Dear CAATE Nominating Committee,

My name is Trevor M. Bates, and I would like to submit the following brief editorial structured article that provides a sample of my personal philosophy in addressing two significant issues within the athletic training profession. I initially wrote this article in November (2013) as a part of my doctoral studies at A.T. Still University within the Doctor of Health Sciences program and have made some recent updates. I would also like to acknowledge Professor Catherine Belden, DHSc, MSN, RN for her constructive feedback and guidance.

A Look Ahead: Transitioning from Athletic Trainer to Athletic Therapist.

Abstract

Background: The profession of Athletic Training is at a pivotal point in its young history and must determine the appropriate nomenclature and the degree level(s) that will lead to eligibility for certification as an Athletic Trainer (AT). Hypothesis/Purpose: There will be a change in the name of the profession of Athletic Training to Athletic Therapist at some point in the next 20 years. The degree leading to certification as an Athletic Trainer will continue to be dominated at the Bachelor’s and offered at Master’s degree levels unless there is evidence to support a national mandate for change. Study Design: A review of the literature will be provided to present an argument to support the purpose of the paper. Methods: A brief survey of Athletic Trainers and non-medical professionals regarding their opinions on the issues of nomenclature and entry level AT education was performed. Results: A statistically significant number of respondents suggested that the term Athletic Therapist was most fitting for the profession. Evidence exists identifying a significant contingent of ATs are resistant to the notion of phasing out the Bachelor’s degree Athletic Training Education Program (ATEP). Conclusion: The title Athletic Trainer (AT) may be neither representative nor recognizable enough for the profession to find itself on a level playing field in health care as it relates to clinical reimbursement for services. The bachelor’s degree and master’s degree are both appropriate entry level options for the profession however there are other interests at play lobbying for each to dominate. Clinical Relevance: A major initiative for the AT profession is the pursuit of ATs to have the status needed to be reimbursed for clinical services. Many ATs see the title and entry-level degree of the profession as factors that are keys to the success of this initiative. Key Terms: athletic trainer, athletic therapist, nomenclature and entry-level.
Introduction

Beginnings are often marked by new things, one being the creation or bestowing of a name. Two of the most important interrelated challenges that Athletic Training has before it today are interrelated because they have a collective impact on National Athletic Trainers Associations (NATA) initiative to obtain reimbursement for Athletic Training services by insurance companies. The challenges include deciding whether or not the current nomenclature or professional title Athletic Trainer (AT) is an “enemy” and defining what will be the minimum entry level education required for the profession. Uniformed moves on these two interrelated items in Athletic Training can lead to disastrous results.

Review of Literature

“When the athletic training profession was first formed, its focus was not medical” (Miller, 2003, p58). With the development of the educational competencies for athletic trainers, the roles and responsibilities of the profession have grown tremendously over time (Miller, 2003). The National Athletic Trainers’ Association (NATA) announced that the American Medical Association (AMA) officially recognized the profession of Athletic Training as an allied health profession in September of 1990 (Bates, 2013; NATA, 1990). Not long after being endorsed by the AMA, a significant number of ATs expressed unrest about the professional title (Bates, 2013; NATA, 1990). The unrest was initially addressed by an NATA led, national nomenclature study that was performed only 13 years later after gaining AMA recognition. The nomenclature debate began with 69% of the respondents to a survey sent out the NATA membership indicating that they supported a change in the name of the profession (NATA, 1990). In addition, 66% of the respondents, to the same survey, offering a name change idea suggested athletic therapist as the title that most accurately describes the profession (NATA, 1990). A debate ensued that was both long and heated at times ended with no changes being made in the name of the profession at that time despite data suggesting a majority of ATs were in support of a name change. Interestingly, the majority of people that responded in support of a name change suggested that Athletic Therapist be the new title. The gridlock of not finding a perfect solution won out over a compromise that could have moved the profession forward instead of being in a state of hemiparesis. It makes sense not to make a change, if that change is expected to only temporarily contain the identity crisis that the profession currently struggles with (Miller, 2003). Nearly 10 years later, in 2012, the same nomenclature conversation resurfaced on the national stage was discussed at length by the NATA’s College & University Athletic Trainers Committee (CUATC), Young Professionals Committee (YPC) and others at regional and national conferences. During this round of the conversation, the NATA’s strategic partners were involved in the process. The strategic partners weighed in and were in favor of keeping the current title citing significant investments marketing the title “Athletic Trainer”. Some in the profession question whether or not that the excitement and publicity that would surround a name change might cost less than the current stay the course conclusion (Miller, 2003). A name change will involve changes in state and national governance of the , registration and certification which will result in funds being needed to enact this legislatively through national, state and local governments. There is cost savings in that the profession will retain its national credential and historic organizational identity with a change from Athletic Trainer to Athletic Therapist.

