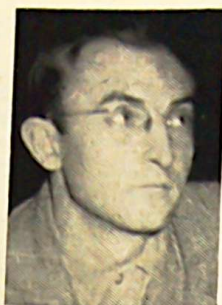
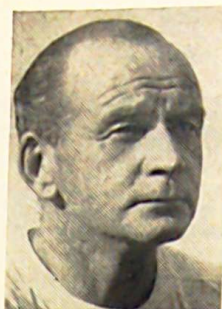




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THE NATIONAL ATHLETIC

POST-OPERATIVE TREATMENT OF THE KNEE

By MICKEY O'BRIEN

Athletic Trainer, University of Tennessee

EDITOR'S NOTE: By joining the National Athletic Trainers Association, you will receive a lecture series each month prepared by the nation's ace trainers. Certainly this outstanding lecture series should be a "must" to everyone. Here is a lecture from an outstanding trainer which is an example of the lectures available to members only.

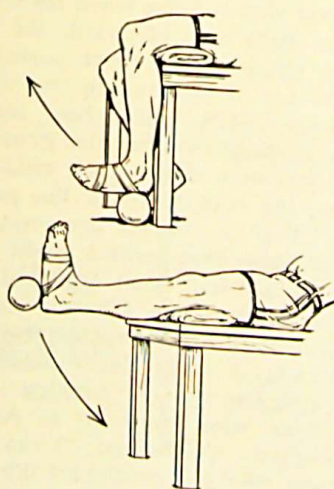
Proper treatment of the post-operative knee is always of special concern to the trainer because of the hazard of recurrent injury. If at all possible the trainer should always observe the operation of the patient so he may have a better picture of the extent of the injury. This also will make it easier for the surgeon to discuss with the trainer the extent of the damage and the post-operative treatment and probable results.

The results of a knee operation depend a great deal upon the severity of the injury, whether the cartilage has been injured or a complete or incomplete tear of the ligaments. Also the amount of pre-operation atrophy and whether it is the initial injury or a recurrent injury. Our orthopedic surgeons here believe that when a boy has a definite derangement of the knee he should not be allowed to continue playing sports but should be operated on immediately, and I heartily concur in their opinion. If he continues playing he will receive recurrent injuries which will greatly diminish the results of the operation.

The post-operative treatment of knee

injuries has greatly advanced in the past five years, and the results have been most gratifying. The percentage of recurrent knees has been greatly reduced. The post-operative treatment which we use at Tennessee and have had success with is the following procedure:

Before the operation the patient is instructed in quadriceps setting exercises and straight leg raising as so many times it is difficult for them to do these exercises after the operation due to the weakness and pain in their leg. We like to have them grooved in the



Upper-Starting position for Quadriceps exercise
Lower-Extension position, Quadriceps exercise.

correct technique before the operation, as it seems to make it easier for them, knowing that they have already done them.

After the operation the patient is started on the quadriceps setting exercises as soon as the pain has subsided. These exercises are continued until the stitches have been removed, which is from ten to fourteen days, then active non-resistive knee flexion and extension exercises are started and continued until the end of the third week. When the patient is released from the hospital, he is not allowed full weight bearing. He is advised to use crutches until the knee responds to progressive resistance exercises, which are initiated at the end of three weeks and continued until the leg has regained its normal range and strength. As strength in the leg is regained, we allow the man one crutch for his injured leg and advise him to graduate the weight. When the leg has responded to the resistance exercises, we relieve him from the crutch.

Massage precedes all of our exercise routine. We usually give a twenty-minute massage of the leg posterior and anterior. I am a great believer in massage for the post-operative knee. It increases the blood circulation and is more effective than heat in increasing the circulation locally. It softens the matted scar tissue and loosens adhesions, besides giving the muscles a general tonus. Heat is used only when the knee is sore and the range of motion is greatly limited. When we use heat, I prefer the whirlpool at 106 to 108 degrees F. for fifteen minutes duration preceding the massage. When soreness diminishes and the range of motion desired has been obtained, we discontinue the use of heat.



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Head Trainer
Notre Dame

TRAINERS ASSOCIATION

The exercise technic we use is the weight resistance with the iron boot attached to the foot and ankle. Additional weights are added when needed to obtain the maximum load the patient can carry.

