The faculty member is encouraged to use a range of evidence demonstrating instructional accomplishment, which can be included in portfolios or compendia of relevant materials.

1. <u>Undergraduate and Graduate Credit Instruction</u>:

Record of instructional activities for at least the past six semesters. Include only actual participation in credit courses (on- or off-campus instruction) or virtual university on-line courses. In determining the "past six semesters," the faculty member may elect to exclude any semesters during which s/he was on leave; additional semesters may be included on an additional page. Fill in or, as appropriate, attach relevant print screens from CLIFMS*.

Semester and Year	Course Number	Credits (Number or Var)	Number of Sections Taught Lec Rec Lab	Number of Students	Number of Assistants **	Notes
Spring 2016	KIN 490	1	1	2	0	Undergraduate Independent Study – Research Experience
	KIN 890	6	1	2	0	
	KIN 894	3	1	1	0	
	KIN 897	15	1	5	0	
	KIN 999	22	1	4	0	
Fall 2016	KIN 421	3	3	21	0	This course does not have a separate lab class, therefore I have to combine both the didactic and lab portion into one 3 credit class.
	KIN 425	3	1	18	0	This course entails both the organization and administration of athletic training (AT), and due to a lack of AT courses it also has numerous other AT competencies instructed in this course.
	KIN 494	3	1	3	0	
	KIN 490	6	1	4	0	Undergraduate Independent Study – Research Experience
	KIN 893	3	1	1	0	
	KIN 897	3	1	1	0	
	KIN 990	6	1	2	0	This was a 3 credit independent study on CAATE accreditation and CAATE standards. I met with students 1 day a week for 1.5-2.0 hours.

FORM D – IV	A INSTRUC	TION, conti	nued			
Spring 2015	KIN 490	2	1	1	0	Undergraduate Independent Study – Research Experience
	KIN 893	4	1	1	0	
	KIN 894	3	1	1	0	
	KIN 999	32	1	7	0	
Fall 2015	KIN 421	3	1	20	0	This course does not have a separate lab class, therefore I have to combine both the didactic and lab portion into one 3
	KIN 425	3	1	21	0	credit class. This course entails both the organization and administration of athletic training (AT), and due to a lack of AT courses it also has numerous other AT competencies instructed in this course.
	KIN 490	12	1	9	0	Undergraduate Independent Study – Research Experience
	KIN 494	1	1	1	0	
	KIN 893	6	1	1	0	
	KIN 894	7	1	3	0	
	KIN 897	7	1	3	0	
	KIN 899	6	1	1	0	
	KIN 999	22	1	4	0	
Spring 2014	KIN 490	1	1	1	0	
	KIN 890		1		0	
	KIN 894		1		0	
	KIN 897	6	1	2	0	
	KIN 899	6	1	2	0	
	KIN 995	3	1	1	0	
	KIN 999	30	1	4	0	
Fall 2014	KIN 421	3	1	21	0	This course does not have a separate lab class, therefore I have to combine both the didactic and lab portion into one 3 credit class.
	KIN 425	3	1	25	0	This course entails both the organization and administration of athletic

FORM D – IV	A INSTRUC	CTION, conti	nued			
						training (AT), and due to a lack of AT courses it also has numerous other AT competencies instructed in this course.
	KIN 490	7	1	6	0	Undergraduate Independent Study – Research Experience
	KIN 999	30	1	4	0	
				_		
<u>Spring 2013</u>	KIN 490	2	1	2	0	Undergraduate Independent Study – Research Experience
	KIN 890	3	1	1	0	
	KIN 897	4	1	1	0	
	KIN 899	6	1	1	0	
	KIN 995	3	1	1	0	
	KIN 999	27	1	3	0	
<u>Fall 2013</u>	KIN 421	3	1	25	0	This course does not have a separate lab class, therefore I have to combine both the didactic and lab portion into one 3 credit class.
	KIN 425	3	1	21	0	This course entails both the organization and administration of athletic training (AT), and due to a lack of AT courses it also has numerous other AT competencies instructed in this course.
	KIN 890	3	1	1	0	This was a 3 credit independent study on CAATE accreditation and CAATE standards. I met with the student 1 day a week for 1.5-2.0 hours.
	KIN 893	3	1	1	0	
-	KIN 894	3	1	1	0	
	KIN 899	9	1	3	0	
	KIN 990	3	1	1	0	
	KIN 995	6		2		
	KIN 999	18		2		
	i	-1		ı L		ı

	A INSTRUC	ΓΙΟΝ, contin	ued			
Spring 2012	KIN 490	3	1	3	0	Undergraduate Independent Study – Research Experience
	KIN 494	3	1	1	0	
	KIN 890	9	1	3	0	
	KIN 899	15	1	4	0	
	KIN 995	3	1	3	0	
	KIN 999	18	1	2	0	
Fall 2012	KIN 421	3	1	22	0	This course does not have a separate lab class, therefore I have to combine both the didactic and lab portion into one 3 credit class.
	KIN 425	3	1	24	0	This course entails both the organization and administration of athletic training (AT), and due to a lack of AT courses it also has numerous other AT competencies instructed in this course.
	KIN 490	4	1	4	0	Undergraduate Independent Study – Research Experience
	KIN 890	12	1	4	0	This was a 3 credit independent study on CAATE accreditation and CAATE standards. I met with students 1 day a week for 1.5-2.0 hours.
	KIN 899	6	1	1	0	
	KIN 995	3	1	1	0	
	KIN 999	15	1	2	0	
<u>Fall 2011</u>	KIN 421	3	1	24	0	This course does not have a separate lab class, therefore I have to combine both the didactic and lab portion into one 3 credit class.
	KIN 425	3 3	1 1	23	24 0	This course en the organization administration administration administration training (AT), and administration training (AT), a lack of AT course of tAT course the AT competencies instructed in this cooserse.

FORM D – IV A INSTRUCTION, continued

	KIN 490	3	1	1	0	Undergraduate independent study – research experience
Spring 2011	KIN 890	1	1	1	0	Graduate Independent Study – Research Experience
	KIN 893	3	1	1	0	
	KIN 894	2	1	1	0	
	KIN 995	3	1	1	0	
	KIN 999	18	1	2	0	
Fall 2010	KIN 421	3	1	21	0	This course does not have a separate lab class, therefore I have to combine both the didactic and lab portion into one 3 credit class.

KIN 421: Lower Body Injury Evaluation (3 credits)

This course is designed to serve as an advanced course for athletic training students. The content of this course focuses on the clinical evaluation techniques of injury assessment of the lower body. An emphasis is placed on the identification and palpation of bony landmarks, soft tissue structures, and ability to administer the proper special tests for various sports-related injuries. Laboratory experiences emphasizes hands-on techniques in evaluating lower body injuries. There are a total of 33 CAATE clinical competencies instructed and evaluated in this course.

KIN 421: Lower Body Injury Evaluation SIRS

Semester	Total Students	Instructor Involvement	Student Interest	Student- instructor interaction	Course demands	Course organization
Fall – 2010	21	1.31	1.48	1.43	1.61	1.46
Fall – 2011	24	1.50	1.62	1.76	1.93	1.73
Fall – 2012	22	1.11	1.07	1.15	1.14	1.15
Fall – 2013*	25	1.19	1.06	1.03	1.11	
Fall – 2014	21	1.25	1.24	1.25	1.34	1.31
Fall – 2015	20	1.05	1.25	1.18	1.20	1.26
Fall – 2016	21	1.11	1.28	1.13	1.36	1.23

^{*}I mistakenly took the Basic Instructional Program SIRS instead of the Teaching SIRS. Although the questions are slightly different, the composite scores for Instructor Involvement and Student Interest are the same (although slight variation of questions to get these composite).

KIN 425 Organization and Administration in Athletic Training

This is an advanced course in organization and administration of an athletic training program. The purpose of this course is for the student to gain knowledge in management techniques in athletic training including personnel management, insurance, leadership, daily operations, finance, facility design, and information management. This course also instructs students on the NATA Code of Ethics and Principles of Practice, how to develop a preparticipation physical exam and understand emergency procedures. In addition, this course focuses on the athletic trainer's liability, measures which safeguard the athletic trainer in an event of a lawsuit, and how to manage burnout, conflict, and stress in athletic training. There are a total of 88 CAATE clinical competencies instructed and evaluated in this course. The increase in CAATE competencies is due to the lack of athletic training courses, therefore, we use this course to cover other CAATE competencies.

KIN 425 Organization and Administration in Athletic Training SIRS

Semester	Total Students	Instructor Involvement	Student Interest	Student- instructor interaction	Course demands	Course organization
Fall – 2011	23	1.27	1.86	1.41	1.63	1.49
Fall – 2012	24	1.09	1.2	1.15	1.15	1.11
Fall – 2013*	21	1.13	1.18	1.11	1.08	
Fall – 2014	25	1.06	1.13	1.02	1.00	1.00
Fall – 2015	21	1.48	1.61	1.47	1.47	1.47
Fall – 2016	18	1.38	1.67	1.42	1.46	1.53

^{*}I mistakenly took the Basic Instructional Program SIRS instead of the Teaching SIRS. Although the questions are slightly different, the composite scores for Instructor Involvement and Student Interest are the same (although slight variation of questions to get these composite).

2. Non-Credit Instruction:

List other instructional activities including non-credit courses/certificate programs, licensure programs, conferences, seminars, workshops, etc. Include non-credit instruction that involves international, comparative, or global content delivered either to domestic or international groups, either here or abroad.

- a) I am responsible for at least 2 honors students in the Fall (KIN 425-1 student and KIN 421-1 student). Each student writes a 10-15 page paper on a selcted topic of choice that coincides with the course. I am responsible for approving the outline, providing feedback and the final grade.
- b) Every semester I teach at least 4 KIN 427 Clinical Rotations in Athletic Training classes which are a 1 credit class separated into 2 sections (2 classes per section=4) based upon educational level in the athletic training program. Classes meet on Tuesday and Wednesday nights from 7:00-9:00pm. I always teach spine boarding and the concussion evaluation class, as well as help out on 2 other classes. In addition, I lectured in the KIN 227 (Observations of Athletic Training) on the AT profession and requirements for admissions into MSU's athletic training course.
- c) Instructor of Record (IOR) –I am always IOR for 7 courses in the Spring (IOR -126, 127, 227, 422, 424, 426, 427) and 6 courses in the Fall semester (IOR-126, 127, 227, 423, 424, 427). A further breakdown of these courses is as follows: KIN 126 (2 sections 3 credits each), KIN127 (2 sections, 1 credit each), KIN 227 (2 sections, 1 credit each), KIN 423 (1

section, 3 credits), KIN 424 (1 section, 3 credits), KIN 427 (2 sections, 1 credit each). I am responsible for ensuring that we are covering all the required competencies in each of these courses to maintain CAATE accreditation. There are a total of 130 competencies for these courses that I am IOR. I meet with the instructors numerous times throughout the semester to talk about issues in the course, competencies and I also observe their teaching.

- d) The past few years I have submitted an application to be a College of Education iPAD course. I used the iPADs for KIN 421 (Lower Body Injury Evaluation) to show them anatomy and special tests. I would use the iPAD in the front of the room and show them anatomical structures using the visible anatomy app. I then had the class take the iPAD to the back of the room where they do their lab portion of the class. Students used it to help them palpate (anatomy app) and practice special tests (lower body special tests app: they used it as I could not help everyone in the class at the same time). They also had some fun and videotaped their athletic training skills. The students also felt the iPAD was very beneficial when studying for their KIN 217 anatomy lab class.
- e) Every year I take a group of athletic training students (n~14) to participate in the Michigan Athletic Training Society (MATS) Student Conference held at Grand Valley State University or Central Michigan University. At the end of the conference, the annual MATS Quiz Bowl is held to determine the University that will represent the State of Michigan at the annual Great lakes Athletic Training Conference in March. We entered 2 teams of 3 students/team each year. There are typically 26 teams competing in the MATS quiz bowl. We won the MATS bowl one year, but have placed second and third the pat few years. But the students have fun and that is all that counts!

