



## Profile of Athletic Trainers

### Definition of Athletic Training

Athletic training is practiced by athletic trainers (AT), health care professionals who collaborate with physicians to optimize activity and participation of patients and clients across age and care continuums. Athletic training encompasses the prevention, diagnosis, and intervention of emergency, acute and chronic medical conditions involving impairment, functional limitations, and disabilities. ATs work under the direction of physicians, as prescribed by state licensure statutes.

### Athletic trainers are well-known, recognized, qualified health care professionals

ATs are highly qualified, multi-skilled health care professionals, and are under the allied health professions category as defined by Health Resources Services Administration (HRSA) and Department of Health and Human Services (HHS). Athletic trainers are assigned National Provider Identifier (NPI) numbers, and the taxonomy code for athletic trainers is 2255A2300X. Athletic trainers are listed in the Bureau of Labor Statistics in the “professional and related occupations” section.

### State regulation of athletic trainers

- Athletic trainers licensed or otherwise regulated in 47 states; efforts continue to add licensure in Alaska, California and Hawaii.
- NATA has ongoing efforts to update obsolete state practice acts that do not reflect current qualifications and practice of ATs under health care reform.
- Athletic trainers practice under the direction of physicians.
- ATs work under different job titles (wellness manager, physician extender, rehab specialist, etc.).
- ATs relieve widespread and future workforce shortages in primary care support and outpatient rehab professions.
- Academic curriculum and clinical training follows the medical model. Athletic trainers must graduate from an accredited baccalaureate or master’s program; 70 percent of ATs have a master’s degree.
- 46 states require ATs to hold the Board of Certification credential of “Athletic Trainer, Certified” (ATC).

### ATs improve patient functional and physical outcomes

- Physicians, hospitals, clinics and other employers demand ATs for their versatile wellness services, and injury and illness prevention skills.
- Employers demand ATs for their knowledge and skills in manual therapy and similar treatments for musculoskeletal conditions, including back pain.
- ATs commonly supervise and motivate obese clients and patients to safely improve their health and fitness.
- ATs commonly work with patients with asthma, diabetes, heart disease and other health conditions.

### ATs specialize in patient education to prevent injury and re-injury, which reduces rehabilitative and other health care costs

- In a patient-centered team, adding ATs to the team does not cost the health care system money. Studies demonstrate that the services of ATs save money for employers and improve quality of life for patients.

For each \$1 invested in preventive care, employers gained up to a \$7 return on investment, according to two independent studies.

- Results from a nationwide Medical Outcomes Survey demonstrate that care provided by ATs effects a significant change in all outcome variables measured, with the greatest change in functional and physical outcomes. The investigation indicates that care provided by ATs generates a positive change in health-related quality of life patient outcomes. (Ref: *Journal of Rehabilitation Outcomes Measure* 1999; 3 (3):51-56.)

### **Many athletic trainers work outside of athletic settings; they provide PMR and other services to people of all ages. ATs work in:**

- Physician offices as physician extenders, similar to nurses, physician assistants, physical therapists and other professional clinical personnel.
- Rural and urban hospitals, hospital emergency rooms, urgent and ambulatory care centers.
- Clinics with specialties in sports medicine, cardiac rehab, medical fitness, wellness and physical therapy.
- Occupational health departments in commercial settings, which include manufacturing, distribution and offices to assist with ergonomics.
- Police and fire departments and academies, public safety and municipal departments, branches of the military.
- Public and private secondary schools, colleges and universities, professional and Olympic sports.
- Youth leagues, municipal and independently owned youth sports facilities.

### **Athletic trainers have designated CPT/UB Codes**

The Current Procedural Terminology (CPT) codes are athletic training evaluation (97005) and re-evaluation (97006); these codes are part of the Physical Medicine and Rehabilitation (PMR) CPT family of codes. The American Hospital Association established Uniform Billing (UB) codes - or revenue codes - for athletic training in 1999. The term “qualified health care professional,” as found in the CPT code book, is a generic term used to define the professional performing the service described by the code. The term “therapist” is not intended to denote any specific practice or specialty field within PMR.

### **The following educational content standards are required for athletic training degree programs**

- Risk management and injury prevention
- Pathology of injuries and illnesses
- Orthopedic clinical examination and diagnosis
- Medical conditions and disabilities
- Acute care of injuries and illnesses
- Therapeutic modalities
- Conditioning, rehabilitative exercise and referral
- Pharmacology
- Psychosocial intervention and referral
- Nutritional aspects of injuries and illnesses
- Health care administration

### **The title of “athletic trainer” and the National Athletic Trainers’ Association**

The statutory title of “athletic trainer” is a misnomer. Athletic trainers provide medical services to all types of people - not just athletes participating in sports - and do not train people as personal or fitness trainers do. However, *the profession continues to embrace its proud culture and history by retaining the title.* In other countries, athletic therapist and physiotherapist are similar titles. The AT profession was founded on providing medical services to athletes. NATA represents more than 34,000 members in the U.S. and internationally, and there are about 40,000 ATs practicing nationally. NATA represents students in 325 accredited collegiate academic programs. The athletic training profession began early in the 20<sup>th</sup> century, and the National Athletic Trainers’ Association was established in 1950.

September 2011 #1014