

**National Athletic Trainers' Association  
Nomenclature Work Group 2012  
Final Report**

**Executive Summary**

Since the Board of Directors approved the first Nomenclature Task Force's recommendation in 2004, the name change has been a recurrent theme of discussion among members. Because of this continued debate and multiple changes in the health care environment and the athletic training profession, the Board of Directors decided to reconsider the issue and voted to form the 2012 Nomenclature Work Group. The workgroup's charge was to investigate the implications (legal, operational, strategic and financial) of a name change, and recommend a new name if a change is appropriate. The workgroup was composed of representatives from different member groups and demographics, who all started out with different opinions on the name change. To complete the charge, the group polled member groups and outside agencies, reviewed opinions of consultants and staff specialists, including an outside branding consultant, and conducted a member survey and a consumer survey.

The workgroup determined that in order to carry out a name change, a majority of the state practice acts would have to be amended. The concern about the danger and difficulty of opening state practice acts has been the single greatest impediment to a name change since 2004, and opinions are still divided as to how great the danger would actually be. The workgroup did not specify a dollar figure to describe the financial impact, but noted that all media and legal documentation, state legislation, and academic materials would have to be changed.

NATA's consultants and allied organizations were all opposed to a change. The majority of committee and member groups were also opposed, as well as the vast majority of liaison organizations and sponsors. 47% of NATA members opposed a change, while 29% were in favor and 24% undecided.

After reviewing all of the input and research, the workgroup agreed that "athletic trainer" is not an ideal name for the profession, and that other names may describe the scope of practice better. However, no other name that has been suggested is significantly better than "athletic trainer." A name change would not bring about the benefits and changes the profession needs, and in addition, a name change may damage momentum in important strategic areas. The time to change would have been before our recent substantial public relations efforts. Our PR consultant commented that the profession has made great strides in public recognition recently due to concussion and youth sports safety awareness. The workgroup believed this comment is supported by the results of our consumer survey, in which a strong majority of respondents demonstrated a good understanding of the qualifications and abilities of our members. A name change now might damage this momentum. The workgroup therefore concluded that the possible benefits of a change do not exceed the cost, effort, and disadvantages.

However, all the problems that have been noted in arguments to support a name change are valid and important. The workgroup recommends that the Board of Directors move forward with strategies to address these problems. Overall, the workgroup suggests a comprehensive strategy to promote the profession at all levels, through an integrated PR/marketing plan accompanied by a grassroots strategy as recommended by our branding consultant. We expect the events and activities this year in the areas of youth sports safety to lead to a rapid growth in recognition, at the same time as the profession is increasingly expanding into new and innovative areas and industries. We want to take advantage of

these advancements to positively re-introduce ourselves to our colleagues and employers through the new definition of AT and a revitalized marketing push.

## **Overview**

### **Background and summary of 2004 report**

The original Nomenclature Task Force met from 2003 to 2004 and was charged with investigating the likely operational, strategic, and financial impacts of a name change through researching legal implications; member, sponsor, liaison organization, and strategic partner perceptions; and the effects on reimbursement, public relations, and academic programs. At that time, the Task Force recommended not changing the name because of opposition from committees and other organizations, legislative dangers, the financial cost, and other disadvantages. Instead, they recommended increasing public relations efforts, reinforcing correct use of “athletic trainer,” and removing the reference in the association’s mission to the kind of people athletic trainers serve.

### **Charge**

Since the Board of Directors approved the Task Force’s recommendation in 2004, the name change has been a recurrent theme of discussion among members. Because of this continued debate and multiple changes in the health care environment and the athletic training profession, the Board of Directors decided to reconsider the issue. The APTA lawsuit settlement statement has proven very useful in refuting inaccurate information promulgated by other organizations to legislators and others on the Hill and in state government, placing NATA in a better position legislatively. In 48 out of 50 states, the practice of athletic training is now regulated. The visibility of ATs has risen dramatically through our leadership and involvement in federal and state legislation on youth sports safety issues, especially concussion. Finally, the world of health care has changed dramatically with the Affordable Care Act and health care reform. Because of these factors, the Board of Directors voted to form the 2012 Nomenclature Work Group to reexamine the issue. The workgroup’s charge was to investigate the implications (legal, operational, strategic and financial) of a name change, and recommend a new name if a change is appropriate.

