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# BOSTON STRONG

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## HEROES AMONG US

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*By Jordan Grantham, Nadia Hill and Jaimie Siegle*



*Each year, thousands of athletic trainers join the 1,800 medical professional volunteers at the Boston Marathon, an event that draws elite runners from all over the world. Following the deafening explosions at the finish line, a nation watched helplessly as spectators and athletes fled from the scene while the medical volunteers – 50 of whom were athletic trainers and their AT students – ran toward it. Putting into action a highly organized emergency plan they hoped they'd never have to use, the Marathon's medical volunteers exhibited unwavering courage that unquestionably saved the lives of many.*



REUTERS/Jessica Rinaldi

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**ne of the  
most com-  
prehensive  
medical  
teams in  
the world”**

As the Boston Marathon’s medical coordinator for the past 19 years, Chris Troyanos, ATC, oversees a medical team of more than 1,800 volunteers including physicians, athletic trainers, physical therapists, nurses and EMTs. The volunteers are stationed throughout the 26.2-mile race route and inside two large medical tents that are each about the size of a city block.

Medical Tent A, located about 75 yards past the finish line, is composed of 15 sections with 10 cots each. A multidisciplinary medical team including a physician, AT, PT, nurse, IV nurse and medical records technician work together to take care of the athletes in each section. Within Medical Tent A are specialty areas: ICU, Boston EMS, podiatry and heat illness. The 2012 race took place on an unseasonably hot day so the heat illness section of the tent was incredibly important; the medical team treated more than 2,300 runners for heat illness, many with core temperatures from 105 to 109 degrees. Thanks to the

exceptional care of the medical team, those high temperatures didn’t result in any fatalities.

Athletic trainers have been a critical component of the finish line medical team since it was instituted in 1977. More than 130 ATs and AT students worked the 2013 marathon under the supervision of Finish Line Physician / AT Coordinator Brian FitzGerald, BSN, ATC, LAT. FitzGerald oversees the “chute,” the section of the race between the finish line and Medical Tent A. ATs and AT students are utilized to form the wheelchair sweep team in the chute, tasked with whisking extremely fatigued runners from the finish line to the medical tent for treatment.

Under the leadership of Troyanos, the medical coverage for the Boston Marathon has continued to grow each year. The BAA Medical Committee begins meeting in December to prepare for the race each April. “[Troyanos] adds layers every year,” FitzGerald said. (Troyanos was unable to comment for this article.) “It has to be one of the most comprehensive medical teams in the world.” Troyanos recently added a cardiologist from a local hospital to serve as his co-director, and together they have implemented a CPR program taught inside the race expo and an online cardiac course that details conditions the medical volunteers might see during the race and how to treat them properly. Troyanos also works

with hospitals along the route to orient them on common running injuries and heat immersion techniques, and coordinates with the ambulance services and fire departments for every town along the route. Coordinating the medical care for a race of this scope— more than 27,000 runners in 2013— is a massive undertaking that only grows each year as Troyanos adds new aspects to the medical coverage.

Troyanos and FitzGerald are longtime friends and colleagues who have been part of the finish line medical team for more than 30 years; Troyanos has worked every race for the past 36 years, and FitzGerald is right behind him at 35 years in a row. To say they’ve accumulated a wealth of experience in managing the medical care for a race of this size is an understatement. Still, nothing could fully prepare them for what happened on April 15.

**“I knew it was a bomb. I just knew.”**

FitzGerald was down in the chute checking on his athletic trainers when the first bomb went off. “I knew it was a bomb,” Fitzgerald remembered. “I just knew.”

For a moment, the entire area paused in shock. A plume of smoke twirled toward the sky. FitzGerald began sprinting back toward the finish line, going against the scared mass of spectators running the opposite direction. “All of

+ A running shoe with the date of the Boston Marathon bombings hangs beside a Boston Marathon medal at a makeshift memorial along Boylston Street in Boston.

our athletic trainers ran the right way," FitzGerald said.