3. Academic Advising:

a. Faculty member's activity in the area of academic advising. The statement may include commentary on supplementary materials such as recruitment activities, international student advising, evidence of peer recognition, and evidence of student recognition.

Undergraduate: I try to get undergraduate students involved in research. Since my last reporting period (2010) I have had 9 Professorial Assistants (i
and had 31 undergraduate students present at MSU's Undergraduate Research Arts and Forum (URAF), including 3 students who won for their URAF lecture presentation. In addition, from 2011-2017 I have mentored over 100 undergraduate students. These undergraduate students are responsible for helping me collect data on studies and attend meetings every weeks. For our bi-weekly meetings I mentored the students on IRB procedures (they all do IRB training), data collection procedures, administration of concussion tests such as the Immediate Post-Concussion Assessment and Cognitive Testin (ImPACT), Balance Error Scoring System (BESS), Standardized Concussion Assessment Test (SCAT5), and how to clean a large database. Four undergraudate students have been co-authors on publications since 2010.	
I have had 14 students who have been on the Michigan Athletic Trainers Society (MATS) student committee or MATS Leadership Seminar. These students have helped MATS organize the yearly student conference which has over 200 Michigan Athletic Training students coming from 14 different Michigan Universities.	
received the Dorothy Widick Memorial award, was awarded the Phi Kappa Phi National Honors award, and received the National Athletic Trainers Association (NATA) Student Scholarship for his commitment to education and research.	
Graduate: I have add numerous graduate students receive external funding. From 2010-2017 I had 3 doctoral students whave been co-investigators on foundation grants for a total of \$89,500. 1. PI — (2016). USA youth football study. Datalyst research center. Funded: \$18,000 2. PI — (2015). A prospective examination of neurocognitive function, balance, and symptom reporting in youth and high school athletes with sport-related concussion. <i>Joe D. Pentecost Foundation</i> . Funded: \$44,000	10

F(3. 4.	DRM D – IV A INSTRUCTION, continued . (2015). USA youth football study. Datalyst research center. Funded: \$18,000 (2013). Concussion education and management among urban high school athletes, parents and coaches. <i>Joe D. Pentecost Foundation</i> . Funded: \$9,500
In 1. 2.	addition, two doctoral students have received the Blue Cross Blue Shields graduate grant (\$3000 each). Investigating the psychological differences between collegiate student-athletes with and without a previous history of sports-related concussion. <i>Blue Cross Blue Shield Student Award Program Grant</i> . \$3,000 Knowledge of Concussion and Reporting Behaviors of High School Athletes in Michigan. <i>Blue Cross Blue Shield Student Award Program Grant</i> . \$3000.
	ree doctoral students (see a control of the College of Education seertation Fellowship (\$6000 each) and five doctoral students (see a control of the College of Education fellowship (\$6000 each) and five doctoral students (see a control of the College of Education fellowship (\$6000 each) and five doctoral students (see a control of the College of Education fellowship (\$6000 each) and five doctoral students (see a control of the College of Education fellowship (\$6000 each) and five doctoral students (see a control of the College of Education fellowship (\$6000 each) and five doctoral students (see a control of the College of Education fellowship (\$6000 each) and five doctoral students (see a control of the College of Education fellowship (\$6000 each) and five doctoral students (see a control of the College of Education fellowship (\$6000 each) and five doctoral students (see a control of the College of Education fellowship (\$6000 each) and five doctoral students (see a control of the College of Education fellowship (\$6000 each) and five doctoral students (see a control of the College of Education fellowship (\$6000 each) and five doctoral students (see a control of the College of Education fellowship (\$6000 each) and five doctoral students (see a control of the College of Education fellowship (\$6000 each) and five doctoral students (see a control of the College of Education fellowship (\$6000 each) and five doctoral students (see a control of the College of Education fellowship (\$6000 each) and five doctoral students (see a control of the College of Education fellowship (\$6000 each) and five doctoral students (see a control of the College of Education fellowship (\$6000 each) and five doctoral students (see a control of the College of Education fellowship (\$6000 each) and five doctoral students (see a control of the College of Education fellowship (\$6000 each) and five doctoral students (see a control of the College of Education fellowship (\$6000 each) and (see a control of the College of Education fellowship (\$6000 e
) have received the College of Education Summer Research Fellowship for a total of
	3,000. Six doctoral students (have received the College of Education Research scholarship for a total of \$12,900 and four doctoral students received the MSU graduate research enhancement award aling \$4000.
tin an in	our department we count graduate students who publish a manuscript up to 1 year post graduation due to them having ne to publish their dissertation. From 2010-2017, 5 of my doctoral students have first authored a total of 6 publications d 8 doctoral students have been co-authors on 19 publications in the past 6 years. The majority of these publications are high impact journals including the <i>American Journal of Sports Medicine</i> (Impact Factor= 4.36) and the <i>Journal of hletic Training</i> (Impact Factor = 2.02).
1. spe	Association between personality traits and ort-related concussion history in collegiate students. <i>Sport, Exercise and Performance Psychology</i> . [Impact Factor = 75]
2. co	(In Press). Psychological aspects of sport-related neussion in youth. <i>Sport, Exercise and Performance Psychology</i> . [Impact Factor = 1.75]
3.	. (In Press). Effort and perceived utility of the ImPACT sessment in college athletes. <i>Sport, Exercise and Performance Psychology</i> . [Impact Factor = 1.75]
4.	(In Press). Assessment and management of sport-related concussion education teaching trends in athletic training program. <i>Athletic Training Education Journal</i> .
5.	(In Press). Racial disparities in concussion knowledge and symptom recognition in American adolescent athletes. <i>Journal of Racial and Ethnic Health Disparities</i> .
6.	(In Press). Sex differences in knowledge of concussion and reporting behaviors among high school student athletes. <i>Journal of Athletic Training</i> [Impact Factor = 2.02]
7.	(In Press). Clinical use of the step-wise progression among athletic trainers to make return to play decisions following concussion. <i>Journal of Sports and Health Sciences</i> [Impact Factor= 2.24, Citations=0]
8.	(2016). Sex differences in concussion injury rates and time loss from participation: An update of the NCAA ISS from 2004-2005 to 2008 – 2009. <i>Journal of Athletic Training</i> . 51(3), 189 – 194. [Impact Factor = 2.02, Citations=14]
9.	(2015). Fear of re-injury in collegiate athletes after return to play. <i>Journal of Sport Behavior</i> . 38(4), 394 – 410. [Citations=0]

10. An examination of concussion injury rates in various models of football helmets in NCAA football athletes. *Journal of Sports Sciences*, 3(1), 29 – 35 [Impact Factor = 2.24, Citations=0] (2015). Psychological aspects of rehabilitation in sport. *Clinics in Sports Medicine*. 34, 199 – 212. [Impact Factor= 1.22, Citations=12] (2014). Examination of test-retest reliability of a computerized neurocognitive test battery. American Journal of Sports Medicine, 42(8), 2000 – 2005 [Impact Factor=4.36, Citations=39] (2014). Sport-related concussion knowledge among youth football players. 13. Athletic Training and Sports Health Care. 6(6):280 – 284 [Citations=10] (2014). Post-injury anxiety and social support among collegiate athletes: A comparison between orthopedic injuries and concussions. *Journal of Athletic Training.* 49(4), 462 – 468 [Impact Factor=2.478, Citations=125] (2014). Does a history of migraine headache affect neurocognitive 15. performance and symptoms in concussed athletes? Athletic Training and Sports Health. 6(5), 220 – 227 [Citations=0] (2013). The relationship between coping, 16. neurocognitive performance, and concussion symptoms in high school and collegiate athletes. *The Sport Psychologist*, 27(4), 372 – 379. [Citations=5] 17. (2013). Effects of attention deficit hyperactivity disorder on neurocognitive performance and symptoms in concussed athletes, Athletic Training and Sports Health Care, 5(6), 254 – 260. [Citations=1] (2013). Concussion symptoms and neurocognitive performance of high school 18. and college athletes who incur multiple concussions. *American Journal of Sports Medicine*, 41(12), 2885–2890 [Impact Factor = 4.44, Citations=70] (2013). The management of sports-related concussions: Considerations for male and female athletes. *Journal of Translational Stroke Research*, 420 – 424. [Citations=20] 20. (2013). Does a 20 minute cognitive task increase concussion symptoms in concussed athletes? *Brain Injury*. 27(13-14), 1589 – 1594. [Impact Factor =1.75, Citations=10] (2012). The role of age and sex on symptoms, 21. neurocognitive performance, and postural stability in athletes after concussion. American Journal of Sports Medicine, 40(6), 1303 - 12. [Citations = 181] 22. (2011). One-year test-retest reliability of the online version of ImPACT in high school athletes. *American Journal of Sports Medicine*. 39, 2319 – 2324. [Citations =133] 23. (2011). The relationship of soccer and computerized neurocognitive performance and symptoms among male and female youth soccer players. *Brain Injury*. 25, 1234-41. [Citations = 42] (2011). Factors influencing the risk and recovery from sport-related concussion. *Chinese* 24. *Journal of Sports Medicine*, 1, 82 – 89. [Citations =0] (2011). The female athlete: The role of gender in the assessment and management of sport-

related concussion. *Clinics in Sport Medicine*, 30, 125 – 131. [Citations = 61]

Four doctoral students have also co-authored a book chapter.

- 1. [In Press]. Sex differences in sport-related concussion. In Arnett, P. Neuropsychological Perspectives on Sports-Related Concussion. American Psychological Associations.
- 2. Valovich McLeod. Quick Consult in Sports Medicine Concussion Slack Publishing. Pg. 167-170
- 3. Are there differences between the sexes regarding concussion incidence, treatment, and outcome? In Quick Consult in Sports Medicine Concussion Slack Publishing. Pg. 29-32

Finally, 11 doctoral students have presented as first author at a national conference and have been on 45 national conference presentations.

Graduate/Professional:

Other:

b. Candidate's undergraduate advisees (if applicable to individual under review):

	Freshman	Sophomore	Junior	Senior
Number of current undergraduate advisees	0	0	0	0

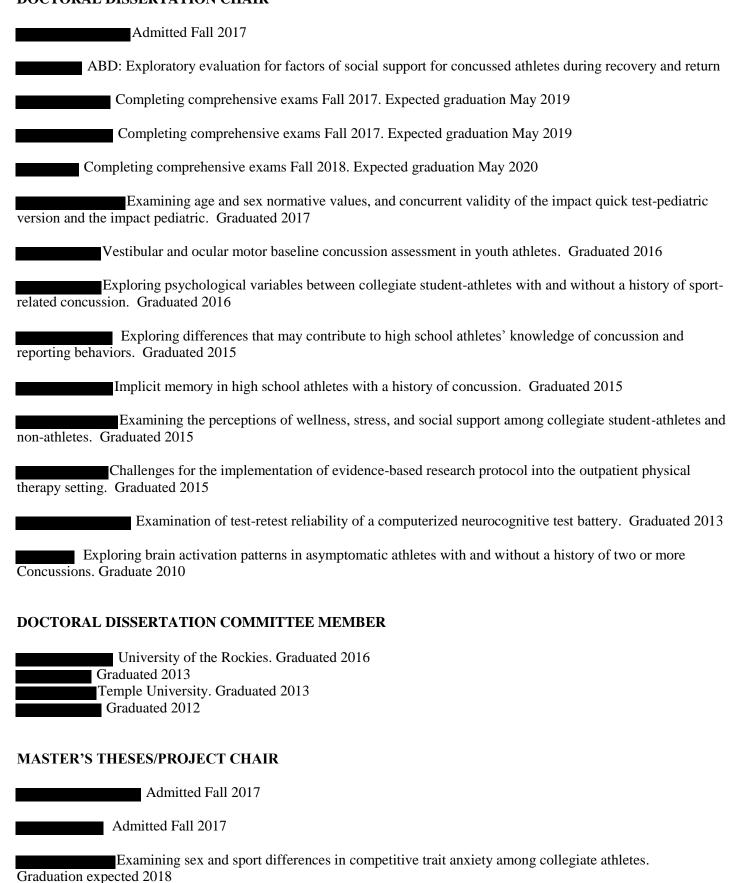
c. Candidate's graduate/graduate-professional advisees (limit to principal advisor or committee chairpersonship status):