The patient sits on a table with a rolled towel under his leg to give more elevation (as in picture) and with lower part of the limb at a right angle. He brings the leg to full extension with the maximum weight ten repetitions (10 R.M.*). You will find that there will be some patients who cannot do the exercise with the maximum weight at the beginning and need a warm-up with lighter weights. There is no fast rule as to the amount of weight a patient should use. The amount of weight and repetitions should be tempered with judgment.

An exercise schedule recommended by Dr. Thomas L. DeLorme in his book on progressive resistance exercise is one we have used and found successful:

Exercise 4 to 5 days per week and once daily.

Do 10 repetitions with 10 lbs.

Rest 1 to 2 minutes.

Do 10 repetitions with 15 lbs.

Rest 1 to 2 minutes.

Do 10 repetitions with 20 lbs.

To increase muscle strength you must exercise with the maximum

gestions for the improvement of training facilities.

4. To place at the disposal of all affiliated trainers, sources of training information.
5. To work for the improvement of each member, socially, spiritually, and educationally.
6. To hold an annual meeting.
7. To promote good fellowship and social contact.

ARTICLE III—Membership

Section 1. There shall be four classes of membership: Active, Associate, Allied and Honorary.

Section 2. Active Membership: Trainers from Universities, Colleges, Junior Colleges, Professional Football or Baseball Clubs who are actively engaged in the profession of training and who have been so engaged or directly associated with training for a period of three years and who are acceptable to the organization shall be eligible for active membership. Each active member shall have the privilege of one (1) vote.

Section 3. Associate Membership: Any individual who has been actively engaged as an athletic trainer at any institution of learning including high schools, preparatory schools and military schools for two or more years is eligible for Associate Membership. Associate members may take part in discussions or debate and in general have the privilege of the floor but shall not be entitled to vote.

Section 4. Allied Membership: This class of membership shall be open to business concerns who are interested in athletics in general. It shall be necessary for such concerns to hold memberships before their request for permission to display their products at the Annual Convention is granted.

Section 5. Honorary Memberships: Honorary members shall be elected by a majority vote of the active members present at the annual meeting. Proposals for honorary memberships shall come only through the Chairman of the Committee on Honorary Memberships and shall bear the endorsement of a majority of the Directors. Any person who by virtue of his acts or speech shows a profound interest in the training profession shall be eligible for this class of membership. There shall be no dues for this class of membership and those elected shall hold membership for life.

Section 6. Any Doctor of Medicine who is team physician of a university, college, junior college or high school may become an advisory member of the N.A.T.A. upon recommendation of the trainer of that school, as long as the trainer is a member of the N.A.T.A. in good standing.

There is no dues for advisory members, and their certificates shall be renewed each year.

ARTICLE IV—Election of Members

Section 1. Application: Each applicant for any class of membership shall sign an application stating his desire and intention to become a member of the association and to advance its best interests in every reasonable manner and to accept as binding upon himself its constitution and by-laws.

Section 2. Election of candidates for membership to the National Athletic Trainers Association shall be proposed and recommended by at least three members of the district organization in which he resides. The application shall then be passed on or rejected by the membership committee.

ARTICLE V—Dues

Section 1. The annual membership shall be Two Dollars (\$2.00) for all types of memberships except honorary. Honorary members shall pay no dues.

ARTICLE VI

Section 1. Membership cancellation may be recommended by any member of the board of directors for a cause and the membership of any member may be caused to cease by a two-thirds vote of such board.

Section 2. Arrears. Any member delinquent in payment of dues six weeks after the annual meeting shall be considered suspended and may be reinstated only by the action of the board of directors.

Section 3. Appeals. Any member whose membership is cancelled shall be allowed, either in person or through some member of the association to appeal to the association at a regular annual meeting and the action of the majority of members present shall be considered final.

ARTICLE VII—Voting Power

Section 1. Active members shall be entitled to one vote upon all questions submitted to the Association for decision.

ARTICLE VIII—Officers

Section 1. Officers shall be elected from Active Head Trainers of the Association. Such officers shall be from institutions in good standing with the National Collegiate Athletic Association.

Section 2. The term of office shall be one or more years.

Section 3. A chairman of the Board of Directors shall be elected by a majority vote of the nine directors.

ARTICLE IX

Section 1. It shall be the duty of each of the nine (9) Districts of the NCAA to elect a Director who will represent that District in the National Meeting.

Section 2. There shall also be a National Secretary whose duty it will be to record the minutes of all meetings and collect from the District Secretaries all dues. He shall maintain a roster of all members and shall supervise all association correspondence.

