

Lisa Baermann – Senior Director of Fund Development & Alumni Relations

Lisa Baermann: Welcome parents! I'm excited to be with you today as we share Concordia's Masterclass. Masterclass was an idea that was created as Suki and I visited with faculties around Concordia fun projects. We realized just how truly exceptional our faculty are, and how they are experts in their fields. They are scientists, composers, authors, artists, and experts in many areas. Each day, they bring these experiences to the classrooms with our students. We can learn a lot from people outside of our walls, but we can also learn a lot from the people right here. Concordia's Masterclass is an educational experience that was created just for you, our parents. We hope you enjoy!

Today, I'm visiting with Dr. Jennifer Rizzo, the most well-known, probably as Rizzo, and we are in her athletic training room. So, this is a little bit different kind of venue for us. Let's see how it goes.

Dr. Jennifer Rizzo – Athletic Trainer & Wellness Coordinator

Lisa Baermann: Thanks for sitting down with us today!

Jennifer Rizzo: Of course! Thank you for having me.

Lisa Baermann: You are Concordia's athletic trainer and wellness coordinator. I feel like we are pretty fortunate to have someone like you and this program on our campus. Can you tell us a little about what you do here?

Jennifer Rizzo: Yes. So I have two roles on campus. I treat our faculties and staff, and that's more of the wellness piece. I also work with our student athletes after school, get them ready for practice, treat any injuries that come through. So, the wellness piece, we have an outstanding understanding here, and so I worked with some of our teachers on creating fitness plan, wellness plan, diet, nutrition, that kind of things. And I also do physical therapy on our teachers' needs.

Lisa Baermann: What led you to the career you have in athletic training and sports medicine.

Jennifer Rizzo: Well, when I was a junior in high school, I was in an anatomy physiology class, and we went to one of the local junior colleges in Southern California, and I thought that was the coolest thing. From that point on, I wanted to be a physical therapist. So, I went into college thinking, "I am doing physical therapy. This is what I'm going to do." God has different plans for me. Physical therapy wasn't in the books, but I met the most amazing athletic trainer while I was playing volleyball there. So, he really opened my eyes to being able to look and treat student athletes and introduced me what athletic training was. So, I transferred schools and changed my major to athletic training, and the rest is history.

Lisa Baermann: You have obtained a number of certifications: nutrition, first aid, concussion, and other injury related trainings, coaching. What are some of those that you feel are most important to you?

Jennifer Rizzo: I'm a life learner, and I think there's no point ever in my life am I done learning. I learn every day from student athletes that come in; I learn from tough cases that I work with. And so, as I work with more and more people, I realized there's different things that I just want to branch out and start. I want to know more. I want to know why the body does what it does. So, I did the concussion certification, which I thought was super important. One thing that I really wanted to bring here is return to learn, and understanding how as a student athlete, we are a whole person. We are not just the athlete on the court or on the field, we are also the athlete that has to turn around and go to Chemistry or English, and they have to sit through these classes. If their brains are not working optimally for the court or for the field, there's no way their brains are going to work optimally in the classrooms as well. And that was one of the certifications that I spent a lot of time. I took note after note, and I've actually applied a lot of that here. Some of the other certifications were things that I was just interested in, and I wanted to just be able to be more well-rounded. Athletes talk about nutrition all the time with me, and staff comes in and ask me about nutrition. You know, I understand nutrition, and I taught nutrition at university, but I didn't have the full *how do you become a nutrition coach*. How do you really help someone when they walk in and say, "these are the things I'm struggling with." How do I get them to their goal? So, those certifications just came in handy of just trying to figure out how to become more organized on my end to help someone achieve their goals.

Lisa Baermann: You have also published a number of papers, both in United States and done presentations in Asia. And one of the areas that you have focused on is bilateral thoracic outlet syndrome. Now, what I know about that is limited to it is somewhere here (points toward the area between collarbone and the first rib). So, could you share with us a little bit about why this is interesting to you, and what would you want to share with us about that?

