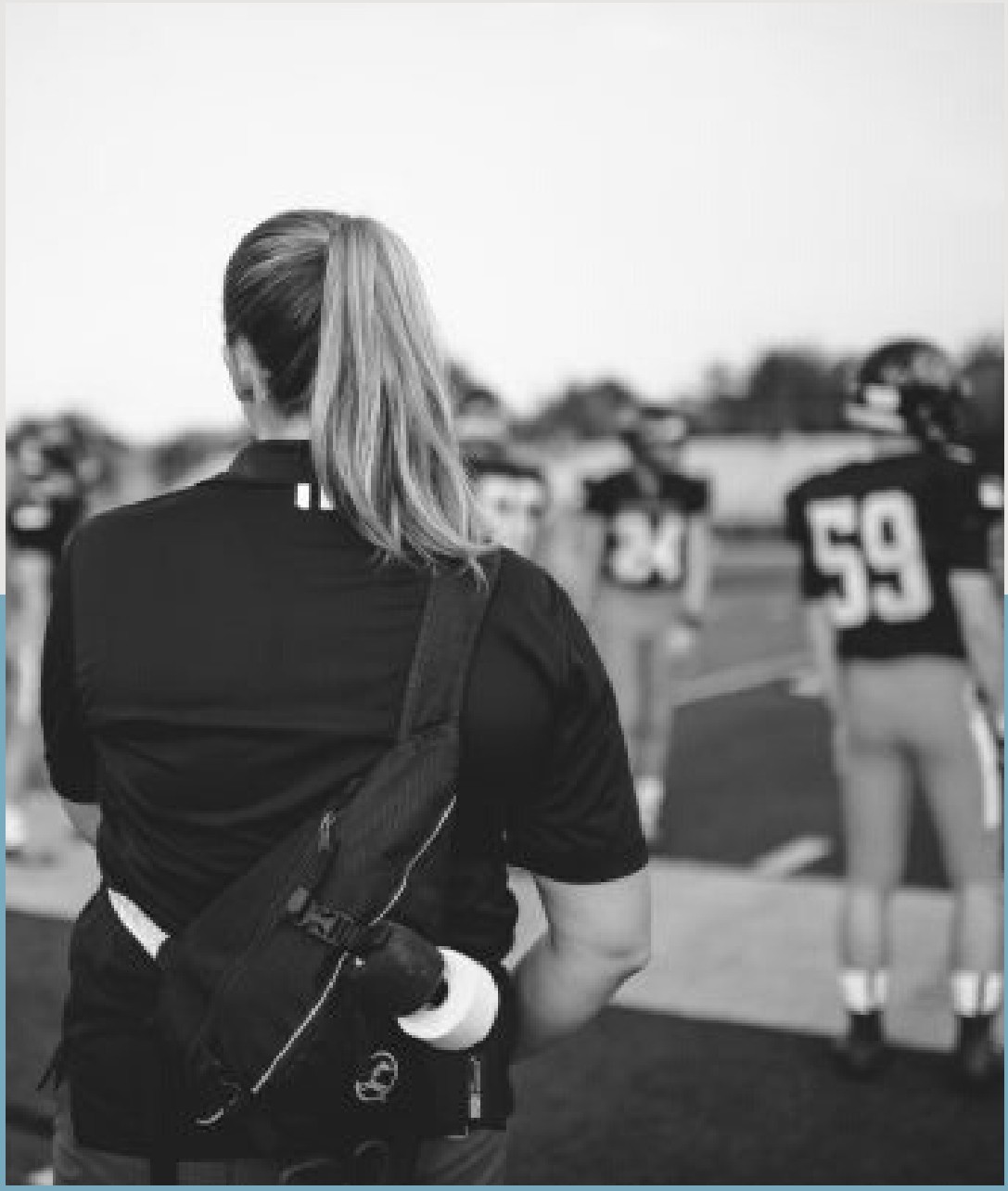
THE NORTH CAROLINA ATHLETIC TRAINERS' ASSOCIATION PRESENTS:



RIGHT TIME, RIGHT PLACE

Right People!

