



# EFFECTIVE UTILIZATION OF YOUR ATHLETIC TRAINER

National Federation of High Schools  
Sports Medicine Advisory Committee

# JENNIFER D. RHEELING, MS, ATC

- Member of the NATA since 1988
- BOC certified since 1991
- Employed by District of Columbia Public Schools since July 1991
- Chair, NATA SSATC
- Chair, DCSAA SMAC
- NATA Liaison, NFHS SMAC
- Jordan McNair Foundation Medical Advisory Board



# DISCLOSURES

## Financial COI

- Neither I, nor any family member, have any relevant financial relationships to be discussed, directly or indirectly, referred to or illustrated within the presentation.

## Employment and Affiliated Associations

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Jordan McNair  
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A photograph showing several athletic trainers and medical staff on a football field. One player is lying on the grass, and the staff are attending to him. A central text box is overlaid on the image.

# WHAT IS ATHLETIC TRAINING?



## DEFINITION

**“Athletic training encompasses the prevention, examination, diagnosis, treatment and rehabilitation of emergent, acute or chronic injuries and medical conditions. Athletic training is recognized by the American Medical Association (AMA), Health Resources Services Administration (HRSA) and the Department of Health and Human Services (HHS) as an allied health care profession.”**

(<https://www.nata.org/about/athletic-training>)

# EDUCATION

## Athletic Training Education

Athletic training is an academic major or graduate equivalent major program that is accredited by the [Commission on Accreditation of Athletic Training Education \(CAATE\)](#). The current minimum entry point into the profession of athletic training is the baccalaureate level, however [it was recently decided by the AT Strategic Alliance that the minimum professional degree level will be a master's](#), a change to be implemented within the next several years. More than 70 percent of athletic trainers hold at least a master's degree. Upon completion of a CAATE-accredited athletic training education program, students become eligible for national certification by successfully completing the [Board of Certification, Inc. \(BOC\)](#) examination.





## PROFESSIONAL EDUCATION

Professional training education uses a competency-based approach in both the classroom and clinical settings. Using a medical-based education model, athletic training students are educated to provide comprehensive patient care in five domains of clinical practice: prevention; clinical evaluation and diagnosis; immediate and emergency care; treatment and rehabilitation; and organization and professional health and well-being. The educational requirements for CAATE-accredited athletic training education programs include acquisition of knowledge, skills and clinical abilities along with a broad scope of foundational behaviors of professional practice. Students complete an extensive clinical learning requirement that is embodied in the clinical integration proficiencies (professional, practice-oriented outcomes) as identified in the [Athletic Training Education Competencies](#) (PDF).

Students must receive formal instruction in the following specific subject matter areas identified in the Competencies:

- **Evidence-based practice**
- **Prevention and health promotion**
- **Clinical examination and diagnosis**
- **Acute care of injury and illness**
- **Therapeutic interventions**
- **Psychosocial strategies and referral**
- **Health care administration**
- **Professional development and responsibility**

<https://www.nata.org/about/athletic-training/education-overview>

# ATHLETIC TRAINING TERMINOLOGY

## AT Terms

Using proper athletic training terminology helps eliminate confusion or inconsistencies when explaining the AT's role in the health care arena.



PLEASE!

**"Athletic trainer" or "AT" are the preferred terms. NEVER use "trainer" or "certified trainer."** If this occurs in a direct quote, use "[athletic] trainer" or "certified [athletic] trainer."

- Use AT as the abbreviation for athletic trainer. Use ATC only when referring to the credential.

## Athletic Training Facility

- The preferred term is "athletic training facility."
- Do NOT use "training room."



## NATIONAL PROVIDER NUMBER (NPI)

*The National Provider Number (NPI) is a unique identification number for covered health care providers.*

NPIs are a 10-digit number unique to each covered health care providers.

NPIs are a mandate for standard unique identifiers for all health care providers and health plans that are covered by HIPAA.

<https://episodealert.com/npi-lookup-doctor-npi.aspx>

## BOARD OF CERTIFICATION NUMBER\*

The BOC establishes both the standards for the practice of athletic training and the continuing education requirements for BOC Certified Athletic Trainers (ATs).

