

THE WILLIAM E. "PINKY" NEWELL ADDRESS
PRESENTED BY RICHARD F. MALACREA
MARRIOT, COPLEY PLAZA, BOSTON, MA
JANUARY 5, 1992

I would like to thank Jack Weakley and through him Johnson & Johnson, sponsors of the Pinky Newell Award.

It seems to me that there has been an E.A.T.A./J&J partnership for as long as I can remember.

Johnson & Johnson has also been intertwined in my professional career at several points. I was invited several times when they would bring athletic trainers together for brainstorming sessions referred to as Focus Groups. They also sponsored trips to Japan in the summers from 1975-80 to conduct workshops in athletic taping techniques for the SONY Corporation. I took advantage of this situation to promote sports medicine and athletic training U.S.A. style.

Some time ago Don Kessler called to ask if I would accept the Selection Committees' nomination for the 1992 Pinky Newell Award.

I must confess that I was quite surprised...dumbfounded...and struck silent (momentarily) by the question. However, after a pause with some stumbling and mumbling about...why me?...how come?...I said that I would be honored to accept the nomination.

Then came the "GOTCHA"...the "HOOK."

Don said, "You've got to speak for 45 minutes"...Now you have to picture sheer panic...my mind raced..."Can't back out of this now" (Although, it is well known by my staff that I am rarely at a loss for words or an opinion, however, formal presentations are not one of my things.) What do I have to say that this group wants to hear....after dinner...for 45 minutes...with a round of parties waiting."

May I have a show of hands of those who would like the full 45 minutes.. Don, I see no hands. The people have spoken.

I'm pleased that this is an award offered by the Eastern Athletic Trainers Association. A healthy viable organization. An organization of over 4,000 members. Members that make their presence known at the national level with active participants in N.A.T.A. affairs. An organization whose leaders have gained respect, over the years, for their contributions and influence.

I'm especially pleased to be honored by this particular award. It's always exciting to get an award...you've been judged by your peers. However, to an athletic trainer of my vintage it is a special honor to receive the Pinky Newell Award. To many of you it is a name you hear once or twice a year at the E.A.T.A. or N.A.T.A. meetings. To others of us, that name means and identifies a keystone in the foundations of modern athletic training.

An accomplished on-line athletic trainer, a leader in the profession and organization, an educator, a spokesman, one who constantly worked for and promoted the broadened didactic preparation of the athletic trainer, an advocate of heightened professionalism, and above all, one who championed the need for credentialing. It was probably because of these special talents and his level of professionalism a physician who worked with him wrote...

"MANY TRAINERS GIVE BETTR ON FIELD EMERGENCY CARE THAN MOST PHYSICIANS. THE M.D. SHOULD MAKE BETTER USE OF THE ATHLETIC TRAINER'S ABILITY.

WITH INCREASED EMPHASIS ON BETTER USE OF PARAMEDICAL PERSONNEL AND, BECAUSE IT IS BECOMING MORE DIFFICULT TO HAVE A PHYSICIAN IN ATTENDANCE DURING ALL CONTACT SESSIONS IN COLLEGE AND HIGH SCHOOL SPORTS, IT BECOMES NECESSARY TO REVIEW THE ENTIRE AREA OF DOCTOR-TRAINER RELATIONSHIPS AND RE-EVALUATE HOW EACH ONE'S ABILITY MAY BE MORE EFFECTIVELY USED.

THERE IS AN IMPROVED RELATIONSHIP WHEN THE DOCTOR IS COGNIZANT OF THE TRAINERS ABILITIES AND COMPETENCIES AND MORE READILY AVAILS HIMSELF OF THE PROFESSIONAL ABILITIES OF A DEDICATED COLLEAGUE."

Those were the words of Dr. Loyal Combs, M.D., team physician at Purdue University. I know that I, and I'm certain some of you get so involved and busy in our respective programs that there seems little time to see what is going on around us. ...I mean that in a figurative generic sense.