First responders like Louisiana State University's Ray Castle, ATC, and Larry Venis, MEd, ATC, LAT, were frantically tearing away the contorted metal staging, the main obstacle blocking the responders from the scene of the blast. FitzGerald said the scene was "like walking into another world." He described the overwhelming smell and the way the blood was covering the sidewalk—an "urban war zone," as Castle put it.

"I remember going to the first victim, who already had a belt on her leg and her husband was with her," Castle said. "I did a quick assessment and repositioned him so that he could put pressure on both femoral arteries." Castle continued this process with three or four other victims. He said it was the sheer volume of injuries that was so hard to process. "I've been an athletic trainer for more than 20 years, but you don't expect to see so much [trauma] in one single spot."

Bridgewater State University's Kimberly Wise, MS, ATC, saw two of her AT students running ahead of her toward the blast. She ran after them, screaming for their attention, but they couldn't hear her. In the blur of the moment, they all ended up at the bomb scene tending to the victims. "It was so scary for me because I'm responsible for [my students]," she said, noting that she feared another bomb would go off.

At every Boston Marathon, two paramedics are always stationed at the finish line

*"It hit you deep within which I've never felt before. You could feel the sound deep inside."*

with a medical bag, AED and stretcher. Just beyond the grandstand is a readied ambulance in case of emergency. With only those initial assets to treat the wounded, the wheelchairs piloted by the AT students became critically important for transporting injured spectators to Medical Tent A.

Jon Dana, ATC, another AT who has worked the marathon since 1977, was standing directly below the media bridge where all the media cameras film the finish line when he heard the first explosion. Once his mind had processed what happened, he ran toward the scene to help. It was overwhelming, he remembered, to see the extent of the injuries. "I've never been exposed to that much carnage in my whole life," he said, but he did believe his experience volunteering at the Paralympics helped him see that the victims could recover if they could overcome the physical and emotional trauma. He tended to a compound fracture and attempted to calm a hysterical mother/daughter duo.

"Time almost stood still," FitzGerald said. "You just did what you could to get them out of there." Everyone went to work immediately, he said, compressing wounds and applying tourniquets. More emergency workers started arriving on the scene and everyone picked up the pace even more, afraid of another bomb going off in the same vicinity.

Michael Powers, PhD, ATC, EMT, AT captain of Medical Tent A, happened to be standing near a seam in the tent when he heard the explosions. He ripped through the seam and instinctively ran toward the blast. "As AT captain of the Med Tent A, I probably should have stayed in the tent, but I didn't even think," Powers said. Once he got to the scene, he said there were so many bodies he didn't know where to start. He focused on helping a woman with an open tibia/fibia fracture and her five-year old son, who was the same age as his own son.

Back in Medical Tent A, AT Co-Captains Mark Laursen, MS, ATC, and the University of South Carolina's Dawn Minton, MS, ATC, of Boston University were working in the heat illness section when the bombs went off. "It hit you deep within which I've never felt before. You could feel the sound deep inside,"



+ Top: AT students man the wheelchair sweep team at the finish line of the 2013 Boston Marathon. Bottom: Ambulances stand by to transport ill or injured runners at the back of Medical Tent A prior to the start of the race.

Minton described. "Everyone stopped in their tracks for a second," Laursen said, and then the medical team inside the tent huddled together to decide who would go to the bomb scene and who would stay behind in the tent to receive the wounded. Emergency room physicians and EMTs were sent to the blast site, while everyone else began transforming the tent to a triage center. Brent Hamula, ATC, CSCS, the medical supply coordinator for the marathon, keeps a stock of trauma supplies in a separate portion of the tent in case of emergencies like this, so the volunteers went to work grabbing those trauma supplies for their section of the tent.

James Madison University's Jamie Frye, PhD, ATC, was tending to a runner with full body cramps when the bombs went off. "I just knew I had to stay calm," Frye said. "We just picked [the runner] up and moved



Top left: Medical coordinator Chris Troyanos, ATC, (second from right) poses before the race with co-medical coordinator Aaron Baggish (second from left) and the medical coordinators for races in Chicago, Houston and Minneapolis. Bottom left: Heat Immersion Team Co-Captains Dawn Minton, MS, ATC, and Mark Laursen, MS, ATC, pose with the rest of their team inside Medical Tent A before the race. Right: Runners relax after receiving medals, fluid and foods after the race.

him to the back of the tent [to make room for the wounded].”