The BOC also works with state regulatory agencies to provide credential information, professional conduct guidelines and regulatory standards on certification issues.

The BOC also has the only accredited certification program for ATs in the United States.

<https://www.bocatc.org/about-us/what-is-the-boc>

## STATE REGULATION\*

Currently, 49 states and the District of Columbia regulate the practice of athletic training

Individuals must be legally recognized by the appropriate state regulatory agency prior to practicing athletic training.

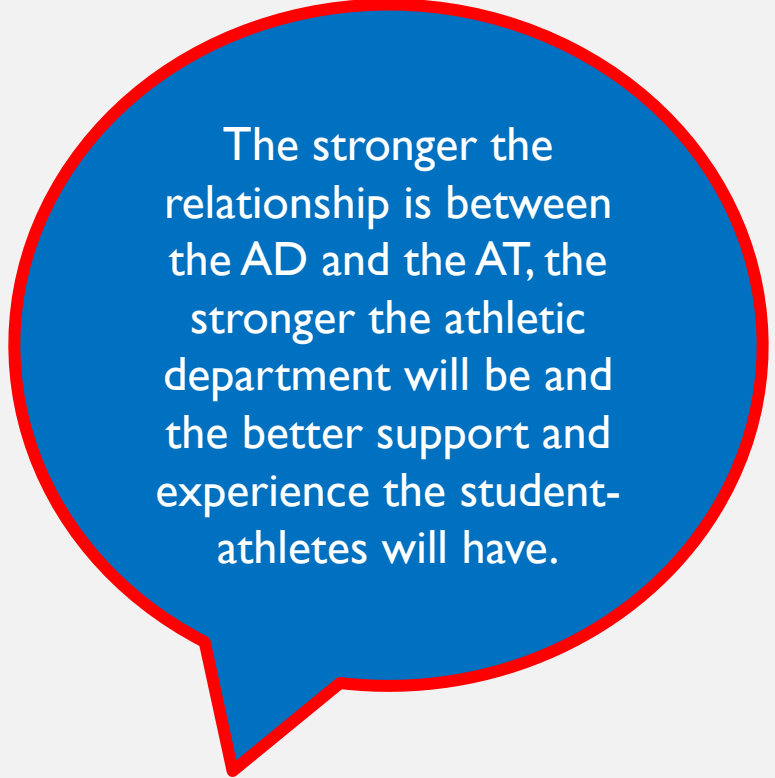
The BOC exam is recognized by all Athletic Trainer state regulatory agencies to meet their exam requirement.

**Compliance with state regulatory requirements is mandatory and the only avenue to legal athletic training practice.**

<https://www.bocatc.org/state-regulation/state-regulation>

# THE RELATIONSHIP BETWEEN ATHLETIC DIRECTORS & ATHLETIC TRAINERS

- Athletic directors and athletic trainers share many similar characteristics:
  - Risk mitigation
  - Responsible for entire athletic program, not just one team at a time
  - Must be skilled multi-taskers
  - Must make impartial decisions
  - Are affected by the entire athletic program
  - Must be thorough and organized
  - Must be flexible and adaptable
  - Both work long hours with little control over them – “first to arrive, last to leave”



The stronger the relationship is between the AD and the AT, the stronger the athletic department will be and the better support and experience the student-athletes will have.

“AS HEALTH CARE PROFESSIONALS, ATHLETIC TRAINERS (ATS) ARE SELDOM IN THE LIMELIGHT. BEING NOTICED GENERALLY MEANS AN ATHLETE HAS BEEN INJURED – SOMETHING NO ONE WANTS TO HAPPEN. HOWEVER, THAT CAN MAKE IT DIFFICULT FOR EVERYONE TO UNDERSTAND THE IMPORTANT WORK ATS DO.”

