

Focusing the Direction of Our Profession: Athletic Trainers in America's Health Care System

William E. Prentice, PhD, PT, ATC, FNATA

For some time now, I have been concerned that as a profession, we have lost focus regarding exactly what it is that athletic trainers (ATs) do. Athletic trainers have played a unique and important role in our health care system. Moreover, ATs value the contributions sport and exercise make to the health and development of young athletes and recognize the importance of a physically active lifestyle for all. From the beginning, ATs have sought to prevent sport- and exercise-related injury. We treat patients engaged in exercise and strenuous work related to competitive sports, recreation, and work. In this issue of the *Journal of Athletic Training*, the need for ATs in high school, middle school, and youth programs becomes clear. Steinberg et al report on the high incidence of injury in young dancers, whereas Bowman and Bradney highlight the need to have well-trained health care professionals on-site to examine and treat injured and ill athletes.

We know that every professional sport team, college, and university employs 1 or more ATs. But it may come as a surprise to realize that of the more than 41 000 US public and private high schools, about 42% (17 000) of these "have access" to an AT, according to the National Athletic Trainers' Association. That means that more than 24 000 high schools currently have no AT at all. Even if only 1 AT is hired for each of these high schools, the potential market for jobs is huge, and this doesn't even begin to take into account the potential job possibilities at middle schools. Despite this wealth of job opportunities, the push by our association has been to broaden the scope of practice for ATs to find work as physician extenders, in industry, or in clinics with a variety of patient populations who are different from the physically active population. This focus has created conflict between ATs and physical therapists and, in some cases, occupational therapists who are competing for the same patients in the health care marketplace. Athletic trainers have been trying, with limited success, to make a case to both employers and third-party payers that we are every bit as prepared as physical therapists, occupational therapists, and other health care providers to work with diverse patient populations.

Athletic trainers are extremely well prepared to deal with physically active patients who have sustained injuries related to sport activity. In fact, we have better academic preparation and clinical training than ANY other group of health care professionals to work with this population. I firmly believe that many of the challenging issues negatively affecting our profession could be eliminated

by refocusing on what we do well. We are health care providers. However, we should focus on providing health care to competitive and recreationally active patients at all levels; this is our niche within the health care system, and we are very good at it. No other professional is prepared to direct prevention efforts, provide on-site emergency and nonemergency care, direct appropriate follow-up, and ensure sufficient rehabilitation and recovery for return to safe participation in sports. In doing so, we provide a much needed service to a very specific patient population in a health care setting that, frankly, very few other health care professions are interested in serving.

How can we accomplish this?

- We must redefine what ATs should be doing within the framework of the health care system. We need to refocus on our core values and mission and embrace the uniqueness of our profession.
- We need to convince the other health care professions that ATs are specifically trained and uniquely qualified to work with patients who are engaged in competitive, recreational, and occupational physical activity. Accomplishing this will go a long way in helping those health care professionals to accept the AT as a useful, productive, and nonthreatening member of the health care team.
- We should revise and refocus our efforts to concentrate primarily on creating jobs in the public and private secondary and middle schools, which have significant needs and offer tremendous opportunities to employ well-qualified and specialized health care providers.
- The National Athletic Trainers' Association Political Action Committee (NATAPAC) must immediately begin directing its lobbying efforts toward legislation at both the state and national levels that would mandate the employment of ATs by secondary and middle schools participating in interscholastic athletics. This needs to happen as soon as possible to take full advantage of the current overwhelming national concern for preventing concussions. Creating viable employment opportunities in the secondary schools, as opposed to expending efforts to convince third-party payers to reimburse ATs for services provided for treating diverse patient populations, is a much more effective application of our resources.
- Most important, all ATs must be convinced that we are, in fact, valuable health care providers, and we must start acting the part. We must all use the same terminology and refer to ourselves as *athletic trainers*, not *trainers*; the people we treat as *patients*, not *athletes*; and our treatment facility as the *athletic training clinic*, not the *training room*. We cannot continue to make ourselves available at the whim of

coaches and athletes 24 hours a day, 7 days a week. We must all be consummate professional role models in the manner in which we think, act, deal with colleagues, and treat our patients. We cannot convince other health care professionals that we belong in that group if we don't believe it ourselves.

To refocus the direction of this profession by redefining and narrowing the scope of practice of the AT as a health care provider in the correct context will require a collective

effort on the part of every single AT. We cannot continue to simply rely on the efforts of our leadership. Successfully lobbying legislators at both the state and national levels to create mandates for employing ATs in the secondary schools will require a massive cooperative effort involving not only our leadership but, more important, every member of this association, and I strongly encourage each of you to be assertive and vocal in supporting this effort.

Editor's note: William E. Prentice, PhD, PT, ATC, FNATA, is a professor in the Department of Exercise and Sport Science at the University of North Carolina at Chapel Hill.