**Add Title Here**

Add Authors and Credentials Here

Add Institutions and Affiliations Here

**ABSTRACT**

Add the text for your abstract here. A 300-word unstructured abstract should accompany your submission. The abstract should include an introductory statement, the clinical diagnosis, outcomes, and a clinical bottom line.

**Content Focus**

All submissions will be required to designate an Athletic Training Research Agenda Priority. The Athletic Training Research Agenda can be found here. The research priorities are Health Care Competency, Vitality of The Profession, Health Professions Education, Health Care Economics, and Health Information Technology.

**Correspondence**

Add the address for corresponding author here.

E-mail: add email for corresponding author here.

Twitter: add corresponding author twitter handle here. If no twitter, please put NA.

**INTRODUCTION**

One to two paragraphs to summarize the uniqueness and deliver the background information that will be used to set the scenario for the case(s) with references.

**PATIENT INFORMATION**

Using the disablement model, describe your patient. The key sub-headings from this section include the domains of the model:

Patient – De-identified demographic information, including relevant medical, family, and psychosocial history including genetic information. Please provide a timeline of the case(s) as you describe information throughout.

Differential Diagnosis and Evaluation – Allows the clinician to use diagnostic techniques to determine the dysfunction of tissue. The pathology of injury is identified through diagnostic testing and indicates disablement at the cellular level. This should include types of tissue injured, use of radiographs, bone scans, MRI, etc. Describe the differential shortlist of conditions considered.

Body Structure and Function – Identifying the body system that is impaired will help guide your treatment options. Describe the relevant physical examination and other clinical findings. The use of self-reported patient outcomes allows you to determine the effectiveness of an intervention at the person level. These tools allow the patient to express their thoughts on their ability to perform functional activities. This sub-section should include data from a validated self-report questionnaire and performance-based assessment. Examples of these include the International Knee Documentation Committee (IKDC) Subjective Knee Evaluation Form or Harris Hip Score (HHS).

Activity and Participation – The effect of injury on the overall health-related quality of life can be measured through additional self-report questionnaires. At the societal level, the patient can define the influence their injury has on the ability to fulfill their role in society. This role may be related to their work environment, athletic participation, or familial roles. Utilizing a patient-report outcome will identify the values, experiences, and preferences of the patient. Examples include the Short-Form Health Survey 36 and Musculoskeletal Functional Assessment.

Environmental and Personal Factors – To round out the model, the patient is given an opportunity to explain the personal and environmental factors that influence their perception of disablement. Typically this opportunity occurs through patient interviewing; the factors identified are used to determine the areas of treatment and rehabilitation. This sub-section will describe their personal goals and individual quality of life (https://epubs.rcsi.ie/cgi/viewcontent.cgi?article=1042&context=psycholrep). In addition, discuss clinical challenges such as cultural barriers, finances, and access to care.

**INTERVENTIONS**

Summarize the therapeutic interventions (pharmacological, surgical, rehabilitation, preventative, holistic, alternative, self-care, etc.), administration of intervention (frequency, dosage, duration, etc.), and changes in intervention during the case(s). Additionally, this section may include presentation of follow up medical exams, testing, and referrals that took place during the diagnosis and rehabilitation process.

**OUTCOMES**

Body Structure and Function – Provide follow-up data including both clinician-based outcome measurements and patient based measures, which may include grip strength, manual muscle testing, visual analog scale, etc. Describe any follow-up diagnostic and other test results. Provide follow-up data as appropriate using validated clinician-based and patient-based outcome measures. Examples of validated outcome measures include the Foot and Ankle Ability Measure (FAAM), and Disabilities of Arm, Shoulder, and Hand Scoring System (DASH).

Activity and Participation – Reassess and provide follow-up data on self-report questionnaires on their ability to fulfill their role in society. This role may be related to their work environment, athletic participation, or familial roles using tools such as the Short-Form Health Survey 36 and Musculoskeletal Functional Assessment.

Environmental and Personal Factors– Discuss intervention adherence and tolerability. Discuss adverse and unanticipated events.

**DISCUSSION**

Summarize the strengths and limitations in your approach to this case. Discuss your case in relation to the relevant literature. Provide cause and context of the outcomes, whether they be positive or unfavorable, in the case. Explain how the intervention is based on the patient factors described above. How were the interventions/treatments affected by those factors? Authors may also chose to discuss the steps to come to a final diagnosis and case resolution.

**CLINICAL BOTTOM LINE**

Provide a synthesis of the findings as it pertains to the clinical presentation and clinical relevance. Discuss the implications of this case for clinical practice and the clinical recommendation from the findings.

**PATIENT PERSPECTIVE (OPTIONAL)**

When possible and appropriate, the patient should share their perspective of the interventions they received as it relates back to the disablement model. This section can be written in the form of quotations from patients regarding the treatment, prognosis, and goals. This is a standalone section and should not be embedded within the previous sections.

**REFERENCES**

List all references used to support the case at the conclusion of the column. Please adhere to AMA guidelines.