Jennifer Rizzo: Right, so, bilateral thoracic outlet syndrome, also known as TOS. It is considered rare disease. And so, I've had four student athletes with different versions of thoracic outlet, and most of the athletic trainers would never see it in their career. So, I decided to do a case study on one particular person, and it's unique because that person had pain on both arms. So really what thoracic outlet is there's the two muscles in the neck, and they form like a triangle with the bone at the bottom right here. So, your first rib and then your scalene muscles, and the nerve and artery come out of that and go down rest of the arm. If there's any kind of impingement for any reason within this little triangle, that creates numbness and tingling. It can create blood flow issues, blood clots, things like that. But the unique part about thoracic outlet is every person that I have doubt with has completely different symptoms. So, I wanted to write a case study on one patient particularly that had it in both arms. But having it in both arms, there are two completely different presentations. This is a really cool example of how someone with the same exact thing can have very different presentations, and it's not the variables that we are worrying about. There's no variables because it's the same person, right? And so, I started writing this case study and ended up getting it published. It's in the *International Journal of Athletic Therapy and Training*. That was published actually last year. And then, I did a lot of presentations on it. I've done a couple poster presentations while I was in Japan, China, and in Florida. I think it's a really cool case, and I think it's something that is great to share with other health care workers. I've actually reached the people all over the world, have emailed me as a result of that case, and just said, "hey, thank you for sharing this, and these are the things I'm struggling with, and what do you recommend?" So, I'm able to reach beyond our small community here and get out to, really, the world.

Lisa Baermann: It makes me wonder if there are other interesting things that you have seen in your work, aside from the ones that we might talk about later that are kind of common. What do you call home about, what do you say, "you are not going to believe what I just saw."

Jennifer Rizzo: You know, I mean, the day-to-day injury that I see, it is what it is. I don't know if I have seen anything that is super spectacular here, but I think what is really cool is the difference between treating patients in United States versus treating patients in Asia. There's a lot of cultural differences. And so, first I was just don't know how to help certain people because I didn't understand culturally why they didn't actually want help from me. And a lot of people didn't know what athletic trainer is, and that's another piece of this puzzle. United States, there's legislation across all fifty states, and so if you as an athletic trainer, most people have an idea what you are. Here, when I'm say I'm an athletic trainer, a lot of time they think of personal trainer. And yeah, I can do that, I do have my personal trainer certificate, but that's not really what I'm here for. And so, educating our student athletes on what my role is as an athletic trainer, educating parents, I'm reaching to say, these are the things that I can do to help. So, in a nutshell, I do injury prevention, I do injury evaluation, I do injury rehabilitation, and then return to play. So, I really see the athletes from the second they get injured till the moment they return back onto the field. And so, explaining that culturally is difficult, and just

me learning. Now, I understand, ok, when I have a parent that doesn't understand my role, I do need to do a better job at explaining that and helping them understand that. And then, also helping the child to understand that it's ok to come in here, even if it's just ingrown toenail, I might actually be able to help you with something that seems minor, get back on the court or field without actually missing any practice or playtime.

Lisa Baermann: Do you feel like athletic training is making advancements here in China? Is it something that growing as a field?

Jennifer Rizzo: Definitely in China. The Chinese government, just recently, about a year ago actually, reached out and posted a hundred jobs in United States, and the reason they went to United States is because athletic training is an US profession. They are looking for athletic trainers to come to China to help with the Olympics, and they understand the value of what an athletic trainer offers. So, there is a lot of recognition from the IOC, International Olympic Committee, of what athletic trainers can offer. In Shanghai, in particular, we had, at one point, six schools that had athletic trainers, full-time staff athletic trainers. And that's amazing. When we would go to the APAC events, we had an athletic trainer almost every single major sport event between the different schools. There's a lot of value seen in athletic training definitely here in Shanghai.

Lisa Baermann: What would parents want to know about what you are doing here?

Jennifer Rizzo: So, there are usually about ten kids in here right after school, and I've got one kid on every table. So, say, we will use soccer as an example, so I did a lot ankle taping for soccer. So, I lined them up on the table, and just one after the other, tape those ankles, tape the wrists, tape the fingers, go to the practice. And then I have some kids that aren't able to practice, and so they usually come and wait until I'm done getting everyone who can go to practice out, and then we do rehabs. And so I do about two hours worth of rehabs with kids after school. I've done ACL rehabs, and I've done a lots of ankles sprain rehabs, and they do all the stuff they need to do. They go finish watching practice, and when they are ready to be clear, then I will clear them eventually to go out and return back to play. We look at the athlete as a whole athlete, and so they need to come in here, I teach them about proper rest, hydration, eating, the exercises they need to do to prevent injuries but also to rehab from those injuries, to get them back out.

