What is an Athletic Trainer?

A Valuable Team Member for Pediatricians

Lisa Kluchurosky MEd, AT, ATC

Athletic trainers (ATs) are healthcare professionals who render service or treatment, under the direction of, or in collaboration with, a physician, in accordance with their education and training and the states’ statutes, rules and regulations. The AT skillset encompasses a variety of patient care services including injury and illness prevention, wellness promotion and education, emergent care, examination and clinical diagnosis, therapeutic intervention, and rehabilitation of injuries and medical conditions.

The education and training required to become an AT includes graduation with a bachelor’s or master’s degree from an accredited professional athletic training education program recognized by the Commission on Accreditation of Athletic Training Education (CAATE). Using a medical based education model, students complete extensive clinical learning requirements and follow competency-based training in both the classroom and clinical environment. Coursework and formal instruction in the following is required by the CAATE:

- Clinical Examination and Diagnosis
- Acute Care of Injury and Illness
- Therapeutic Rehabilitation and Interventions
- Psychosocial Strategies and Referral
- Healthcare Administration
- Evidence-based Practice

Athletic trainers must pass a national examination to become certified by the Board of Certification (BOC) as well as obtain licensure in the State of Ohio to be eligible to practice athletic training. To maintain certification (BOC) and Ohio licensure, ATs must complete ongoing continuing education requirements.

ATs are recognized by the American Medical Association (AMA) as healthcare professionals, and the AMA has further recommended athletic trainers in every high school to keep America’s youth safe and healthy. In 2003, the American Academy of Pediatrics reinforced this concept, endorsing an inter-association consensus statement which identified an athletic health care team, centered on ATs, as essential to appropriate medical care for secondary school aged athletes.

ATs work in a variety of employment settings including high schools, colleges, universities, professional sports teams, hospitals, rehabilitation clinics, physician offices, corporate and industrial institutions, the military, public safety and the performing arts. When ATs work in a physician practice setting, these practices often experience improved physician efficiency and increased patient satisfaction, as they return more quickly and safely to their pre-injury level of activity.

Unlike “personal trainers” or “athletic directors,” ATs have passed a secure national exam after completing a bachelor’s degree from an accredited institution, obtained licensure in the State of Ohio, and have mandatory continuing education requirements. Additionally, over 70% of ATs possess a masters or doctorate degree.

In a secondary school setting, ATs provide daily acute and emergent care to student-athletes at practices and sporting events. They also deliver rehabilitation and injury prevention services along with wellness promotion and education to keep students healthy and active. In recent years, as increasing attention has been directed toward the dangers of concussion. The Centers for Disease Control and Prevention has recommended that all suspected concussions be evaluated by an experienced healthcare professional. The American Academy of Neurology has recognized that concussion assessment is a core competency of ATs, and specifically recommends that “an athletic trainer should be present at all sporting events, including practices, where athletes are at risk for concussion” (October 2010 Position Statement). In 2017, Ohio passed a law related to Sudden Cardiac Arrest referred to as Lindsay’s Law which mandates any athlete who complains of, or experiences, syncope must be pulled from activity until cleared by a qualified practitioner. Additionally this law requires education of coaches, parents and athletes related to the recognition of sudden cardiac arrest. ATs are valuable resources for schools in recognizing such medical issues and ensuring proper medical care is received.

Finally, the patient-centered medical home promotes teamwork – comprehensive coordination and collaboration with community-based partners – to deliver care that is timely and responsive to patient needs. ATs, similar to school nurses, provide prompt care to children and adolescents in the school setting, decreasing time away from the classroom, thereby promoting academic advancement along with safe physical activity. When pediatricians and other PCPs collaborate with ATs working in secondary schools on patient care, it enables better continuity and enhanced outcomes for patients.
Peace of Mind for Parents of Student-Athletes

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The education and training required to become an AT includes graduation with a bachelor’s or master’s degree from an accredited professional athletic training education program recognized by the Commission on Accreditation of Athletic Training Education (CAATE). Using a medical based education model, students complete extensive learning in both the classroom and clinical environment in the areas of clinical evaluation and diagnosis of injury and illness, rehabilitation, injury prevention, wellness, and healthcare administration.

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ATs work in a variety of employment settings including high schools, colleges, universities, professional sports teams, hospitals, rehabilitation clinics, physician offices, corporate and industrial institutions, the military, public safety and the performing arts. When ATs work in a physician practice setting, these practices often experience improved physician efficiency and increased patient satisfaction, as they return more quickly and safely to their pre-injury level of activity. When ATs work with employees in an industrial or public safety setting, their focus is on prevention of injury to keep workers on the job by avoiding unnecessary common injuries, and in getting them back to work as quickly as possible by using the athletic healthcare model when an injury does occur.

In the secondary school setting, ATs provide daily acute and emergency care to student-athletes at practices and sporting events. They also deliver rehabilitation and injury prevention services along with wellness promotion and education to keep students healthy and active. ATs advocate for student-athletes by keeping their long term health in mind when directing their care.

Some specific examples of AT responsibilities in the school setting are:

- On-field management of life and limb-threatening injuries such as fractures, cardiac arrest & neck injuries
- Diagnosis of concussion and oversight of concussion return to play progressions
- Rehabilitation of injuries such as ankle sprains, muscle strains and stress fractures
- Supervision of an athlete’s functional progression back to sport
- Preventative services such as taping, padding and teaching injury prevention exercises
- Helping parents navigate the health care system and coordinate care with other medical providers

Finally, ATs are trained in the team based healthcare model. Comprehensive coordination and collaboration with community-based partners to deliver care that is timely and responsive to patient needs is the focus. ATs, similar to school nurses, provide prompt care to children and adolescents in the school setting, decreasing time away from the classroom, thereby promoting academic advancement along with safe physical activity. By collaborating with pediatricians and other PCPs on patient care, ATs working in secondary schools facilitate better continuity and enhanced outcomes for patients.

This information is available on the Ohio Chapter, American Academy of Pediatrics’ website at www.ohioaap.org