

ATHLETIC TRAINING GLOSSARY
COMPILED BY
ATHLETIC TRAINING STRATEGIC ALLIANCE INTER-AGENCY TERMINOLOGY WORK GROUP

The following document is used to provide common definitions
to be used across the athletic training profession.

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| <u>A</u> | <u>B</u> | <u>C</u> | <u>D</u> | <u>E</u> | <u>F</u> | <u>G</u> | <u>H</u> | <u>I</u> | <u>J</u> | <u>K</u> | <u>L</u> | <u>M</u> | <u>N</u> | <u>O</u> | <u>P</u> | <u>Q</u> | <u>R</u> | <u>S</u> | <u>T</u> | <u>U</u> | <u>V</u> | <u>W</u> | <u>X</u> | <u>Y</u> | <u>Z</u> |
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| Term | Definition | Additional Related Resources |
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| A | | |
| Academic Doctorate | The academic doctoral degree (e.g. PhD, EdD) is the highest degree awarded by universities and is usually the credential necessary for appointment in academia, typically as a tenure-track faculty member (e.g. Assistant, Associate or Full Professor) or as a research scientist. | |
| Accreditation | Accreditation is a process of validation in which programs, colleges, universities and institutions of higher learning are evaluated. The standards for accreditation are set by a peer review board. The Commission on Accreditation of Athletic Training Education (CAATE), recognized by CHEA, is the sole programmatic accreditor in athletic training and accredits professional and post-professional degree programs and post-professional residency programs. | |
| Advanced Clinical Practice | Advanced clinical practice defines a level of athletic training practice that incorporates extended and expanded skills, experience and knowledge in assessment, planning, implementation, diagnosis and evaluation of the care required. Athletic trainers practicing at this level are educationally prepared at the post-professional level with advanced education and training within athletic training and may work in either a specialist or generalist capacity. | |
| Athletic Trainer | Health care 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 state's statutes, rules, and regulations. As a part of the health care team, services provided by athletic trainers include primary care, injury and illness prevention, wellness promotion and education, emergent care, examination and clinical diagnosis, therapeutic intervention, and rehabilitation of injuries and medical conditions. | |
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| Athletic Training Student | A student currently enrolled in courses while matriculating through a CAATE accredited professional education program. | |

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| Certificate of Completion (COC) | A concentrated learning program that provides structured, systematic educational and training experiences, based on the provider's criteria, but is not usually an objective, independent measure of competence against national standards. | |
| Certification | A voluntary process by which a practitioner's entry-level knowledge and skills are demonstrated and measured against a defined standard. The BOC is the only NCCA accredited certification program in the U.S. | |
| Clinical Decision Making | "Clinical decision making is a contextual, continuous, and evolving process, where data are gathered, interpreted, and evaluated in order to select an evidence-based choice of action." (Source DOI: http://dx.doi.org/10.1016/j.profnurs.2014.01.006) | |
| Clinical Education | A broad umbrella term that includes three types of learning opportunities to prepare students for independent clinical practice: athletic training clinical experiences, simulation, and supplemental clinical experiences. | |
| Contemporary Expertise | Knowledge and training of current concepts and best practices in routine areas of athletic training, which can include prevention and wellness, urgent and emergent care, primary care, orthopedics, rehabilitation, behavioral health, pediatrics, and performance enhancement. Contemporary expertise is achieved through mechanisms such as advanced education, clinical practice experiences, clinical research, other forms of scholarship, and continuing education. It may include specialization in one or more of the identified areas of athletic training practice. An individual's role within the athletic training program should be directly related to the person's contemporary expertise. | |
| Competence | "Professional competence is the habitual and judicious use of communication, knowledge, technical skills, clinical reasoning, emotions, values, and reflection in daily practice for the benefit of the individual and community served. Competence builds on a foundation of clinical skills, scientific knowledge and moral development." (Source: Epstein RM. Hundert EM. Defining and Assessing Professional Competence. JAMA 2002;287(2):227-235) | |
| Continuing Education (CE) | "The term continuing education (CE) is an all-encompassing term within a broad spectrum of post-secondary learning activities and programs. Within the healthcare professions the terms continuing medical education (CME) is commonly used. Credentialed professionals are often required to engage in CE activities and report the CEUs to the appropriate credentialing or licensing agency as a condition of maintaining their credentials to practice." (Source: www2.ed.gov/about/offices/list/ous/international/usnei/us/ceu.doc) | |
| Continuing Education Unit (CEU) | "Continuing education units (CEU) are awarded by many educational and training providers to signify successful completion of non-credit programs and courses designed to improve the knowledge and skills of working adults. Among the most common uses of CEUs are to record refresher, transitional, or | |