Within minutes, those injured in the bombings were being wheeled into the tent. Frye and Laursen both credited the medical tent announcer’s calming presence over the PA system for helping the medical volunteers to maintain focus. His normal job is to direct medical volunteers throughout the day to keep the tent running smoothly, and his role became incredibly important once the tent became a makeshift trauma center. “He was telling us, ‘You’re medical professionals. Treat the people in front of you. We have a job to do,’” Laursen remembered.

The medical volunteers applied intense focus to the treatment of the injured, working together as an eerie silence fell over the tent. Within 22 minutes, 97 blast victims were transported from the bomb site, through Medical Tent A, into the backs of waiting ambulances and dispersed to nine different hospitals in the city. The cohesive response from the multidisciplinary medical team was nothing short of “phenomenal,” FitzGerald said.

Had the bombs been placed in another part of the race, the response might not have been so fast and more lives might have been lost, according to FitzGerald. The finish line houses the highest number of medical volunteers, all of whom were put to the test when the bombs exploded. “It was [Troyanos] system, his medical team, that saved the day,” Dana said. “There were more medical professionals in that spot than in any other place in the city that day. The plan he had in place to save runners ended up saving lives.”

**“Our future is in good hands as a profession”**

Armed with little more than moderate skills and knowledge gained from their AT education programs at their respective universities, the student volunteers helped however and wherever they could, whether they were stationed just behind the finish line or with the wheelchair sweep team. The students, mostly undergraduates, were stationed at the latter where their original responsibilities consisted of using wheelchairs to transport ill or injured runners.

Following the explosions, Wise, who took a total of five AT students to the marathon, said her students seamlessly blended in as part of the medical team. “They did not run away from the site,” Wise said. “They went toward the individuals who were in need, and that is so commendable for these young AT students.” FitzGerald agreed, saying the students were “like soldiers” as they hustled from the bomb site to the medical tents assisting victims and other volunteers. “They never should have been there and witnessed what they witnessed, but they were there and ready to go,” he said. As the marathon runners continued to reach the finish line, student volunteers handed them blankets and

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directed them away from the chaos; meanwhile, others helped medical professionals in Tent A by distributing supplies or providing an extra pair of hands.

“They were rock stars in the truest sense,” Castle said of the students, many of whom were in their first year of clinical studies. “They didn’t necessarily know what to do but followed instructions and did what had to be done.” Dana’s two students went straight for the bomb site, as evidenced by graphic photos circulating through the media. “There is a picture of my student in the middle of the [bomb scene] without his jacket and belt because he was using them

as tourniquets,” he said, while the other student relayed bandages to distribute to victims and first responders.

“We were more involved with transporting injured people from the blast sites to the medical tent, then putting them in one of the triage areas,” explained 25-year-old Tom Doucette, a junior from Bridgewater State University. “There were physicians and EMTs [there], so to be honest we didn’t feel comfortable taking a patient away from them; it was more like, where do you need [victims] and what supplies do you need?”

Powers, a Boston native and ATEP director at Marist College in New York, said most of what he did that day – working on hemorrhages, dressing wounds, splinting fractures – are skills taught during a sophomore level class. “There’s nothing we did that was above their level of care,” he said. What students – or any medical professional, for that matter – couldn’t have prepared for was the extent of these injuries: The number of open fractures, the amount of bleeding, the amputations, the chaos. In Frye’s observation, her students’ education seemed to help them do their job effectively: “I think they really appreciated their coursework,” she said.

Kaitlin Shimota, a Boston University undergraduate who was Troyano’s intern on the medical planning committee, had been involved with the marathon several months before the date of the event. When the bombs went off, she ran out to help immediately, but she said she wasn’t thinking of what she had learned in school. “I don’t know whether it was because we had practiced in our classes so much or if it was just natural instinct,” she said, noting that she’s trying to view the tragedy as a learning experience so she can be more prepared in the future. Moreover, Shimota said she’s eager to volunteer at next year’s event, as well as at the Boston Half Marathon this fall.