	Masters	Doctoral	Professional
Number of students currently enrolled or active	5	5	0
Number of graduate committees during the reporting period	25**	17*	
Degrees awarded during the reporting period	19	9	0
Degrees awarded during career	31	10	0

^{*}This include doctoral dissertation chair and doctoral dissertation committee member

^{**} This include master thesis/project chair and master thesis committee member

FORM D – IV A INSTRUCTION, continued DOCTORAL DISSERTATION CHAIR



FORM D – IV A **INSTRUCTION**, continued Examining balance in collegiate athletes using the balance tracking system. Graduation expected 2018 An examination of return to learn protocols following diagnosed concussions in NCAA athletic institutions. Graduation expected 2018 Exploring the relationship between depression and seasonal affective disorder in collegiate athletes. Graduated 2017 To examine certified athletic trainers perceptions of female athletic trainers working in male professional sports. Graduated 2016 To examine sex differences in injury rates, incidence and mechanism of NCAA cross country and track and field athletes. Graduated 2016 To examine incidence and injury rates in high school male and female lacrosse athletes. Graduated 2016 The fear of returning to sport among NCAA athletes due to previously sustaining a concussion. Graduated 2016 Effects of continuous ultrasound treatment Immediately before stretching on achilles tendon flexibility. Graduated 2016 Exploring knowledge of NCAA banned drugs, dietary supplements and drug education in the collegiate athlete. Graduated 2014 The effects of base layer clothing designed for cold weather environments on athlete core temperature. Graduated 2014 Compex use with delayed onset muscle soreness: a comparison to Cryotherapy. Graduated 2014 The use of the nintendo wii fit balance program compared to a traditional balance program in physically active individuals. Graduated 2014 I Gluteal and hip muscle strength of physically active collegiate students following a six week exercise program. Graduated 2013 High school and middle school coaches' knowledge and recognition of common overuse injuries. Graduated 2013 Examining the self-efficacy of certified athletic trainers in their use of mental skills techniques with injured athletes. Graduated 2012 ACL prevention program and there effectiveness in reducing the rate of injury in the college and high school athlete. Graduated 2012 Determining what factors cause stress and anxiety in first year graduate assistant athletic training students. Graduate 2012 Depression symptoms and cognitive function in high school and collegiate athletes. Graduate 2010 A comparative study of student-athletes satisfaction with the quality of sport health care received in trinidad & tobago to the athletic training services provided in the United States of America. Graduate 2010

Graduate assistant athletic trainers' time commitments and cognitive a appraisals. Graduate 2010

The effects of static and dynamic stretching on range of motion and performance. Graduate 2010

THESIS COMMITTEE MEMBER



4. <u>List of Instructional Works:</u>

List publications, presentations, papers, grants received (refer to Form D-IVE), and other works that are primarily in support of or emanating from instructional activity.

5. Other Evidence of Instructional Activity:

Cite other evidence of instructional productivity such as works/grants in progress or under review (refer to Form D-IVE). Address instructional goals and approaches; innovative methods or curricular development; significant effects of instruction; and curatorial and patient care activities, etc. Include evidence of instructional awards and peer recognition (within and outside the university).

1. List of Research/Creative Works:

Attach a separate list of publications, presentations, papers, and other works that are primarily in support of or emanating from Research and Creative Activities. Indicate how the primary or lead author of a multi-authored work can be identified. The list should provide dates and, in particular, accurately indicate activity from the reporting period. Items to be identified:

- 1) Books
- 2) Book chapters
- 3) Bulletins or monographs
- 4) Articles
- 5) Reviews
- 6) Papers and presentations for learned professional organizations and societies
- 7) Artistic and creative endeavors (exhibits, showings, scores, performances, recordings, etc.)
- 8) Reports or studies

Indicate peer-reviewed or refereed items with a "*".

Indicate items with a significant outreach component with a "**" (determined by the faculty member)

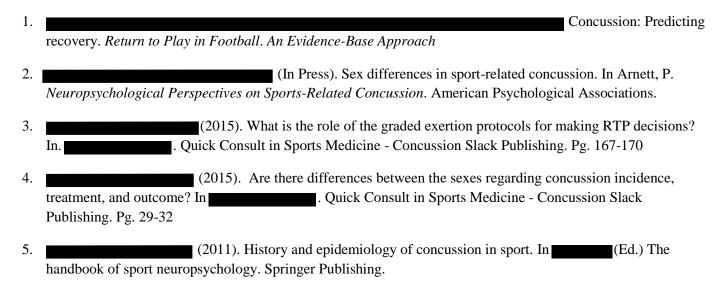
2. Quantity of Research/Creative Works Produced:

For each of the categories listed in question one above, list the number of research and creative works produced.

	1	2	3	4	5	6	7	8
During the reporting period	0	5	0	66	94	0	0	1
During career	0	6	0	87	118	0	0	1

^{*}Everything reported below for research is for the current reporting period

BOOK CHAPTERS



PUBLICATIONS (In Press). Factors contributing to differences in baseline neurocognitive function and concussion symptom scores between black and white collegiate athletes. Journal of Racial and Ethnic Health Disparities. Research design [X] Statistical analysis [X] Drafted manuscript [X] Revised manuscript [X] Data collection Citations 0 (In Press). Risk factors associated with baseline king-devick performance. *Journal of the Neurological Sciences*. [Impact Factor = 2.295] X[] Research design [X] Statistical analysis [X] Drafted manuscript [X] Revised manuscript [] Data collection Journal Metrics Neurology 225/342 3rd Quartile Impact Factor = 2.295 Citations 0 (In Press). Acute sports-related concussion screening for collegiate athletes using an instrumented balance assessment. Journal of Athletic Training. [Impact Factor = 2.01] [] Research design [] Statistical analysis [X] Drafted manuscript [X] Revised manuscript [X] Data collection Journal Metrics Health Professions/Sport Science 30/129 1st Quartile Orthopedics and Sports Medicine 38/218 1st Quartile Impact Factor = 2.01 Citations 0 4. . (In Press). Epidemiology of youth boys' and girls' lacrosse injuries in the 2015-2016 seasons. *Medicine and Science in Sport and Exercise*. [Impact Factor =4.04] [] Research design [] Statistical analysis [X] Drafted manuscript [X] Revised manuscript [X] Data collection Journal Metrics Physical Therapy, Sports Therapy, and Rehabilitation 5/169 1st Quartile Impact Factor = 4.04 Citations 0 (In Press). Using a brain electrical activity biomarker could aid in the identification of mild Traumatic Brain Injury patients. The American Journal of Emergency Medicine. Research design [X] Statistical analysis [X] Drafted manuscript [X] Revised manuscript [] Data collection Journal Metrics Emergency Medicine 23/76 Impact Factor =1.49 Citations 0 (In Press). Assessment and management of sport-related concussion education teaching trends in athletic training program. Athletic Training Education Journal. Research design [X] Statistical analysis [X] Drafted manuscript [X] Revised manuscript [X] Data collection Citations 0

 $Research\ design\ [X]\ Statistical\ analysis\ [X]\ Drafted\ manuscript\ [X]\ Revised\ manuscript\ [X]\ Data\ collection\ Citations\ 0$

recognition in American adolescent athletes. Journal of Racial and Ethnic Health Disparities.

8. (In Press). Clinical use of the step-wise progression among athletic trainers to make return to play decisions following concussion. *Journal of Sports and Health Sciences*.

(In Press). Racial disparities in concussion knowledge and symptom

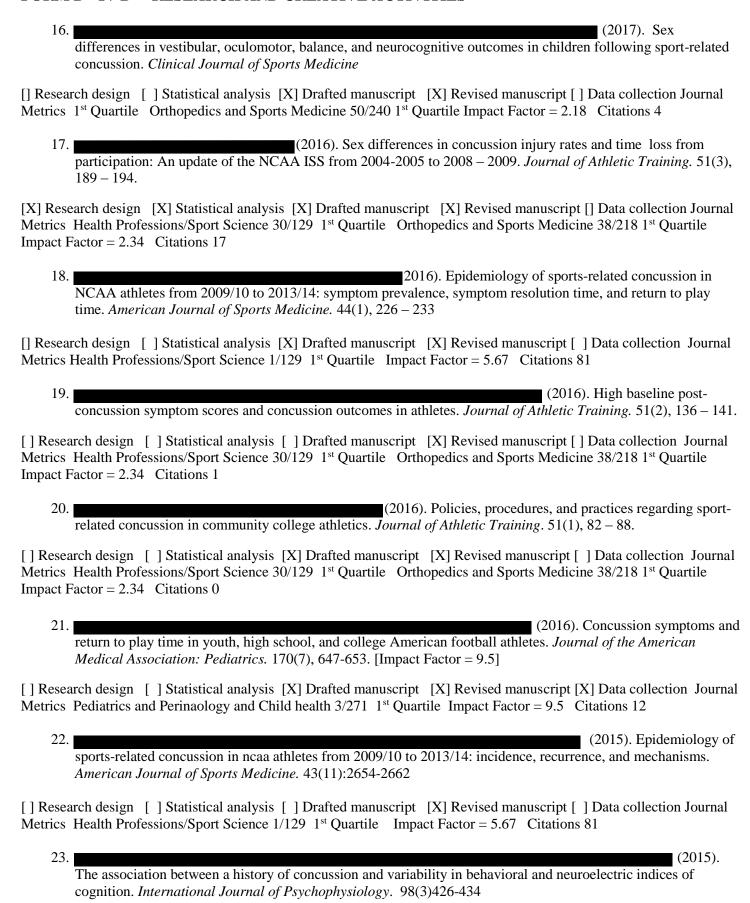
Research design [X] Statistical analysis [X] Drafted manuscript [X] Revised manuscript [X] Data collection Journal Metrics Health Professions/Sport Science 17/81 Impact Factor = 2.51 Citations 0

FORM D - IV B

RESEARCH AND CREATIVE ACTIVITIES 9. (2017). Association between personality traits and sport-related concussion history in collegiate students. Sport, Exercise and Performance Psychology. 6(3), 252-261 [Impact Factor = 1.93, Citations=0] [X] Research design [X] Statistical analysis [X] Drafted manuscript [X] Revised manuscript [X] Data collection Journal Metrics 31/80 Psychology-Applied Impact Factor = 1.93 Citations=0 (2017). Psychological aspects of sport-related concussion in youth. Sport, Exercise and Performance Psychology. 6(3), 220-229 [Impact Factor = 1.93, Citations = 0[X] Research design [X] Statistical analysis [X] Drafted manuscript [X] Revised manuscript [] Data collection Journal Metrics 31/80 Psychology-Applied Impact Factor = 1.93 Citations 0 (2017). Effort and perceived utility of the ImPACT 11. assessment in college athletes. Sport, Exercise and Performance Psychology. 6(3), 243-251 [Impact Factor = 1.93, Citations = 0[X] Research design [X] Statistical analysis [X] Drafted manuscript [X] Revised manuscript [] Data collection Journal Metrics 31/80 Psychology-Applied Impact Factor = 1.93 Citations 0 1. (2017). Sex differences in knowledge of concussion and reporting 12. behaviors among high school student athletes. Journal of Athletic Training. 52(7), 682-688 [Impact Factor = [X] Research design [X] Statistical analysis [X] Drafted manuscript [X] Revised manuscript [X] Data collection Journal Metrics Health Professions/Sport Science 30/129 1st Quartile Orthopedics and Sports Medicine 38/218 1st Quartile Impact Factor = 2.34 Citations 0 (2017). Concussion knowledge and reporting behaviors differences between high school athletes at urban and suburban high schools. Journal of School Health. 87(9), 665-[X] Research design [X] Statistical analysis [X] Drafted manuscript [X] Revised manuscript [X] Data collection Journal Metrics 44/235 (Education & Educational Research Impact Factor = 1.75 Citations 5 14. (2017). What is the physiological time to recovery after concussion? A Systematic Review. British Journal of Sports Medicine. 51(12), 935-940. [Impact Factor= 6.57. Citations=21 [X] Research design [X] Statistical analysis [X] Drafted manuscript [X] Revised manuscript [] Data collection Journal Metrics Health Professions/Sport Science 30/129 1st Quartile Orthopedics and Sports Medicine 2/218 1st Quartile Impact Factor = 6.57 Citations 0 (2017). Knowledge of concussion and reporting 15. behaviors in high school athletes with or without access to an athletic trainer. Journal of Athletic Training, 52(3),