Chapter 1

Not Too Hot To Handle

-Eric Hall (Cary High School- Cary, NC)

During a routine football practice in early September 2012, a Cary High School student-athlete, Sam*, needed assistance while working out in the late summer heat. He was tired and sweating, but could still communicate and move on his own. Despite this, I knew he needed to be cooled down fast.

Upon moving Sam inside the locker room, we first tried to cool him by placing him under a cool shower, but it did not seem to help. His speech and response time slowed, showing us that his mental status was declining.

Going into action, I decided to activate EMS for assistance and follow the simple plan: “Cool first, transport second.” As is procedure, Sam's core body temperature was taken by rectal thermometer, which is the only accurate way to measure core body temperature once a person begins exercising. A reading of 102°F was observed, which is approaching life-threatening. Sam was placed in a tub of cold water and ice. Within 5 to 7 minutes of calling EMS, the fire department arrived and I was told “You’re doing the right thing”.

A short time later EMS arrived, checked Sam's vital signs, and said “Let’s move him to the ambulance”. Knowing it would take at least 15 minutes for proper ice water immersion to lower a person’s high body temperature, I told EMS personnel, “No, not yet.”.

As you can imagine, the EMS personnel on scene were shocked, and they notified their chain of command that I was not allowing them to immediately transport the athlete. EMS told me that they have cold IV fluids in the ambulance that they could use in route to the hospital.

*Names changed to protect student identity

Once again, I knew that the only way to cool Sam fast enough was with cold water immersion, and that the IVs alone would not be enough to prevent damage to his internal organs and possibly death. I told them to bring the IVs in and begin treating Sam while he remained in the cold water immersion, but they did not.

After about 15 minutes, Sam give a big shiver, and I then decided it was safe enough to remove him from the ice immersion bath. He was then moved to the ambulance and given an IV. That same firefighter who praised my efforts earlier, now said I should have let EMS take over and allowed Sam to be removed from the water when EMS arrived.

To my surprise the police then showed up to question me for their report. I felt like I was going to be arrested for treating a student-athlete for heat illness. I knew that police could be called to remove a person who is impeding the treatment of a victim by EMS, but in this case proper treatment was being provided and harm would have come to Sam had I allowed EMS to immediately transport him to the hospital. Sam was taken to the hospital, received treatment for his heat illness, and was released within a few hours.

Weeks later, the head physician over Wake County EMS heard about the situation and commended my efforts in treating the overheated student-athlete by saying that cold water immersion was the proper treatment that needed to be given.

This situation helped bring change to the Wake County EMS policy in regard to athletic trainers treating a victim for heat illness. In the end, Sam recovered and there was a better understanding between athletic trainers and EMS personnel when providing care to victims of heat illness.

*Names changed to protect student identity

Chapter 2
Not "Just For Athletes"

-Kelly Miller (T.W. Andrews High School - High Point, NC)

While I was at T.W. Andrews High School in High Point, NC, I was teaching my Sports Medicine class about emergency medical response and the topic that day happened to be on how to control profuse bleeding. While I was walking around the class teaching, I heard my walkie on my desk start going off, and one of my coworkers say, “we need 911 to the gym!” As soon as I heard that, I told the class I would be right back and took off out the door towards the gym.

When I entered the gym commons area, all I saw was a broken window that goes into the cafeteria and a trail of blood going from the window, across the commons, and down the stairs. I followed the trail and found the athletic director and Kendrell* in the athletic training room. The athletic director, who had taken a previous Stop the Bleed course, had Kendrell on the treatment table and had used his belt as a tourniquet on Kendrell's leg for the moment. I jumped in and put my gloves on and grabbed some towels and started to apply pressure to the area. I had the athletic director grab one of our incline boards to slide under Kendrell's leg to elevate it. As we controlled the bleeding, we made sure to keep Kendrell as calm as possible to avoid shock.

When EMS arrived, we stayed in our positions and waited for them to assess the scene and determine the extent of the injury. When they asked to see where the blood was coming from, I lifted my hand and saw the laceration that the window had caused. The EMT told me to keep applying pressure as she grabbed a tourniquet and placed it where the belt was. I was applying the pressure throughout the time of transitioning Kendrell to the gurney and getting him into the back of the ambulance.

