

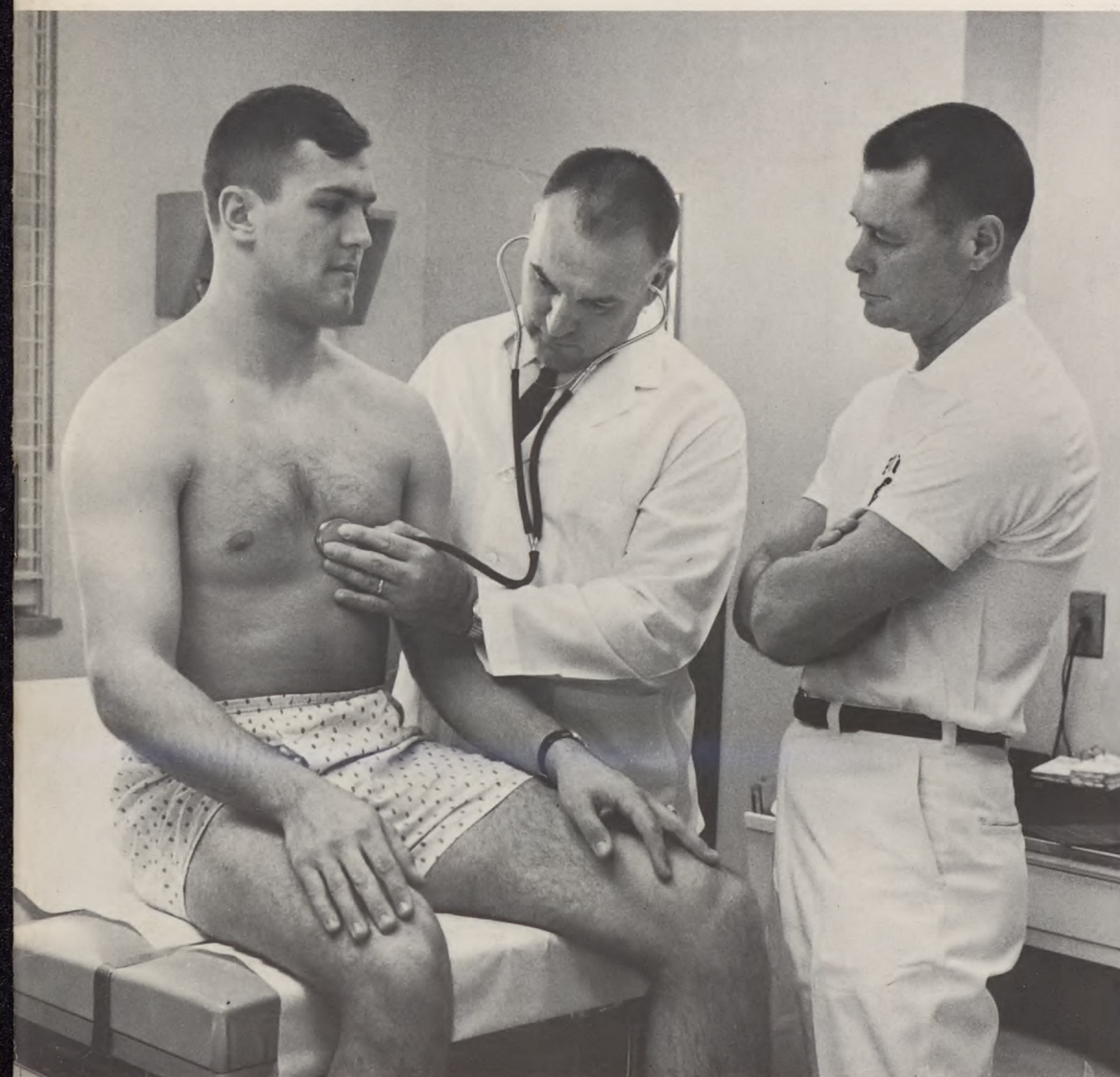


# THE JOURNAL

*of the National Athletic Trainers Association*

JUNE 1965

Lloyd R. Wilson  
1930 South York # 101  
Denver 10, Colo.

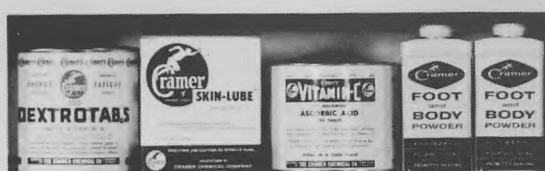
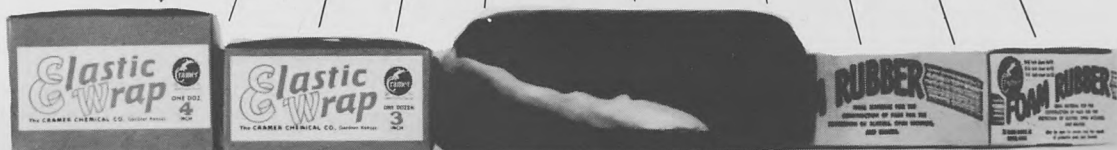


PHYSICAL examination of a college athlete before he competes in any sport may be routine for many institutions, but a survey of the nation's colleges indicates that a significant number of athletes *never receive any such examination*. For survey results and some observations, see the story on page 3. (Pictured are Dr. Loyal W. Combs, team physician, and William E. (Pinky) Newell, trainer, examining a Purdue University student.)