Lisa Baermann: You have some equipment in here that we probably aren't that familiar with. There's something over here, can you share with us what kind of piece of equipment that is?

Jennifer Rizzo: That is the ultrasound stimulation, and that has multiple functions, and the stim part of it, electrical stimulation, is the full word. That is, we put pads on the body around injured spot, and we can either do muscle activation, and I can do pain relief treatment with them, I can do swelling control treatment with them. So, that's the electrical stimulation side of it. And then ultrasound is, it looks just like the ultrasound we do for babies, but I just can't see into the body with this machine, but they emit soundwaves that bounce off the tissues and warm the tissues up. So, it actually prepares the inside of the body for the treatment I'm going to do afterwards. So the soft tissues, the range of motions, it actually just enhances and makes that treatment just a little stronger. That's the electrical stimulation unit over there.

Lisa Baermann: How about this red box over here?

Jennifer Rizzo: So this is called the Game Ready. This is probably the one thing that I use the most. It's awesome. It's filled with ice water. There are those boots they put on, if that an ankle sprain, they would put on the boot, and it's filled with air and this cold-water flushes through. It's about 15-20 minutes of treatment, and it pushes all the swelling out. Literally, they would come in with an ankle that is ginormous, and they would come out back into its normal size, almost look like a normal ankle. Then I can wrap it up and do whatever else I need to do treatment wise.

Lisa Baermann: That's great! And then you have a treatment bath?

Jennifer Rizzo: Yes! It's the center piece of the room. So, this one, we actually fill ice and water, and cross country, track use the most. We definitely have coaches that are very proactive about making sure that athletes are getting proper treatments after practice to get them ready for competition or practice the next day. And so, filled with ice water, fifty to sixty degrees, and then we pile as many kids in there can fit. They go up to just about their knees, and cools down, pulls the lactic acid out of their legs, cools down the joints, ices anything that's sore, and gets them ready for the next day.

Lisa Baermann: As you've explaining some of the things that you do, referencing the equipment, I think you really have brought a division to collegiate program to a high school place. We are so fortunate, I mean, it's exceptional.

Jennifer Rizzo: The support of the upper administration is very obvious, and how they support financially. They support by having this amazing office. I will brag and say that I have the best office on campus, because I have a view of two gyms and field just from sitting on my desk, which help with our students' safety. It just makes my job easier to be able to see the whole campus, but you definitely see that support, feel that support. You know, we can grow, we can continue to grow as an athletics program on this campus, but again, I reach beyond just athletics, and I keep our staff, our faculty healthy, and happy, hopefully. So, that wouldn't be possible if it wasn't the support that the school offers.

Lisa Baermann: What do you think is coming in athletic training and sports medicine? What's being discussed right now?

Jennifer Rizzo: You know, concussion is still a big topic that we are tackling, because science is constantly changing, we are learning more about what the brain does. We are learning more about how to have active recovery versus just sitting in a dark room. We are just learning more about the body's wants, needs, and does. So, we are going to continue to push, and concussion is always going to be a hard topic. For me, I've been doing a lot of research and listening to podcasts and just some of my mentors that I have found online of the lymphatic system, and how the lymphatic system helps with healing and ways that we never really thought about. I actually just did a presentation for the Asia Pacific Athletic Trainer Society, and it was on lymphatic system, and what is happening in the body when there's an injury. Basically, it's just a bunch of tubes, and they get clogged when they get clogged, just no good things can get into that area. We want all the modally fluids in that area, that sounds gross, but we want all the good stuff in there, called the good jujus, right? We want all the good jujus in the ankle, and we want all the bad stuff out. So, by paying attention to something as simple as the lymphatic system, and being able flush it out and move fluent, and looking at the body as, "yeah, you have a sprained ankle, but how is it all connected?" That ankle is connected to a knee, and that knee is connected to a hip. So, understand the body as a whole, is where athletic training is moving forward. I want to see, personally, as look at chronic injuries through a different lens, and I think that's important, and so, that's what I tried to do here. An acute injury is an acute injury; you sprain your ankle, unfortunately, when you step on someone's ankle, that happens. That's ok, we treat that injury, and we can treat that injury, but those chronic injury, the sore knees, that just don't go away. Those are the things that we just have to find a different way to look at those injuries, and that's what is coming in athletic training.

