

Chapter 2

THE ATHLETIC HEALTH CARE TEAM

Effective delivery of health care to sports participants is best achieved through a team approach. Team includes at least the coach, team physician, and an NATABOC-certified athletic trainer. The athletic trainer can be on-campus daily and make decisions regarding injury severity, medical referral, and return to play. When an athletic trainer is unavailable, coaches who are trained in first aid and CPR should offer basic first aid and life-support services.

Physician, athletic trainer, and coaching staff should coordinate efforts regarding injury prevention. The team should also be involved in preparticipation health screening; development and implementation of an emergency plan; medical supervision; injury recognition, treatment, and rehabilitation; record keeping; and education programs.

I. Sports Medicine.

A. **Sports medicine** is defined as “a field that uses a holistic, comprehensive, and multidisciplinary approach to health care for those engaged in sporting or recreational activity”.

1. Sports medicine practitioners include primary care physicians, orthopedic surgeons, athletic trainers, sports physical therapists, dentists, exercise physiologists, conditioning coaches, and sports nutritionists

B. Sports medicine services for professional athletes typically include conducting preseason physical exams; proper skill instruction; conditioning programs; nutrition education and dietary counseling; preventive taping, strapping, and bracing; and acute injury care, referral, and rehabilitation.

1. Interscholastic athletes typically have fewer services available, but usually include preseason physical evaluation/examination. A growing number of schools employ a NATABOC-certified athletic trainer. NATA publishes *Appropriate Medical Care for Secondary School Aged Athletes—Consensus Statement* that outlines essential components and members of the team.

C. In the past, an **orthopedic surgeon** provided health care for professional and college athletes. Current trends indicate that more “primary care” physicians will become providers of sports care medicine. Physicians can receive specialized training by entering sports medicine fellowships that last 1 to 2 years and can lead to the credential, Certificate of Added Qualifications in Sports Medicine (CAQ).

II. Key Members of the Team. The coach, team physician, and NATABOC-certified athletic trainer are essential members of the team.

A. Coaches in public school settings should receive training in basic conditioning procedures, maintenance and fitting of protective equipment, first aid and CPR, operation of an automatic external defibrillator, recognition and management of common sports injuries, and skills instruction for athletes.

B. **Team physicians** are medical doctors who agree to provide at least limited medical care to a particular sports program or institution. The duties of the team physician are listed on page 23 under “Medical Management of the athlete” and “Administrative and logistic duties”. Physicians may be

willing to volunteer as team physicians.

C. A NATABOC-certified athletic trainer is an allied health care professional who completes a bachelor's or master's degree with an extensive academic and clinical training in care and prevention of sports injuries.

1. Athletic trainers provide services in the following areas: prevention; recognition, evaluation, and assessment; immediate care; treatment, rehabilitation and reconditioning; organization and administration; and professional development and responsibility.

D. In the United States, NATA is the governing body for the profession of athletic training. NATABOC certification is granted upon qualifying for and successfully completing of the certification examination that is offered five times/year.

1. To qualify, one must complete an educational program that is accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP). Educational programs in athletic training must be extensively reviewed by the Joint Review Committee on Educational Programs in Athletic Training (JRC-AT). A list of core-subject matter areas in CAAHEP-accredited curriculums is shown on page 25.

III. Requirements for Application for the NATABOC Certification Examination. When they apply to take the certification exam, students must meet the criteria listed on page 25. To remain certified, an athletic trainer is required to earn continuing education credits and report these to NATABOC every 3 years.

IV. Professional Settings for the Practice of Athletic Training. Since 1980, there has been a 300% increase in the number of registered sports medicine clinics in the United States. These centers provide services such as fitness evaluation and exercise prescription, lifestyle counseling, and evaluation and treatment of injuries.

A. In addition to clinics, many hospitals provide sports medicine health care as part of out-patient services. A few corporations also provide on-site health and fitness programs that offer professional opportunities for athletic trainers. Professional sports teams also provide jobs for athletic trainers.

B. The Secondary School Setting. To reduce costs, schools can hire teachers who are also certified athletic trainers. A recent study found that the national average annual salary for high school athletic trainers was approximately \$42,000.

1. A certified athletic trainer on staff can reduce the school's legal vulnerability for claims relating to sports injuries. Additionally the trainer can teach classes such as basic injury care, first aid and CPR, nutrition, and physical conditioning.

C. Sports Medicine Delivery. NATA has a placement service for certified athletic trainers. Another option for locating qualified persons is to contact universities that offer CAAHEP-approved curriculums in athletic training for information about recent graduates from the programs.