The paramedic took over once he was locked in place. After the situation had ended and Kendrell was on the way to the hospital, we all debriefed on what happened and went back about our day.

*Names changed to protect student identity

The day after, I went to the principal to see if he had heard anything, and he told me that he spoke with Kendrell's grandmother later that evening. She relayed that that doctor in the ER stated that if we had not stepped in and controlled the bleeding initially in the athletic training room, Kendrell would have possibly bled out and died.

At the time that all this took place, the school nurse was not on campus to assist with the emergency. The school nurse was scheduled to be at one of the other schools that she was assigned to that day. In this situation, I was the only health care professional on campus. My patient that day was not an athlete, but that did not matter. I stepped in and controlled the profuse bleeding in the athletic training room. The athletic director did a great job remaining calm and using a belt as a tourniquet.

The student returned to school a couple days later with crutches and showed us his appreciation for stepping in and helping. He ended up with 53-56 stitches in his leg. He healed quickly and was able to walk across the stage at graduation that year.

*Names changed to protect student identity

Chapter 3
Matters of the Heart

Frank Sanchez (Pincrest High School - Southern Pines, NC)

On November 18, 2020, Pinecrest High School was hosting a conference cross-country meet about five minutes from the main campus. I, along with my assistant athletic trainer at the time Morgan Krout, were both scheduled to work the meet as there were no other home events that day.

Morgan was stationed at the finish line and I was in the trail cart with one of the assistant coaches. It was towards the end of the girls race when I received a phone call saying that an athlete from an opposing team was down and I needed to get to the finish line immediately. Morgan was the first one the scene and it was very evident that something was wrong. There was an athlete from the visiting team, Jennifer*, laying at the finish line. Her eyes were very glassy, she was unresponsive, and the worst started to sink in. She had no pulse and was not breathing.

The sports medicine team immediately began compressions, working tirelessly to try and revive Jennifer. We retrieved the AED, which was in my cart so that we would have immediate AED availability if something happened anywhere on the course, and applied it. It advised a shock to try and defibrillate Jennifer's heart. Her heart did not start and we began CPR again. After 2 minutes, a shock was again advised, but once again, her heart did not begin to beat on its own.

After a total of 15 minutes of CPR, EMS arrived, hooked Jennifer up to their AED, shocked her another 3 times, and was able to get a faint pulse. They immediately transported the Jennifer to the hospital, leaving the rest of us shaken wondering if that had really just happened.

It did not matter that we had no idea who this athlete was or that there was a different team name plastered on her jersey. As professionals, we treat the athlete no matter the circumstances. The team does not matter. Who is winning or losing does not matter. The fact that they "are not my athlete" does not matter. The athlete/patient is and always will be the top priority.

*Names changed to protect student identity

Our sports medicine team worked tooth and nail, exhausting every tool and resource available to us. While we never want to be in this situation, we were prepared for an event just like this. We didn't know if we would ever see Jennifer alive again. We were very fortunate that we did get to see her again after she was released from the hospital. We were athletic trainers who helped save an athlete that wasn't even "ours", who participates in a sport that often doesn't have the adequate medical coverage that other high profile sports receive. Situations like ours make it very confusing and difficult to see that some high schools still don't have athletic trainers employed at their schools. It is also tough to see schools who don't have enough athletic trainers to provide proper medical care and coverage for the number of athletes, sports, and events at their schools. If both of us were not there that day, we could be telling a whole different story.

*Names changed to protect student identity

Chapter 4

Meeting the Minimum Standard is NOT Enough

-Emily Gaddy (Orange High School - Hillsborough, NC)

On a Friday night in September of 2021, I was with my high school's varsity football team at another school as the visiting team in that night's match up. The host school did not have an athletic trainer, but did have a first responder present to satisfy the NCHSAA requirements.