Like Shimota and many of this year’s medical team members, all five Bridgewater State students plan to return to the 2014 Boston Marathon, with more of their ATEP peers in tow. “As horrific as the events were, we’ve gotten something extremely positive out of it,” said Bethany Foreshaw, who recently



graduated from the program. “We have a bond not many people have together, and I appreciate it,” she said.

Looking back on their actions, Laursen said the students’ heroism is something he’ll never forget. “Our future is in good hands as a profession,” he said.

### “I wish I’d done more”

Less than 30 minutes after the initial blast, all of the victims had been treated and transported to hospitals. Once they had a moment to take a deep breath, the focus shifted to reuniting supervising ATs with the students they brought with them to work the race. In the chaotic aftermath of the attack, many lost track of one another.

FitzGerald began taking roll, making sure all athletic trainers and students were present and accounted for. Laursen remembered that phone service wasn’t great, but they were able to text each of their students to make sure they were OK. Frye had two students working the finish line and three who were part of the wheelchair sweep team. When the chaos subsided, she went to find the three students who weren’t with her. “I was not leaving without knowledge of where they were,” Frye said. “I was frantically texting. One was in Medical Tent B, another in wheelchair pickup, and another was pulled away in the evacuation.”

Wise had prepared her own emergency action plan with her students before the marathon, knowing they would likely be assigned to different parts of the race. Part of the EAP included a rendezvous point at a local hotel in case they became separated during an emergency. Her care-

ful preparations helped them locate each other after the fact despite the poor cell phone service.

In the days after the incident, the ATs and students began to process what they had been through. Many had trouble focusing on regular tasks that week as the scenes from the marathon kept running through their heads.

“I was back at football practice at 6:30 the next morning, and I wasn’t very tolerant of the usual whining,” Dana said. “It’s going to take some time for me to get back some empathy for the stuff we consider more minor.”

For Dana and the other ATs, the coping process involved a conscious decision to stop beating themselves up about what they did or didn’t do that day. “I wish I’d done more. Everyone who was an AT at the finish line that day has spoken to the fact that they could do more,” Dana said. “It speaks to how the athletic trainers are.”

Dana has a superstition in which he always carries five gauze pads in his pocket. “I took the gauze pads out [at the bomb scene] and I’m looking at people with missing legs and thinking, ‘What the \*\*\*\* am I going to do with these?’” Dana said, emotion seeping through his voice. “I don’t want to be in that spot again. I don’t want to be that guy with five gauze pads anymore.”

For many, the mental conversation had to turn from replaying the horrific scene over and over in their heads to thinking about what they can learn from the experience. Wise and her students gathered together two days after the bombings and came to one conclusion: they wanted more

education. The students drafted a proposal to have an EMT course as part of their AT student curriculum. “It was humbling for me to listen,” Wise said. “[The students] wanted more, a better scope of practice to assist the school and community.”

FitzGerald was concerned about all of the athletic trainers and AT students who were at the race that day, so he took it upon himself to call each one personally. “I wanted to feel their voice and check on all of them and make sure they had the resources to help them when they got back to campus,” Fitzgerald said.

As with any tragedy, those involved are coping in different ways. “I don’t know that I’m done changing from it,” Dana said.

### “I’ve never been prouder to be an athletic trainer”

Being on the frontlines of the Boston Marathon has “bonded all of us who were there for life,” according to FitzGerald. The AT group has been overwhelmed by the outpouring of support from the entire athletic training community.

“I can’t tell you how many calls and text messages I’ve received from friends and colleagues across the country and how much that has meant,” Laursen said. “I really believe we were presented with an opportunity to take care of these patients, but I have no doubt that any AT would have done the same things. All ATs are special, but we just happened to be the ones who were there that day. The profession should be really proud.

“I’ve never been prouder to be an athletic trainer.”