### **Workgroup composition**

The workgroup was chaired by Russ Richardson, EdD, ATC, representing the Board of Directors and WFATT, and included Jon Almquist, ATC, VATL (secondary school), Kathy Dieringer, EdD, ATC, LAT (CEPAT, BOD), Phil Donley, PT, AT, MS (Hall of Fame, dual-credentialed), R.T. Floyd, EdD, ATC (BOD, educator), Frank George, PT, AT Ret (Hall of Fame, past president, dual-credentialed), Eric McDonnell, MEd, ATC (GAC, BOD), Bart Peterson, MSS, ATC (SSATC, BOD), Julie Rochester, EdD, ATC (BOD, educator), Scott Sailor, EdD, ATC (YPC, BOD, educator), Carissa Spraberry, MEd, ATC, LAT (YPC), and Charlie Thompson, MS, ATC (CUATC). At the beginning of the process, the workgroup held a wide range of opinions on the name change. President Jim Thornton, MS, ATC, PES participated ex-officio. Executive Director Eve Becker-Doyle and staff members Cate Brennan and David Saddler participated as staff liaisons, and Judy Pulice served in an advisory capacity as governmental affairs specialist.

### **Timeline and process**

From April through June, the workgroup conducted monthly conference calls, researched effects of a name change, and polled various constituencies for their opinions. During the annual meeting, each committee was asked to discuss the name change and report back to the workgroup. Two focus groups

were conducted to discuss the question. In July, a branding consultant was contracted to make recommendations. A member survey was conducted in September, and a consumer survey was conducted in November. The workgroup held conference calls in November and December to discuss the survey results and to make final recommendations on the name change and future strategies.

## **Research**

### **Legislative impact**

The workgroup informally surveyed 15 state regulatory agencies, from a mix of large, medium and small states, to find out the impact of a name change on their practice acts. 7 of 13 respondents agreed that “AT” causes confusion among the public or HCPs. A strong majority, 11 of 13, thought that a name change would require an amendment of the state practice act. There was disagreement about the impact of attempts to amend practice acts. The concern about the danger and difficulty of opening state practice acts has been the single greatest impediment to a name change since 2004. NATA’s staff specialist, who has X years of experience working on state legislation and regulation for health care professions, did not share this concern and believed the change could be done at the same time as regular updates, with no additional legislative costs. However, many in the athletic training profession who work on legislative issues disagree and see it as an insurmountable obstacle.

In the federal legislative arena, NATA’s government relations consultant, Drinker Biddle & Reath, expressed concerns that a name change would undo or set back the efforts our lobbyists have made to educate legislators and public policy makers about athletic trainers. DBR also expressed concern that there are not enough other examples of health care professions advancing policy agendas, directly or indirectly, through a name change.

### **Financial impact**

The 2003 task force estimated the total cost of making a name change would be between \$1.3 and 2.5 million. While the 2012 workgroup did not specify a dollar figure, it identified the following internal and external areas that would be affected, all of which will require staff time and resources to change.

- NATA’s articles of incorporation
- Trademarks for the new name and logo
- Courses, literature, and program titles at educational institutions
- CIP Codes
- American Medical Association CPT codes for athletic training
- Uniform Billing codes
- NPI number taxonomy
- CAQH and other insurance and health care system credentialing/privileging organizations
- Bureau of Labor Statistics and O\*Net
- Federal government: Healthcare Integrity and Protection Data Bank and National Practitioner Data Bank
- AMA Directory of allied health professions
- US Department of Education specifications
- US Department of Defense, US Armed Forces, including Marine Corp, Navy, Army, Air Force
- State statutes (including 49 practice acts, concussion laws, insurance codes, and an unknown number of education codes related to AT employment)
- Workers comp state regulations

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- Individual job descriptions and job categories
- Job boards
- Consumer ranking lists of health care professionals
- Wikipedia
- Hospital systems that provide athletic training services to the community
- All academic programs, numerous textbooks
- All social media: Facebook, LinkedIn, Twitter, YouTube, Vimeo, etc.

### **Consultant input**

The workgroup requested opinions from NATA's public relations, lobbying, and reimbursement consultants, and contracted with a branding consultant to provide guidance and help analyze the member and consumer surveys. The opinion of DBR, NATA's government relations consultant, is summarized above under "Legislative Impact."

#### Robin Waxenberg & Associates, PR consultant

Although a name change may invite more respect and recognition of athletic training as a health care profession and reduce confusion with personal trainers, Robin Waxenberg & Associates did not believe it would clarify the scope of practice of the profession. In light of increasing public awareness in recent years, a name change might damage momentum on the youth sports safety front and create more confusion with the media and other audiences. RWA was not confident that the final outcome would be worth the extensive effort.

#### The Clark Group Associates, reimbursement and business development consultant

The Clark Group Associates acknowledged that a name change to "therapist" could impact initial perception of others and potentially frame the provider as "more medical." However, the word "athletic" would still reinforce the misconception that ATs work only with athletes, and would continue to limit reimbursement opportunities. The name change would not clarify the scope of practice and may set the profession back in education and relationship building with CMS and other third party payers. CGA noted that the athletic training practice act in Massachusetts has, for nearly 30 years, specifically allowed for ATs to call themselves Licensed Athletic Therapists, but has made no significant difference in the area of reimbursement or acceptance in practice settings. CGA only knew of one health care association who had successfully changed the name of the profession, but the change had not led to success with CMS, state licensure, reimbursement or business development.