## The Essentials for a Well Equipped Training Room



# THE JOURNAL

of the *National Athletic Trainers Association*

JUNE 1965

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The NATA *Journal* editors welcome the submission of articles which may be of interest to persons engaged in or concerned with the progress of the athletic training profession. The following suggestions are offered to those submitting articles for consideration:

1. All manuscripts should be typewritten, double-spaced, on ordinary typing paper.

2. When references are made to other published works, include superscript numerals and appropriate footnotes giving author, title of book or article, periodical or volume number, pages, and date of publication.

3. Photographs must be black-and-white prints, preferably on glossy paper. Graphs, charts, or figures should be clearly drawn on white paper, in a form which will be readable when reduced for publication.

4. It is the understanding of the *Journal* editors that any manuscripts submitted will not have been published previously.

Unused manuscripts will be returned when accompanied by a stamped, self-addressed envelope. Please address contributions to the Editor.

**1965 CONVENTION: Chicago, June 13-16. Chairman: Tom Healion, Northwestern U.**

## EDITORIAL

IN DEVOTING THIS ISSUE of *The Journal* almost entirely to a single subject, the preparticipation physical examination for athletes, our goal was to bring out four major points:

1. A *thorough* examination into the medical history and present condition of each athlete is basic to clearing him for competition.
2. The examination is also basic to a determination of special measures necessary for an athlete with a correctible deficiency.
3. When an athlete does suffer an injury, the information about his particular physical makeup revealed by the prior physical examination is invaluable in planning his treatment. In an emergency situation it might even save his life.
4. Physical examinations provide reliable records on which to base future programs to protect athletes in general.

These points may be obvious to many trainers, yet the statistics gathered by Dr. Allan Ryan and his colleagues would seem to indicate that not every trainer or institution has taken them seriously.

When a trainer finds himself working in a situation where physical examinations before competition are lightly regarded or totally ignored, it is his responsibility to step forward with a positive, forthright recommendation that they be given, and heeded.

The individual who stands to benefit directly—or suffer for the omission—is the athlete. Often he feels he is in no position to speak up. But the trainer, whose primary mission is the protection of that athlete, *does* have a voice in the matter. He should use it.



# SURVEY SHOWS UP LACK OF PHYSICAL EXAMS

*Joint AMA-NCAA-NAIA study indicates many institutions give no examinations at all. Committee produces model form and physician's guide as aid in developing adequate injury prevention program.*

By ALLAN J. RYAN, M.D.

*Practicing Surgeon, Meriden, Conn.*

## PART I

DURING 1961 a cooperative survey regarding the provisions made for medical care of athletes in colleges and universities in the United States was conducted by the Committee on the Medical Aspects of Sports of the American Medical Association. Co-operating in the survey were the National Collegiate Athletic Association and the National Association for Intercollegiate Athletics. The survey took the form of a questionnaire developed in consultation by the three cooperating agencies.

Questionnaires were sent to the athletic departments of each member of the two Associations, to which 64% of the NCAA members and 42% of the NAIA members responded. Responses from each section of the country were sufficient to constitute what was felt to be a representative sampling.

The fourth question was, "If you have a student health service, are any of the following functions relating to athletics performed by this service: health history taking, physical examination, medical treatment, complete health supervision?"

The fifth question was, "How often during the college years do all students have health examinations?"

These were some responses:

55% of NCAA and 45% of NAIA members replied that health examinations were required on entrance.

Only 15% of NCAA and 2% of NAIA required examinations annually thereafter.

5% of NCAA and 25% of NAIA performed examinations on entrance and on referral subsequently.

10% of NCAA and 7% of NAIA provided physical examinations for athletes only.

*(Continued on page 12)*



DR. ALLAN J. RYAN has long experience, based on deep-seated interest, in the prevention and treatment of athletic injuries. In addition to pursuing his surgical practice as Senior Attending Surgeon of the Meriden, Conn., Hospital, and consulting surgeon to two other hospitals in Wallingford, Conn., he has found time to participate quite actively in the national effort to reduce sports injuries. He is a member of the American Medical Association's Committees on the Medical Aspects of Sports and on Exercise and Fitness, of

the National Collegiate Athletic Association Committee on Sports Injuries, and of the editorial board of the Encyclopedia of Sports Medicine. He is also author of "Medical Care of the Athlete," published in 1962 as a comprehensive guide for physicians, coaches, and trainers. Dr. Ryan is a graduate of the College of Physicians and Surgeons of Columbia University, and took advanced surgical training at hospitals in Brooklyn, New Haven, and Long Island.

# St. Louis Cardinals Concentrate On Physical Examinations Each Spring

By BOB BAUMAN

*Trainer, St. Louis Baseball Club*

WE HAVE MADE A PRACTICE of completing thorough physical examinations on virtually everybody in camp during our spring training in St. Petersburg, Florida—including even the minor league managers working with us—and we have found that our permanent records are a worthwhile asset in maintaining the physical condition of our ball club.

This year, with the help of three doctors practicing in St. Petersburg, the examinations of some 60 men were completed in one day. The doctors were assisted by a registered nurse, Mrs. Joe Becker, wife of our pitching coach and a graduate of Barnes Hospital Nursing School in St. Louis. The men examined included the 40 players on our roster, the batting practice pitchers and catchers, the minor league managers on hand, Coaches Becker, Schultz, Vernon, and Milliken, and Manager Red Schoendienst.