As it relates to the educational history, “…the original athletic training education curriculum created by the National Athletic Trainers Association (NATA), in conjunction with the American Physical Therapy Association (APTA), was intended to prepare professionals to work in the secondary school setting” (Delforge & Behnke, 1999, p 54). In the beginning of the profession, efforts were made to integrate input from Physical Therapist, Physician Assistants, Nurses, Dieticians and other allied health professionals to provide perspective
that enriched decision making (Kauth, 1984). With the support of other health care colleagues, Athletic Training was positioned to maximize its potential and focus on the direction of the profession for the years ahead. At the current crossroads, without support, the conversation about entry level for ATs is a point moot because colleagues in areas such as Physical Therapy have the resources to create a deleterious effect on decisions that they are not in agreement with. Health care professionals are expectantly positioning themselves for patient access in a variety of settings and it is clear that an internal discussion by profession without seeking out the expertise and opinions of our peers is a recipe for disaster (Bates, 2013).

Athletic Trainers can learn a lot from the nomenclature conversation by Physician Assistants (PAs) that became a cover story in Clinician Reviews in 2011. In the article the author asks the reader to consider if it is more important what one does or what one is called? Like PAs, ATs have seen significant growth since its conception and like the word “assistant”, the word “trainer” has outlived its appropriateness in describing the role of the profession (Danielsen, 2011). A goal of moving from the term trainer to therapist would be aimed at clearly identifying the profession out of the wellness realm into the healthcare realm where the profession is clear to its constituents and future students. Physician Assistants do not own the word assistant within their title as it is shared with other healthcare professionals and those that believe that a name change should occur argue that “assistant” does not match who they are and what they do (Danielsen, 2011). Similarly, ATs do not own the word trainer within their title as it is shared with other professionals; however none of the professions that use the term trainer are a part of the healthcare field. It is hard to imagine that an insurance company will ever support medical reimbursement for services billed by a profession that does not have a connection to therapy or medicine. The term athletic is not the most accurate but athletic practices and competitions all over the country were the birthplaces of the profession that we know today. No term/title will be perfect enough to satisfy every AT, but the term trainer could not be more flawed and detrimental to being recognized as a healthcare clinician among peer professions.

Historically, The NATA and APTA have had a less than perfect relationship and as recent as 2009 the organizations settled a lawsuit that ended with an agreement. The agreement was that “overlap exists” in the scopes of practice for ATs and PTs (Bates, 2013; Albom & Ward, 2009). ATs are not PTs and vice versa. There are several differences between the two professions; including the fact that ATs have specific training to evaluate and treat injuries, illnesses and conditions that are commonly suffered by the athletic and physically active population. Another fact being PTs have more training in dealing with rehabilitation for a broader range of conditions beyond those suffered as a result of physical activity.

In 2002, the athletic training internship route was eliminated because it was producing an inferior clinician as compared to the bachelor’s degree candidate. Beyond 2004, new candidates seeking to earn the ATC® credential were required to have completed a CAAHEP accredited ATEP at the Bachelor’s level. The change was made partly because the internship route was found to be an inadequate preparation route based on several objective factors including a lack of continuity of academic and clinical preparation standards. Many prominent scholars in the profession have voiced an opinion on this topic, one being Dr. William Prentice, who holds both an AT and PT degree. Dr. Prentice warned ATs in defining entry level education to make sure it is well thought out and evidence based prior to initiating any changes (Bates, 2013; Prentice, 2013). Prentice may be correct in his call for patience because the conversation regarding the profession moving to a graduate entry level program has not presented the argument that the Bachelor’s degree is inadequate preparation for the entry level AT. Making a decision to move the educational degree to a master’s level on the basis of money or a perceived level of respect is not in the best interest of stakeholders, including future students and patients. The discussion is only beginning; ATs and those in leadership positions within the NATA, CAATE, & BOC will need to weigh all the benefits alongside the potential costs in their processes of making an official recommendation on this issue.
Some suggest that the road to clinical reimbursement for their services is tied to having a graduate entry level degree similar to peers like a Physician Assistant or Physical Therapist. The hole in this argument is the ability of Associate’s degree prepared professionals such as Physical/Occupational Therapy Assistants and Massage Therapists to bill for their clinical services. There is little science; however there is lots of common sense behind the idea that a three to four year educational program will produce a better clinician than a one to two year Associate’s degree educational program. We must consider the argument that in at the Master’s level, in two years, a person is mainly studying is the specific degree related curriculum whereas in three to four years at the bachelor’s level a person is taking on much more than the specific degree related curriculum. The philosophy that clinical education and didactic education are equal partners and students benefit from the opportunity to reflect and repetitively use the skills that they are being taught is demonstrated by both the bachelor’s and master’s degree options.

NATA members and all ATs have to consider what might be the worst case scenario of moving to an entry level Master’s degree (as the only route to certification) using the current professional title. In this scenario, some argue potential students may have never considered AT had it not been available at the Bachelor’s level. Furthermore, these students pursuing PA or PT schools provide dual credentialed advocates that understand the value of the AT credential. On the other hand, some ATs believe when students opt to pursue advanced degrees outside of AT, it damages the profession as their talents are being used to benefit other professions. It should be noted that there are many dual credentialed ATs that contribute to their talents to the AT profession.