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| | knowledge accomplishments for professional workers undergoing what is called continuing professional education.” (Source: www2.ed.gov/about/offices/list/ous/international/usnei/us/ceu.doc) | |
| D | | |
| Disablement Model | Conceptual models that provide a framework for clinical practice and research. They conceptualize patient function as an interaction between a person’s health condition, environmental factors, and personal factors (World Health Organization). The athletic training profession has adopted/endorsed the World Health Organization’s International Classification of Functioning, Disability, and Health (ICF) as the preferred disablement model for the profession. | |
| Doctor of Athletic Training | The Doctor of Athletic Training (e.g. DAT) is a post-professional advanced practice doctoral degree. A primary purpose of attaining a post-professional advanced practice doctoral degree is to become a clinical scholar with advanced knowledge and skills needed for the delivery of patient care at the highest levels. | |
| Evidence-based Practice | The conscientious, explicit, and judicious use of current best evidence in making decisions about the care of an individual patient. The practice of evidence-based medicine involves the integration of individual clinical expertise with the best available external clinical evidence from systematic research. Evidence-based practice involves the integration of best research evidence with clinical expertise and patient values and circumstances to make decisions about the care of individual patients. (Source: Sackett D, Rosenberg W, Gray J, Haynes R, Richardson W. Evidence based medicine: What it is and what it isn’t. BMJ. 1996;312(7023):71-72) | |
| F | | |
| Fellowship | Post-professional Athletic Training Fellowship Programs are formal education and training programs that offer structured mentorship, including didactic and clinical components, to educate athletic trainers in a sub-specialty area. Fellowships require formal sub-specialty training beyond the successful completion of a residency program. (This is not associated with the NATA Fellows which is an award program.) | |
| G | | |
| Graduate Assistantship | A paid, but temporary, employment position. This position may or may not include employee benefits and is guided by college/university policy and applicable legislation for employing a graduate assistant. The primary objective is to financially support the student’s academic studies. | |
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| Health care Informatics | The interdisciplinary study of the design, development, adoption, and application of information-technology-based innovations in the delivery, management, and planning of health care services. (Source: www.himss.org/health-informatics-defined) | |
| Health Literacy | The degree to which an individual has the capacity to obtain, process, and understand basic health information and services in order to make appropriate health decisions. (Source: U.S. Department of Health and Human Services. Healthy People 2010. Washington, DC: U.S. Government Printing Office; 2000) | |

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| Health-Related Quality of Life | A multi-dimensional concept that includes domains related to physical, mental, emotional, and social functioning. It goes beyond direct measures of population health, life expectancy, and causes of death, and focuses on the impact health status has on quality of life. (Source: Office of Disease Prevention and Health Promotion) | |
| I | | |
| Immersive Clinical Experience | A practice-intensive experience that allows the student to experience the totality of care provided by athletic trainers. | |
| International Classification of Functioning, Disability, and Health (ICF) | A conceptual model that provides a framework for clinical practice and research. The ICF is the preferred model for the athletic training profession. | |
| Interprofessional Education | When students from two or more professions learn about, from, and with each other to enable effective collaboration and improve health outcomes. (Source: Interprofessional Education Collaborative. Core Competencies for Interprofessional Collaborative Practice: 2016 Update. Washington, DC: IPEC; 2016) | |
| Interprofessional Practice | The ability to interact with, and learn with and from, other health professionals in a manner that optimizes the quality of care provided to individual patients. Different from a multidisciplinary approach, which draws on knowledge from several academic disciplines or professional specializations, but stays within their boundaries. | |
| L | | |
| Licensure | Regulated process established by statute whereas it would be illegal for an individual to practice without a license. | |
| P | | |
| Patient Care | The provision of athletic training services (i.e. injury and illness prevention, wellness promotion and education, emergent care, examination and clinical diagnosis, therapeutic intervention and rehabilitation of injuries and medical conditions) to an actual patient. | |
| Patient-centered Care | Care that is respectful of, and responsive to, the preferences, needs, and values of an individual patient, ensuring that patient values guide all clinical decisions. Patient-centered care is characterized by efforts to clearly inform, educate, and communicate with patients in a compassionate manner. Shared decision making and management are emphasized, as well as continuous advocacy of injury and disease prevention measures and the promotion of a healthy lifestyle. (Source: Institute of Medicine. Crossing the Quality Chasm: A New Health System for the 21st Century. Washington, DC: National Academies Press; 2011. doi:10.17226/10027) | |
| Physician | Health care provider licensed to practice allopathic or osteopathic medicine. | |
| Postdoctoral Fellowship/Researcher | A postdoctoral research fellowship is a directed, highly individualized training program designed to prepare the participant, who already received a doctoral degree, to function as an independent | |

