The FACTS about Athletic Trainers,
from the National Athletic Trainers' Association, www.NATA.org

This document corrects misinformation about Athletic Trainers (ATs). It is provided to those interested in the facts about the athletic training profession in the 21st century. Readers should note that athletic trainers work under the direction of physicians. ATs are clinically and academically qualified to medically treat patients and clients of all ages in any physical setting. Public safety, injury and illness prevention, and early intervention are keystones to the practice of athletic training.

1. FACT: Athletic trainers know and practice health care at the highest professional, ethical and quality standards in order to protect the public.

Athletic training is practiced by athletic trainers, health care professionals who collaborate with physicians to optimize activity and participation of patients and clients. Athletic training encompasses the prevention, diagnosis, and intervention of emergency, acute, and chronic medical conditions involving impairment, functional limitations, and disabilities. Members of the NATA must agree to abide by the Association's Code of Ethics. The Board of Certification Inc. requires that all credential holders abide by the Standards of Practice.

2. FACT: Athletic trainers are regulated and licensed health care workers.

While practice act oversight varies by state, athletic trainers practice under state statutes recognizing them as qualified health care professionals similar to physical therapists, occupational therapists and other health care professionals. Athletic training licensure/regulation exists in 46 states, with aggressive efforts underway to pursue licensure in the remaining states and to update outdated licensure. Athletic trainers practice under the direction of physicians.

3. FACT: More than 50 percent of athletic trainers work outside of school athletic settings; they provide services to people of all ages.

Athletic trainers work in physician offices as physician extenders. They also work in rural and urban hospitals, hospital emergency rooms, urgent and ambulatory care centers, military hospitals, physical therapy clinics, secondary schools, colleges/universities, youth leagues, commercial settings and professional sports teams. They are in great demand for their versatile health and wellness services and injury and illness prevention skills. The skills of ATs have been sought and valued by sports medicine specialists and other physicians for more than 60 years. As the U.S. continues its focus on reducing the effects of obesity and other chronic diseases, it is important that people have access to health care professionals who can support lifelong, safe physical activity. ATs are an important part of the health care workforce, especially as the demand for workers is projected to greatly increase over the next decade.

4. FACT: ATs improve patient functional and physical outcomes.

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 outcomes and physical outcomes. The investigation indicates that care provided by ATs generates a positive change in health-related quality of life patient outcomes. (Ref: Albohm MJ, Wilkerson GB. An outcomes assessment of care provided by certified athletic trainers. *Journal of Rehabilitation Outcomes Measure* 1999; 3 (3):51-56.)

5. FACT: ATs specialize in patient education to prevent injury and re-injury and reduce rehabilitative and other health care costs.

Recent studies, reports, outcomes measurement surveys, total joint replacement studies and many other case studies demonstrate how 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 one NATA survey. The use of athletic trainers supports a quality-driven health care economy that increases competition in order to reduce patient and disease costs. With proper rehabilitation and evaluation, athletic trainers prevent re-injury. The patient's standard of care is enhanced, not sacrificed, with ATs.

6. FACT: ATs provide the same or better outcomes in clinical settings as other providers.

Results of a comparative analysis of care provided by athletic trainers and physical therapists in a clinical setting indicated ATs provide the same levels of outcomes, value and patient satisfaction as physical therapists in a clinical setting (Ref: Reimbursement of Athletic Training by Albohm, MJ; Campbell, Konin, pp. 25). Patient satisfaction ratings are more than 96 percent when treatment is provided by ATs. ATs are generally an alternative – not an additional – provider of physical medicine therapies. ATs are an "or" not an "and"; therefore, costs for providing therapy are *not* increased with the use of athletic training services.

7. FACT: ATs work in rural and medically underserved areas and with people of all ages.

ATs are accustomed to working in urgent care environments that have challenging – sometimes even adverse – work and environmental conditions. The athletic training tradition and hands-on clinical and academic education combine to create health care professionals who are flexible and inventive – ideal managers of patient care and health care delivery.

8. FACT: Athletic trainers are well-known, recognized, qualified health care professionals.

ATs are highly qualified, multi-skilled health care professionals and have been part of the American Medical Association's Health Professions Career and Education Directory for more than a decade. Athletic trainers are assigned National Provider Identifier (NPI) numbers like all other health care professionals. The taxonomy code for athletic trainers is 2255A2300X. Additionally, the American Academy of Family Physicians, American Academy of Pediatrics and American Orthopaedic Society for Sports Medicine – among others – are all strong clinical and academic supporters of athletic trainers.

9. FACT: Athletic trainers have designated CPT/UB Codes.

The American Medical Association (AMA) granted Current Procedural Terminology (CPT) codes for athletic training evaluation and re-evaluation (97005, 97006) in 2000. The codes became effective in 2002. These codes are part of the Physical Medicine and Rehabilitation CPT codes. In addition, the American Hospital Association established Uniform Billing (UB) codes – or revenue codes – for athletic training in 1999, effective in 2000.