ARTICLE X—Committees

Section 1. Standing Committees shall be composed of Active members and shall be:

- | | |
|--------------------------------|-----------|
| A. Membership | 5 members |
| B. Program | 5 members |
| C. Press | 2 members |
| D. Concessions and Display | 3 members |
| E. Honorary Membership | 5 members |
| F. Twenty-five Year Award | 3 members |
| G. Olympic Selection Committee | 9 members |

Section 2. All committees shall be appointed by the Board of Directors at the National Meeting and shall serve for a period of two years.

ARTICLE XI—Meetings

Section 1. The annual meeting shall be held in June of each year at a time and place set by the Directors.

Section 2. Quorum: The quorum shall consist of one-fifth of the Association's Active Membership.

Section 3. The usual Order of Business procedure is as follows:

- A. Roll Call
- B. Reading or the disposal of any unapproved minutes
- C. Reports to Officers
- D. Report of Board Chairman
- E. Committee reports
- F. Unfinished business
- G. New business
- H. Adjournment

ARTICLE XII

Section 1. All proposed amendments shall be submitted in writing to a member of the Board of Directors.

Section 2. The proposed amendment together with the opinion of the Directors shall be read and a two-thirds majority of the active members present shall be necessary for the adoption of the said amendment.

CONSTITUTION

ARTICLE I—Name

This organization shall be The National Athletic Trainers Association.

ARTICLE II—Purpose

The object of this association shall be:

1. To maintain the highest possible standards in athletic training and among athletic trainers.
2. To discuss matters of mutual interest.
3. To submit to the proper organizations sug-

See O'Brien page 30

RICHARDSON

Continued from page 28

It should please members of the American Association of College Baseball Coaches to know that it was one of their charter members — Clinton W. Evans — who played a leading role in the creation of Baseball Team Field Games. Field Games had been held as early as 1872 in the country, but, as far as is known, no Baseball Team Field Games were held before 1939.

That year (1939) Clint Evans began to take a keen interest in amateur baseball in Australia. He found that while they were most enthusiastic they did not receive anything like the amount of support accorded football and cricket. So, in order to help amateur baseball in that country, Clint sent a friendly challenge to the Victorian Baseball Association of Melbourne, and invited that organization to compete against the University of California in an unusual "Correspondence" Baseball Team Field Games contest. The Aussies, splendidly supported by Editor Fred Laby of The Melbourne Sporting Globe, and his baseball editor, Ern Cowley, readily accepted the challenge and the contest will celebrate its 12th anniversary this year.

This, the original International dual competition, has led to others between

various American Universities and teams representing the other State organizations of Australia.

Following the establishment of the American Collegiate Baseball Team Field Championship in 1946, Sir Frank Beaurepaire of Melbourne, kindly presented a perpetual trophy for the Championship of Australia.

And, each year, the nine best performances in the American Collegiate Championship are set against the nine best in the Australian Championship, for the Amateur Baseball Team Field Games Championship of the World — a competition which, it is expected, will be widely extended in scope to include other baseball-minded countries.

It is hoped by the members of the committee in charge of the American Collegiate Baseball Team Field Games Championship, that the college coaches will give the event 100 percent co-operation this year and in the future.

O'BRIEN

Continued from page 19

weight at least 10 repetitions once daily to 5 times per week.

As the patient progresses we add to the maximum weight weekly or sooner, if he is capable of doing so.

We measure the circumference of the

leg every week to determine the gain the patient has made (We measure 8" above the patella and 8" above the patella). As the patient progresses, you will find his gains will come more slowly. When the patient's operated leg obtains the circumference of his normal leg and he can demonstrate that he can raise a heavily weighted boot as can the uninjured leg making its maximum effort, we allow the patient to return to active contact sports.

In conclusion I would like to say that it is foolish to believe that a strong quadriceps muscle is a guarantee against recurrent injury. But it helps to relieve the strain on the reparative tissue and stabilizes the joint, therefore, lessening the degree of recurrent injury. In contact sports where the knee joint is subjected to great strain and stress, a powerful quadriceps serves as a protector to the knee joint. (*—10 R.M. — Repetitions Maximum.)

BAER

Continued from page 23

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It is our purpose to serve the good coaches and trainers of this nation and to give them their rightful place under the sun that they so richly deserve.