Medical School Hotline

The Roles of Athletic Trainers and Physical Therapists in Sports Medicine

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Sports medicine and athletic health care is ideally practiced using a multidisciplinary team care approach. In addition to physicians, who are often sports medicine fellowship-trained specialists in family practice, orthopaedic surgery, internal medicine, or pediatrics, members of the sports medicine team include athletic trainers, physical therapists, exercise physiologists, psychologists, dentists, podiatrists, and alternative/complementary medicine practitioners. A discussion of the history of sports medicine and physician educational opportunities in sports medicine previously appeared in this publication.[1] The current article describes the similarities and differences between athletic trainers and physical therapists and the synergistic roles they can play with physicians in the delivery of athletic health care.

Athletic Trainers

Of the 22,700 National Athletic Trainers' Association (NATA) members, 92% are NATA-certified and 44% are female. In 1990, the AMA recognized athletic training as an allied health profession, and in June 1998, adopted a policy calling for NATA-certified athletic trainers (ATCs) in all high school athletic programs. Educational standards to achieve certification as an athletic trainer, which are set by the NATA Board of Certification, include a minimum of a Bachelor's degree, extensive appropriately supervised clinical affiliations with athletic teams, and successful completion of written and oral examinations. The athletic training educational curriculum includes: 1) athletic injury prevention; 2) recognition, evaluation, and immediate care of athletic injuries; 3) rehabilitation and reconditioning of athletic injuries; 4) health care administration; and 5) professional development and responsibilities.

In 1997, the state of Hawaii demonstrated national leadership in recognizing the importance of athletic trainers by being the first state to place full-time ATCs in all public high schools. A 1991 survey by Buxton and colleagues found that only 8% of state high schools (all were private schools) employed full-time certified athletic trainers.[2] Athletic health care in the public schools was typically delivered by non-certified athletic trainers and coaches, many of whom lacked training in even CPR and basic first aid. The survey findings prompted the Hawaii Interscholastic Athletic Directors' Association (HIADA) to launch a campaign to place certified athletic trainers in all public high schools. The HIADA lobbied the Hawaii state legislature, which agreed to fund $371,000 to initiate a pilot program placing ATCs in 15 of Hawaii's 40 public high schools for the 1993-94 school year. Expansion of the program to supply ATCs to the remaining high schools became threatened however, due to the limited tax revenues which resulted from a state economic downturn. In 1997, the Hawaii Athletic Trainers' Association (HATA) Public Relations Committee thus spearheaded a campaign to rekindle interest in the growth of athletic training public high school positions. Lobbying efforts included HATA members sharing national and state injury statistics as well as providing the financial breakdown of potential health care savings brought on by athletic trainers, and high school athletic directors describing pending and potential lawsuits based upon inappropriate athletic health care. The Hawaii Medical Association Sports Medicine Committee also testified in support of the bill. The collaborative efforts proved successful, as the state legislature appropriated funding for full-time certified athletic trainers in all Hawaii public high schools for the 1997-98 school year.[3]

The University of Hawaii at Manoa (UHM) offers a bachelor's degree level athletic training education program, directed by Iris Kimura, PhD, ATC, PT, in the College of Education's Department of Kinesiology and Leisure Science (formerly HPER). Athletic training students may currently become certified as ATCs by completing either a NATA-accredited "curriculum-based" program or a non-accredited "internship-based" program. Both pathways involve classroom study and supervised association with athletic teams, with the accredited curriculum programs requiring relatively more classroom study and less clinical time than the traditional internship route. After 2003, only NATA-accredited curriculum programs will be recognized for certification. The UHM athletic training program is currently seeking NATA-accreditation for its Bachelor's degree program and the addition of a Master's level program. Most of the state high school athletic training positions have been filled and the majority are occupied by graduates of UHM's athletic training education program.

