



Profile of Athletic Trainers

Definition of athletic training

Athletic Trainers (ATs) are health care professionals who collaborate with physicians. The services provided by ATs comprise prevention, emergency care, clinical diagnosis, therapeutic intervention and rehabilitation of injuries and medical conditions. 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. They are mid-level health care professionals.

State regulation of athletic trainers

- Athletic trainers are licensed or otherwise regulated in 48 states; efforts continue to add licensure in Alaska, and California.
- 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/occupational health manager, physician extender, rehab specialist, etc.).
- Athletic trainers relieve widespread and future workforce shortages in primary care support and outpatient rehab professions.
- Academic curriculum and clinical training follow 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 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 delivery system, 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 gain up to a \$7 return on investment, according to two independent studies.

- In a study to determine the efficacy of an internal employee health program with early, in-house access to physical medicine and rehabilitation provided by athletic trainers, the researchers reported a decrease in lost work days by more than 50 percent. Additionally, the odds of returning to work within three weeks more than doubled. The study was on health care workers (nurses, physical therapists, others), approximately 70 percent of whom were female with a mean age of 44 years. (Larson, Matthew C., et al. "Reducing Lost Workdays After Work-related Injuries." *Journal of Occupational and Environmental Medicine* 53.10 (2011): 1199-204.)

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, 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.

Professional practice and education

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| • Evidence-based practice and health promotion | • Treatment, rehabilitation and reconditioning |
| • Prevention measures to ensure highest quality of care | • Therapeutic intervention |
| • Clinical examination and diagnosis | • Psychosocial strategies and referral |
| • Immediate and acute care of injury and illness, especially in emergencies | • Health care administration |
| | • Ethical and legal practice, cultural competence |
| | • Professionalism and patient-centered approach |

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

The statutory title of “athletic trainer” is a misnomer but is derived from the profession’s historical roots. 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 National Athletic Trainers’ Association represents more than 35,000 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 20th century, and NATA was established in 1950.

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