#### Vision to Reality Consulting, branding consultant

NATA contracted with a branding consultant to oversee the process of surveying members and consumers and make recommendations as an outside observer. From the information and feedback compiled by the workgroup, Vision to Reality Consulting concluded that a name change was not warranted. However, VRC suggested care and intentionality and moving forward, noting how important and urgent these issues are to our membership. VRC stated the most important step moving forward is the development of a PR/Marketing/Branding/Education Plan in this specific area, tied to an overall organizational Strategic Marketing Plan. If NATA decides not to change the name, VRC recommended focusing on those strategies in the member survey (discussed on pp. 9-10) that were most supported by both sides, as well as these specific next steps:

- Provide a statement from NATA's leadership about its understanding, interest and concern about the importance of this name change issue. Also, an expression of great appreciation for

memberships' feedback is warranted along with an appreciation for a lot of people's efforts to determine the best path forward for everyone.

- Effectively communicate the surveys, results and recommendations to membership.
- Continue to show transparency of the review and decision process to minimize backlash of those who might disagree.
- Accentuate the positive aspects of the decision while at the same time show understanding and respect for those who passionately differ.
- **While communicating the results & decision, be sure to communicate the next steps effectively & with passion to show that change & improvement for the profession will continue.**
- Develop and implement a specific PR/Marketing/Branding/Education Plan on this topic.
- Develop and implement an overall organizational Strategic Marketing Plan that incorporates the above.
- **Just a few of the specific items to work on for the development of the PR/Marketing/Branding/Education Plan:**
  - **New logo** that is more medically based to better represent the education, training and scope of practice of ATs.
  - **Tag line(s)** that help bring home the desired image of ATs.
  - **Talking points and messaging** that are consistent with the plans to communicate the value, education, training and professionalism of the AT profession.
  - **Develop** Corporate, Regional, State and Legislative **Spokespersons** that can be called upon to regularly speak at events & respond at a moment's notice to instruct & promote the value, education, training and professionalism of the AT profession.
  - Develop **media contacts** at the local, state and national levels to be called upon for specific issues pertaining to ATs expertise – **utilize this for important national and international events to promote and differentiate ATs from other similar professions.**
  - Prioritize the groups in the consumer survey and **develop specific messaging/marketing plans to those groups** in order to be most effective in your planning and use of marketing dollars.
  - **Refresh of website** with all the new information above.
  - Develop and implement a **Social Media strategy** to promote all of the above. **Good use of Social Media can be the most potent weapon to use today to accomplish the goal of bringing about the appropriate professional recognition ATs deserve.**

### Consumer survey

*\*The full consumer survey report is included in Appendix A.*

We surveyed sixteen health care and sports-related organizations to determine perception and awareness of athletic trainers among various employers and colleagues, as well as their opinions on a potential name change. The respondents represented parents of athletes, third-party payers, wellness companies, corporate employers, family practice physicians, orthopaedic physicians, sports medicine physicians, athletic administrators, school administrators, public policy makers, and coaches. The survey received 1,024 responses, the majority of which were from school administrators, sports medicine physicians, athletic administrators, and orthopaedic physicians.

Respondents were asked to agree or disagree with statements about athletic trainers. Each statement was answered correctly by at least 7.8 of 10 respondents; some statements were answered correctly by

more than 9 out of 10 respondents. 2 out of 3 respondents described themselves as “very aware” or “extremely aware” of the definition of athletic training. Parents of athletes, corporate employers, and sports medicine physicians answered the most questions correctly. Athletic administrators, sports medicine physicians, and orthopaedic physicians self-reported the highest level of awareness.

54% of respondents believed that the current title adequately conveys the knowledge, skills and abilities of athletic trainers, while 41% believed another title would be helpful in clarifying the role of athletic trainers.

67% of the respondents stated that their organizations currently employ athletic trainers, and 69% of respondents stated they were either likely or very likely to hire or recommend hiring an athletic trainer.

