overhead activities, especially in situations where power is needed to generate the force for serving and hitting.

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Cervical Kyphosis in a Collegiate Baseball Player

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Background: A 21-year-old collegiate baseball player reported to the athletic training staff complaining of pain along the superior angle of the scapula, decreased shoulder range of motion, and transient numbness and tingling in the 4th and 5th digits of his right hand. Physical evaluation revealed substantial spasm and rigidity of the upper trapezius and scapular stabilizer musculature, along with myofascial adhesions in the rhomboids and levator scapulae, in addition to weakness with shoulder abduction and external rotation. All thoracic outlet syndrome testing yielded no positive tests. Thorough patient history revealed a history of shoulder arthroscopy the previous summer to address minor fraying of the rotator cuff after which the patient reported participating in minimal therapeutic exercise. At this time, the patient was advised to begin icing following every practice, along over the counter NSAIDs as directed. The patient was also instructed to begin therapeutic exercise on a daily basis with the athletic training staff. **Differential Diagnosis:** Scapular dyskinesis, scar tissue following improper rehabilitation of shoulder arthroscopy, general deconditioning of the shoulder musculature. **Treatment:** *Day 1,* patient began therapeutic exercises with the athletic training staff aimed at addressing scapular stabilizer weakness and decreased shoulder range of motion. During exercise, patient reported increased pain along the superior angle of the scapula when performing shoulder abduction with dumbbells. This exercise was discontinued at this time while the remainder of the therapeutic exercise program was continued. *Day 2,* patient reported that his shoulder and the surrounding musculature felt fatigued, but did not feel sore. Following re-evaluation, it was determined that the fatigue was a normal response to therapeutic exercise following deconditioning and exercise was continued. *Day 5,* patient began seeing the team chiropractor during regular weekly clinics. Evaluation from the team chiropractor confirmed both weakness and tightness of the shoulder musculature. At this time the patient was informed that they would be referred to the team physician if their symptoms worsened or did not significantly improve two weeks after the initial evaluation. *Day 9,* patient reported worsening symptoms during practice. Patient was then removed from team activities and scheduled to see the team physician. *Day 10,* upon evaluation, the team physician concurred with the evaluation of poor scapular stabilizer strength while also diagnosing the patient with poor postural stabilization of the cervical spine. Following the updated diagnosis, the patient's therapeutic exercise plan was revised to address the new found weakness. *Day 14,* during treatment at the team chiropractor's office cervical spine x-rays were obtained that revealed cervical kyphosis. With this new finding, patient began undergoing dry needling and cupping treatments in an attempt to address tight anterior musculature while continuing to address weakness. *Day 21,* patient continued current treatment plan, and presented with an increase in strength and range of motion. Throughout the remainder of the season, the patient continued treatment and rehabilitation plan and was able to participate in practices and competitions with minimal symptoms. **Uniqueness:** While cervical kyphosis is not a unique diagnosis in and of itself, the continued participation in competitive intercollegiate activity is noteworthy. Furthermore, patients suffering from cervical kyphosis often require surgical intervention to be able to maintain quality of life. In this case, the patient was able to continue with activities of daily living through the utilization of conservative measures. **Conclusions:** When treating a patient with an uncommon condition in their population, it is paramount that the clinician exhaust all resources to find proper treatment to address all associated pathologies. Should a clinician be treating a condition they are unfamiliar with, evaluation and re-evaluation of outcomes is crucial for an optimal prognosis.

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