Lisa Baermann: As you mention the discussion is still around concussion, and I think as parents, we have a heightened sense of awareness in this. When I was a child, we did quite have the same attention to it. I've had

three concussions myself, none of them happened during organized athletics. What is changing now in the world of concussions that you can share with us?

Jennifer Rizzo: We are getting a better understanding of how sensitive the brain is, and how easy it is to have concussion. We are also realizing that the brain doesn't have to be as baby as much as we thought it did originally. So, back in the old days, we used to say, you have to be in a dark room, you don't want the person go to sleep at the night, make sure you wake them up multiple times throughout the night. And now, we are looking at it and say, "hey, the middle of the night is the brain's opportunity to reset and to heal" So, if we are constantly waking it up and stimulating the brain, then we're just not letting it turn off and just do what it needs to do. If we are talking about an orthopedic injury, we want to rest, and we want to compress and to elevate, right? We want to create this environment that promotes healing. But if we are constantly wake someone up would not create that environment. So, the current way of concussion treatment: let the person sleep and turn off electronics, what stimulates and brain. Electronics are filled with blue light, that blue light is creating this environment that brain just keep going and going. Turning that off, again, we calm the brain down, and we let it do what it needs to do to heal. I told our athletes, "I want you to eat frequently throughout the day," because our brain is an organ just like everything else, it's a muscle, it needs that nutrient in order to heal, and so continue to feed that brain. But the one thing that we've always done, and this is what the big thing that's changing is we've always said, "no sports, you're done, it's complete rest." I still agree with that, and that's what we still follow. We have a very detailed concussion return to play protocol here, and that is a minimum of five days without symptoms before they can return back to their sport. But what I do in here in between that is critical. So, we get them on the bike, we get them walking. We do vision therapy in here. I put posted notes on the back of my door, and they have to do different things with focusing, moving their eyes, moving their head, and we're teaching the brain how to utilize the eyes in order to heal. We're teaching the body how to, basically, putting blood flow back in that brain by getting to work out, but we're doing it in a very controlled manner. And so, I am monitoring what their blood pressure looks like; how high their heart rate gets, and these are all things that I want to monitor to get them back into their sport quicker. I think that's where the big change is. They're not going to go back and play their sport before they're ready. That is one thing that we do not want them to have two concussions back-to-back, because that can be life threatening, really. And so, I don't consider myself super conservative when it comes to treating injuries, but when it comes to concussions, I won't cross any lines. When you have a concussion, you're out of your sport.

Lisa Baermann: But you are continuing to work with them?

Jennifer Rizzo: Every day. I want them in my office every day. I monitor students' symptoms every day; I want to know how they're responding in the classroom; I want to know are their grades changing, are they having difficulty reading. These are all things that we don't look at normally, because it didn't matter

if they could read as long as they can go play soccer, it doesn't matter that if they can read. But the reality is, as the whole person, they spent eight hours a day in the classroom and two hours in the field. So, I need to make sure that what they're doing in the classroom is ready; their brains are ready to receive all that learning.

Lisa Baermann: You have training in some areas that would be more considered Eastern medicine than Western medicine, and you've actually you employ those here. I know that you do cupping, and dry needling. When my son first came home after you cut to him, I was like, "Oh my gosh! What happened!" But you've introduced these different ways. Is this happening in athletic training in general, or is this something that because you have an interest in them, and you're bringing it into your training here?

Jennifer Rizzo: Yeah. Ironically, I did all this Eastern medicine training in the West. I didn't do any of that here. I wanted to do it here. There is the language barrier which makes it harder to just go to any school and pick up what Eastern medicine techniques. So, I did all my training in the West. Cupping was my first, and it was something that I was really interested in, I wanted to understand more. And so, I started with that cert. Then I went in and did a course in what's called GuaSha, or scraping, or IASTM, or the kind of the three words that we use to explain it. It's basically, when you see people that come in, they've those big red scrapes and bruises along the top of their shoulder, that's scraping. You literally take a tool that's about this big, and you just scrape it down the skin, and it pulls the skin away from the tissues below it to allow all that to move. Then you add the cup in, and that cup pulls that tissue apart, and it literally creates space, just allows things to move fluidly. That's when we come in, and we're like, "Oh, things are sticky. My shoulder just doesn't move right." So, I create that movement by doing the different techniques that I have. I do dry needling. I only do it on the staff I don't do it on our students. And mostly because they're, they're minors still, and I just want to make sure that I keep that that professionalism there that parents are okay with everything. But for our staff that are interested, I will do some dry needling on them as well.