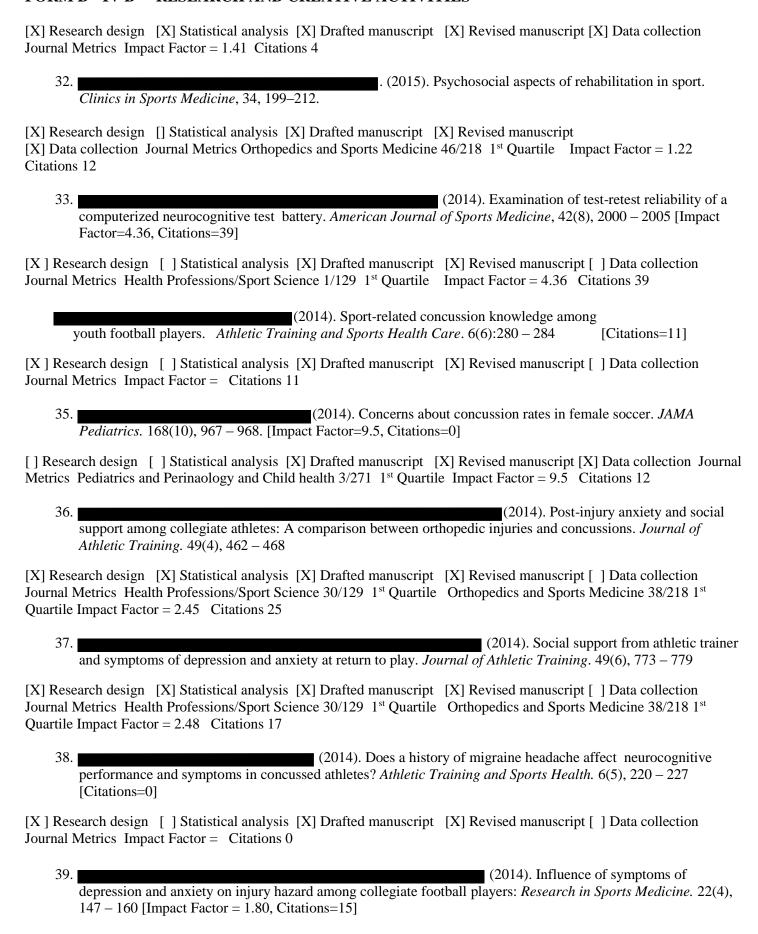
[X] Research design [X] Statistical analysis [X] Drafted manuscript [X] Revised manuscript [X] Data collection Journal Metrics Health Professions/Sport Science 30/129 1st Quartile Orthopedics and Sports Medicine 38/218 1st Quartile Impact Factor = 2.34 Citations 1

228-235 [Impact Factor = 2.34, Citations=1]



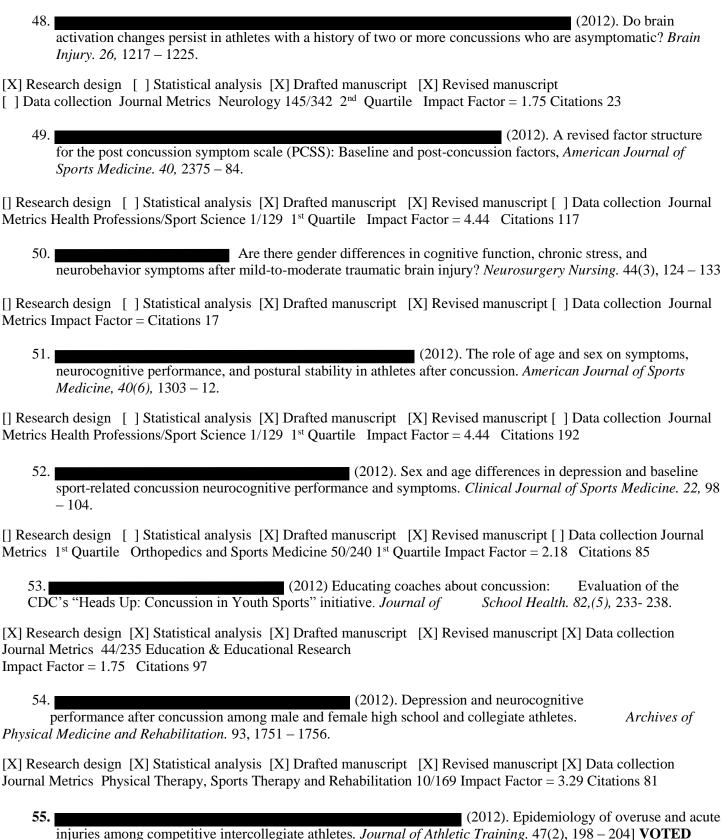
FORM D - IV B RESEARCH AND CREATIVE ACTIVITIES [] Research design [] Statistical analysis [] Drafted manuscript [x] Revised manuscript [] Data collection Journa Metrics 121/242 Neuroscience 30/83 physiology 21/85 psychology: experimental Impact Factor = 2.88 Citations 3
24. c (2015). Factors influencing risk and recovery from sport-related concussion: Reviewing the evidence. <i>Neurophysiology and Neurogenic Speech and Language Disordes</i> 25, 4 – 16. [Citations=2]
[] Research design [] Statistical analysis [X] Drafted manuscript [X] Revised manuscript [] Data collection Journal Metrics Impact Factor = Citations 2
25 (2015). Fear of re-injury in collegiate athletes after return to play. <i>Journal of Sport Behavior</i> . 38(4):394-410.
[X] Research design [X] Statistical analysis [X] Drafted manuscript [X] Revised manuscript [X] Data collection Journal Metrics Impact Factor = Citations 0
26. 2015). The effect of pre-injury sleep difficultion neurocognitive impairment and symptoms after sport-related concussion. <i>American Journal of Sports Medicine</i> . 43(4), 830 – 838. [Impact Factor=5.67, Citations=12]
[] Research design [] Statistical analysis [X] Drafted manuscript [X] Revised manuscript [] Data collection Journal Metrics Health Professions/Sport Science 1/129 1st Quartile Impact Factor = 5.67 Citations 12
27. (2015). An examination of concussion injury rates in various models of football helm in NCAA football athletes. <i>Journal of Sports Sciences</i> , 3(1):29-35
[X] Research design [X] Statistical analysis [X] Drafted manuscript [X] Revised manuscript [] Data collection Journ Metrics Health Professions/Sport Science 24/129 1st Quartile Impact Factor =2.24 Citations 0
28. (2015). Self-powered monitoring of repeated head impacts using time-dilation energy measurement circuit. <i>IEEE Transactions on Biomedical Circuits and Systems</i> , 9(2):217-226
[X] Research design [] Statistical analysis [X] Drafted manuscript [X] Revised manuscript [] Data collection Journal Metrics Biomedical Engineering 9/181 1 st Quartile Impact Factor =2.48 Citations 8
29. (2015). Post-concussion symptoms of depression and anxiety division I collegiate athletes. <i>Developmental Neuropsychology</i> , 40(1):18-23 [Impact Factor = 2.67]
Research design [] Statistical analysis [X] Drafted manuscript [X] Revised manuscript [X] Data collection Journal Metrics Developmental and Educational Psychology 46/278 1st Quartile Impact Factor = 2.67 Citations 17
30. (2015). A Potential biomarker in sports-related concussion: brain functional connectivity alteration of the default-mode network measured with sequential resting-state fmri. <i>Journal of Neurotrauma</i> , 32(5):327-341
[X] Research design [] Statistical analysis [X]Drafted manuscript [X] Revised manuscript [X] Data collection Journal Metrics Neurology 37/335 1 st Quartile Impact Factor = 3.71 Citations 38
31. (2015). A preliminary examination of neurocognitive performance and symptoms following a bout of soccer heading in athletes wearing protective

soccer headbands Research in Sports Medicine: An International Journal, 23:1-15.



FORM D - IV B RESEARCH AND CREATIVE ACTIVITIES Research design [] Statistical analysis [X] Drafted manuscript [X] Revised manuscript [X] Data collection Journal Metrics 2nd Quartile Orthopedics and Sports Medicine 67/218 Impact Factor = 1.80 Citations 15 40. **I** (2013). Are there Differences in Neurocognitive Function and Symptoms between Male and Female Soccer Players following Concussion? American Journal of Sports Medicine, 41(12), 2890 – 2895. [Citations=35] [] Research design [] Statistical analysis [X] Drafted manuscript [X] Revised manuscript [] Data collection Journal Metrics Health Professions/Sport Science 1/129 1st Quartile Impact Factor = 4.44 Citations 37 (2013). The relationship between coping, neurocognitive performance, and concussion symptoms in high school and collegiate athletes. *The Sport* Psychologist, 27(4), 372 - 379. [] Research design [] Statistical analysis [X] Drafted manuscript [X] Revised manuscript [] Data collection Journal Metrics Impact Factor = 1.22 Citations 5 42. I (2013). Effects of attention deficit hyperactivity disorder on neurocognitive performance and symptoms in concussed athletes, Athletic Training and Sports Health Care, 5(6), 254 - 260. [Citations=1] [] Research design [] Statistical analysis [X] Drafted manuscript [X] Revised manuscript [] Data collection Journal Metrics Impact Factor = Citations 1 2013). Concussion symptoms and neurocognitive performance of high school and college athletes who incur multiple concussions. American Journal of Sports Medicine, 41(12), 2885 - 2890[] Research design [] Statistical analysis [X] Drafted manuscript [X] Revised manuscript [] Data collection Journal Metrics Health Professions/Sport Science 1/129 1st Quartile Impact Factor = 4.44 Citations 73 **44. I** (2013). A comparison of coping responses among high school and college athletes with concussion, orthopedic injuries, and healthy controls. Research in Sports Medicine. 4, 367 – 379. [] Research design [] Statistical analysis [X] Drafted manuscript [X] Revised manuscript [X] Data collection Journal Metrics 2nd Ouartile Orthopedics and Sports Medicine 67/218 Impact Factor = 1.80 Citations 8 2013). Sport-related concussion: How 45. many is too many? *Journal of Translational Stroke Research*. 4, 425 – 431. [] Research design [] Statistical analysis [X] Drafted manuscript [X] Revised manuscript [] Data collection Journal Metrics Citations 7 46. I (2013). The management of sports-related concussions: Considerations for male and female athletes. *Journal of Translational Stroke Research* 420 – 424. [] Research design [] Statistical analysis [X] Drafted manuscript [X] Revised manuscript [] Data collection Journal Metrics Citations 20 47. (2013). Does a 20 minute cognitive task increase concussion symptoms in concussed athletes? Brain Injury. 27(13-14), 1589 –

[X] Research design [X] Statistical analysis [X] Drafted manuscript [X] Revised manuscript [X] Data collection Journal Metrics Neurology 145/342 2^{nd} Quartile Impact Factor = 1.75 Citations 12