Methods

An informal survey created by Mr. Brian Czajka, Athletic Training Education Program (ATEP) Director at The University of Michigan, was presented to a dozen ATs and a dozen non-medically related professionals. The survey question suggested in the NATA News by Mr. Czajka was, “Which of the following allied health care providers is responsible for the evaluation and treatment of injuries in athletes and/or physically active individuals? a) Physical Therapist b) Athletic Trainer c) Athletic Therapist” (Czajka, 2011). In addition, these two groups were asked, what is the most appropriate entry level educational requirement for an Athletic Trainer a) Bachelor’s b) Master’s c) Not sure?

Results

For the ATs, the survey results revealed a) 11/12 (~92%) responded with Athletic Therapist and 1/12 (~8%) responded with Athletic Trainer regarding the title. For the non-medically related professionals, the survey results revealed that 6/12 (50%) responded with Athletic Therapist and 6/12 (50%) responded with Physical Therapist. Related to the appropriate entry level degree, 9/12 (75%) ATs chose the Bachelor’s degree while the remaining 3/12 (25%) chose the Master’s degree option. Of the non-medically related professionals, 7/12 (~58%) chose Bachelor’s while the remaining 5/12 (~42%) chose the Master’s degree.

Conclusion

Leadership and members of national, regional and state AT organizations are the primary stakeholders in these types of discussions. However, the American Journal of Sports Medicine reader, for example, is an audience ATs could engage regarding these professional discussions to provide a broad experienced perspective and gather intelligence regarding the support among allied health and medical
colleagues. An experienced external audience may provide insight, recommendations and feedback that can prevent road bumps that have already been experienced by other allied health colleagues. ATs, prior to reading this article, may not be aware of a) Physician Assistants discussion about changing their professional title to Physician Associate or b) the rationale for the Commission on Accreditation of Physical Therapy Education (CAPTE) recommendation to move from entry level master’s degree to an entry level doctorate degree. Every profession wants to attract the best and brightest students and it is time to have a serious discussion regarding the alignment of the AT profession with other recognizable titles in healthcare. These examples should encourage ATs to study the history and impact of decisions made by allied health care colleagues as they enter debates regarding similar issues.

The results are by no means significant given the small number of participants in the survey, however it stands as a basis to continue conversation to a larger group to get a more accurate picture of the sentiment that is present. Sentiment may be based on false or incomplete information and it is the role of leadership to ensure members have the information needed to be productive participants in the discussion.

I suggest to my colleagues that inaction is not a viable option for the profession if it is to secure its future in a changing health care landscape. ATs must examine how a name change will be viewed by other healthcare professions, perhaps including but not limited to Physicians, Physician Assistants and Physical Therapists. Without the support of these groups, this conversation may be irrelevant so this may be an opportune time to poll our colleagues to get their perspectives. ATs need to be clear that a change in title would not be an attempt to intrude on the scope of practice of other allied health or medical professionals. We know that lobbyists from various sectors and professions in healthcare will challenge legislative attempts for an AT to bill for their services in a similar fashion to physical therapists or physician assistants that AT view as peers (Miller, 2003).

Most people equate “therapist” to healthcare and trainer to fitness (Bue-Estes, 2011; Czajka, 2011; Stopka, 2011). Time and resources have been invested into the title “Athletic Trainer” but changing direction at this point is not failure. The NATA, has done an outstanding job in its national campaign to educate constituents regarding the role of the Athletic Trainer, however is hard pressed to present objective evidence that suggests significant progress has been made. The recommendation to double down on these efforts, using the metric of this being at least the third major conversation regarding a name change for a profession that is less than 75 years old is suggested by some to be flirting with the well-known definition of insanity.

Finally, I would summarize my perspective on these issues with the following three points:

There is little if any evidence to suggest that the Bachelor’s entry degree provides insufficient preparation for the entry level AT. However, we must be open to an evidence based argument supporting the Master’s degree as the exclusive route to BOC certification as potentially beneficial to the profession in the long-term.

A majority of ATs and non-medical professionals that participated in the aforementioned survey rated the title Athletic Trainer as a poor description of the profession as compared to the title Athletic Therapist. Professionally, I respect and will support the NATA’s decision to keep the name the same for the time being. However, in the pursuit of recognitions among peers in health care, we must accept that historically therapist are reimbursed for their services and trainers are not. History has demonstrated sometimes it is more productive to play by the existing rules in order to get closer to the success one seeks.

The interrelatedness of AT nomenclature and entry level degree status are a part of a larger conversation that must be connected to external colleagues and constituencies. Gause (2012) suggested broadening the base of contributors may can serve to improve the probability of having the best information available for consideration. Leaders within the BOC, NATA and CAATE along with their respective and overlapping members must take an objective and active role in leading a discussion and gathering evidence to
support positions the profession will take regarding these and other issues of the day (Bates, 2013). We must respect that everyone has a perspective and potentially something to lose, and yet it is reasonable to believe the solutions to these and other issues of the day lie within our reach. Leadership must be challenged to be as open and objective as possible while members must recognize all will not be in agreement no matter what decision is made.
References