## NATIONAL INCIDENT MANAGEMENT/COMMAND SYSTEM: ANOTHER TOOL FOR THE ATHLETIC TRAINER TOOLBOX



By Nancy Burke, MS, ATC Fairfax County Police Department ncbatc@gmail.com

**A**thletic trainers have been involved in mass casualty events such as natural disasters and, more recently in Boston, a man-made catastrophic event. When the tragedy strikes, all medical personnel quickly fall into the routines for which they are trained: providing immediate care to those most at need. At some point one will notice the coordination of information and resources beginning to build. This framework is the National Incident Management System (NIMS), a component of the Federal Emergency Management Agency (FEMA) and is key to managing the emergency in the most effective way.

The National Incident Management System (NIMS) identifies concepts and principles for managing emergencies from preparedness to recovery regardless of cause, size, location or complexity. NIMS provides a consistent, nationwide approach and vocabulary for multiple agencies or jurisdictions to work together to build, sustain and deliver the core capabilities needed to achieve a secure and resilient nation.<sup>1</sup>

Originating as a process to improve the fighting of wildfires, Incident Command System (a component of NIMS) provides an infrastructure for planning large-scale events and/or coordinating the response to any disaster. Fire and rescue, EMS and law enforcement routinely employ Incident Command System strategies in planning for music concerts, athletic events, large local events, etc. FEMA's expectation is that the Incident Command System shall be utilized in planning for all large events of any kind.

Athletic trainers may acquire an overview of the Incident Command System by taking free independent study courses offered by FEMA at <http://training.fema.gov/IS/NIMS.aspx>. Those who successfully complete the course receive a certificate.

### SUGGESTED COURSES:

- *IS-100.HCB: Introduction to the Incident Command System (ICS 100) for Healthcare/Hospitals*

This course introduces the Incident Command System (ICS) for hospital personnel who would have a direct role in emergency

preparedness, incident management and/or emergency response during an incident.<sup>2</sup>

- *IS-700.A: National Incident Management System (NIMS) An Introduction*

This course introduces and overviews the National Incident Management System (NIMS). NIMS provides a consistent nationwide template to enable all government, private-sector, and nongovernmental organizations to work together during domestic incidents.<sup>3</sup>

In the aftermath of the Boston Marathon bombings many jurisdictions are reviewing their ICS planning and procedures in their localities.<sup>4</sup> Having an understanding of NIMS and ICS will help athletic trainers best utilize our strengths within the scope of emergency management.

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## AFTER THE BOMBINGS: THE COPING PROCESS



By Nadia Hill

**A**s the injured found treatment in hospital beds and families began to reunite, as bags were packed and lives started moved on, those who witnessed the Boston Marathon bombings had to come to terms with traumatizing memories. Some were able to seek weekly counseling with Boston natives, while others participated in Skype sessions with counselors from their hometowns or universities. The Boston Athletic Association, along with Chris Troyanos, the Red Cross, and government officials, sent a mass email to runners and volunteers directing them to counseling services and information on PTSD.

"Every single campus was phenomenal about putting their arms around these kids

and helping them any way they could. It's looping through your brain continually and you're reliving it, and it's so horrific," marathon athletic coordinator Brian FitzGerald said. "I didn't have much time to do that. I didn't withdraw, I just wanted to communicate and connect. I was concerned with my AT team and these kids who were traveling home the next day. I needed to contact them by phone. I wanted to feel their voice and check on all of them and make sure they had the resources when they got back to campus."

### IMMEDIATE AFTERMATH

Many students and their athletic training professors, teachers and advisors found each other after frantic texts. Some had designated

meet-up areas and others reunited on the walk back to Boston University, where most were staying.

"When we were on the walk back, we didn't know what just happened but knew something had happened. I felt like I was where I needed to be but walking back, the adrenaline was rushing," Bridgewater State student Jordan Leonard said. "It was sort of surreal, you don't know if it was real what just happened, and it wasn't until a couple days later when it started to sink in. I didn't remember much other than pixelations of things. Then things started to come back in my mind in the next 72 hours."

FitzGerald had 16 coworkers on the finish line at the race, and they were having trouble dealing with the aftermath. He called each athletic trainer who was at the marathon over the course of a few days. The BAA held an emergency meeting two days after the race and an interfaith service shortly



after, where President Obama thanked volunteers and shook students' hands.