At the beginning of every football game, there is supposed to be a meeting in which the game day administrator, officials, athletic trainers, and first responders review the emergency action plan (EAP) for that venue. To say this review happened that night would be a gross over statement. Prior to the game, I was walking across the field and the first responder met up with me to tell me that "their team doctor would not be at the game that night and there would not be EMS." I informed her that our team doctor and an additional athletic trainer would be present on our sideline, expecting that a more formal review of the EAP would happen later during warm-ups.

Later, before the start of the game, the referees approached me asking about an EAP meeting. They asked me what would happen in the event of an emergency or inclimate weather. I informed them that I did not know because this was not my home field and I was the visitor. They asked a few more questions, but I told them they would have to ask the first responder who was not present at this meeting. That information was never provided and I did not see their first responder on the field again until kickoff.

During the last play of the first half, their quarterback, Ja'Quell*, was hit helmet to helmet and immediately fell to the field, facedown and unmoving. The school's first responder and a coach made their way out to the athlete. At that time, myself and my assistant athletic trainer began to head out to the athlete since he had yet to move and we knew that the host school did not have appropriately trained medical professional on their sideline. I watched as their first responder asked Ja'Quell about his head and began arbitrarily poking his neck, not truly examining anything. All the while he kept saying that his head and neck hurt. I then heard Ja'Quell say "I can not feel or move my left arm" and I saw the panic register across the face of the first responder. I immediately stepped in and stabilized Ja'Quell's cervical spine and stated that I needed EMS. My assistant athletic trainer and team physician began a neurological exam. The neurological exam revealed that Ja'Quell had altered sensation in his left arm and leg, as well as decreased strength in his left arm and leg, along with significant head and midline neck pain.

I continued to manually stabilize his head and neck for 20-25 minutes while we waited for EMS, and our doctor and assistant athletic trainer continued to monitor his neurological status and vitals.

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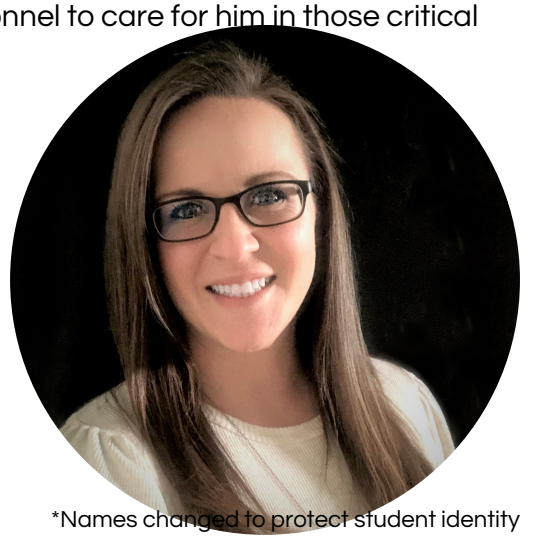
While my team and I were providing medical care, I was appalled by the lack of crowd control and the ability to get EMS to our exact location. Ja'Quell's father and grandfather were allowed to come on to the playing field to be with him. I do not have a problem with that decision, as I allow the same for my parents, however, his grandfather began poking at Ja'Quell's spine near his shoulder blades asking him "does that hurt?" Immediately, I told him to stop touching Ja'Quell. He did not stop and then again poked Ja'Quell's back and spine. I, as well as my assistant athletic trainer and team physician, yelled at him again " Do not to touch him!". At no point did any staff members from the school ask the grandfather to take a step back, not touch Ja'Quell, or to give us space to work. After EMS arrived, as we were preparing to move the Ja'Quell to the spine board, the grandfather once again began touching him and moving his legs, and again we had to yell at him multiple times to stop and no one from the school intervened.

When EMS was called, they were instructed to come to the school, but were not told how to access the stadium by using a side road. This delayed the arrival of EMS by 5-7 minutes. Once EMS arrived, they stated that they only wanted the face mask removed from Ja'Quell's helmet and they would let the ER remove his equipment. EMS was told that removing all of the protective equipment on the field by athletic trainers was the protocol, and in the best interest of the health and safety of the athlete, as hospital emergency rooms typically do not have training on removing protective sports equipment. EMS then stated that they would just take Ja'Quell's gear off on the way to the hospital, which received a universal "NO!" from the athletic trainers and doctor present. The removal of athletic protective equipment needs at least 3-4 trained personnel and a stable environment to be performed safely, neither of which is present in the back of a moving ambulance. In the end, the best interest of the athlete was served when EMS allowed the athletic trainers and physicians to safely remove his gear, as we are trained and practiced to do.