[HTTPS://WWW.BOCATC.ORG/ATHLETIC-TRAINERS/AT-RESOURCES/PROMOTING-AT-AWARENESS/PROMOTING-AT-AWARENESS](https://www.bocatc.org/athletic-trainers/at-resources/promoting-at-awareness/promoting-at-awareness)



<http://www.sport-foundation.com/athletic-training.html>

SUPPORTING YOUR



### Encourage Understanding

- Encourage comprehension of scope of duties, liability, time demands
- Shadow the athletic trainer
- Include AT in open houses, back to school nights.

### Conflict Resolution

- Harassment
- Bullying
- Decision disagreement

### Eliminate Misperceptions

- Ankle tapers
- Hydration specialists
- Stand around a lot
- ATs hold student-athletes from participation

### Reduce Compromised Care

- Game coverage v. comprehensive healthcare
- Unmanageable AT:student-athlete ratio
- Too few hours available per contract
- Dilution of responsibilities

### Maximize Skillset

- Infectious disease response
- Emergency action planning
- Event planning



### Written Policies & Procedures for Athletic Program and Athletic Training Program

- Eliminate confusion
- Clarity of roles
- Delineate roles and responsibilities
- Daily schedule
- Availability priority
- Response to and expectations around schedule changes
- Communication expectations and preferences

### Extension of Services from school day

- Mental health
- First aid
- Medications
- EAP

### Athletic Training Facility = Safe Space

- All student-athletes welcome
- Free from bullying
- Confidentiality

### Appropriate evaluations and feedback

- Skills may be evaluated by medical personnel
- If completed by non-medical personnel, should only address work habits
- Should be based on objective data and patterns



# MEDICAL AUTONOMY

## Support Medical Autonomy

- **The AT/team doctor must be able to make objective decisions for the well-being of the student without influence from outside sources.**
- **This includes the reporting of injuries in a timely manner, adherence to the defined protocols for participation limits and rehabilitation without alteration, and evaluations and job retention not based on medical decisions.**

“Educational institutions sponsoring competitive athletics may use an athletics model, academic model, or medical model for delivery of sports medicine to student-athletes.