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| | investigator and research scholar. (This is not associated with the NATA Fellows which is an award program.) | |
| Preceptor | Preceptors supervise and engage students in clinical education. All preceptors must be licensed health care professionals and be credentialed by the state in which they practice. Preceptors who are athletic trainers are state credentialed (in states with regulation), certified, and in good standing with the Board of Certification. | |
| Pre-professional Student | A person with intentions to enroll in an accredited athletic training program. Students are not involved in the provision of athletic training services and the role of pre-professional students is bound by state practice acts. | |
| Professional Preparation | The preparation of a student who is in the process of becoming an athletic trainer (AT). Professional education culminates with eligibility for Board of Certification (BOC) certification and appropriate state credentialing. | |
| Professional Program | The graduate-level coursework that instructs students on the knowledge, skills, and clinical experiences necessary to become an athletic trainer, spanning a minimum of two academic years. | |
| Professional Socialization | Process by which an individual acquires the attitudes, values and ethics, norms, skills, and knowledge of a subculture of a health care profession. (Sources: Breitbach AP, Richardson R, National Athletic Trainers' Association Executive Committee for Education, Interprofessional Education and Practice in Athletic Training Work Group. Interprofessional education and practice in athletic training. Athletic Training Education Journal. 2015;10(2):170-182) | |
| Q | | |
| Quality Assurance | Systematic process of assessment to ensure that a service is meeting a desired level. | |
| Quality Improvement | Quality Improvement is systematic and continuous approach to the analysis of practice performance that results in measurable improvement of patient care in a targeted patient group. Quality improvement includes identifying errors and hazards in care; understanding and implementing basic safety design principles such as standardization and simplification; continually understanding and measuring quality of care in terms of structure, process, and outcomes in relation to patient and community needs; and designing and testing interventions to change processes and systems of care, with the objective of improving quality. | |
| R | | |
| Residency | Post-professional Athletic Training Residency Programs are formal educational programs that offer structured curricula and mentorship, including didactic and clinical components, to educate athletic trainers in a specialty area. They are designed to build upon and expand the athletic trainer's knowledge and experience acquired during professional (entry-level) education (for the CAATE defined areas of specialization: https://caate.net/residency-programs/). | |

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| Scholarship | <p>Scholarly contributions that are broadly defined in four categories. (Sources: Boyer EL. Scholarship Reconsidered: Priorities of the Professoriate. San Francisco, CA: Jossey-Bass; 1991)</p> <ul style="list-style-type: none"> • Scholarship of discovery contributes to the development or creation of new knowledge. • Scholarship of integration contributes to the critical analysis and review of knowledge within disciplines or the creative synthesis of insights contained in different disciplines or fields of study. • Scholarship of application/practice applies findings generated through the scholarship of integration or discovery to solve real problems in the professions, industry, government, and the community. <p>Scholarship of teaching contributes to the development of critically reflective knowledge associated with teaching and learning.</p> | |
| Social Determinants of Health | <p>The conditions in which people are born, grow, live, work, and age. These circumstances are shaped by the distribution of money, power, and resources at global, national, and local levels. (Source: www.who.int/social_determinants/en)</p> | |
| Specialization/Specialist | <p>The primary purpose of specialization in any health care profession is to improve the quality of care provided to patients, to enhance clinical outcomes, and ultimately, to improve the patient's health related quality of life. Specialties within a discipline arise in response to the development of new knowledge and skills in a finite area of practice that can positively affect clinical outcomes and patient quality of life. Specialization in a health care field requires significant clinical experience in a prescribed content area, a sustained training effort, and culminates in a valid credential denoting clinical expertise</p> | |
| Specialty Certification | <p>Specialty certification is a credential earned through a post-professional education and training process such as an accredited residency in a specialized area of clinical practice. The BOC Specialty Council oversees AT specialties.</p> | |
| Statement of Credit | <p>The documentation each participant receives verifying participation and completion of a continuing education activity.</p> | |
| Subspecialization/Subspecialist | <p>A subspecialty is a narrow field within a specialization. For example, manual therapy may be a subspecialty of rehabilitation or neurology. Specialization and subspecialization may be nested within larger frameworks.</p> | |
| Supervision of Professional Athletic Training Students | <p>Supervision occurs along a developmental continuum that allows a student to move from interdependence to independence based on the student's knowledge and skills as well as the context of care. Preceptors must be on-site and have the ability to intervene on behalf of the athletic training student</p> | |

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| | and the patient. Supervision also must occur in compliance with the state practice act of the state in which the student is engaging in client/patient care. | |
| Support Personnel | An unlicensed, non-credentialed individual who performs tasks designated by a Certified Athletic Trainer, properly credentialed by the state. These individuals are not permitted to provide patient care. Non-patient care services such as facility maintenance, stocking supplies, preparing equipment for use, inventory and cleaning may be performed by support personnel | |
| T | | |
| Technical Standards | The physical and mental skills and abilities of a student needed to fulfill the academic and clinical requirements of the program. The standards promote compliance with the Americans with Disabilities Act (ADA) and must be reviewed by institutional legal counsel. | |
| V | | |
| Value-based care models | Health care delivery system focused on the value of care delivered rather than on a fee-for-services approach. (Source: Porter ME. What is value in health care? N Engl J Med. 2010;363:2477-2481. doi:10.1056/NEJMp1011024) | |