MANUSCRIPT OF THE YEAR

[x] Research design [x] Statistical analysis [x] Drafted manuscript [x] Revised manuscript [] Data collection Journal Metrics Health Professions/Sport Science 30/129 1st Quartile Orthopedics and Sports Medicine 38/218 1st Quartile Impact Factor = 2.48 Citations 102 (2012). Chronic stress, somatic and depression symptoms following mild to moderate 56. traumatic brain injury. Archives of Psychiatric Nursing. 26(6), 477 – 486 [] Research design [] Statistical analysis [X] Drafted manuscript [X] Revised manuscript [] Data collection Journal Metrics Psychiatric Mental Health 193/589 2nd Quartile Impact Factor = 1.43 Citations 10 (2011). One-year test-retest reliability of the online version of ImPACT in 57. **I** high school athletes. American Journal of Sports Medicine. 39, 2319 – 2324. [] Research design [] Statistical analysis [X] Drafted manuscript [X] Revised manuscript [] Data collection Journal Metrics Health Professions/Sport Science 1/129 1st Quartile Impact Factor = 4.44 Citations 135 58. (2011). The relationship of soccer and computerized neurocognitive performance and symptoms among male and female youth soccer players. Brain Injury. 25, 1234-41. [X] Research design [] Statistical analysis [X] Drafted manuscript [X] Revised manuscript Data collection Journal Metrics Neurology 145/342 2nd Quartile Impact Factor = 1.75 Citations 43 (2011). Factors influencing the risk and recovery from sport-related concussion. Chinese Journal of Sports Medicine, 1, 82 - 89. [X] Research design [] Statistical analysis [X] Drafted manuscript [X] Revised manuscript Data collection Journal Metrics Impact Factor = Citations 0 (2011). The female athlete: The role of gender in the assessment and management of sport-related concussion. Clinics in Sport Medicine, 30, 125 – 131. [Citations = 65] [X] Research design [] Statistical analysis [X] Drafted manuscript [X] Revised manuscript Data collection Journal Metrics Physical Therapy, Sports Therapy and Rehabilitation 37/169 1st Quartile Impact Factor = 1.47 Citations 65 (2011). Early indicators of enduring symptoms in high school athletes with multiple previous concussions. *Neurosurgery*. 68, 1562 – 1567 [X] Research design [] Statistical analysis [X] Drafted manuscript [X] Revised manuscript Data collection Journal Metrics Neurology 69/342 1st Quartile Impact Factor = 2.87 Citations 82 (2010). Tracking neurocognitive performance following 62. **I** concussion in high school athletes. *The Physician and Sportsmedicine*, 38, 1 – 6. [Citations = 58] [X] Research design [X] Statistical analysis [X] Drafted manuscript [X] Revised manuscript [X] Data collection Journal Metrics Impact Factor = Citations 58 (2010). Exploring differences in computerized neurocognitive concussion testing between African American and White athletes. Archives of Clinical *Neuropsychology*, 25, 1-11. [Citations = 26]

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	esearch design [] Statistical analysis [X] Drafted manuscript [X] Revised manuscript ta collection Journal Metrics Impact Factor = 1.96 Citations 26
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6	4. Leading the second of the s
	Neurology, Neurosurgery, and Psychiatry, 81(6), 597 – 601. [Citations =86]
[X] Re	esearch design [X] Statistical analysis [X] Drafted manuscript [X] Revised manuscript
	Data collection Journal Metrics Neurology 12/342 1st Quartile Impact Factor = 6.80 Citations 86
6	5. (2010). Assessment of certified athletic
O.	trainers' level of cultural competence in the delivery of health care. <i>Journal of Athletic Training</i> . 45 (4), 320 –
	325. [Impact Factor = 2.478, Citations =25]
[X] Re	esearch design [] Statistical analysis [X] Drafted manuscript [X] Revised manuscript
	ta collection Journal Metrics Health Professions/Sport Science 30/129 1st Quartile Orthopedics and Sports
Medic	ine 38/218 1st Quartile Impact Factor = 2.45 Citations 25
6	6. The cognitive effects and decrements following concussion. <i>Open</i>
	Access Journal of Sports Medicine, $1, 55 - 61$. [Citations = 7]
[X] Re	esearch design [X] Statistical analysis [X] Drafted manuscript [X] Revised manuscript
	Data collection Journal Metrics Impact Factor = Citations 7
PRES	ENTATIONS
	DNATIONAL CONFEDENCES
INTE	RNATIONAL CONFERENCES
1.	(2016). Prevalence of false-positive scores on the SCAT3
	in high school athletes. International Concussion in Sport Conference. Berlin, Germany. October, 2016
2.	
۷.	(2016). What is the physiological time to recovery after concussion?
	International Concussion in Sport Conference. Berlin, Germany. October, 2016
3.	. (2016). Higher risk-taking behaviors and
	sensation seeking needs in collegiate student-athletes with a history of multiple sport-related concussions.
	International Concussion in Sport Conference. Berlin, Germany. October, 2016
4.	(2016). Racial Disparities in Concussion Knowledge
	and Awareness in American Adolescent Athletes. <i>International Concussion in Sport Conference</i> . Berlin,
	Germany. October, 2016
5.	(2015). High School Athlete Normative Data for the King-Devick
	Concussion Assessment. American Psychological Association Conference, Toronto, ON, August 2015
6.	(2015). Straight talk about sport-related concussion. American Psychological
0.	Association, Toronto, ON August 2015

7.	potentially vulnerable functional networks to concussion in sports: a resting-state fmri longitudinal study. <i>International Society for Magnetic Resonance in Medicine</i> . Toronto, ON, July, 2015
8.	(2014). Monitoring of repeated head impacts using time-dilation based self-powered sensing. ieee symposium on circuits and systems. <i>International Symposium on Circuits and Systems</i> . Melbourne, Australia, 2014.
9.	(2014). The dynamically changing default-mode network after concussion in sports: a resting-state fmr and dti integration study. <i>International Society for Magnetic Resonance in Medicine, 22nd Annual Meeting and Exhibition</i> , May 10-16, 2014, Milan, Italy.
10	(2012). Effect of physical activity and hours of sleep on symptoms scores following migraine. <i>European Headache and Migraine Trust International Congress</i> , Copenhagen, Denmark Sept. 2014
11	. (2010). Examining sex differences on concussion outcomes in high school and collegiate athletes. <i>National Academy of Neuropsychology</i> , Vancouver, BC, Oct. 2010.
12	Factors influencing the risk and recovery from sport-related concussion. <i>Sport Science and the Olympics</i> . Seoul, Korea, October, 2010.
13	. Evaluation and management considerations for sport-related concussion. <i>Sport Science and the Olympics</i> . Seoul, Korea, October, 2010
NATI	ONAL CONFERENCES
1.	(2017). Collegiate Sports. American Academy of Neurology: Sport Concussion Conference. Jacksonville, FL. July 2017.
2.	(2017). Sex and Gender. American Academy of Neurology: Sport Concussion Conference. Jacksonville, FL. July 2017.
3.	(2017). Sport-related concussion knowledge and reporting behaviors among collegiate club sport athletes. <i>National Athletic Trainers' Association Conference</i> . Baltimore, MD. June 2017.
4.	. (2017). Evidence for Differential Effects of Sports-Related Concussion on Subtypes of Cognitive Flexibility. North American Society for the Psychology of Sport and Physical Activity Conference. San Diego, CA. June 2017.
5.	(2017). Start, middle or end: when do concussions occur during practices and competitions among athletes? <i>American Sports Medicine Conference</i> , May, 2017. Proceedings published in Medicine and Science in Sport and Exercise, 49(5): S314
6.	(2017). Examining self-efficacy of certified athletic trainers in the use of concussion assessment and management. <i>Sport Neuropsychology Concussion Conference</i> Cleveland, OH., April 2017
7.	(2017). Sex differences for concussion mechanism of injury in high school athletes. <i>Sport Neuropsychology Concussion Conference</i> Cleveland, OH., April 2017

FORM D - IV B RESEARCH AND CREATIVE ACTIVITIES 8. 1. (2017). Sex differences for concussion mechanism of injury in high school athletes. Sport Neuropsychology Concussion Conference, Cleveland, OH., April 2017 9. (2017). Sex differences in timing of concussion among high school athletes. Sport Neuropsychology Concussion Conference, Cleveland, OH., April 2017 (2017). Sport-related concussion assessment and management teaching 10. trends in athletic training education programs. NATA Athletic Training Educator's Conference, February 2017. Dallas, TX (2017). Sport-related concussion visual assessment teaching trends in athletic training programs. Eastern Athletic Trainers' Association Annual Meeting, January 2017. Philadelphia, PA (Invited 2016). Sex differences in sport-related concussion among children. *National Institute of* Health. October, 2016 J. (2016). Are there sex differences on baseline sport 13. concussion assessment tool (SCAT3) among high school athletes? National Athletic Trainers' Association Conference. Baltimore, MD. June 2016. Proceedings published in Journal of Athletic Training, S,46. 14. (2016). The relationship between athletic trainers' personality characteristics, burnout, and job satisfaction. National Athletic Trainers' Association Conference. Baltimore, MD. June 2016. Proceedings published in *Journal of Athletic Training*. S,27. . (2016). Differences in high school athletes' knowledge of concussion and reporting behaviors in high schools with and without an athletic trainer. National Athletic Trainers' Association Conference. Baltimore, MD. June 2016. Proceedings published in Journal of Athletic Training. S,48 (2016). Educational differences on the SCAT3 among high school athletes. Sport Neuropsychology Concussion Conference, Houstin, TX., April 2016 (2016). Baseline vestibular/ocular-motor screening (voms) performance in a youth football cohort. Big Sky Sports Medicine Conference, Big Sky, MT. February, 2016 (Invited, 2016). Sex differences in sport. Pink Concussion Conference. Washington, DC February 18. I 2016 19. (2015).Identifying potentially vulnerable functional networks in sports concussion: a resting-state fmri longitudinal study. Big Ten/Ivy League Concussion Summit, July, 2015 Sports-related concussion in youth: Changing the culture. (2015). National Athletic Trainers' 20. Association Conference, St. Louise, MO June 2015. Proceedings published in Journal of Athletic Training, S,24.

Diego, CA, May 2015

(2015). Sex differences in concussion injury rates: an update of the NCAA

(2015). ACSM test-retest reliability of the vestibular ocular-

motor screening (voms) tool among high school athletes. American College of Sports Medicine Conference. San

ISS data. American College of Sports Medicine Conference. San Diego, CA, May 2015

21. [

22.

FORM D - IV B RESEARCH AND CREATIVE ACTIVITIES 23. I (2015). Investigating one hour test-retest reliability of impact: evidence for a broader application? Sport Neuropsychology Concussion Conference, Atlanta, GA., May 2015 24. I . (2015). Do athletes with high postconcussion symptom scores at baseline experience worse outcomes following a concussion? Sport Neuropsychology Concussion Conference, Atlanta GA. May 2015. 25. (2015). Sex differences in baseline king-devick, SAC, BESS, and symptom reports among high school athletes. Sport Neuropsychology Concussion Conference, Atlanta, GA., May 2015 (2015). Concussion signs and symptoms: timely recognition and intervention to protect the athlete. Brain Health Conference, West Chester, PA, April, 2015 (Invited 2015). Incorporating a multi-dimensional approach to the evaluation and management of sports-related concussion. Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCoE) Grand Rounds Webinar. February 2015 28. (2015). An examination of concussion injury rates in various models of football helmets in NCAA football athletes. Big Sky Sports Medicine Conference. Big Sky, MT, February, 2015. (2015). Concussion reporting behaviors in high school student athletes attending urban, title I schools with an athletic trainer. Big Sky Sports Medicine Conference. Big Sky, MT, February, 2015. February). Sex differences in vestibular/oculomotor, balance, symptoms, and neurocognitive outcomes in adolescents following sport-related concussion. Big Sky Sports Medicine Conference, Big Sky, MT. February, 2015 (2014). Post-concussion symptoms of depression and anxiety in division I collegiate athletes. Big Ten/Ivy League TBI Summit. Philadelphia, PA, July 2014 (Invited 2014). Gender issues and sport-related concussion. Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCoE) Webinar. October, 2014. Invited 2014). Current and future educational approaches for concussion in youth sport. Concussion in Youth Sport Research Summit. University of Arkansas, Fayetteville, AR, November, 2014 34. (2014). Applying emerging evidence for psychological issues and responses following sport-related concussion. Association for Applied Sport Psychology Conference, Las Vegas, NV. October, 2014 35. (2014). Examining the relationship of social support satisfaction, perceived stress, and depression in undergraduate athletic training students. Association for Applied Sport Psychology Conference, Las Vegas, NV. October, 2014 2014). Sport-related concussion knowledge among youth football players. 36. Symposium presented at Association for Applied Sport Psychology Conference, Las Vegas, NV. October, 2014 37 (2014). The role of pre-existing sleep difficulties on neurocognitive impairment and symptoms following sport-related concussion.