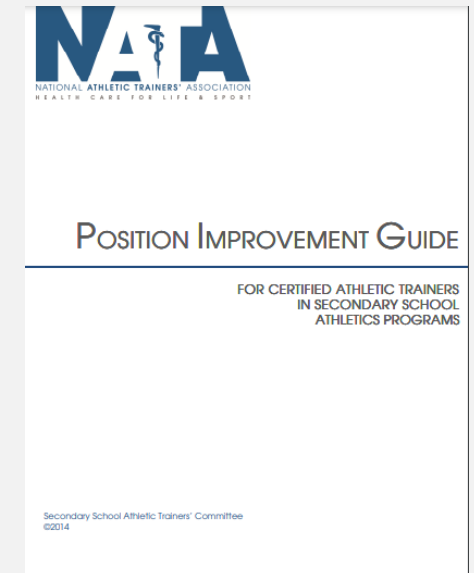
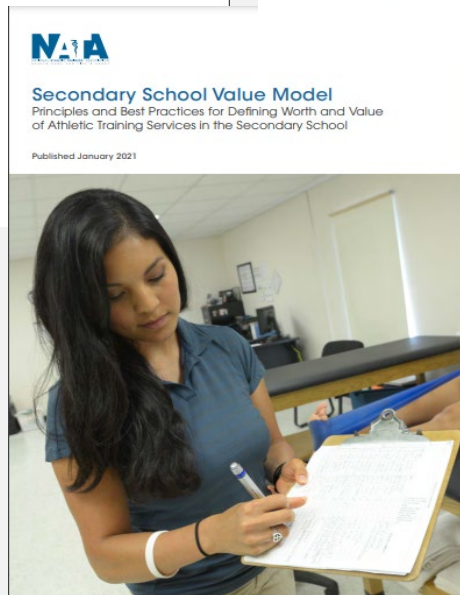
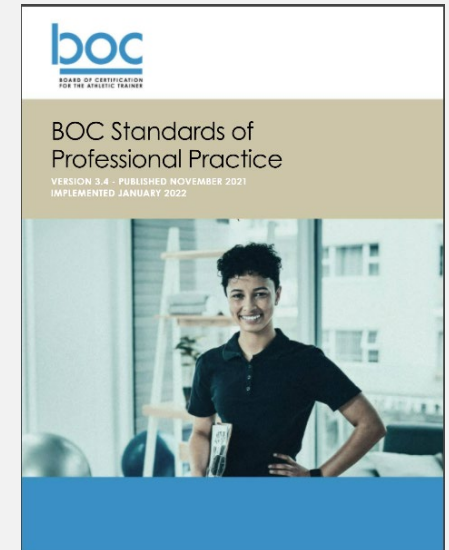
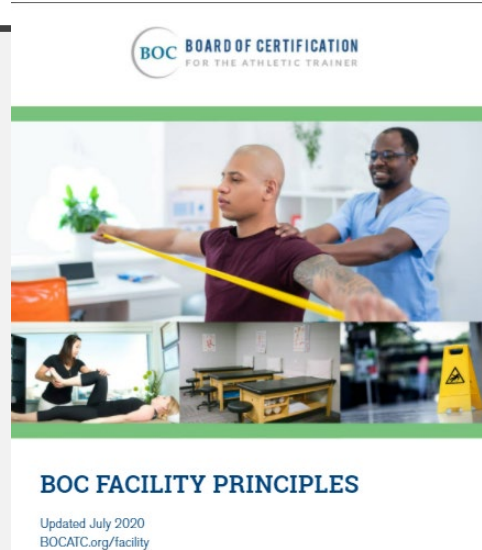
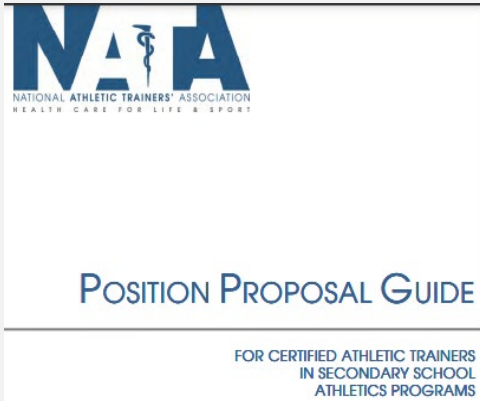
Four types of legal risk are considered for these 3 models: litigation, contract, regulatory, and structural. The athletics model presents the greatest legal risk to institutions, whereas the medical model presents the least legal risk.

- In the athletics model, the head athletic trainer (AT) reports to the athletics director.
- In the academic model, the head AT is part of the academic program and reports to a chairperson or dean.
- In the medical model, the head AT reports to another medical professional...and not to the athletic director (or anyone else in the athletic department).”

Rapp, G. C., & Ingersoll, C. D. (2019). Sports medicine delivery models: Legal risks. *Journal of Athletic Training*, 54(12), 1237–1240. <https://doi.org/10.4085/1062-6050-83-19>

# RESOURCES TO CONSIDER

[HTTPS://WWW.NATA.ORG/PROFESSIONAL-INTERESTS/JOB-SETTINGS/SECONDARY-SCHOOL/RESOURCES](https://www.nata.org/professional-interests/job-settings/secondary-school/resources)





# QUESTIONS?





# The Effective Utilization of Athletic Trainers in the High School setting



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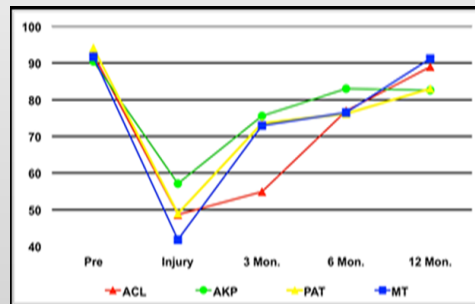
## Employment and Affiliated Associations

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*University of Wisconsin-Madison (UW), University of Wisconsin School of Medicine and Public Health (UW-SMPH) and UW Health, Wisconsin Interscholastic Athletic Association (WIAA), National Federation of High School Associations (NFHS),*



# My Background and Perspectives



# History as a High School Athletic Trainer

1986-2002 Bi-Weekly service to 71 high schools

1990-1998 Daily service 3 high schools

1000's of practices

1000's of events







**The OUTREACH Model**

# Outreach Model

**AT's provided to the school and or district by an outside entity (clinic, hospital, university).**

40% of US secondary schools (95% in WI)

AT's works as an MD extender, Sports Rehab, Exercise Science in addition to the school(s).