Ja'Quell was transported to the hospital and diagnosed with cervical neuropraxia, a spinal cord injury that causes temporary paralysis. He was held out of athletics for at least 6 months pending follow up evaluations. Had athletic trainers not been present to intervene on behalf of Ja'Quell's best interests, his injury could have been significantly exacerbated by the lack of qualified medical personnel to care for him in those critical minutes following an injury.



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Chapter 5

Constantly Examining, Continually Evolving

Stacy Davis (Alexander Central High School - Taylorsville, NC)

As a licensed athletic trainer, not only am I thankful for the knowledge and skill set that I currently possess, but also the requirement of continuing education for athletic trainers as it ensures that we never settle and continue to evolve to provide the best care for our patients . Sitting in Greensboro at the NCCA Clinic this past July, I listened while 2 other Athletic Trainers in our state received the Lifesaver Award. I remember thinking to myself, am I prepared to handle an emergency situation like this? Can the staff at my high school handle an emergency like this? It certainly made me come into this school year with a greater sense of urgency to always be prepared. I re-examined our current emergency procedures with fresh eyes, made a few changes, and made sure everyone was prepared. Little did I know that I would be faced with an emergent situation just a week into the fall sports season.

On the afternoon of August 9th, 2021, I was in my typical location on campus covering football workouts. We had a few new athletes to show up for the first time, and as practice had started I was looking over their medical history while monitoring practice. I hear my name and I am alerted by two athletes coming my direction - one, who I quickly notice, is cyanotic around his lips and quite pale in pallor. I can also hear the wheezing as he is coming towards me.
I learn his name, Connor*, and quickly remember he is one of the physicals I had just been looking over. He is not exchanging air well enough to keep him from passing out, so I begin to talk him through normal breathing and he begins to have a much better air exchange. Color returns to his lips and face. Connor was able to give me some medical history and I make contact with his mother who is just a few minutes away. While talking with her, I learn Connor has a history of asthma - but has not had any issues in so long that they do not even have a filled inhaler prescription. I take his vitals. His heart rate is extremely high. While waiting for mom to arrive, Connor's mental status begins to deteriorate. He starts to have moments where he seems disoriented and doesn't follow commands. He was sweating profusely, heart rate still extremely high at 195, and beginning to lose consciousness. The practice environment that day had no heat restrictions, but Connor was also brand new to me, and I wasn't sure of his previous conditioning level.

I made the decision to activate our EAP and call 911, because Connor was beginning to show symptoms of heat stroke. While answering EMS's questions, our head football coach and myself began moving Connor to the gator and

*Names changed to protect student identity

prepared to obtain a core body temperature, while I had my student assistants prepare for possible cold water immersion. As we moved Connor to the bed of the gator and got him settled, his breathing was becoming so constricted that even the 911 operator could hear it over the phone and made notice of it. Before we could obtain a core body temperature, I remember telling my head football coach to get prepared for rescue breathing because Connor's current breathing pattern would not sustain life. I told my coach, "If Connor stops breathing, I need you to give breaths while I start compressions." Connor did stop breathing and we immediately began CPR. After 3 compressions, Connor inhaled deeply. I looked up and EMS was pulling on to the field. I assisted as EMS hooked Connor up with to a non-rebreather and heart monitor. Paramedics recorded all his vital signs and transferred him into the ambulance. His core body temperature was obtained once inside and was normal.

Connor remained extremely tachycardic - a much higher heart rate than expected for his exertion level. He was transported to hospital and his heart rate remained 175+ more than an hour after exertion. He was later transported to Atrium Health Levine's in Concord. It was determined that a combination of pre-workout powder, and energy drinks taken in the locker room prior to practice, along with his ADHD medicine, created a harmful combination in his body. Connor was able to return to football for the season, but struggled with breathing issues and was required to have an inhaler on his person at all times.