I still wonder how I stack up as an athletic trainer. How does our program stack up against others? I look for reinforcement, for indeed, our program certainly lacks the glamour of some others. There are no bells, no whistles, and no flashing lights.

There is:

NO TENS	NO BLACK BOX (E-STIM)
NO MENS	NO INTERFERENTIAL PAIN MODULATORS
NO PROBES	NO AUTOMATIC PRESSURE DEVICES

It is certainly an uncomplicated program using hot and cold water, ice, moist hot packs, the periodic use of an ultrasound generator, an HVGS gathering dust in a corner, exercise, rest, the routine application of adhesive tape and protective devices, an excellent staff of young athletic trainers, (those that have gone on and those that are with us now) and a group of physicians who are quite competent in internal medicine, pediatrics, and orthopaedics.

I've often wondered if this kind of an approach could work at a level of sport more intense than that of the Ivy League. I've had the opportunity to get some feedback from former staff members who have gone on to "bigger" things. The report that came back was...it can...it does.

We've developed a rather simplistic style build around a central core of movement...exercise...to whatever level possible. We've also adopted a general set of statements, as a guide. Statements that have, in large measure, been gleaned from others along the way. A pinch of this...a drop of that...a few of what seem to be original thoughts...stirred well over time, and presto, an M.O.,...a way of doing things.

We are all amalgams, bits and pieces of those who have been down this path before. I would like to share with you some of the bits and pieces that I have picked up along the way.

Now, we've all heard of the "KISS" principle.

I'd like to modify that a bit to the "KIS-KIS" principle.

"KEEP IT SIMPLE"

"KEEP IT SMART"

It seems to me that the simplicity of an escalating treatment protocol is the protocol of choice. Select the simplest modality or treatment form to elicit the desired response. Treatment forms or modalities may be added or deleted as indicated, until the desired response has been realized.

Some thirty years ago my Chief, in his Viennese accent would often remind me, "Dickie, Dickie" he'd say, "NEVER SHOOT A SPARROW WITH A CANNON."

It seems to me that was his way of saying KEEP IT SIMPLE - KEEP IT SMART.

(I hasten to add, the patient was charged a flat rate of \$5.00 per visit. Those were the ancient times before physical therapy discovered third party payers and became a "golden goose." There was little incentive to add on modalities or provide special tests on a routine basis. We were seeking the shortest distance between two points...the current status and getting well).

If we can steal a page from our physician-colleagues, we can appreciate their concern that a paramount principle must be to cause no harm. Princeton's orthopaedic consultant for the athletic teams, Dr. Joseph Zawadsky, has an expression he often uses when consulting with a patient, and that is "THERE'S NOTHING WE CAN'T MAKE WORSE." He refers to a reluctance to take an operative approach before there has been a trial of more conservative measures. He quickly follows with an explanation that the surgical procedure can be performed at a later time if a reasonable program of conservative measures have not been effective.

It seems to me that Dr. Kornbluh and Dr. Zawadsky are both observing the KIS-KIS principle from their respective positions as psychiatrist and orthopaedic surgeon by "NOT SHOOTING A SPARROW WITH A CANNON."

Have you heard the expression "SOMETIMES THE BEST THING TO DO IS NOTHING"? I'm not certain when I first heard that expression or from where it originated, but it certainly seems to blend quite nicely with the other principles in our way of doing things.

"DONG NOTHING" is sometimes, most certainly, a very difficult thing to do. We are all doers, ...we are action oriented. There is a great expectation on everyone's part when that short time honored phrase is offered..."GO SEE THE TRAINER." The athlete may come with a preconception of what needs to be done or what he/she wants to have done. It may be that a coach planted a seed of preconception and the athlete now has a certain level of expectation of what they "WANT TO HAVE DONE."

If what they want is what they need, all is well. However, if thats not true...as I see it, it is time for the "WHAT YOU WANT MAY NOT ALWAYS BE WHAT YOU NEED" conversation. (I'm certain that part of your repitoire is, "THE TRAINER KNOWS BEST" talk).