American Academy of Clinical Neuropsychology, New York, NY, July 2014.

(invited, 2014). Gender differences in sport concussion risk. SmartTeam Summit. Boston MA, September 2014 (invited, 2014). SmartTeam Pilot Project. SmartTeam Summit. Boston MA, September 2014 (invited 2014). Update on sex differences in concussion outcomes. Think Tank Concussion Meeting, 40. | Lincoln, Nebraska, September 2014 41. **I** (2014). ADHD does not affect neurocognitive performance and symptoms in concussed athletes. National Athletic Trainers' Association Conference, Indianapolis, In June 2014. Proceedings published in Journal of Athletic Training. S.15. 42. (invited 2014). Sport-related concussion: Improving science, changing culture. *University of* Pittsburgh Sport Concussion Program, Pittsburgh, PA, May 2014 43. I (2014). A potential biomarker in sports-related concussion: brain functional connectivity alteration of the default-mode network measured with sequential resting-state fmri. American Academy of Neurology, Philadelphia, PA, May 2014. (2014). The role of ADHD and concussed athletes? *Sport* 44. Neuropsychology Concussion Conference, Dallas, TX, April 2014 (invited 2014). Sports-related concussion research: past, present and future. Far West Athletic 45. I Training Conference, Las Vegas, NV, April, 2014 (invited 2014). Evidenced- based practice on sports-related concussion research. Great Lakes Athletic Training Conference, Wheeling Illinois, March 2014 (invited 2014). Overview of the IOM report. NATA Task Force Meeting, Washington DC, February, 2014, (2013). Anxiety and social support in 48. I athletes who incur orthopedic injuries and concussions, American Psychological Association. Honolulu, HI, August 2013. (invited 2013). Overview of MSU sports-concussion research. Big Ten/Ivy League TBI Summit. Chicago, IL, July 2013 . (2013). The relationship between coping, neurocognitive performance, and concussion symptoms in high school and collegiate athletes. *National Athletic* Trainers' Association Conference, Las Vegas, NV, June 2013. Proceedings published in Journal of Athletic Training. S, 68. (Invited 2013). Prospective examination of symptom reports among female and male soccer athletes. National Summit on Sports Concussion, Atlanta, GA, April 2013 (Invited 2013). Gender differences: Considerations for sports-related concussion outcomes and management. American Medical Society for Sports Medicine, San Diego, CA, April 2013 53. I (invited 2013). An update on current research of sports-related concussion. Great Lakes Athletic

Training Conference, Wheeling Illinois, March 2013

54. I (2013). Fear of re-injury in collegiate athletes after return to play. Association of Applied Sport Psychology Conference, New Orleans, LA October 2013. Proceedings published in Association of Applied Sport Psychology. S-12 55. (2013). Assessing factors on self-efficacy of athletic trainers for concussion management and return-to-play decisions. Association of Applied Sport Psychology Conference, New Orleans, LA October 2013. Proceedings published in Association of Applied Sport Psychology. S-18 (2013). Frequency and psychological predictors of disordered 56. eating in figure skaters. Research Consortium, American Alliance for Health, Physical Education, Recreation, & Dance National Convention & Expo, Charlotte, NC. (invited 2012). Sport-related concussion and factors that affect outcomes. *Michigan Athletic* Training Society, October 2012 (2012). New concussion symptoms factors: Age and sex differences among high school and college athletes. Med & Sci in Sport & Exer; 2012;44(5), S265. (2012). The Role of age and sex on symptoms, 59.1 neurocognitive performance, and postural stability in athletes following concussion. National Athletic Trainers' Association Conference, St. Louis, MO, June 2012. Proceedings published in Journal of Athletic Training. S,45 (2012). Educating coaches about concussion in sports: Evaluation of the 60. I CDC's "Heads Up: Concussion in Youth Sports" Initiative. South East Athletic Trainers Educators Conference. February 2012. (2012). Examination of time sport related concussion in high school athletes. Great Lakes Athletic Training Conference, Wheeling Illinois, March 2012 (2012). Exploring the differences in state and trait anxiety between concussed and orthopedic injured athletes. Mid-West Sport and Exercise Psychology Conference, East Lansing MI, February 2012 (2012). Assessing factors for athletes counselor after injury. *Mid-West Sport and* 63. Exercise Psychology Conference, East Lansing MI, February 2012 (2012). Perceived social support: A comparison of concussion to orthopedic injury. Mid-West Sport and Exercise Psychology Conference, East Lansing MI, February 2012 (2012). Fear of re-injury in after return to play. Mid-West Sport and Exercise Psychology Conference, East Lansing MI, February 2012 (2011). Where we 'headed' now? A critical examination of sport-related concussion trends, assessment, treatment, and the issue of long-term impairments. Association of Applied Sport Psychology Conference, Waikiki, Hawaii, September 2011. Proceedings published in Association of Applied Sport Psychology. S-24. 67. . (2011). CE Workshop: Keeping your head in the game: An interactive sport-related concussion workshop. Association of Applied Sport Psychology Conference, Waikiki, Hawaii, September 2011. Proceedings published in Association of Applied Sport Psychology. S-18. (invited 2011). Exploring concussions head on: gender differences and sports-related concussion. United States Olympic Committee (USOC) Sports Medicine Conference. Colorado Springs, CO July 2011

69.	Professional Educators Conference. Crystal Mountain, Michigan June 2011.
70.	(2011). Exploring brain activation patterns in asymptomatic athletes with a history of two or more concussions. <i>American Sports Medicine Conference</i> . May 2011
71.	invited 2011). Current sport-related concussion teaching and clinical practices of sports medicine professionals. <i>Michigan Sports Medicine Symposium</i> . Lansing MI, April 2011.
72.	(2011). Factors influencing concussion outcomes and implementing an outreach program on sports-related concussion <i>Far West Athletic Trainers Conference</i> . Las Vegas, NV April 2011
73.	. (2011). Depression and anxiety following injury among intercollegiate athletes. <i>Society for the Advancement of Violence and Injury Research</i> . Iowa City, IA April 2011
74.	(invited 2010). Is there dose-response relationship between male and female athletes with a history of multiple concussion. <i>Michigan Injury Prevention Conference</i> . Lansing MI, October 2010.
75.	(invited 2010). Mid-Michigan sport concussion program <i>Michigan Injury Prevention Conference</i> . Lansing MI, October 2010.
76.	(2010). Exploring differences in computerized neurocognitive concussion testing between African American and caucasian athletes. <i>Association of Applied Sport Psychology Conference</i> , Providence, RI October 2010. Proceedings published in <i>Association of Applied Sport Psychology</i> . S-8.
77.	(2010). Prospective Examination of depression following sports-related concussion among high school and college athletes. <i>American Psychological Association</i> . San Diego, CA, August 2010.
78.	(2010). The effect of ankle support on postural stability using the BESS test. <i>National Athletic Trainers' Association Conference</i> , Philadelphia, PA, June 2009. Proceedings published in <i>Journal of Athletic Training</i> . 45(3): S-66.
79.	(2010). Assessment of certified athletic trainers' levels of cultural competence in the delivery of health care. <i>National Athletic Trainers' Association Conference</i> , Philadelphia PA, June 2010.
80.	(2010). Sport-related concussion: Overview Update. <i>Holston Valley Hospital Traumatic Brain Injury Physicians</i> . Kingsport, TN, October 2010.
81.	(2010). An exploratory investigation of the utility of protective soccer headbands in preserving neurocognitive function following an acute bout of soccer heading. <i>Coaching Conference</i> . Johnson City, TN, December 2010

REPORTS

a. Institute of Medicine and National Research Council. (2013). *Sports-related concussions in youth: Improving the science, changing the culture.* Washington, DC: The National Academies Press

3.	Number of Grants Received (primarily in support of research and creative activities; refer to Form D-IVE):
	During the reporting period:10 During career:15
4.	Other Evidence of Research/Creative Activity:
	Cite other evidence of research and creative productivity such as: seminars, colloquia, invited papers; works/grants in progress or under review (refer to Form D-IVE); patents; formation of research-related partnerships with organizations, industries, or communities; curatorial and patient care activities, etc. Include evidence of peer recognition (within and outside the university).
	None

1. Service within the Academic Community

a. Service to Scholarly and Professional Organizations:

List significant committee/administrative responsibilities in support of scholarly and professional organizations (at the local, state, national, and international levels) including: elected and appointed offices held; committee memberships and memberships on review or accreditation teams; reports written and submitted; grants received in support of the organization (refer to Form D-IVE); editorial positions, review boards and ad hoc review requests; and programs and conferences planned and coordinated, coordinated or served on a panel or chaired a session. Include evidence of contributions (e.g., evaluations by affected groups or peers).

Professional Organizations

- 1. Commission of Athletic Training Education (CAATE) Site Visitor: 2016-Present. I have completed two site visits.
- 2. Committee Member NATA Research and Education Foundation: 2013-Present. Participate in 1 yearly in-person review of NATA grants. We have approximately 25 grants to review of which I am typically a lead reviewer on 4 grants.
- 3. Vice Chair Student Grants NATA Research and Education Foundation: 2015-Present. Responsible for coordinating all MS and PhD grants submitted to the NATA.
- 4. Institute of Medicine (IOM) and National Research Council Committee Member: 2013

 Sports-related concussions in youth: Improving the science, changing the culture. Washington, DC: The National Academies Press I was on this committee for a year. We were tasked with writing the report in less than a year due to the time constraints of Congress to get the report out in a year (including peer-review). We met in Washington DC five times to discuss this report, hear outside presentations, and complete final recommendations.
- 5. Reviewer for NATA Conference Presentation Abstracts 2012-present
- 6. Grant reviewers for the CDC Injury Control Centers: 2012 I was responsible for reviewing 2 outside CDC Center grants which were over 200 pages each. I then met at the CDC to discuss the grants.

Editorial Boards

- 1. Editorial Board Member Frontiers in Neuroscience: 2010-Present
- 2. Editorial Board Member for Journal of Athletic Training: 2006-present
- 3. Editorial Board Member for Developmental Psychology: 2016-Present

Ad-Hoc Journal Reviewer (Typically review approximately 24 manuscripts per year)

- 1. Journal of Sport and Exercise Psychology: 2014 Present
- 2. Journal of the American Medical Association (JAMA) Pediatrics: 2013 Present
- 3. Journal of Adolescent Health: 2013 Present
- 4. Annals of Internal Medicine: 2012 Present
- 5. Applied Neuropsychology: Child: 2010 Present
- 6. Journal of Science Medicine in Sport: 2009 Present
- 7. Sports Medicine: 2014 Present
- 8. Journal of Sport Sciences: 2009 Present
- 9. Neurosurgery: 2008 Present
- 10. The Physician and SportsMedicine: 2008 Present
- 11. Athletic Training and Sports Health Care: 2008 Present
- 12. Clinical Journal of Sport Medicine: 2006 Present
- 13. Journal of Clinical and Experimental Neuropsychology: 2005 Present
- 14. Pediatrics: 2005-Present
- 15. Journal of the International Neuropsychological Society: 2005 Present
- 16. Journal of Canadian Medical Association: 2005 Present
- 17. Journal of Adolescent Health: 2005 Present
- 18. British Journal of Sports Medicine: 2004 Present

- 19. Journal of Sports Behavior: 2004 Present
- 20. Journal of Sports Rehabilitation: 2004 Present
- 21. Archives of Clinical Neuropsychology: 2004 Present
- 22. Journal of Athletic Training: 2004 Present
- 23. American Journal of Sports Medicine: 2004 Present

Professional Society Service

1. External Reviewer for Promotion and Tenure – I was an external reviewer for 4 faculty members.

b. Service within the University:

List significant committee/administrative responsibilities and contributions within the University. Include service that advances the University's equal opportunity/affirmative action commitment. Committee service includes: appointed and elected university, college, and department ad hoc or standing committees, grievance panels, councils, task forces, boards, or graduate committees. Administrative responsibilities include: the direction/coordination of programs or offices; admissions; participation in special studies or projects; collection development, care and use; grants received in support of the institution (refer to Form D-IVE), etc. Describe roles in any major reports issued, policy changes recommended and implemented, and administrative units restructured. Include evidence of contributions (e.g., evaluations by peers and affected groups).