Lisa Baermann: You have a heart for fitness and overall wellness, how do you think that developed?

Jennifer Rizzo: I have been playing sports since I was able to walk. I was extremely competitive as a small child, and my mother needed me out of the house for own sanity. So, she put me into whatever competition, things that I could get into, and I naturally gravitated towards softball and volleyball. Those were my two sports that I enjoyed the most, and I ended up playing softball for about 11 years and volleyball for just as long and volleyball was the sport that I was the best at and ended up playing Division One volleyball for Georgia State.

Lisa Baermann: We have PE in our curriculum across all divisions. Why do you feel that that's important to have incorporated?

Jennifer Rizzo: In my opinion, movement is medicine, and so the body is made to move. We need to move. We've got kids that have this just built-up energy, and they love to just wiggle in their seats, and you know it's so important for us to be moving all the time, all day long. So, PE is an organized way to get the wiggles out, especially for our younger kids, for our middle, middle school kids, we're teaching them skills; we're teaching them fine motor skills we're teaching them gross motor skills; we're teaching them how to connect their feet to their head. You know, they're these weird, awkward growth spurts, and, you know, their feet become skis, but the rest of their body doesn't know how to catch up. So, we're teaching them in a safe environment, how to move with their body, how to understand how the body is able to move and teach them the things that they can and can't do. Mostly what they can do. Then we get into high school, and now we're teaching life learners of movement. We're teaching them how to love movement, we're teaching them to love being physically active. So, PE is less about a curriculum of these mile markers (we have to that), but it's also about just having the kids explore movement and understanding that it's okay to just crawl. Crawling is one of the fundamentals that we learn as babies, and it's one of the things that we lose. As we get older, it's so important to be able to connect our brains to our limbs. If you ask most of our adults on this campus to crawl, most of them can't. They lose that ability. You think about little kids and how they run up to a ball, and then they fall into the squat, and they just sit there. They just sit in the squat. It's like, "whoa, man, I wish I could do that as an adult!" We should be able to do that as an adult, and so that PE teaches us how to maintain that movement and keep moving over time.

Lisa Baermann: Sometimes we see high school students make a decision to stop playing sports or stop playing on a team in favor of focusing on academics. I was a three-season college athlete, played in high school. You were a division one volleyball player. So obviously, we value athletics. What would you tell parents about the importance of high school athletics?

Jennifer Rizzo: High school athletics is an opportunity to build teamwork. It's building leadership and athletes; it's teaching kids how to fail successfully and how to win successfully and humbly, right? Athletics is an opportunity for kids to just get blood flowing, that actually helps them in the academic piece. You know, and academics is something that we hold at such a high standard here, and I love that about our kids, but at the same time, movement is what kind of just grounds them throughout the day. So we do offer the PE, that helps grown them but athletics is just so important to keep them moving at a different level.

Lisa Baermann: We talked about this being the hub, so it is it is busy and it's noisy, but aside from it being a physical location of a hub. I think that students seek you out, you've built really strong relationships with our students.

Jennifer Rizzo: I have, and I've had some students actually come in here and ask to be like my little proteges. They want to come in and just learn. They understand when they walk in here that they can get their ankle tapes, and they're going to do their rehab exercises, but they don't always understand why, or know how to ask why I do what I do. And so, I've had a handful of kids come in and say, "hey I really want to just can I help can you teach me how to tape in ankle", "can you teach me how to do this I learned about this in school", or "I saw this on the news." They just want to learn, and so it's been a really cool opportunity for me to have the kids come in and seek me out to learn what I'm passionate about. Working at the university, we had an athletic training education program, and that's what I did all day long. I taught students how to become the next athletic trainers, and I missed that piece. So having those kids come in and say, "hey, this is what I want to do." I love it! I absolutely love it!

Lisa Baermann: Is it okay to be a multi-sport athlete?

Jennifer Rizzo: Every sport that our kids play allows them the opportunity to try something new, try something that they don't know they could be great at. And so, I love when our kids are doing multiple sports.

Lisa Baermann: Sometimes parents don't want their students to play sports because they're afraid of injuries. What would you say to them about that concern?