Our new clubhouse is admirably set up for these examinations. Dr. I. C. Middleman, team physician, and I have private offices next to the training room. We also have a large meeting room which is ideally suited to a production line system of examination. The players undress at their lockers and go through the line in groups of four to six. We have a one-page form for medical history and physical examination which, though brief, is quite specific for our purposes. We are particularly interested in any facts about arm, knee, and ankle problems and any history of serious illness.

After he records his medical history and is measured and weighed, the player starts his trip down the line with an eye examination. We use the Snelling chart at 20 feet, recording the findings as 20/20, 20/40, or 20/60. It is noted if he wears glasses or contact lenses, and his vision with and without is recorded. We also check color vision, for red, blue, and green. This portion of the eye examination may be done by the nurse or trainer.

Next, the physician examines his head and neck, checking scalp, ears (with otoscope), eyes, nose, throat, teeth, and tongue, and palpating the neck for tumors, goitre, or lymph nodes.

The next physician checks heart and lungs, including the usual blood pressure tests. The third physician checks the abdomen and genitalia, examining particularly for hernia. At the end of the line Dr. Middleman goes over the extremities and tests reflexes.

Each record is subsequently reviewed by Dr. Middleman, and he orders any laboratory tests that seem indicated. These tests, done at Mound Park Hospital in St. Petersburg, might include chest film, EKG, blood counts, urinalysis or blood chemistries, and X-rays. If the eye examination is abnormal, the player is sent to an ophthalmologist for a detailed examination and report in writing. Similar special examinations may also be ordered for ear-nose-throat, teeth, skin, etc.

The completed forms, X-ray reports, and letters from consultants become a permanent record, so that we have an annual record on each player from the time he joins our organization. Often in the cases of players from the Caribbean we find they never have had a physical examination, nor have they had dental care much less their vision tested.

We attempt to correct visual and dental defects as soon as possible, starting in spring training.

Close rapport between the trainer and the team physician is essential to an effective job. Being able to talk freely with Dr. Middleman about new or continuing individual problems from the start of spring training through the entire season makes my job as trainer a great deal easier and more rewarding. The extremely cooperative approach by our management toward planning and costs is equally essential to a program that spots and corrects little problems before they become big ones.

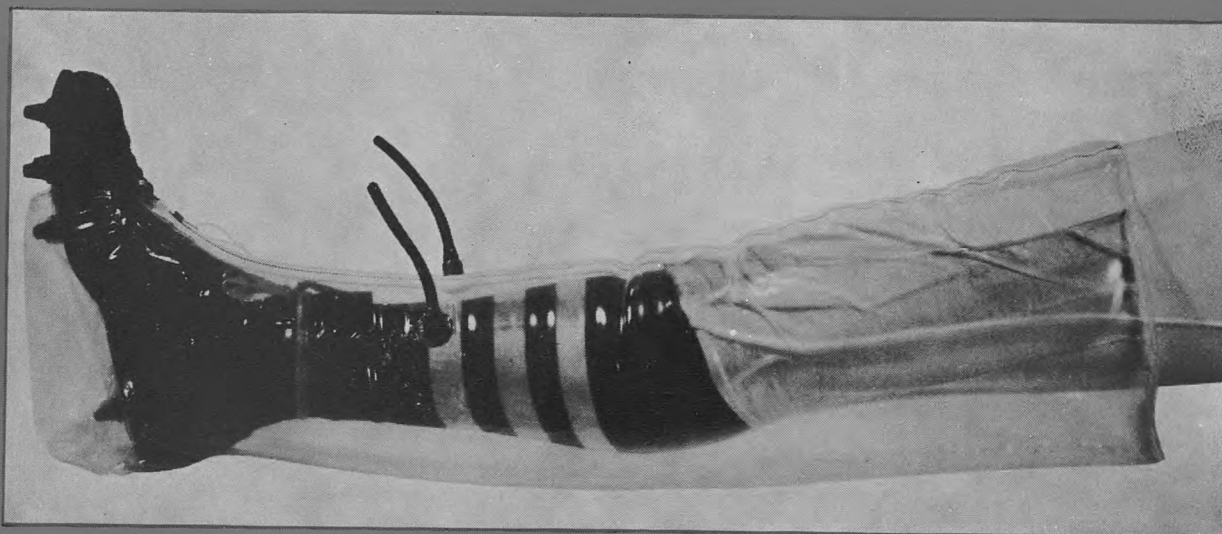


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# Trainer Considers Exams Necessary Whatever the Level of Competition

By GEORGE ANDERSON

*Head Trainer*

*Oakland Raiders Professional Football Club*

I find myself in the rare position of having been a trainer in the three levels of athletic competition: high school, college, and professional. Although there is a vast difference in athletic ability at each level, the competition within each is relative, the chance of injury is equally relative, and therefore the precautions against injury are basically the same.

The foundation of any sound preventive program at any level is the physical examination. No matter how physically sound an athlete may appear or claim to be, he should be given the same thorough checkup prescribed for every competitor before he enters into athletics. The stresses of competitive athletics are likely to expose physical deficiencies never suspected under normal conditions. It is up to the trainer and team physician to discover potential problems before they result in injury or worse.