UNIVERSITY

1. Teacher-Scholar Committee Member: 2013 – 2014

2. Student Affairs Committee Member: 2010 – 2014

3. Athletic Council Committee Member: 2010 – 2012

COLLEGE OF EDUCATION

1. Seed Grant Committee Member: 2016-Present

2. Faculty Advisory Committee Member: 2014 – 2016

3. Curriculum Committee Member: 2016-2017

4. Curriculum Committee Chair: 2013 – 2014

5. Curriculum Committee Member: 2010 – 2013

6. Reappointment and Promotion Member: 2011 – 2013

7. Academic Disciplinary Hearing Committee: 2009 – 2011

DEPARTMENTAL

1. Personnel Committee: 2016-Present

2. Faculty Advisory Committee Chair: 2015 – 2016

- 3. Faculty Advisory Committee Member: 2014 2015
- 4. Athletic Training Search Committee Chair: 2014 2015
- 5. Youth Sport Search Committee Member: 2013 2014
- 6. Personnel Committee Member: 2013 2015
- 7. Kinesiology Search Committee Chair: 2012 2013
- 8. Graduate Studies Committee Member: 2011 2012
- 9. Department of Kinesiology Chair Search Committee Member: 2011 2012
- 10. Faculty Advisory Committee Member: 2009 2011
- 11. Athletic Training Education Endowment Chair: 2005 Present

Athletic Training Program Director

Undergraduate AT Program Director: Twenty-five percent of my load time is my administrative role as a Program Director. I spend approximately 10 hours each week dealing with administration of our CAATE accreditation, meeting with students, attending staff meetings and dealing with student and preceptor problems.

As the Program Director I am responsible for ~45 undergraduate athletic training students and ~100 pre-athletic training students. My responsibilities include directing and coordinating all aspects of the athletic training education program to ensure maintenance of all CAATE standards and guidelines. The following is a further breakdown of my Program Director responsibilities.

In August, I am responsible for organizing our 1 day orientation meeting. This is an 8 hour day where we bring students back to campus prior to the start of school to go over CAATE requirements and re-certify students in CPR. We have students sign required CAATE paperwork including technical standard form, confidentiality form, contact information, communicable disease form, turn in their fingerprinting record, supervision form, and clinical agreement form. After their orientation day, I am also responsible for collecting their CPR/AED card, physical examination paperwork, immunization form, ORCBS, liability paperwork, and transcript from the following semester.

I am responsible for tracking their CGPA each semester to make sure they stay above our minimum CGPA. Some of the paperwork (ORCBS, transcripts, supervision, clinical agreement) we have the students sign in both the fall and spring semester.

I am required to make sure all students (N~45 complete their athletic training competencies. Each student has a total of 335 competencies and clinical integrated proficiencies to check off throughout their 2 years in the athletic training program. For example here is an example of a clinical evaluation competency "CE-13 - Obtain a thorough medical history that includes the pertinent past medical history, underlying systemic disease, use of medications, the patient's perceived pain, and the history and course of the present condition." And an acute care competency "AC-25 - Perform patient transfer techniques for suspected head and spine injuries utilizing supine log roll, prone log roll with push, prone log roll with pull, and lift-and-slide techniques." Each competency is either taught in an assigned class (KIN 421), a night clinical class (KIN 427), taught in the clinical athletic training room or fit in when (weekend, nighttime) and where ever we can in order to meet the needs of CAATE.

February and March consists of processing all potential new undergraduate athletic training student applications. Students must submit the following for admission into the Athletic Training Major: Athletic training application, athletic training essay, official transcripts, and three letters of recommendation. I compile an excel spreadsheet that includes AT courses which are then combined to represent an AT score out of 10, CGPA which gets transferred into a score out of 30, KIN 227 clinical observation class which is out of 20 and based on their clinical evaluations, essay and 3 letters of recommendation which are worth 10 points and an interview score which is combine (at least 3 people interviewing) and averaged out of 30. A committee which includes myself, interview all eligible athletic training students (last year N=60, 20 minute interview per student). Interviews in February usually take up 2-3 weeks of my time in the morning and afternoons as we have so many students apply. Processing and compiling the spreadsheet takes a few weeks of my time on top of the inperson interviews.

Affiliation Agreements - I oversee our 14 affiliation agreements at local high schools, physician offices, Sparrow ER, and PT clinics. Each affiliation agreement must be signed by the certified athletic trainer and athletic director at each high school. Each PT clinic, Sparrow Hospital or physician office must be signed by the Director of that institution. Each affiliation agreement must be signed by myself, Department Chair, Dean, Provost, and lawyer at MSU.

CAATE requires we complete each of the 109 standards each year. For example, OUTCOMES—CAATE requires we develop a plan for assessment and outcomes. Out of the 109 CAATE standards, outcomes represent 10 of these standards which state (actual standard number): "4) Develop a plan: There must be a comprehensive assessment plan to evaluate all

aspects of the educational program. Assessments used for this purpose must include those defined in Standards 6 and 7. Additional assessments may include, but are not limited to, clinical site evaluations, preceptor evaluations, completed clinical proficiency evaluations, academic course performance, retention and graduation rates, graduating student exit evaluations, and alumni placement rates one year post graduation." 5) Develop a plan: The plan must be ongoing and document regular assessment of the educational program. 6) Assessment Measures: The program's assessment measures must include those stated in this Standard (6) and Standard (7) in addition to any unique metrics that reflect the specific program, department or college. The assessment tools must relate the program's stated educational mission, goals and objectives to the quality of instruction, student learning, and overall program effectiveness. 7) Assessment Measures: The program's BOC examination aggregate data for the most recent three test cycle years must be provided and include the following metrics: Number of students graduating from the program who took the examination, number and percentage of students who passed the examination on the first attempt, and overall number and percentage of students who passed the examination regardless of the number of attempts. 8) Assessment measures: Program must post the data from Standard 7 on the program's home page or a direct link to the data must be on the program's home webpage. 9). Collect the Data: Programs must obtain data to determine program outcomes as indicated in Standards 6-8 (above). 10). Data Analysis: Programs must analyze the outcomes data to determine the extent to which the program is meeting its stated mission, goals, and objectives. 11. Data Analysis: Programs must meet or exceed a three year aggregate of 70 percent first-time pass rate on the BOC examination. 12. Action Plan: The results of the data analysis are used to develop a plan for continual program improvement. This plan must:

- a. Develop targeted goals and action plans if the program and student learning outcomes are not met; and
- b. State the specific timelines for reaching those outcomes; and
- c. Identify the person(s) responsible for those action steps; and
- d. Provide evidence of periodic updating of action steps as they are met or circumstances change.
- 13). Action Plan: Programs that have a three-year aggregate BOC first-time pass rate below 70% must provide an analysis of the deficiencies and develop an action plan for correction."

In order to fulfill 10 out of the 109 CAATE standards I do the following:

- a) We have preceptors complete clinical evaluations of the students twice a semester. Preceptors then review each clinical evaluation with the student to discuss their strenths and weaknesses.
- b) We collect BOC first time pass rate as well as overall pass rate regardless of attempts. Last year we had 17/20 students pass on the first attempt. Our 3 year first time pass rate is 94% and our overall pass rate (taking the test as many times as they want to pass it) is 100%.
- c) As previously mentioned, I collect transcripts from students each semester to track their CGPA.
- d) We track retention and graduation rates each year.
- e) We conduct competency checkoffs for each student (as mentioned above).
- f) After each semester our AT students complete surveys on their clinical site and preceptors. At the end of the academic year I make reports for each clinical site (n=19: 14 outside, 5 on campus) and preceptor (n=26). The reports are time consuming due to the number of clinical sites and preceptors (see below one preceptor report, one clinical site evaluation). All these reports (n=55 last year) are extremely time consuming and I feel like I have completed several different projects by the time I am done with these reports. All reports are then sent to the preceptor and discussed if there are problems. g) Students complete a senior exit survey to state their level of competence in specific AT areas as well as strengths and
- g) Students complete a senior exit survey to state their level of competence in specific AT areas as well as strengths and weaknesses of the overall program. I compile a report similar to the clinical site and preceptor evaluation.
- h) After I analyze the data I have to complete an action plan. The action plan includes ways to continue to improve the program.

 As previously indicated this represents 10 out of the 109 standards I have to meet each year.
- 7) Annual Report Each year CAATE requires all schools to submit an annual report. Last year CAATE changed for the third time, to a new data entry system. The new system is called e-accreditation and big pain in the butt! We are responsible for entering in all information from the students the past 3 years. This includes: PID number, BOC ID number, if they graduated, year they graduate and where they went after graduating (entered graduate school for AT, other program, employed as AT, etc) which then matches up to the BOC and states if they passed on the first attempt. The system then calculates the BOC pass rate. This is done so we cannot cheat on our website as CAATE then versifies our website with the BOC for the first time pass rate. After we enter in the students information, we then complete the annual report which consists of 6 sections. The following are some things (definitely not everything) we have to include in these six sections: 1) General Program Information total males, females, race of each student, 2) Applicants and Enrollment –

how many students we interviewed, accepted, how many students are enrolled in program, percentage of students employed as an AT, 3) Faculty - program director information, core faculty in ATEP, vacancies we have for faculty, ratio of clinical education to students, contact hours of teaching for faculty, 4) Program Operations - in and out of state tuition, personnel costs, operational costs, any changes to AT budget, 5) Outcomes - we have to state one outcome of our program, how we measure the outcome, assess the outcome, how our benchmarks were met and/or not met, how we made changes to meet this benchmark, and 6) Access to Information and Compliance – access to URL for specific website areas for AT, overall compliance with program. This annual report consists of a total of 45 questions in addition to entering the student information

8) I also speak to incoming students and their parents in person, via e-mail, during the KIN 126 and KIN 227 classes, and tour potential high school candidates.

2. Service within the Broader Community:

As a representative of the University, list significant contributions to local, national, or international communities that have not been listed elsewhere. This can include (but is not restricted to) outreach, MSU Extension, Professional and Clinical Programs, International Studies and Programs, and Urban Affairs Programs. Appropriate contributions or activities may include technical assistance, consulting arrangements, and information sharing; targeted publications and presentations; assistance with building of external capacity or assessment; cultural and civic programs; and efforts to build international competence (e.g., acquisition of language skills). Describe affected groups and evidence of contributions (e.g., evaluations by affected groups; development of innovative approaches, strategies, technologies, systems of delivery; patient care; awards). List evidence, such as grants (refer to Form D-IVE), of activity that is primarily in support of or emanating from service within the broader community.

1. Evi dence of Other Scholarship:

Cite evidence of "other" scholarship as specified on p. 2 in the "summary rating" table (i.e., functions outside of instruction, research and creative activity, and service within the academic and broader community). Address the scholarship, significance, impact, and attention to context of these accomplishments.