10. FACT: CPT and UB codes are not provider specific.

The AMA states that the term "provider," as found in the Physical Medicine and Rehabilitation section of the CPT code, is a generic term used to define the individual performing the service described by the code. According to the AMA, the term "therapist" is not intended to denote any specific practice of specialty field. Physical therapists and/or any other type of therapists are not exclusive providers of general physical medicine examinations, evaluations and interventions. Similar to the athletic training evaluation and re-evaluation codes, other therapists have their own evaluation codes.

11. FACT: Athletic trainers have a bachelor's degree from an accredited college or university. Athletic trainers are health care professionals similar to physical, occupational, speech language and other therapists.

All certified and/or licensed athletic trainers **must have a bachelor's or master's degree** from an accredited college or university in order to practice athletic training. Baccalaureate and graduate degrees are in athletic training or are complementary degrees with an athletic training major. All programs include established academic curricula. Academic programs are accredited through an independent process by the Commission on Accreditation of Athletic Training

Education (CAATE). Graduation from a CAATE-accredited program is required for eligibility to take the Board of Certification examination.

12. FACT: The following educational content standards are required for athletic training degree programs. Students must receive formal instruction in the following subject matter:

Basic and Applied Sciences:

- Human anatomy
- Human physiology
- Biology
- Statistics and research design
- Exercise physiology
- Kinesiology/biomechanics
- Chemistry *
- Physics *

* *Recommended but not required by some ATEPs*

Professional Content:

- 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

13. FACT: Nearly 70 percent of athletic trainers have a master's or doctoral degree.

Athletic trainers are highly educated. Nearly 70 percent of ATC credential holders have a master's degree or higher advanced degree. Reflective of the broad base of skills valued by the athletic training profession, these master's degrees may be in athletic training (clinical), wellness and health promotion, education, exercise physiology, counseling or health care administration. This great majority of practitioners who hold advance degrees are comparable to other health care professionals.

14. FACT: An independent national board certifies athletic trainers.

The independent Board of Certification Inc. (BOC) nationally certifies athletic trainers. Athletic trainers must pass an examination and hold an entry-level bachelor's or master's degree to become an athletic trainer. To retain certification, credential holders must obtain 75 hours of medically related continuing education credits every three years and adhere to Standards of Professional Practice. The BOC is accredited by the National Commission for Certifying Agencies.

15. FACT: The National Athletic Trainers' Association represents more than 30,000 members.

The National Athletic Trainers' Association (NATA), founded in 1950, represents more than 30,000 members of the international profession. Of the total membership, 26,000 are ATs and the remainder are athletic training students. This represents about 85 percent of all athletic trainers practicing in the United States. NATA accurately claims the distinction of representing the great majority of athletic training professionals.

Testimonials from Employers and Friends of Athletic Trainers

Physicians, Hospitals and Clinics

"Athletic trainers are a committed, essential component to physicians delivering the highest standard of team medical care to the patients of the Andrews Institute. They know how to relate to the patient so his or her recovery is as quick as safely allowable, whether that person is a professional or youth athlete or just an average mom or dad."

-- James Andrews, MD, Andrews Sports Medicine and Orthopaedic Center, Birmingham, Ala.

"Athletic trainers help enhance a physician's communication with patients by serving as another source of expert information that patients can absorb. Athletic trainers are a key part of our sports medicine service delivery model."

-- John Xerogeanes, MD, Chief of Sports Medicine, Emory Orthopedics and Spine Center, Atlanta, Ga.

"I realized early on in my career that ATs are the only health care professionals who devote their entire education and professional lives to taking care of active people. My patients experience excellent outcomes as a result of therapy provided by ATs. My patients love working with them. ATs are a value added service to my practice. I could not do without them."

-- Thomas D. Kohl,MD, medical director, family practice physician; Director, Sports Medicine, Comprehensive Athletic Treatment Center, Wyomissing, Pa.

Legislators and Regulators

"As a state legislator concerned with health policy, affordable and accessible health care for all people is my primary concern. We must look for innovative solutions to providing health care because of the increasing shortages of nurses and other health care workers. One of the best ways to deliver health care services in the community is to better utilize certified athletic trainers. Athletic trainers are multi-skilled health care professionals who provide a unique combination of injury and illness treatment and rehabilitation with a substantial dose of injury prevention and general wellness."

-- Former Representative Jerry Krummel, Oregon House of Representatives, District 26

Occupational and Industrial Setting

"Our company has had a certified athletic trainer on site since 2000 and since that time we have recognized the tremendous upside in the tangible and intangible benefits of this addition, including a savings of more than $245,000 in just 2002 alone in health care-related expenditures. We have also experienced a decrease of 67 percent for health care costs related to the low back. Additionally, our days away from work have decreased by 60 percent in the last three years. In the industrial setting, these results can be best accomplished by an individual with the medical knowledge and training of an athletic trainer. We wouldn't have it any other way and will continue this program for the long term."

-- James E. Marotz, DO, corporate medical director at Appleton Papers, Appleton, Wis.

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