The sports physical should be given at least annually. It is my conviction that it is best given by a group of physicians that includes a general practitioner, an orthopedic specialist, and a heart specialist. Not every team, especially at the high school level, can afford to have the physicals conducted by such a group, but in my view that is the goal at which they should aim. Trainers working in programs in

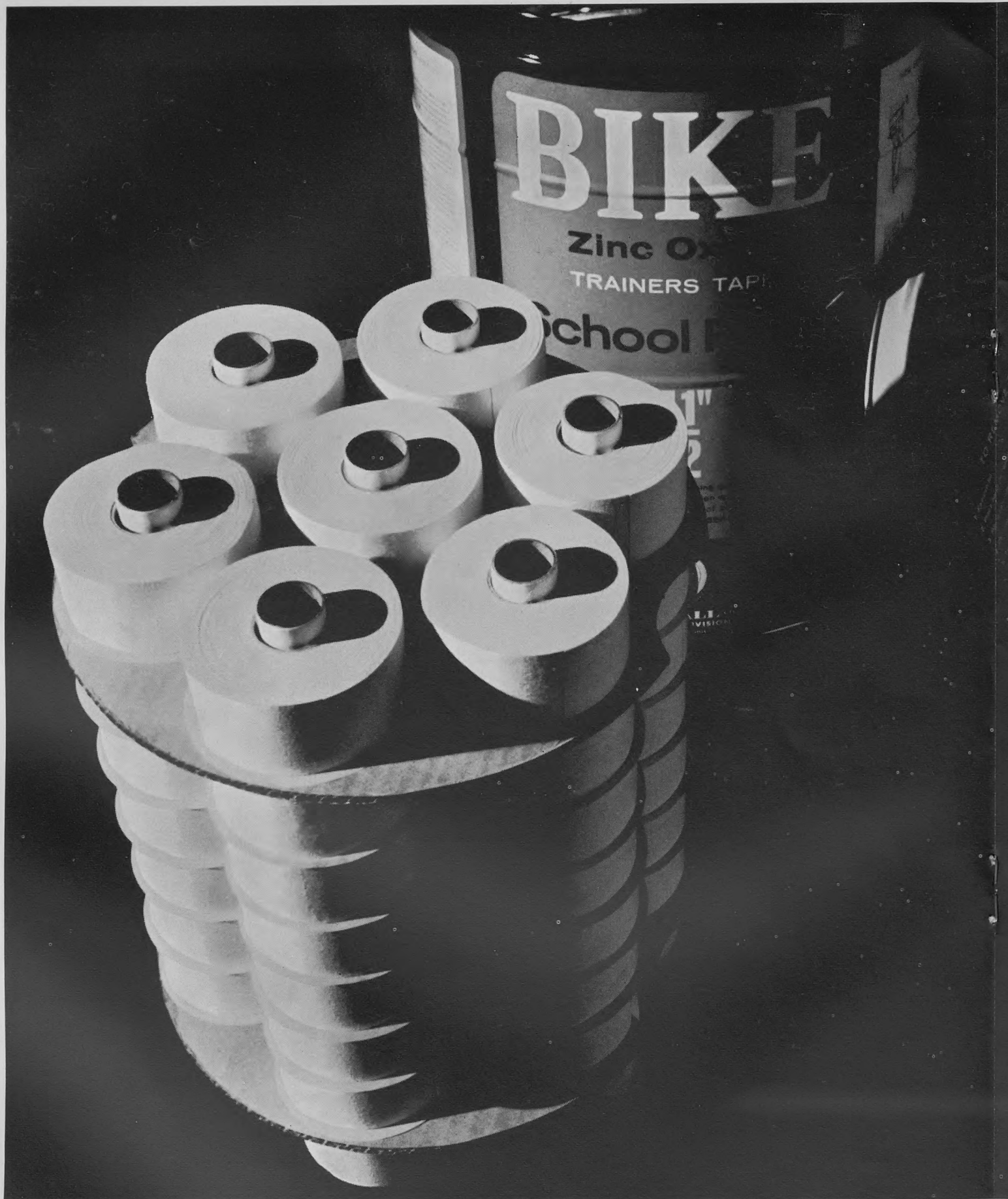
which the physical is either ignored or given only cursory attention would do well to campaign for a more serious approach to this fundamental preventive measure.

The examination we give to every member of the Oakland Raiders has been an effective one. In the history portion we look especially for evidence of concussion, unconsciousness, fractures, dislocations (shoulder, knee, ankle), muscle injury, back problems, serious illness, heart conditions, and previous operations. We check thoroughly for joint abnormalities, calcium deposits, and potentially detrimental scar tissue. Eyes, ears, nose, throat, teeth, lungs, heart, blood pressure, and the abdominal area are given a careful check. We also look for hernia and hemorrhoids. We also give a tetanus inoculation annually, a must for everyone participating in sports.

The physical examination given to a \$50,000 athlete should not differ from that given to the high school athlete, who at his relative level of competition is exposed to a similar chance of injury—and who might even be a \$50,000 athlete some day. The importance of the preparticipation physical cannot be overemphasized in planning any well-balanced program of sports injury prevention.