I recall very recently that skeptical look in the eye, the hesitation before turning to leave the taining room, in a young lady trackster who came to tell me she needed hot packs or a whirlpool for her stiff back and ham-strings. This was, she explained, was a result of training on hills two days ago. My explanation that "after a light workout that day and a good warm-up the next day, the problem should be self resolving"...was not taken as gospel. She did, however, lose her delayed muscle soreness...she needed a little time to recover, to not sustain another overuse, and to get some advice on a more gradual progression in her training schedule. (I see from our program that we will have a presentation, Tuesday morning on the topic of Delayed Muscle Soreness. It may be that we will all take away some new ideas).

Now, it is quite possible that the athletic trainer is not endearing himself/herself to the athlete with the posture of "I MAY NOT ALWAYS GIVE YOU WHAT YOU WANT, BUT WILL DO MY UTMOST TO GIVE YOU WHAT YOU NEED." It does, however, go a long way toward a goal we should have in dealing with each of our patient/athletes. That goal is to "TAKE AWAY ALL OF THE CRUTCHES, PHYSICAL AS WELL AS MENTAL." To take away physical crutches is an obvious task, but taking away mental crutches is not so clear. The athlete will develop respect for the athletic trainer as the trainer helps him/her sort out these differences.

I can understand the importance for ritual in certain areas of preparation for competition. It is part of the focus, part of beginning to concentrate, and I'm certain, a little bit of superstition. (I would like to believe I was above all of that, but I still wonder if I had worn a different pair of shoes and had not gotten my hair cut, the outcome of our football game against Dartmouth this past season, for the Ivy Championship, may have been different).

One of my favorite stories involves Craig Masback, one of our athletes who became a world class miler, just a few years ago. It's a story he also tells, and one we both can laugh about.

When Craig came as a freshman he would prepare himself to run by anointing himself from head to toe with "HOT STUFF". When he walked into the room the vapor he exuded would bring tears to your eyes. He had so much grease on him he looked as if he was ready to swim the channel.

Slowly, patiently we were able to prove to him that he did not need this ritualistic preparation to either be competitive or avoid injury. By the time he was a senior the "HOT STUFF" was a thing of the past.

I believe one of my roles, as a trainer, is to teach the athlete to depend upon his genetic endowment (skills), coaching, preparation, concentration, and effort. Not, as I have so often seen, whether or not he gets a hot pack and ultrasound just prior to competition. "AN ONGOING TREATMENT PROGRAM IS SOMETHING THAT CAN PROCEED AT ANY TIME OF THE DAY OR EVENING AND IS NOT A PART OF PRE-GAME PREPARATION."

A part of this whole is that "THE ATHLETE MUST BE THE INDIVIDUAL RECEIVING THE MOST FROM THE PROCEDURE." We all need to have our egos massaged from time to time and the athletic trainer is not immune from that. However, it must not be at the cost of inadvertently building in an underpinning of need or dependency on the part of the athlete...the psychological crutch.

Speaking of egos, has anyone else suffered the ego insult of having an injured athlete go home for a few days and return looking so much better than when they left?...And, all of this without our care or oversight! Seeing enough of these has caused me to speculate that the population with which we work "WILL USUALLY GET BETTER IN SPIE OF WHAT WE DO TO THEM." It also casues me to constantly measure and titer treatment programs and exercise loads. There are no cookbook solutions, unlike socks, gloves, or christmas ties, their is no one size fits all. This program must be individulized.

A number of years ago, Dr. Jim Garrick and I were part of a Ross Roundtable on Sports Medicine for Children and Youth. He outlined a few sport aphorisms (sayings) that could very well serve as guide posts along a course of proper management. The list was:

"SWELLING PRECLUDES NORMAL USE" the effused knee has a reduction in normal range of motion, a reduction in speed of motion, and a less than normal V.M.O. response.