Ten days later, Boston University ATEP Coordinator Mark Laursen, Brian FitzGerald, Chris Troyanos and others hosted a Skype session to thank the athletic trainers and students who were there at the race and to talk about how they were coping.

"I was concerned about my students. I didn't have time to process it until I was home, then all the emotions pent up from the past couple days finally hit me," Dawn Minton said. "The first week was really hard. I couldn't work, I was constantly thinking about it. The people around you are supportive but they don't necessarily know what to do, so you have to find ways to take care of yourself. I'm in a really good place right now."

Many volunteers said they personally struggled with allowing others to help, especially right after, as well as being snippy and short with people, and didn't care about much of anything for the first week following the race. During debriefing meetings and counseling sessions, other athletic trainers from the race event expressed the same difficulties. Some, like Jamie Frye from James Madison University, have attended group therapy sessions, and others have attended informational sessions to learn more coping.

The athletic training students have turned to their advisors, professors and directors for suggestions on how to come to grips with what they witnessed, and several schools have held weekly dinners or meetings to talk through any lingering memories.

"The students handled it really well. Those students are heroes. Not a single student turned and left. They stayed, went back to

help more people. They were incredible," Laursen said.

### BACK HOME

Small things like thunder or doors slamming have triggered flashbacks in the minds of volunteer athletic trainers, sounding very similar to the sound of the nearby explosions from race day. Frye and her five students have spoken with a post-traumatic stress disorder counselor, while others who were there have relied on religious organizations or familial support to get them through.

"ATs in the Northeast are a close-knit community, [so], a lot of people have reached out to express concern or offer help. Several of them have had very good points of view for how to look at things differently than I was spinning it," Jon Dana said. "It was difficult the first couple of days. A lot of athletes and ATs texted and called, and it was difficult to understand why they felt the need to aggrandize what I'd done and check on what I had done. The school psychologist made the point that everyone has to process it, not just me, and it's not OK for me to judge how they handle it."

Athletic trainers and students from the University of New Hampshire talked to the director of the school's counseling center for two hours the day after the explosion and did a debriefing. Dana said it took him about 10 days to feel more normal about what happened, but he's had to look at the experience as a way to grow as a professional.

"I need to be better if something like that ever happened again," he said. "There are plenty of ways for bad things to happen so I need to be better prepared. I like to think I'd do better next time."

Ray Castle found solace in his church and his wife. He said he found resources for his students to utilize while he took care of his own emotional health, feeling like he was spiraling down after the marathon.

"The post-process is so important and what you do after that, everyone handles differently. The first week I was very sensitive to noises," Castle said. "I remember five or six days later at an event near campus there was a band set up, and I was only there about five or 10 minutes. There are still sounds that are unsettling, but I'm getting better every day. I think we have a great opportunity to learn from this and we will."

### FUTURE

In looking ahead, FitzGerald and other committee members will review action plans, communication streams, and ways to improve on a mass casualty situation in the future. They anticipate creating a plan to make it even safer next year, for the runners he says who want to run in defiance of terrorism.

Another struggle in deciding what to improve is how the athletic trainers that were there felt like they could have done better. "I hope I never see anything like that again, but if I do I'll have a better sense of where to go and what to do about it," Dana said. "I don't think I can move ahead without continuing to look at how I can improve. In this application it does me no good to spin my wheels and rehash it. For me, I feel like I have to keep trying to learn from it so I can move ahead."

Looking back at what happened after the bombings has shed some light on the success of the day. "The medical system at the finish line saved hundreds of lives," Dana said. "The fact that I was part of it was incredible."

*If you or someone you know is coping with loss or a traumatic experience, helpful resources are available online from the National Center for PTSD at <http://ptsd.va.gov/public>, the American Psychological Association at <http://apa.org/helpcenter/recovering-disasters.aspx>, and the Substance Abuse and Mental Health Services Administration at <http://samhsa.gov/trauma/>. In addition, SAMHSA's toll-free treatment referral line is open 24/7 at 1-800-662-HELP. §*





## 2013 Boston Marathon Athletic Trainers & AT Students



NATA commends all of the athletic trainers who were part of the medical team for the 2013 Boston Marathon. We are truly inspired by your heroic actions and calm professionalism in the face of unspeakable tragedy.