I am beyond thankful for my football coach, my student assistants, the paramedics and rescue squad staff. We all worked as a team and the care Connor received resulted in a successful outcome. Shortly after, our county EMS training director brought me supplemental oxygen and an AmbuBag to keep onsite. Talk to your athletic director, your administration, your schools, your community members, and anyone who will listen about the importance of care for athletes at all levels. Our children deserve the best we have to offer when it comes to their health and safety.

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Chapter 6

An Athletic Director's Point of View

Leslie Long (Atkins High School - Winston-Salem, NC)

Emergency action plans. As an athletic director, I know that EAPs are required. Athletic directors and athletic trainers spend countless hours critiquing and perfecting their emergency action plans for their campuses. We plan and practice, but pray we never have to execute.

Katie and I started this process when I took over as athletic director in October 2020. While I knew what an emergency action plan was, I was never in a position to help write or review one in-depth. Little did I know the those hours Katie and I spent on our EAP would save a student-athlete's life.

The general process at Atkins High School is to review EAPs for all of our locations every summer and then at the start of each sports season review them with our coaching staff. When Katie and I began reviewing our EAPs together, we walked through the plans multiple times on foot prior to each season. Our EAP is posted at every athletic venue on our campus with basic, but important, information that can be relayed to 911 in the event it is needed. Our administrative team and athletic department have hard copies and digital copies. This proved to be life-saving on March 2nd, 2021.

That day in March would forever change the way I conduct all athletic practices and games on our campus. As I previously stated, we review EAPs for all locations, but during the 2021 sport season there was no rhyme or reason as to who was practicing where. We had traditional fall and spring sports going on at the same time in locations they don't normally practice. In a typical spring season in March, the baseball team would've been on the baseball field, but this spring you would find men's soccer on that field.

On March 2, 2021, I was located at the softball field. It was the first day of softball tryouts and the first day in 3 weeks we were able to be outside because of rain. Everything seemed to be "normal". The sun was out, athletes were everywhere getting ready for practices or games. It was a wonderful feeling to see our athletes having a somewhat normal day during the middle of a pandemic.

Then my normal day took a complete 180°. Katie called, which is not abnormal, but I thought I had just left her with a room full of athletes who needed all her attention, why is she calling me? The next words still keep me up at night "we've had a soccer player collapse."

If you know Katie like I do, she chooses her words for injuries very meticulously.

*Names changed to protect student identity

We had discussed and planned for a situation like this multiple times. If an emergency happens, clear communication is key. Give me your location, basic information of what has happened and hang up the phone. That is exactly what Katie did. I ran to my assistant athletic director who was standing at the stadium gate. I threw him my keys and I said "get in and drive". We made one turn and he asked, "where am I going?" and I replied, "baseball". As we crested the top of the hill at campus, the only thing I saw were lights from the fire trucks and an ambulance and then a stretcher in the middle of center field.

We got out of the car and to see one of our soccer player's on the stretcher. Piero* looked at me and said, "hey Coach Long". I thought for a second "didn't Katie say he collapsed?" Then I saw our AED, completely covered in mud, and all the packaging ripped apart. I knew my job at that point was not to worry about what I was feeling, but what my staff was feeling. Once EMS loaded Piero into the ambulance, I turned to Katie, Coach Collier, and Jonathan, a High Point University Athletic Training student, and the look on their faces still haunts me today. I called my principal and he made his way out to the ambulance. I asked Katie and the coaches what happened and they told me the basic information of the event. It wouldn't be until the next day, when we had our debriefing meeting, that I would learn in full detail just how much planning and practicing our EAP would pay off.

Once Piero was taken to the hospital, Katie, Johnathon and I slowly walked back to the athletic training room. Katie and Jonathan still had two lacrosse games to cover that afternoon and multiple athletes in the athletic training room who needed attention. At this point, I looked at Katie and Johnathon and I said "I know this is going to be difficult, but we have to put this aside until we can get you another athletic trainer here for the remainder of the night". I told our soccer coach to call his wife and let her know what happened and for him to stay with me until he felt like he was able to drive home.