Daily services 30% - 100% of their time at the school.

Limited and event services 5% - 10% of their time at the school.





# Outreach Model

## Potential Positives

Schools don't pay the full \$ to employ the AT

Can facilitate medical care outside the school setting

Enhance “community ownership” of the school program



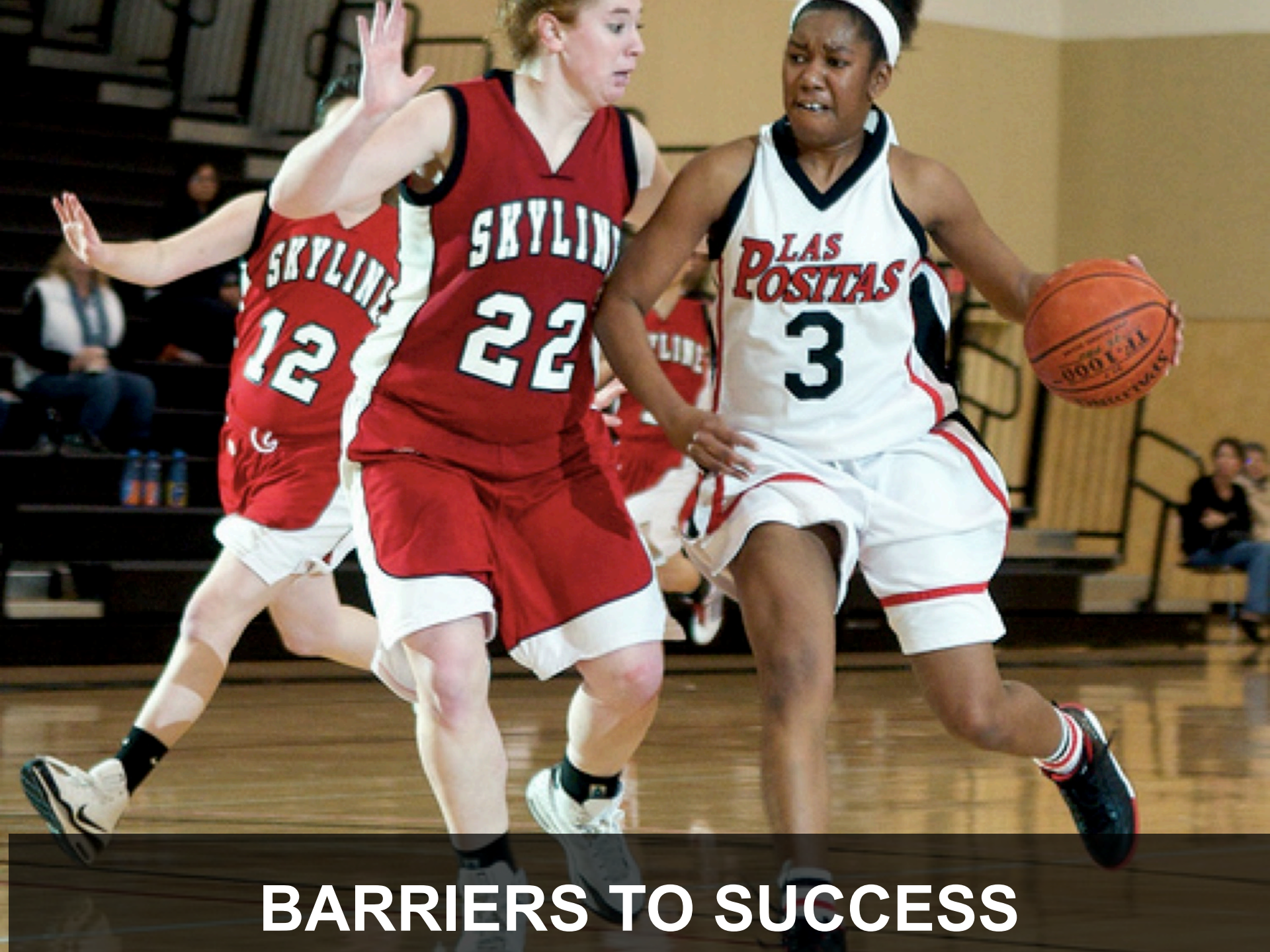
## Potential Negatives

AT's may have multiple bosses, loyalties and priorities

May be difficult to build relationships with coaches and athletes

AT's may not feel part of the school staff





**BARRIERS TO SUCCESS**

# #1 Lack of Effective Communication

Lack of **Effective Communication** is cited most often as a barrier to providing athletic training services!

*“My 3 biggest issues are a lack communication, communication and communication”*

*“Many times, I am the last to know about changes in game times, practice schedules, bus times, etc.”*

*“I feel like there are times that I have to beg coaches to let me know if a player was injured.”*

*“I need to know what you are telling the parents about my services.”*

*“Social media postings ARE NOT effective communication tools”*





## #2 Unrealistic Expectations

**ALL** school personnel (administrators, coaches, nurses, support staff, custodians) and the AT employer need to have the same knowledge / awareness of what can and can't be done by the AT working at the school.

*“My AD doesn’t really know what I can and can’t get done within the time, space and equipment provided to me.”*

*“Most coaches only need to focus on 10 - 25 kids for their team. I needed to focus on all 248 student athletes this fall.”*

*“I swear, some parents think we provide full x-ray, MRI and CT services in my training room. They can’t understand why I can’t tell them the exact extent of the injury within the first hour or day it occurred.”*

*“Remember, you are a HIGH SCHOOL and are not paying for 24/7 services available to collegiate or professional teams.”*



## #3 Lack of Sufficient Facilities and Equipment

Inadequate **facilities and equipment** are detrimental to effectively utilizing an athletic trainer.