GEORGE ANDERSON, Oakland Raiders trainer, has been with the club since its organization as a member of the American Football League in 1960. He has also been assistant trainer at two universities, California and Southern California, and head trainer for Odessa, Texas, High School. He received his bachelor's degree and early training experience at San Jose State College. He and wife Marcy have two daughters, Leslie, 9, and Kristi, 2, and a son, Brad, 6. They live in Pinole, on the San Pablo Bay shore a few miles north of Oakland.





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## The 16th Annual NATA Convention

**H**UB OF THE 1965 NATA Convention will be the huge Conrad Hilton Hotel (lower left in the picture), which fills an entire block on Chicago's celebrated Michigan Avenue. Not far north on the Avenue is the Prudential Building, whose observation deck commands a spectacular view of the nation's second largest city. (Tickets to the observa-

tion deck are available to convention registrants.)

Convention Program Chairman Tom Healion of Northwestern University points out that there are many attractions in Chicago to augment the entertainment fare he has lined up. "Come all rested up," he says, "so you can make the most of one of America's greatest convention cities."



## CLINICAL PROGRAM

SUNDAY, June 13

**12 noon—Registration desk opens.**

MONDAY, June 14

**9:00—Welcoming address.**  
William R. Reed, *Commissioner, Big Ten.*

**9:30—Introduction of exhibitors.**  
Warren Ariail, *Indiana University.*

**10:00—The Trainer's Greatest Contribution.**  
Kenneth S. Clarke, Ph.D., *American Medical Association.*

**10:30—Break.**

**11:00—NATA 16th Annual Business Meeting.**

**1:00—Committee and district meetings.**

**2:15—Physical and/or Mental Basis for Restriction in Athletics.**  
James S. Feurig, M.D., *Michigan State University.*

**3:00—Establishing the Proper Airway in Athletic Emergencies.**  
L. W. Combs, M.D., *Purdue University.*

**3:30—Break.**

**4:00—Radio Telemetry in the Study of Head Impacts in Football.**  
Stephen E. Reid, M.D., *Northwestern University.*

TUESDAY, June 15

**9:30—The Shoulder in Athletics.**  
James E. Bateman, M.D., *Toronto, Canada.*

**10:15—Break.**

**10:45—Diagnostic Procedures, Surgical Follow-up, and Rehabilitation.**  
*Panel:* John Fotopoulos, M.D.; Joseph A. Tarkington, M.D.; Howard J. Sweeney, M.D.; Mary Morton, R.P.T., *Evanston Hospital, Evanston, Illinois.*

**1:00—Committee and district meetings.**

**1:45—Film, "The Breath of Life."**

**2:15—A Study of Pain.**  
Lloyd Stein, *Trainer, University of Minnesota.*

**3:00—Field Diagnosis and Decisions.**  
Ernie Biggs, *Trainer, Ohio State University.*

**3:30—Break.**

**4:00—Nutrition in Athletics.**  
Donald L. Cooper, M.D., *Oklahoma State University.*

WEDNESDAY, June 16

**9:00—Athletic Training and Equipment Fifty Years Ago.**

Jack Heppinstall, *Retired Trainer, Michigan State University.*

**9:40—Evaluation of Treatment.**

Donald R. Lannin, M.D., *Minnesota Vikings.*

**10:20—Break.**

**10:35—New Trends in Football Equipment.**  
Jack Rockwell, *Trainer, St. Louis Football Cardinals.*

**11:15—Adjournment.**

## ENTERTAINMENT PROGRAM

SUNDAY, June 13

**12:00 noon—Registration desk opens.** Tickets available for the Observation Deck of the Prudential Building.

**6:30 p.m.—Exhibitors' Reception.**

MONDAY, June 14

**12:00 noon—Luncheon for the ladies,** sponsored by The Cramer Chemical Company.

**6:45 p.m.—Honorary Membership and Awards Banquet.**  
Chairman: Fred W. Hoover, *NATA Board Chairman.*  
Speaker: Frank Howard, *Athletic Director and Head Football Coach, Clemson University.*

TUESDAY, June 15

**Ladies Tour,** sponsored by The Arno Adhesive Tapes, Inc. and The Whitehall Electro Medical Co., Inc. Hostesses: Mrs. Evelyn Mundy and Mrs. Pearl Diehm.

**10:30 a.m.—National Design Center, The Marina Towers.**

**12:30 p.m.—Luncheon, Marina City.**

**2:30 p.m.—Tour of Marina City Apartments and grounds.**

**5:30 p.m.—Johnson & Johnson "Chuck Burhard Reception."**

**8:00 p.m.—Baseball, Chicago White Sox vs. Minnesota Twins.**  
(25 complimentary tickets available at Registration desk.)

## Survey Shows Up Lack Of Physical Exams

(Continued from page 3)

(A second part of the fifth question was, "Who performs routine health examinations for all college students?" The replies indicated that the personal physician performed this examination in about 45% of the cases for both college groups.)

Therefore it seemed apparent that only a bare majority of the NCAA colleges and less than half of the NAIA colleges provided for a physical examination even once during college years for all students. Since only 10% and 7% respectively provided the examination for athletes only, it seems to follow that a considerable number of athletes from both groups of colleges must be competing in athletics without any institutional provision for physical examination. The rates of re-examination on an annual basis were extremely low.