I would like to add one of my own at this point and say:

"GOOD REHABILITATION BEGINS WITH IMMEDIATE AND ADEQUATE FIRST-AID IN AN EFFORT TO MINIMIZE THE SECONDARY EFFECTS OF THE INJURY, AND REDUCE THE MORBIDITY THAT FOLLOWS."

Dr. Garricks second aphorism was "PAIN PRECLUDES NORMAL USE." Picture the 2 AC sprain with an inability to elevate the arm,...an inability to reach across and scratch the opposite shoulder...and an inability to reach into the back pocket...pain precludes normal use.

The third, "DISUSE RESULTS IN LOSS OF FORM AND FUNCTION." Some of us remember when the ACL reconstruction was a procedure requiring an arthrotomy, (an open repair) a cast for 6-8 weeks, a brace for a couple of months to follow, and the sheer dismay on the part of the athlete when the cast was removed and he stared down at this "tooth pick" he used to call a leg.

Just before the holiday, one of our lineman underwent a patellar tendon ACL reconstruction, with removal of the bucket handle tear portion of his medial meniscus. When he went home, two weeks post-op, he had ROM of -5 to 130 , full weight bearing (no crutches after 10 days) normal gait, and normal stair climbing. Not all of this change is due to technical advancement, a philosophy directed toward early motion and early weight bearing has also evolved. The athletic trainer can take credit for helping to promote and facilitate this evolution.

Another was that "LOSS OF FUNCTION OCCURS MORE RAPIDLY THAN RETURN OF FUNCTION." There are varying rules of thumb for this period. i.e. 2:1, 3:1, 7:1...certainly some of this time lag is also dependent on the nature and extent of the injury. However, if we use the previous ACL example, there is not doubt that early return to normal movement patterns lessens morbidity and shortens the period of time until return to participation is possible and permitted.

The last of Dr. Garrick's aphorisms was "MISUSE IS WORSE THAN DISUSE." Disuse, meaning a few days or so causes no new harms, whereas, misuse may cause increased swelling, increased effusion, increased pain, decreased range of motion, decreased strength, and prolonged morbidity.

It would be wise to add one more, and that is that "AN ACCURATE RECOGNITION OF THE EXACT NATURE OF THE PROBLEM IS AN ESSENTIAL PREREQUISITE FOR EFFECTIVE TREATMENT AND REHABILITATION."

I've gotten a great deal of help, over the years, in developing rehab programs, as well as normal conditioning programs, by using a principle popularized by Dr. Fred Allman of Atlanta, Georgia. Dr. Allman promoted the idea of "SPECIFIC ADAPTATION TO IMPOSED DEMANDS." (The SAID principle) when making this point to an athlete I use the analogy that "WHEN BEING TESTED IN ALGEBRA, IT DOES ONE LITTLE GOOD TO STUDY FRACTIONS."

The challenge is to develop exercise programs that in total and in part are sport (activity), specific. (I.E. they are movement patterns that replicate the motion of the activity, as closely as possible, in speed, intensity, and duration).

I have already made the point that we are all amalgams. You, and those that have proceeded us, are part of me. It may be that I have been able, in some small way, to become part of some of you.

There is an overriding principle that should play a role in everything we do. This goes back to my earliest days and earliest recollections, that is, "TO LEAVE A THING BETTER THAN WHEN YOU FOUND IT."

Pinky Newell certainly left things better than when he found them. I would like to feel that my efforts at the state, district, and national level have helped to make things better for you and those that follow.

We are all in this together. Working, sharing, hoping, and yes...sometimes disagreeing. But, that disagreement should be in a manner that is centered around our growth as a profession and as an organization. We are the athletic training family.

In my twenty-seven years in athletic training, I've seen growth and change that would have made Pinky Newell proud. I am pleased to have had the opportunity to be a part of it.

It is with great pride and humility I accept the Pinky Newell Award.