Physical Therapists

Physical therapy (PT) as a profession grew out of the need for PT services during the 1940s and 1950s due to World War II and the great polio epidemic. The American Physical Therapy Association (APTA), which was established early in the century, currently has more than 75,000 members. The minimal educational requirement for PT certification includes a Bachelor's degree, but increasingly many PTs are choosing to receive Master's degrees. Of the 180 colleges and universities in the United States which offer APTA-accredited educational programs in physical therapy, none is located in the state of Hawaii. In the early 1990s, the John A. Burns School of Medicine explored the possibility of establishing a PT program at UHM, but due to budget restrictions the program failed to emerge. UH Kapiolani Community College currently offers a two-year physical therapy assistant (PTA) program.

Differences Between Athletic Trainers and Physical Therapists

A simple description of the difference between an ATC and a PT is that ATCs are "emergency athletic care specialists" and PTs are "rehabilitation specialists." The ATC's educational training emphasizes sports medicine, orthopaedics, and athletic care, while the PT is trained as a rehabilitation generalist who is exposed to all sorts of physical medicine topics including neurologic injury, sports medicine and orthopaedics, prosthetics, community health, and industrial/physical medicine. The broad training of a PT may result in a

relatively limited sports medicine education experience. In recognition of the desires of some PTs to study certain areas further, the APTA grants subspecializations in fields such as sports PT and neurologic PT.

Another important difference between ATCs and PTs has to do with "access" to patients. Approximately half of the states allow physical therapists to have direct access to patients, meaning that a PT does not need a physician's referral to treat and evaluate a patient. Hawaii is among the states which do require physician referrals for PTs to initiate treatment. On the other hand, ATCs—especially those involved with athletic team care—often have direct access to patients, since ATCs are frequently the first person to evaluate an injured or ill athlete. Consequently, the ATC is given the responsibility of determining whether a physician referral is indicated. Unlike PTs however, ATCs are not permitted to formulate individual treatment plans for patients.

Professional licensure requirements also differ significantly between the two professions. PTs are licensed in all states, while ATCs may become licensed in only half of the states. With the exception of Texas, states which offer licensure for ATCs, utilize NATA-certification as a requirement to achieve licensure. Hawaii currently offers no licensure for ATCs.

Perhaps the most profound contrast between PTs and ATCs involves relative abilities to independently bill third-party health insurance payers for professional services provided. PTs may bill for their services in all states. ATCs have attained such financial reimbursement capabilities in only a few states—all of which require ATC licensure. The NATA is actively attempting to achieve professional status and third-party billing parity for its members with that of PTs by raising athletic training academic standards and encouraging state ATC licensure.

Job opportunities also differ for ATCs and PTs. Approximately 30% of PTs work in hospital settings, while the rest work in such outpatient facilities as private PT offices, community health centers, sports facilities, corporate/industrial health centers, research centers, rehabilitation centers, nursing homes, and home health agencies. ATCs rarely work in hospital settings and have relatively few opportunities for self-employment. Nationwide, the majority of newly trained ATCs are hired by orthopaedic sports medicine clinics where they may participate in sports injury evaluation, rehabilitation, and athletic team care. Many other ATCs are employed by high schools, colleges, and professional sports teams.

References:

1. Nichols AW. The role of sports medicine in an academic medical education. Hawaii Med J. 1995;54:694-95.
2. Buxton et al. Improving sports health care for high school athletes. Personal communication, 1998. (Ed: I'm checking on this, as it may have been published.)
3. Orr N. How Hawaii made history: Steps to successful legislation. NATA News. March 1998 pp. 14-15.

POSTPONEMENT OF CLOSING DATE FOR RECEIPT OF PROPOSALS AND REVISIONS TO REQUEST FOR PROPOSALS

NOTICE is hereby given that the CLOSING DATE scheduled for 4:30 pm on April 5, 1999 by the Employees' Retirement System of the State of Hawaii, at 201 Merchant Street, Suite 1400, Honolulu, HI 96813, for Request for Proposals, No. ERS 99-02 for Competitive Sealed Proposals to be Chairperson and Members of the Medical Board of the Employees' Retirement System as advertised in the March 1999 issue of the Hawaii Medical Journal has been postponed to 4:30 pm May 14, 1999. Proposals received after this date will not be considered.

David Shimabukuro
Administrator
Employees' Retirement System
State of Hawaii