*“My AT [facility] is a re-purposed storage area. It lacks adequate ventilation, electrical outlets and plumbing.”*

*“Costs continue to go up but my budget has stayed the same the past 5 years.”*

*“I have a good work space but no storage space or space to work with kids post injury.”*

*“They built a new school and never asked me what I needed with regards to space for a new [athletic] training [facility].”*







**KEYS TO SUCCESS**

# #1 Effective Communication

The AT is part of the “school staff” and included in ALL communications to coaches, parents, athletes throughout the year.

*“My AD and coaches always make sure I know what is going on.”*

*“The new Principal and AD have my back and will hold coaches accountable if I can’t be at their practices or games.”*

*“I am introduced at every pre-season parent meeting and given the opportunity to speak to the parents.”*

*“I am part of the “key staff” meeting that are held once a month at our school.”*



## #2 Realistic Expectations

The AT employer and the school personnel need to be in agreement as to what can be accomplished in the school setting.

*“My school requires coaches to attend an annual meeting with the AT—review injury, EAP, concussion protocols—all coaches together for the Fall, Winter, Spring meetings. Everybody hears the same message and understands the hours I will be at school, which events I will [attend], etc.”*



*Our coaches are very supportive of suggestions I make: reinforce/supervise rehab, stretching, dynamic movements, nutrition, hydration, sleep. Coaches have to buy into those principles for me to be successful with their teams.”*

*“My staff is great at recognizing the importance of my work – life balance...”*





## # 3 Adequate Facilities and Equipment

**An appropriately designed workspace with sufficient equipment will make the job of the AT easier and more effective.**

*“Our school administrators made me part of the committee for the new school design and remodel.”*

*My AD makes sure I have an updated “wish list” for additional equipment that is made available every year to our district administrator and sport booster clubs.*