Jennifer Rizzo: You know we have just as much risk getting injured walking off a curb, outside of campus than we do, playing sports here on campus. It is a fear and it is something that we, you know, we want to be aware of, but we have the resources, we have me here that can help a student when they do get injured, get through that, and they can learn how to take care of their ankle now when they're fourteen, fifteen years old versus when they're 20 years old and don't have the resources on how to treat a sprained ankle. There is fear and concern, and those are valid. It's valid fear and concern on a parent's part, but at the same time like, there's so much more to gain by being a student athlete that when those injuries happen, Concordia has the resources to help those student athletes get through them. And so, I encourage parents to encourage their kids to play.

Lisa Baermann: What can students and families do to prevent injuries?

Jennifer Rizzo: The best prevention for injuries is strength, balanced training and flexibility. And so, from a strength perspective. It doesn't have to be hardcore, weight room, throwing all this iron around, it can be something as simple as bodyweight exercises and working on doing workouts and squats and pushups and burpees for days. Range of motion is, you know, stretching, and making sure that our joints work through the entire range of motion, versus if I wanted to move my shoulder, I should be able to lift my head all the above my head. Can I do that. if not then that's the ranges that I have to work on to get through there, and then balance is key. If you can stand on one foot and brush your teeth, that is definitely a huge injury preventer.

Lisa Baermann: Wow, standard what so now we're going to have a whole host of students, you know, at their sinks. One foot, I'm going to be at that sink trying this out.

Jennifer Rizzo: I love it, you should. You know, the brain, sometimes forgets where the body is in space, and so we have to remind it. So, forcing the body to balance, creates the connection between the brain and the foot. And so, when we're walking around and there's a curb. If I step off that curb, I don't have to look to know where that curve is in my body, my brain automatically knows that the hot second, I'm going to hit that ground and my foot is going to be there and it's going to land flat, and I just keep going. But if that isn't there, there's a disconnect somewhere between where the foot is going to land and the body can sense that. That's when we land on the outside of that foot and then we sprained an ankle. And so that proprioception, which is that balance, is a huge for injury preventer for students and doesn't matter what setting: on the field in the gym. Even table tennis, where we don't move our feet as much, but we still need to know where our bodies are in space.

Lisa Baermann: Yes. sometimes kids do get hurt. So, what are the most common little or smaller injuries that you see, and what are some of the bigger ones.

Jennifer Rizzo: The small ones jammed fingers. I've seen a lot of jammed fingers, and then ankle sprains. We see a lot of ankle sprains. Those are kind of probably the two biggest ones that we had this year from a small perspective. Ankle sprains feel big because they're hard to walk, but in the scope of an injury, and ankle sprain is a pretty minor injury. And then jammed fingers, those fingers they just get in the way. And the bigger one: so, the bigger ones I've seen a couple ACLs, we've had some broken bones. Ironically, I think all of our broken bones happened not in our sports. They happened off camera.

Lisa Baermann: So, say a student does get hurt. Can you walk us through how your department would partner with the student and family in this situation?

Jennifer Rizzo: So if they're injured on campus, say during a volleyball game, I'll bring them into this office, and assess what the what the injury is. Some of the injuries can be assessed on the court, you know. If it's a jammed finger I'll usually look at it right there, make sure that it's not something serious broken bone or dislocated. If it isn't serious and I can tape it up, then I'll just do that on the court and then I can send it back into play. If it is more serious then I'll bring them off the court and assess to see where that level of serious is: is it something where we need to call we need to take them to the hospital right now, or is this something that we can treat we can wait till the game's over, and I can wait for mom and dad to get here if they're not already here, and then decide where we need to send them. because not all injuries are urgent, not all injuries need to be in the hospital that night. Twenty-four hours actually tells us a lot. So, in the moment swelling goes down. Of course, yeah. So in the moment of the injury, it can always look sometimes worse than it actually is, and sometimes it actually doesn't look that bad and ends up being way worse the next day. And so if you give the body that 24 hour window, it will tell you what it needs done. I've had athletes literally come in and tell me that their 10 out of 10 pain, put them on crutches, they can't walk, contemplating going to the hospital, decide not to. The next morning they walk in hammy their crutches they're totally fine. So that's why I like unless that is, it's an obvious injury where we need to go to the hospital that night, I do like to sit on injuries for 24 hours and just let them kind of just do what they need to do. So, in here, I'll do a full assessment and see what the injury, what I think the injury is, I don't have X ray vision so sometimes, I have to send them, but I'll still do the assessment, and then I'll ice them down or do whatever treatments need to do, wrap them up to protect that body part, what the parents know, what the injury is or what I think the injury is. And then, what I recommend as far as like the next couple steps, whether it's to go to the hospital that day, or we can wait to do a reassessment the next day, and then I'll call the parents the next day and, you know, kind of give my 10 cents of what I think is going on. So yeah, that's kind of how we break down injuries.

