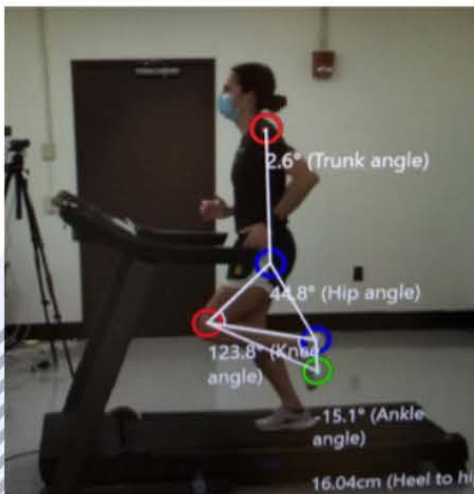


CONTENT

ISM Running Clinic - 1

How to Beat the Heat - 2-3

ISM Research - 4



ISM Running Clinic Prevention ~ Performance ~ Research

The University of Connecticut Institute for Sports Medicine has a mission to enable athletes at all levels of play to reach their peak performance while working to prevent and treat sports-related injuries through world-class clinical care, education and research. The running clinic works with athletes ranging from recreational to professional. Evaluations include biomechanical analyses and sport-specific movements along with fitness consultations and personalized training plans. The running clinic partners with the Korey Stringer Institute at UConn for a more comprehensive testing that includes VO2 Max, Lactate Threshold and Sweat Electrolyte testing. The running clinic also partners with UConn Health Orthopedics and Sports Medicine. For more information or to book an appointment please email us at ism@uconn.edu

Michelle Bruneau is a physical therapist who specializes in orthopedics, sports medicine and spine rehabilitation. She earned her Doctor of Physical Therapy degree from Columbia University. She completed an Orthopedic Residency at University of Virginia-HealthSouth and an Orthopedic Manual Physical Therapy Fellowship through Regis University, where she gained advanced training in the diagnosis and treatment of orthopedic and sports-related injuries with an emphasis on manual therapy. She is an adjunct faculty member in the Doctor of Physical Therapy program at the University of Connecticut and is currently pursuing a PhD in Exercise Science. Michelle is fluent in Spanish and enjoys working with a diverse patient population.



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COMMON MISCONCEPTIONS ABOUT EXERTIONAL HEAT STROKE

MYTH: A TELL-TALE SIGN OF HEAT STROKE IS HOT, DRY SKIN.



FACT:

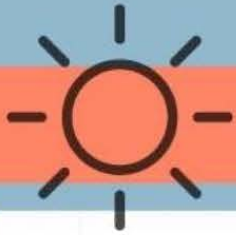
PEOPLE WHO ARE EXERCISING WILL BE SWEATING!

MYTH: DO NOT PUT A PERSON WITH HEAT STROKE IN AN ICE BATH



FACT:

THE FASTEST AND MOST EFFECTIVE WAY TO COOL SOMEONE WITH HEAT STROKE IS COLD WATER IMMERSION!



HEAT STROKE & HEAT EXHAUSTION

	EXERTIONAL HEAT STROKE	CLASSICAL HEAT STROKE	HEAT EXHAUSTION
BODY TEMPERATURE	>104F*	>104F	likely <104F*
CNS DYSFUNCTION	Very Likely	Very likely	Unlikely
EXERTION PRESENT	Yes	No*	Yes
HOT DRY SKIN	Very Unlikely	Likely	Very Unlikely
MEDICAL EMERGENCY	Yes	Yes	No

**Indicates differentiating or unique sign/symptom for that diagnosis*

Casa DJ, DeMartini JK, Bergeron MF, et al. National Athletic Trainers' Association Position Statement: Exertional Heat Illnesses. J Athl Train. 2015;50(9):986-1000. doi:10.4085/1062-6050-50.9.07

A WBGT device is a measurement tool that uses ambient temperature, relative humidity, wind, and solar radiation from the sun to get a measure that can be used to monitor environmental conditions during exercise. Establishing WBGT guidelines that dictate modifications in activity (work:rest ratios, hydration breaks, equipment worn, length of practice) at given WBGT temperatures play a huge factor in helping to prevent EHS.

As environmental temperature and humidity increase, there is an increase in the heat stress that is placed on the exercising individual. Exercise in the heat causes athletes to rely on evaporation of sweat from the skin as the primary method of dissipating heat that is produced by the working muscles. As humidity increases, the ability to dissipate heat through evaporation is further hindered, thus causing the body to have an increased body temperature, which increases the risk of EHS.

When examining deaths that have occurred from EHS during American football, most of the deaths (~65%) have occurred during the month of August in the eastern quadrant of the US. In addition, over half of the reported deaths occurred during morning practices when humidity levels were high. These results show a direct correlation between increased temperature and humidity levels and risk of mortality as a result of EHS.

Featured Publications

Journal of Sport Rehabilitation, (Ahead of Print)
<https://doi.org/10.1123/jsr.2020-0350>
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CRITICALLY APPRAISED TOPIC

The Utilization of Core Exercises in Patients With Patellofemoral Pain: A Critically Appraised Topic

Emma F. Zuk, Gyujin Kim, Jacqueline Rodriguez, Brandon Hallaway, Amanda Kuczo, Shayna Deluca, Kirsten Allen, Neal R. Glaviano, and Lindsay J. DiStefano

Original Research

Preseason Neck Mobility Is Associated With Throwing-Related Shoulder and Elbow Injuries, Pain, and Disability in College Baseball Pitchers

Laurie Lee Devaney,^{*†} PhD, MScPT, ATC, Craig R. Denegar,[†] PhD, PT, ATC, Charles A. Thigpen,[‡] PhD, PT, ATC, Adam S. Lepley,[§] PhD, ATC, Cory Edgar,^{||} MD, PhD, and Lindsay J. DiStefano,[†] PhD, ATC

Investigation performed at the University of Connecticut, Storrs, Connecticut, USA

Journal of Sport Rehabilitation, 2021, 30, 573-581
<https://doi.org/10.1123/jsr.2020-0268>
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ORIGINAL RESEARCH REPORT

The Influence of Sagittal Plane Hip Position on Lower-Extremity Muscle Activity and Torque Output

Neal R. Glaviano and David M. Bazett-Jones

Journal of Athletic Training 2020;55(7):707-716
doi: 10.4085/1062-6050-120-19
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www.natajournals.org

Knee

What Are Our Patients Really Telling Us? Psychological Constructs Associated With Patient-Reported Outcomes After Anterior Cruciate Ligament Reconstruction

Julie P. Burland, PhD, ATC*; Jennifer S. Howard, PhD, ATC†; Adam S. Lepley, PhD, ATC‡; Lindsay J. DiStefano, PhD, ATC§||; Laura Frechette, DPT§; Lindsey K. Lepley, PhD, ATC‡

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