One of the most important aspects of an injury prevention program in college athletics is the elimination before competition of those who are not physically qualified to engage in the sport which they have selected. Periodic re-examination is necessary to assure the safety of those who have been injured and wish to return to competition in the same or another sport. The objectives of such a preventive program will be served only if these examinations are comprehensive.

Another important aspect of the program of injury prevention is the analysis of injuries which have occurred, and evaluation of the resultant disability, whether temporary or permanent. This analysis, if made for a large group of colleges, will be much more meaningful if the physical examinations on which the evaluations are made are more or less standardized.

One way in which to achieve these objectives is the provision of a model examination form—one which would provide at least the minimum acceptable information. We have attempted to formulate such a model, and with it a proposed guide for the examining physician which would direct his attention to certain critical observations.

We present the proposed forms here. The guide for the examining physician, covering such topics as legal responsibility, contraindications, the laboratory examination, and functional tests as well as specific and detailed suggestions for conducting the physical examination, will be published in the next issue of *The NATA Journal*.

### PROPOSED STANDARD FORM FOR HISTORY AND PHYSICAL EXAMINATION

Name \_\_\_\_\_ School Year \_\_\_\_\_  
 College Address \_\_\_\_\_ Tel. No. \_\_\_\_\_  
 Home Address \_\_\_\_\_ Tel. No. \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Marital Status \_\_\_\_\_  
 Sports Expected to Participate in: (list all) \_\_\_\_\_

#### Medical History

1. Sports participated in previously:
  - High School \_\_\_\_\_
  - Junior College \_\_\_\_\_
  - College \_\_\_\_\_
  - Other \_\_\_\_\_
2. Previous sports injury resulting in loss of time from game or practice: (list all)
  - Head \_\_\_\_\_
  - Neck \_\_\_\_\_
  - Shoulder \_\_\_\_\_
  - Upper Extremity \_\_\_\_\_
  - Body \_\_\_\_\_
  - Lower Extremity \_\_\_\_\_
3. Previous fractures: (list all) \_\_\_\_\_
4. Previous surgery: (list all) \_\_\_\_\_
5. Any other serious injury not resulting from sports: (list all) \_\_\_\_\_

WHILE THE SAMPLE FORMS reproduced here seek much of the information customarily asked for on conventional physical examination forms, several items particularly pertinent to students planning on athletic competition are included. Full explanation of the pertinence of the questions and of recommended techniques of examination are included in the physician's guide, which will be published as Part II of Dr. Ryan's article in the next issue of *The Journal*.

Although the information requested from the athlete in the history form and the physical examination form may seem unnecessarily elaborate to some, both are actually less comprehensive than the forms now being used by some of our leading universities.

The history form should be filled in by the athlete before reporting for his physical examination, so that it is available to the physician in advance. It would also be desirable if the necessary laboratory examinations and functional tests were performed in advance and the results made available to the physician at the time of the physical examination.



6. Have you ever had or do you have now?	Yes	No
Headaches	_____	_____
Dizziness	_____	_____
Ringing in Ears	_____	_____
Fainting Spells	_____	_____
Convulsions or Fits	_____	_____
Epilepsy	_____	_____
Difficulty in Seeing	_____	_____
Difficulty in Hearing	_____	_____
Nose Bleeds	_____	_____
Frequent Colds	_____	_____
Hay Fever	_____	_____
Asthma or Wheezing	_____	_____
Bronchitis or Chronic Cough	_____	_____
Tuberculosis	_____	_____
Heart Trouble	_____	_____
Rheumatic Fever	_____	_____
Joint Pains or Swelling	_____	_____
Chest Pains	_____	_____
Shortness of Breath	_____	_____
High Blood Pressure	_____	_____
Indigestion	_____	_____
Ulcer	_____	_____
Chronic Appendicitis	_____	_____
Hepatitis	_____	_____
Kidney or Bladder Trouble	_____	_____
Blood in Urine	_____	_____
Mononucleosis	_____	_____
Diabetes	_____	_____
Sugar in Urine	_____	_____
Backache	_____	_____
Hernia or Rupture	_____	_____
Allergy	_____	_____

If answer to any of the above is yes, please explain in detail. \_\_\_\_\_

7. For Female Students	Yes	No
Do you have menstrual periods?	_____	_____
How many days flow?	1,2,3,4, _____	5,6,7,8, _____
How many days from first day of flow to next first day of flow?	Less than 24 _____	24-26, 27-29 _____
Do you have severe cramps?	_____	_____
Have you had any children?	_____	_____
If so, how many?	_____	_____

2

#### 8. Immunization

Type	Yes	No	Date of Last
Tetanus	_____	_____	_____
Polio	_____	_____	_____
Influenza	_____	_____	_____
Other (Specify)	_____	_____	_____

#### 9. Medication

Are you taking any medicine at the present time? List all with daily or regular dose. \_\_\_\_\_

Have you ever had any bad reaction to any medicine (such as a rash from penicillin)? List. \_\_\_\_\_

10. Personal History	Yes	No
Do you smoke?	_____	_____
Cigarettes?	_____	_____
Amount: Less than one pack a day	_____	_____
1-2 packs a day	_____	_____
2 packs or more a day	_____	_____
Cigars?	_____	_____
Amount per day _____	_____	_____
Pipe?	_____	_____
Pipefuls per day _____	_____	_____
How many hours sleep do you average? (Circle one)	5,6,7, _____	8,9,10 _____
Are there any foods you are unable to eat? Please list. _____	_____	_____
Do you wear contact lenses?	_____	_____