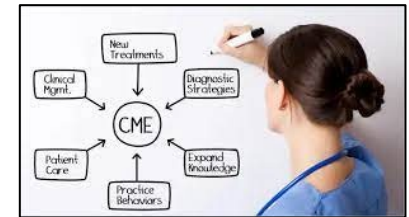
*I’m lucky to have support from my AD when I need something. He always give the chance to justify what I need. I may not get everything but I know he was listening.*



## #4 Making the AT Part of Your Team

**Letting the AT know they are an integral part of your school team will make it more likely they will feel ownership in your sports program.**

*“My AD always tries to make sure I have new apparel (rain gear, work out sweats, shirts etc.) and bags when they are provided to the coaches and or teams.”*



*“I have had the cost of my CEU’s and state professional license fees paid by the school the past 5 years.”*



*“The booster club “comps” both myself and my spouse for the golf fund raiser they host each summer.”*



*“My AD has my back and supports me whenever a parent or coach questions my decision making.”*





**Additional Thoughts**



Funding

# Securing Funding

AT services in the secondary school are **never free!**

Contracts need to be reviewed and updated on a 2 to 3 year basis.

Competition can be beneficial or problematic.

## Funding Appropriate Medical Care

*Strategies for Funding and Employing an Athletic Trainer in the Secondary School*

Schools have limited budgets to accomplish a great deal of work in educating and preparing youth for tomorrow. Each year, schools must decide which programs and personnel to support and be able to justify their use of funds. Keeping young athletes safe is a great concern for secondary schools, but often the question is how to afford appropriate medical care.

The number of students who participate in high school athletics has been on the rise since the 1970s, and today more than 7.8 million high school athletes compete each year.<sup>1</sup> Keeping youth healthy, active and in the game is important not only for students and parents, but also for schools and communities at large.

[https://www.nata.org/sites/default/files/funding\\_appropriate\\_medical\\_care\\_in\\_the\\_secondary\\_school.pdf](https://www.nata.org/sites/default/files/funding_appropriate_medical_care_in_the_secondary_school.pdf)





**Sources of Information**

# Additional Sources

*Journal of Athletic Training* 2015;50(2):156–162  
doi: 10.4085/1062-6050-50.2.03  
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www.natajournals.org

*original research*

## **Athletic Training Services in Public Secondary Schools: A Benchmark Study**

**Riana R. Pryor, MS, ATC; Douglas J. Casa, PhD, ATC, FNATA, FACSM; Lesley W. Vandermark, MS, ATC; Rebecca L. Stearns, PhD, ATC; Sarah M. Attanasio; Garrett J. Fontaine; Alex M. Wafer**

Korey Stringer Institute, Department of Kinesiology, University of Connecticut, Storrs

*Journal of Athletic Training* 2021;56(9):1018–1028  
doi: 10.4085/54-20  
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*Professional Concerns*

## **Secondary School Administrators' Knowledge and Perceptions of the Athletic Training Profession, Part I: Specific Considerations for Athletic Directors**

**Alicia M. Pike Lacy, PhD, ATC\*; Christianne M. Eason, PhD, ATC†; Rebecca L. Stearns, PhD, ATC†; Douglas J. Casa, PhD, ATC†**

\*Department of Interdisciplinary Health Sciences, A.T. Still University, Mesa, AZ; †Korey Stringer Institute, Department of Kinesiology, University of Connecticut, Storrs

*Journal of Athletic Training* 2021;56(9):1029–1036  
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# Additional Sources



## Appropriate Medical Care Standards for Organizations Sponsoring Athletic Activity for the Secondary School Age Athlete

*An evaluation and empowerment tool to improve the overall  
health and safety of athletes.*

[https://www.nata.org/sites/default/files/nata\\_appropriate\\_medical\\_care\\_standards.pdf](https://www.nata.org/sites/default/files/nata_appropriate_medical_care_standards.pdf)



## Secondary School Value Model

Principles and Best Practices for Defining Worth and Value  
of Athletic Training Services in the Secondary School

Published January 2021

[https://www.nata.org/sites/default/files/secondary\\_school\\_value\\_model\\_-\\_2021.pdf](https://www.nata.org/sites/default/files/secondary_school_value_model_-_2021.pdf)



# ***Thank You!***

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