2. Integration across Multiple Mission Functions:

Discuss ways that your work demonstrates the integration of scholarship across the mission functions of the university—instruction, research and creative activities, and service within the academic and broader community.

My work directly relates to the College of Education through my research in the Mid-Michigan high schools. I work closely with Athletic Directors, coaches, and students to educate them about the signs and symptoms of concussion, dangers of playing with a concussion, and return to play protocols. I go to parent meetings at local high schools, youth football, soccer and lacrosse, and explain what to look for if their child has a concussion. I also work with over 14 licensed athletic trainers in local high schools who are affiliated with Sparrow Hospital, McClaren Hospital, and various physical therapy clinics. I help these schools administer baseline tests and post-concussion tests. My students and I have administered baseline tests to over 500 youth athletes under the age of 13 years old. Moreover, we have administered over 5000 baseline tests to Mid-Michigan high school athletes over the past 5 years. I also bring my scholarly research into my athletic training classes. We discuss the various concussion position statements, do hands-on learning by having my students administer and take all the various concussion assessment tools, and integrate these into my undergraduate research laboratory meetings. In addition, I collaborate with colleagues in the Departments of Radiology, Neurology, Osteopathic Medicine, and Intercollegiate Athletics on various concussion research projects.

3. Other Awards/Evidence:

Cite other distinctive awards, accomplishments of sabbatical or other leaves, professional development activities, and any other evidence not covered in the preceding pages. (If the reporting period differs from the usual review period, then justify and support that period here.)

FORM D - IV D ADDITIONAL REPORTING

I was award NATA Fellow in 2016. According to the NATA "The NATA Fellows program recognizes professional achievement in research and/or education, combined with service to the profession. Only the most accomplished scholars in the athletic training profession earn this distinction and are allowed to use the prestigious designation of "FNATA."

List grant proposals submitted during reporting period relating to teaching, research and creative activities, or service within the academic and broader community. Include grants in support of outreach, international, urban, and extension activities.*

					Status	1		
	Name of Granting Agency (Grantor:) Focus of Grant (Focus:)	Date Submitted	\$ Amount Requested	Pending	\$ Amt Funded	Not Funded	\$ Amount Assigned to Faculty Candidate (if Applicable)	Principal/Co- Investigators (if not faculty candidate)
_	Instruction NONE							
_	Research/Creative Activity							
	Grantor: Center for Disease Prevention and Control (CDC)	March 2017	\$ 1,500,000			X	\$ 262,879	
	Focus: Randomized control trial evaluating the youth soccer players. My role for this 3 year study savings (10% of my time), 1 graduate assistant, a	ly is site PI. Fu	ands awarded to					
	Grantor: BrainScope	Jan 2017	\$158,978		\$158,978		\$158,978	
	Grantor: BrainScope	Jan 2016	\$146,230		\$146,230		\$146,230	
	Grantor: BrainScope Focus: Objective Brain Function Assessment of 1 year grant. I was responsible for day-to-day op which was spent on my salary savings and summ participant remuneration. Grantor: BrainScope	 mTBI from Ini erations of the	tial Injury to R grant, supervis	ing data col	and Treatment lection, data en	ntry, and bu	tion in Collegiate Athudget. Funds awarded	to MSU was \$146,230

^{*}Anyone with an MSU Net username and password can log onto the web-based Information Reference database, maintained by the Office of Contract and Grant Administration, to search for records of proposals and grant awards by principal investigator. Printouts may be attached to this page.

			1			I	T			
	Status									
Name of Granting Agency (Grantor:) Focus of Grant (Focus:)	Date Submitted	\$ Amount Requested	Pending	\$ Amt Funded		\$ Amount Assigned to Faculty Candidate (if Applicable)	Principal/Co- Investigators (if not faculty candidate)			
Grantor: BrainScope	Sept 2016	\$273,687		\$273,687		\$273,687				
Focus: Objective Brain Function Assessment of r this 1 year grant. I was responsible for day-to-day which was spent on my salary savings and summ hourly pay, and participant remuneration.	operations of	f the grant, supe	ervising data	collection, dat	ta entry, ar	nd budget. Funds awar	ded to MSU was \$273,687			
Grantor: USA Football/Datalyst Research Center	June 2016	\$18,000		\$18,000		\$18,000				
Focus: Examining youth football injuries in Lo Football Head-Ups course. I was lead PI on this 1 budget. Funds awarded to MSU was \$18,000 whi	l year grant. I	was responsible	e for day-to-	day operations	of the gra	nt, supervising data co				
I.										
	January 2016	\$10,000		\$10,000		\$10,000				
Focus: Epidemiology of youth boy's and girl's lacrosse injuries. I was lead PI on this 1 year grant. I was responsible for day-to-day operations of the grant supervising data collection, data entry, and budget. Funds awarded to MSU was \$10,000 which supported an athletic trainer for data collection.										

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GRANT PROPOSALS

List grant proposals submitted during reporting period relating to teaching, research and creative activities, or service within the academic and broader community. Include grants in support of outreach, international, urban, and extension activities. In the description please indicate your role, the total fund allocated to MSU, and the extent to which those funds would support salary savings in terms of percent effort, summer pay, graduate assistant support, and equipment.

				Status		Funding Amount	
Name of Granting Agency	Date Submitted	Funding Requested	Pending	Amount Funded	Not Funded	Assigned to Faculty Candidate (if Applicable)	Principal/Co- Investigators (if not faculty candidate)
. ALL RESEARCH	1		<u>'</u>		•	1	
Grantor: BrainScope	2015	\$134,191		\$134,191		\$134,191	
was \$273,687 which was spent on my salary saving. MRI scan time, hourly pay, and participant remuner		pay (30% of my	time),	salary	savings, 4	l graduate assistan	its (1/4 for AY).
Grantor: Joe Pentecost	2015	\$44,000		\$44,000		\$44,000	
to MSU was \$44,000 which was spent on my salary participant remuneration.	savings and s	summer pay (20%	of my time), 1 graduate assis	tants (1/4 :	for AY), hourly pa	ay, and
Grantor: USA Football/Datalyst Research Center	2015	\$18,000		\$18,000		\$18,000	
Focus: Examining youth football injuries in Leag USA Football Head-Ups course. I was lead PI on the entry, and budget. Funds awarded to MSU was \$18,	is 1 year gran	t. I was responsibl	le for day-to	o-day operations of	f the grant	, supervising data	collection, data

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	101011	D IVE OR	111111111111111111111111111111111111111	TOSTILIS			
Grantor: National Collegiate Athletic Association (NCAA) Mind Matters Research Challenge	2015	\$400,000			х	\$175,000	
Focus: Concussion culture change APP (CAPP): collegiate student-athletes. I was lead writer and development been spent on my salary savings (10% of my tiparticipant remuneration.	eloper of CA	APP program. Fund	ls awarded	to MSU would ha	ve been \$1	75,000 (2 years)	which would
Grantor: National Institutes for Neurological Disorders and Stroke (NINDS). R01 application	2015	\$2,494,593.00			x	\$1,412,530	
Focus: Validation and application of self- powered football athletes. I was lead PI on this 5 year grant a spent on my salary savings (40% of my time), 2 grad	and primary g	grant writer. Funds	awarded to	o MSU would hav	e been \$1,4	412,530 which w	
Grantor: National Science Foundation	2015	\$1,435,678			x	\$587,184	
Focus: Collaborative Research: Self-powered Helmowas lead on this 4 year grant. I wrote 3 salary savings (20% of my time), 1 graduate assistant	35% of this g	rant and the funds	would have	e been \$587,184 to	MSU. Fu	nds would have t	peen spent my
Grantor: Center for Disease Prevention and Control (CDC)	2015	\$587,402			x	\$587,402	

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Grantor: National Operating Committee on Standards for Athletic Equipment	2015	\$242,253			X	\$242,253	
Focus: A Prospective Examination of Neurocognitive related Concussion. I was lead on this 2 year grant and my salary savings (20% of my time), 1 graduate assista	wrote 60% o	of this grant. The f	funds would	have been \$242,25			
Grantor: National Operating Committee on Standards for Athletic Equipment	2015	\$247,942.00			X	\$76,836	
Focus: A prospective examination of vestibular and oc athletes with concussion. was lead on this 2 y been spent my salary savings (10% of my time), 1 grad	year grant an	d I wrote 30% of t	this grant. Th	ne funds would have			
Grantor: National Operating Committee on Standards for Athletic Equipment	2014	\$243,589			X	\$118,893	
Focus: Comparing the acute and sub-acute sensitivi on this 2 year grant and I wrote 35% of this grant. T my time), 1 graduate assistants (1/2 for AY), and page 1.	The funds wo	uld have been \$11					was lead avings (15% of
Grantor: NineSigma Proposal for Head Health Challenge 2	2014	\$400,000			X	\$400,000	-
Focus: Piezo-floating-gate sensors and data-loggers year grant and I wrote 70% of this grant. The funds 2 graduate assistants (1/2 for AY), helmet sensor m	would have	been \$400,000 to	MSU. Funds				
National Institutes for Neurological Disorders and Stroke (NINDS). R21 application	2013	\$419,546			X	\$419,546	
Focus: Factors affecting compliance with cognitive this grant. The funds would have been \$419,546 to for AY), concussion tools, and participant remunerations.	MSU. Funds						

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	2013			X		
Grantor: National Operating Committee on Standards for Athletic Equipment		\$388,295.00			\$388,295.00	
Focus: Examining factors that predict short-te and I wrote 60% of this grant. The funds would by graduate assistants (1/2 for AY), equipment, and	have been \$388	8,295 to MSU. Funds wo				
Grantor: NFL/GE Brain Challenge	2013	\$300,000		X	\$300,000	
athletes. I was lead PI on this 1 year grant. The fine), Co-PI salary savings, 2 graduate assistants	unds would has (1/2 for AY),	ve been \$300,000 to MS equipment, and participa	J. Funds would have be nt remuneration.		n my salary saving	
athletes. I was lead PI on this 1 year grant. The fine), Co-PI salary savings, 2 graduate assistants Grantor: Joe Pentecost Focus: Concussion education and management a	unds would hat s (1/2 for AY), 2013 umong urban hi	ve been \$300,000 to MSI equipment, and participa \$9,500 igh school athletes, paren	J. Funds would have be nt remuneration. \$9,500	en spent or	n my salary saving	gs (37.5% of m
Focus: Feasibility of virtual reality and neurocognithletes. I was lead PI on this 1 year grant. The fixime), Co-PI salary savings, 2 graduate assistants. Grantor: Joe Pentecost Focus: Concussion education and management a participant remuneration, meals for high school assistants.	unds would hat s (1/2 for AY), 2013 umong urban hi	ve been \$300,000 to MSI equipment, and participa \$9,500 igh school athletes, paren	J. Funds would have be nt remuneration. \$9,500	en spent or	n my salary saving	gs (37.5% of m

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Grantor: NINDS	2013	\$153,500			X	\$153,500	
Focus: Assessing brain connectivity alterations is the majority of this 2 year grant. The funds would MRI scan time, and participant remuneration.							lead PI and work alary savings,
Grantor: NFL Charities	2011	\$99,042			x	\$99,042	
Focus: Is there a better way to identify concussio were for salary savings (10%), 1 graduate assista				-field test for conc	ussion. I w	vas lead on this 1 y	ear grant. Funds
Grantor: National Operating Committee on Standards for Athletic Equipment	2011	\$283,554			X	\$283,554	
Focus: Concussion Surveillance System for Yout time), athletic trainer pay and participant remune		ead on this 2 year	grant. Fund	s were for salary sa	vings (12.	5%), 1 graduate as	ssistant (1/2
III. b Service – Broader Community - NONE							
ii. Professional/Patient Care Activities Grantor: NONE							
Focus:				,			
vi. Urban Affairs Programs Grantor: NONE]				
Focus:		I		1	1		
v. Other Grantor: NONE			1				
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