#### PHYSICAL EXAMINATION

- |                            |            |            |              |
|----------------------------|------------|------------|--------------|
| 1. Body type: (Circle one) | Endomorph, | Mesomorph, | Ectomorph    |
| 2. Posture: (Circle one)   | Erect,     | Lordotic,  | Asymmetrical |

3

	First Exam Date	Re-Exam Date	Re-Exam Date	Re-Exam Date
3. Height	_____	_____	_____	_____
4. Weight	_____	_____	_____	_____
5. Blood Pressure	_____	_____	_____	_____
6. Pulse	_____	_____	_____	_____
7. Vision	O.D. O.S.	O.D. O.S.	O.D. O.S.	O.D. O.S.
With glasses	O.D. O.S.	O.D. O.S.	O.D. O.S.	O.D. O.S.
Color O.V.	_____	_____	_____	_____
8. Skin	_____	_____	_____	_____
Eruption	_____	_____	_____	_____
Scars	_____	_____	_____	_____
9. Ears	_____	_____	_____	_____
Drums	_____	_____	_____	_____
Hearing	R. L.	R. L.	R. L.	R. L.
10. Eyes	_____	_____	_____	_____
Muscles	_____	_____	_____	_____
Pupils	_____	_____	_____	_____
11. Nose	_____	_____	_____	_____
Deviation	_____	_____	_____	_____
Obstruction	_____	_____	_____	_____
12. Mouth & Throat	_____	_____	_____	_____
Teeth	_____	_____	_____	_____
Gums	_____	_____	_____	_____
Tonsils	_____	_____	_____	_____
13. Neck	_____	_____	_____	_____
Muscles	_____	_____	_____	_____
Lymph Nodes	_____	_____	_____	_____
Thyroid	_____	_____	_____	_____
14. Chest	_____	_____	_____	_____
Deformity	_____	_____	_____	_____
Gynecomastia	_____	_____	_____	_____
Expansion	_____	_____	_____	_____
15. Lungs	_____	_____	_____	_____
16. Heart	_____	_____	_____	_____
Murmurs	_____	_____	_____	_____
17. Abdomen	_____	_____	_____	_____
Organs	_____	_____	_____	_____
Hernia	_____	_____	_____	_____
18. Spine	_____	_____	_____	_____
Abnormal Curv.	_____	_____	_____	_____
Motion	_____	_____	_____	_____
Pilonidal Sinus	_____	_____	_____	_____
19. Genitalia	_____	_____	_____	_____
Testes Present	_____	_____	_____	_____
20. Rectum	_____	_____	_____	_____
21. Extremities	_____	_____	_____	_____
Defects	_____	_____	_____	_____
Motion	_____	_____	_____	_____
Varicosities	_____	_____	_____	_____
Feet	_____	_____	_____	_____
22. Reflexes	_____	_____	_____	_____

4

#### Laboratory Examinations

- |  |       |
|--|-------|
| 1. Hemoglobin:   | _____ |
| 2. White blood count:                                      | _____ |
| 3. Blood smear:  | _____ |
| 4. Urinalysis: Albumin _____ Sugar _____ Microscopic _____ |       |
| 5. Chest X ray   | _____ |

#### Functional Tests

- |   |
|---|
| 1. Master's step test (1½ minutes)        |
| 2. Quadriceps extension against weight.   |
| 3. Biceps (thigh) flexion against weight. |
| 4. Pull-ups (number performed)            |

This student is physically qualified to participate in all sports applied for except: \_\_\_\_\_

Signature of physician \_\_\_\_\_

5

# KEEP YOUR BOYS OUT OF ATHLETE'S FOOT TROUBLE



## That's What DAD Is For

Desenex Athletic Division

When it comes to large-scale control and prevention of Athlete's Foot, there's nothing like individualized treatment with Desenex®. It's always been more effective than mass treatment methods. And now, it's just as practical because of economical Desenex packaging for school and team use.

You can thank DAD for low-cost Desenex treatment. DAD offers Desenex Aerosol, Ointment and Soap pack-

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This new packaging encourages players and students to stay out of Athlete's Foot trouble by using Desenex regularly. It relieves itching and burning, promotes healing, offers effective prophylaxis. Desenex is compounded with undecylenic acid, a standard Athlete's Foot treatment used by the U. S. Armed Forces.

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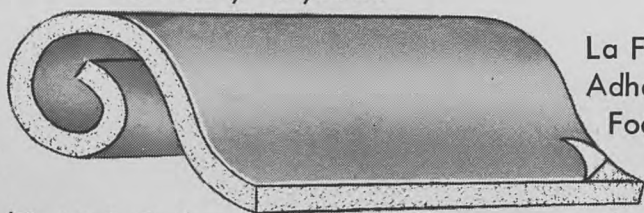
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## FOOT REMEDIES

for the

## ATHLETE

More and more coaches and trainers are depending on the E-Z Walk line of Foot Reliefs for their athletes. Wherever footwork counts---you can count on E-Z Walk---Specialists in Foot Savers for nearly 40 years.