Shammara Al-darraj  
 Kostas Andreo  
 Karina Berenbaum  
 Matthew Bergh, ATC  
 Nicholas Berghela  
 Robert Bouchey  
 Charla Bouranis, ATC  
 Ashlei Brock, ATC  
 Jennifer Burt  
 Elizabeth Campanella  
 Derek Carter  
 Whitney Cashin  
 Ralph Castle, ATC  
 Jessica Colborne  
 Jeri Connor, ATC  
 Briana Croker  
 Steve Cronin  
 Michelle Crosby  
 Timothy Cuddeback  
 Sara Dalton  
 Jonathan Dana, ATC  
 Jordan Dasilva  
 Patrick Deal, ATC, PES  
 Patrick Deedy  
 Samantha Desmarais, ATC  
 Thomas Dodge, PhD, ATC, CSCS  
 Thomas Doucette  
 Drew Duckett, ATC  
 Kevin Dunham, ATC  
 Valerie Edwards, ATC  
 Victoria Elia  
 Ralph Evans, ATC  
 Tamara Fattaleh  
 Brian FitzGerald, BSN, ATC, LAT  
 John Foley  
 Bethany Forshaw  
 Nate Foster  
 Jamie Frye, PhD, ATC  
 Alexandro Fusco

Sylvia Goodman, EdD, ATC, LAT  
 Alex Hall  
 Brandon Hall, ATC  
 Emily Hanson, ATC  
 Kaila Harpin  
 Stephanie Hart, MS, ATC, LAT  
 Jonathan Hartman  
 Barbara Hemphill, MS, ATC, PES  
 Dominique Heres  
 Brendan Jacob  
 Lisa Kavjian  
 Kristin Kerrigan  
 Caitlin Ketcham  
 Jennifer Kitano, MS, ATC, OTC  
 Christopher Lai, MBA, ATC  
 Christopher Lane  
 Mark Laursen, MS, ATC  
 Jordan Leonard  
 Margaret Lesnikoski, ATC  
 Marisa Love, ATC  
 Kimberly Lyle, ATC  
 Michaela Main  
 Helena Malczewska, MS, ATC  
 Stephanie Manyak, ATC  
 Stephanie Marryat  
 Dominique Mathieu, PhD, ATC  
 Antigone Matsakis, ATC  
 Christina McAnespie  
 Matthew McCabe, ATC  
 Kenia McKeon  
 Caitlyn Mckinley  
 Lindsay McManus  
 Nairi Melkonian, MS, ATC, PTA  
 David Mincborg,  
 Dawn Minton, MS, ATC  
 Martin Monteiro, ATC, LAT  
 Aren Moorman  
 Joseph Murphy, Ph.D., ATC  
 Leann Nickerson

Ej Occhiboi, ATC  
 Krystin Ojala, MS, ATC, CSCS  
 Chelsea Ouellette  
 Amanda Porter  
 Michael Powers  
 Elizabeth Rathje  
 Cheyenne Reynolds  
 Marianne Ritterova  
 Monica Rivera  
 Jason Roberts, ATC  
 Joe Sanford  
 Diane Sartanowicz, MS, ATC, LAT  
 Robin Shabunia, ATC  
 Elizabeth Sheehan  
 Dave Sherman  
 Ian Shultis  
 Jessica Smith  
 Sarah Stone, ATC  
 Taylor Sullivan  
 Wanda Swiger, EdD, ATC  
 Anthony Szol  
 Catherine Taglilatela  
 Evan Thompson  
 Edgar Urbina  
 Lia Vann  
 Lawrence Venis, MEd, ATC, LAT  
 Melissa Walker  
 Margaret Walkup, ATC  
 Devin Wang  
 Scot Ward, MS, ATC  
 Philip Welsh  
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 Mark White, ATC  
 Kimberly Wise, MS, ATC  
 Adrian Wright-Fitzgerald, MS, ATC  
 Emily Young  
 Kala Young