The next steps for me as Athletic Director were to call our District Athletic Director and notify him. I called Katie's boss and informed her of our situation and that we needed extra support for our game, so Katie could leave if she chose too. Katie and I exchanged many phone calls and text messages that night. The next day we started what would be a long debriefing process. Over and over, we walked through what took place. We went over all the "what if scenarios" we could think of and made minor changes to our EAP. We reviewed the changes with our administrative team and coaches. Our EAP worked exactly how it was intended. To this day we continue to plan and practice, and pray we never have to use our EAP again, but in the event we do, I am confident in our emergency action plan.

*Names changed to protect student identity

Chapter 7
Through the Eyes of a Student

-Johnathon Friar (High Point University Masters of Athletic Training Student - High Point, NC)

Part of the Masters of Athletic Training education curriculum is a supervised clinical education component. During our clinicals, we are placed under the supervision of an already licensed and certified athletic trainer. Like in other areas of health care education, this experience provides athletic training students with the opportunity to practice and refine our clinical and decision making skills in the context of direct patient care.

It was a normal Tuesday in the middle of my semester, I had just come from therapeutic interventions class that morning where we had discussed electromyographic feedback. Before coming to Atkins High School, I remember Katie, my preceptor, telling me it was going to be a busy afternoon. We had football practice, girls' lacrosse match, girls' and boys' soccer practice, and probably a few other events going on, as this was the semester that ALL high school sports were playing thanks to COVID-19. It was a beautiful spring day for the day's events to take place.

Not long after I got there, I was started to do pre-practice tasks for football. That way Katie and I would be able to get to the girls' lacrosse game because there were a couple of girls who needed our attention before starting the game. As I was completing my pre-practice tasks, Katie tells me she is going to go get our golf cart and then we could drive down to the football field where the girls' lacrosse game was taking place. I acknowledged her as she is walking out the door, but as she disappears around the corner, I hear the varsity soccer coaches voice, "There is a jv soccer player who has collapsed on the baseball field." Immediately, I stopped my task and started running. On my way out the door, I pass the AED, and as I am running, I faintly hear Katie yell, "Johnathon, grab the AED!" right as I am reaching for it. At that moment I knew it was real, but it hadn't sunk in yet.

As I come out of the door to the baseball field, I see Katie about 25 yards in front of me, sprinting. As I start to cross the baseball field, I can see the JV soccer coach doing compressions on the collapsed athlete in center field, almost on the warning track, and that is when it really hit me, this is a life. That sprint across the baseball field felt like it took forever, everything in slow motion.

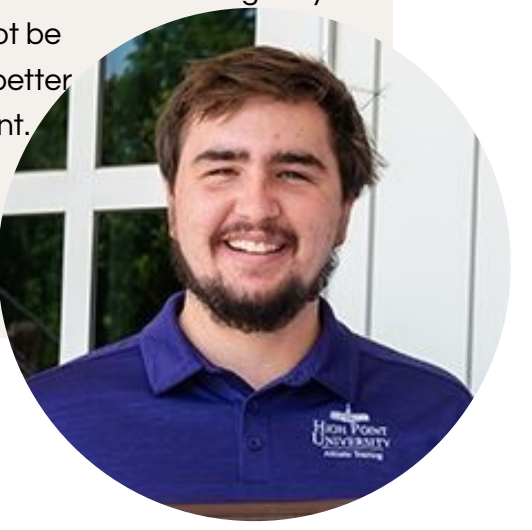
*Names changed to protect student identity

Once on the scene nothing changed, slow motion. Katie got to Piero* a couple seconds before I did and relieved the JV soccer coach of compressions. As soon as I got to the Piero, I pulled the AED out and opened it up, and it is exactly like the training AEDs we use in our medical emergencies class. The same pads, the same buttons, the same cadence of the voice, the same tone of the voice, the same words.