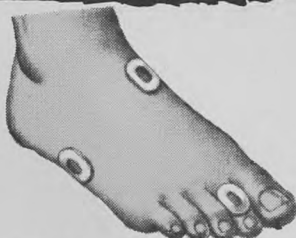


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for more speed,  
better training!



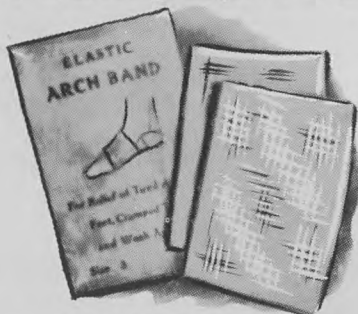
Propody Pads and Felt



E-Z Walk Pinch and Bite Pads



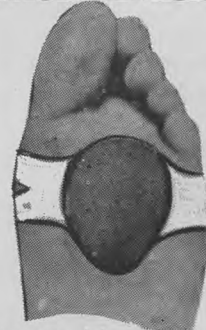
E-Z Walk Tongue Pads



E-Z Walk Elastic Arch Band



E-Z Walk Heel Cushions



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Write for Brochure and prices on complete line of E-Z Walk foot reliefs for athletes.

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"An E-Z Walk for walking comfort"

## Trainer Red Linskey Cited For "Outstanding Service"

William F. X. (Red) Linskey, for 19 years' trainer for the Cambridge, Mass., Public Schools, received a special H.P. Hood and Sons award during a Hood-sponsored clinic at Tufts University in February. The plaque cited him for "outstanding contribution to physical fitness and extraordinary service as trainer and friend to schoolboy athletes." More than 200 coaches and trainers attended the clinic on sports injuries.

The award took place on Bill's 52nd birthday. He has been a trainer since 1936, when he joined the Boston Olympics hockey team. Two years later he became Northeastern University's first trainer. World War II took him from that job, and when he returned from the service he joined the Cambridge Schools.

Linskey has expressed himself frequently on the need for a trainer for every high school. His views were taken up in the Tufts clinic by Jack Fadden, veteran Red Sox and Harvard trainer, who called upon the Massachusetts legislature to enact a law requiring every high school to have at least a part-time trainer and adequate protective equipment for every athlete.

## SWATA to Conduct Clinic At Baylor in Late July

The Southwest Athletic Trainers Association will conduct a clinic July 30-31 at Baylor University, Waco, Texas. The Association has extended an invitation to student trainers as well as to members. For further information, contact Sam Ketcham, Athletic Department, Baylor University.

## Cramer Anatomy Charts Available on Mail Request

Trainers interested in securing copies of the anatomical charts published recently by The Cramer Company may do so by writing to Jack Cramer, The Cramer Chemical Company, Gardner, Kansas. The charge is \$1.00 per set of four (skeleton, circulation, nervous system, and muscles, all in color). They are available for instructional purposes at a 25% discount when purchased in lots of 12 or more.

## Feminine Athletics Expansion Urged

There ought to be more adequate provision for athletics for a large proportion of United States girls and women, according to the Committee on the Medical Aspects of Sports of the American Medical Association. The Committee suggested in a report that healthful physical recreation is now accepted as contributing to the feminine image rather than detracting from it, but that not enough time, facilities, and leadership are allotted to such activity. "The health benefits of wholesome exercise are now well substantiated, and are just as pertinent to the female as to the male," the Committee said. It also commented that the success of fads, shortcuts, and quackery in the area of physical fitness among girls and women indicates their "receptive but indiscriminating interest."

## NCAA Offices Moved

For those who have not already noted the fact, the National Collegiate Athletic Association moved its offices in November to the Midland Building, 1221 Baltimore, Kansas City, Missouri 64105.

## MOVING?

Whenever you change your address, be sure to inform *The Journal*. The ideal way to let us know is to clip the address panel from the front of your most recent copy, mark in the corrections, and mail it to D. Conrad Jarvis, Department of Athletics, Stanford University, California 94305



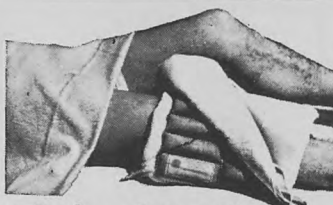
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“ It was an exciting experience serving as track and field trainer at the Olympics, and watching the top athletes of 94 nations perform. A big help to me in Tokyo was Tru-Lab products . . . their large line of athletic pharmaceuticals is great for keeping teams in top shape. ”



Delmer Brown, one of the two trainers in track and field at the XVIII Olympiad in Tokyo, rates Tru-Lab products tops in their field. Brown, an instructor, trainer and track coach at East Texas State College in Commerce, Texas for 12 years, was formerly a trainer at Baylor University, Texas Technological College and Pittsburgh Pirates National League baseball team. Brown, a leading trainer and coach, was a member of the relay team which holds the world record in distance medley. He won recognition while an All American trackman at North Texas State University in 1937 and 1938.

Pictured above is Coach Brown, right, showing souvenirs of the Olympics to Jim Cody, Tru-Lab Products sales representative. Souvenirs pictured include the official flag of the Olympics which was presented by the governor of Tokyo, the official team badge, the medal from the mayor of Los Angeles, and the Olympic towel which was presented to each participant by the United States.

More and more professional and amateur sports teams have been switching to Tru-Lab athletic pharmaceuticals.



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