Lisa Baermann: And then, after say, they were have to have surgery, or they're coming back, can you help through the rehab process?

Jennifer Rizzo: Yeah, yeah, of course, and I have had kids do some rehab here, and some rehab with physical therapists that they know off campus, and I think it's great. I know a couple physical therapists in JingQiao area, and we work well together and so being able to have that partnership with our medical facilities off campus, and myself allows it just to be a well-rounded full treatment for these student athletes. And so, I do. I can either do the whole rehab on my own, or we can partner, or if parents and the student is more comfortable, then they can stay off campus and do we have off campus.

Lisa Baermann: How convenient though to be able to just be right here and have it done.

Jennifer Rizzo: Oh yeah. And the nice part about doing rehabs with me here on campus is it helps me return the athlete back to their sport faster, because I know exactly where they are and they're in the process right and the healing process. So, when they're functional and I've gotten them in here doing box jumps and ball slams and whatever, you know, more sports specific drills, then I can kind of slowly that release them back out. So, if we're in the middle of a soccer season, I can have them go out and do kicking up and down the field by themselves. They're not a part of practice yet, but we can get them doing a lot of stuff where they're more involved with the team. They're doing more functional stuff. And then when the doctor gives us the clear, they are ready to go. They're out there with no hesitation with their peers and teammates.

Lisa Baermann: You're really able to help build that process along scaffold up so they're returned. That's great! If a student gets hurt at home, what can parents do? What advice do you give parents?

Jennifer Rizzo: So RICE is usually the best. The best method of treatment up front. So RICE is rest, ice, compress and elevate. So we want to rest meaning just get off that body part. So if it's the ankle, have them sit down, and you can elevate so lift injured and limb above their heart. And so if they're laying down, then they just lift the leg up above the table. Then put some ice on there, and then the compression is basically can be an ace bandage. If it's the ankle could be like an old ankle brace that they have sitting around, and then put that on to sleep with an ankle sprain. I usually just say put a sock on, put like a basketball sock on, something that's a little bit higher like kind of up to the calf muscle. And that's just enough compression to allow the body to kind of keep some of that swelling out until they can either see a doctor or come in here and see me.

Lisa Baermann: At some point, high school ends, college ends, and we're not playing competitive sports like we were. What kind of advice do you give to our alumni or future alumni, parents, faculty about living a lifestyle that's healthy or creating ways to maintain a healthy lifestyle?

Jennifer Rizzo: When an athlete leaves their sport. Nothing can create the same environment that you were in team sports, and that's what's so amazing about being a part of team sports and having the discipline of a coach and having the discipline of just being there and being accountable to your teammates. If coach tells you to be at practice, you're going to be at practice. Once you leave that competitive

atmosphere you no longer have that person that's telling you that you have to do anything, and so the mindset changes. So instead of finding working out to work out, find something that's fun, join an adult league that they may not practice five days a week, but you still get to play the sport that you enjoyed that you were playing before, or find something new and reach out and just get uncomfortable and find a new comfortable and an uncomfortable moment by finding a new sport, by finding a new skill, by finding something that is just entertaining to you. When I was done as a college athlete, I did Cross Fit for a while, I did yoga and Pilates for a while. I trained for half Iron Man's, I've run multiple races and, you know, I kind of found my combination of things that I've really enjoyed. I never knew that I could be a decent swimmer until well after college, and I kind of wish that I would have known, because I probably could have been a decent swimmer. So, I've enjoyed finding different sports, and as I continue to go through life, I find that CrossFit was an amazing experience for me that I really enjoyed, but my body doesn't love that as much. So now I found HIIT training, I do high interval training instead. And just my body likes that better. I don't hurt quite as much. And so, you know, every person has their thing that they're good at, and they just may not know it yet. So, my advice would be to find your new passions. Find ways to be active, whether it's hiking, swimming, riding a bike, doing fitness classes, whatever that seems to be.

Lisa Baermann: Thank you so much for visiting with us and for sharing ideas in ways that we can live more healthy lifestyles and active lifestyles.

Jennifer Rizzo: Yeah, thank you.