I helped get the AED pads out of the packaging and on Piero's chest, then put the CPR mask on his face so Katie could give breaths. Once that was complete and AED started talking to us, everything was a blur until paramedics arrived. The only thing I remember is the “shock advised” coming from the AED and then seeing the shock being delivered, and still to this day I hear it, and I see it.

This is one of those events that you never want to happen, as a student athletic trainer or as a certified athletic trainer. However, experiencing this while still in school gives me confidence to manage an emergency on my own once I graduate and I am a certified athletic trainer. My confidence has grown because I was there with an amazing preceptor who knew what she was doing before, during, and after the emergency. In class, we discuss how to prepare and to best prevent these events. In labs, we practice how to manage and treat these events, over and over. We even have discussions, or critical incidence reviews, and evaluate our training sessions like it was the real event. But nothing compares to being in that situation in the real world.

Being able to be a part of that emergency from beginning to end helped me realize how much the small details matter, even before an emergency takes place. Even at a high school where the budget may not be the greatest, there are ways that athletic trainers can improve response and management of an emergency, starting with the development, review, and rehearsal of the EAP. Because of the supervised clinical education that athletic trainers receive, I was able to experience a medical emergency while still a student. That type of learning can not be duplicated in a classroom or lab and I will be a better athletic trainer in the future because of this event.



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Chapter 8

Saving a Life isn't Always an Emergency

Randy Pridgen (East Wake High School - Wendell, NC)

At East Wake High School, it was just another typical day in the athletic training room after school for myself and my athletic training student Eleana Keretses from Western Carolina University. We were both working at a frantic pace to evaluate, treat and rehab athletes to get them ready for another football practice.

However, one afternoon in October would eventually not only change the life for one player, but potentially save his life – Jason*. As a freshman, he stood tall at 6'2" and 275 pounds. The one physical characteristic he has always had was a prominent kyphosis of his spine. His dad, Greg*, was a football and softball coach on the staff and Jason had always come to practices when he was in middle school. His characteristic "hump" was always noticeable by his parents but his pediatric doctor said he would grow out of it.

Jason came in complaining of lower back pain. He said they were hitting the sled the day before and hurt his low back. This gave us a great opportunity to evaluate his back more thoroughly. His primary complaint was the low back strain, but on evaluation he had a severe kyphosis and slight scoliosis. My athletic training student, Eleana, was concerned that he may have Scheuermann's disease. She had just studied the spine last semester in school and this was very fresh in her mind. We both did a little research on this disease and there was enough similarity to what Jason was presenting with that without hesitation, we both agreed he needed to be seen by a spine specialist and made that recommendation to him and his parents.

*Names changed to protect student identity

In November, Jason went back to his pediatrician for a sore throat and during the visit, his father and mother both mentioned our evaluation of possible Scheuermann's disease and kyphosis. Again, the pediatrician felt like he would grow out of it, but this time, because of the parent's persistence based on the evaluation and my recommendation, the pediatrician chose to make a non-emergency referral to Dr. Hey at the Hey Clinic with Duke Hospital.

On December 11, 2014 Jason saw Dr. Hey. Following x-rays, and a thorough examination, the parents, along with Jason, were told he had an 83.8° curvature. He immediately recommended surgery within the next month to correct the curvature. "Dr. Hey informed us that Jason would be paralyzed in a wheelchair or possibly dead by the age of 20 if surgery to correct the problem was not performed because not only would the angle of the spine cause pain, but it was also crowding his internal organs."

Jason had surgery on January 29, 2015 to correct his curvature. He developed an infection from the surgery and had to go in again a week later to clean the infection. After the surgery, Jason grew three inches and acquired a scar all the way down his spine, but gone was that noticeable "hump."

According to Greg , "my wife and I wanted to thank you (Pridgen) immensely for the insight to inform us to seek a specialist regarding Jason's back problems. You are a great asset to the athletic programs at East Wake…. As athletic trainer, you are truly looking after the best interests of the athletes at East Wake High School."

*Names changed to protect student identity

NORTH CAROLINA ATHLETIC TRAINERS' ASSOCIATION

For more information:

www.ncathletictrainer.org
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