### Perceptions and Feedback

#### NATA committees and member groups

Name	Yes	Undecided	No	Specific Concerns
Clinical and Emerging Practices Athletic Trainers’ Committee	50%	25%	25%	May help with gaining trust from new patients
College/University Athletic Trainers’ Committee	23%	23%	54%	Cost, no better name; confusion with other professions
Committee on Reimbursement			100%	
Continuing Education Committee	50%		50%	May lead to challenges communicating with outsiders; or increased CEU opportunities from outside organizations
Convention Program Committee			100%	
District Secretaries and Treasurers	4%	23%	73%	
Ethics Committee		17%	83%	
Ethnic Diversity Advisory Committee	45%	55%		
Executive Committee for Education			100%	Key is promoting ATs as health care providers and promoting health care models to ATs
Governmental Affairs Committee			100%	Cost and effort to change programs, codes, and legislation; title protection; reeducation of legislators
Honors & Awards Committee	14%		86%	
International Committee	13%	27%	60%	Translation and trademark/regulation issues, misconceptions in other countries
<i>Journal of Athletic Training</i> Committee	100%			Cost and difficulty of changing legislation; better public and scholarly perception
National Athletic Training Students Committee	50%		50%	
Post-Professional Education Committee	25%	50%	25%	Cost, transitional period, getting buy-in from everyone; limits recognition and understanding

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Professional Education Committee	50%	13%	37%	Key issues are reimbursement, depth of education and recognition in health care industry—name change only if helps with those
Pronouncements Committee	100%			Cost, implementation; gain respect and reimbursement
Public Relations Committee	30%	30%	40%	Loss of recognition, difficulty of opening practice acts
Secondary School Athletic Trainers' Committee	23%	5%	73%	Loss of recognition, no better name; current confusion with other professions. Concern about conflict between settings
Young Professionals Committee	8%	8%	84%	Financial and legislative impact, damage member retention, no better name
Convention Focus Group 1	50%		50%	
Convention Focus Group 2	25%		75%	Loss of recognition; push current name and create more jobs
Dual-credentialed ATs and PTs	32%	5%	64%	Loss of recognition, no better name. Focus on what makes us unique
Hall of Fame	24%		76%	Cost, added confusion, will not solve problems; lead to added recognition and fresh start
Past Presidents	70%		30%	Current name is obstacle to professional advancement
Young Professionals	49%	34%	18%	Added confusion, legislative impact; better recognition and understanding

### **Allied organizations**

#### NATA Research and Education Foundation

The NATA Foundation was opposed to a name change. The Foundation felt that the most significant impact to its operations would be the administrative burden of a name change, and that the potential benefits would not outweigh that cost.

#### Board of Certification

The BOC was unanimously opposed to a name change due to the recent significant strides in name recognition for the profession. The BOC noted the significant financial impact of a name change and believed that better branding as an AT instead of “athletic trainer” would be a better use of the money involved.

#### Commission on Accreditation of Athletic Training Education

CAATE was opposed to a name change.

### **Liaison organizations**

#### American Academy of Pediatrics

AAP advised against a name change, believing it would cause more confusion and would be too difficult to find a name that accurately described the profession.

#### American Medical Society for Sports Medicine

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AMSSM advised against a name change, believing that it would obscure the profession's unique identity within sports medicine. AMSSM suggested other strategies to achieve increased acknowledgement in the health care industry would be a better use of resources.

### American Orthopaedic Society for Sports Medicine

AOSSM advised against a name change, believing the potential benefits would not be worth the potential downsides and obstacles. AMSSM advised finding better terminology to describe the profession as a qualifier to be incorporated into current usage.

### Canadian Athletic Therapists Association

CATA advised against a name change, believing that the profession is already well-branded in the US with the current name.

### National Basketball Athletic Trainers Association

NBATA advised against a name change, noting the difficulty we have faced in convincing the media to use the full title and expressing concern that a change would cause more confusion.

### Professional Football Athletic Trainers Society

PFATS advised against a name change, expressing concerns about having to start over with media and marketing recognition.

### Professional Hockey Athletic Trainers Society

PHATS advised in favor of a name change, noting that many of its members are Canadian and already use the name "athletic therapists."

## **Sponsors**

### Johnson & Johnson

J&J advised in favor of a name change, since the current name is confusing and does not describe the profession adequately. J&J expressed concern that new names might draw the opposition of other professions, and suggested keeping the name and referring to ourselves as "ATs" as another possibility.

## **Member survey**

*\*The full member survey report is included in Appendix B.*

The 2012 Nomenclature Member Survey ran from September 24, 2012 to October 15, 2012. It was sent to all members, including certified, associate, student, retired, and international. The survey contained a summary of all of the information the workgroup had gathered so far, including input from all committees and member groups, from allied and liaison organizations, vendors and sponsors, and consultants. In addition to asking for the members' opinions on a name change, it also asked for input on several strategies generated by the workgroup as possible alternatives to a name change.

The survey received 9,689 total responses for a response rate of 27%. 29% were in favor and 47% were against a name change, while 24% were undecided. This is a significant change from 2003. This result also approximately aligns with the results of surveying the committees.



The younger members and those with the fewest years in the profession were the most in favor. No state had a majority in favor, although Florida, New York, and Rhode Island were the most in favor. Arkansas, North Dakota, and West Virginia were the least in favor. Of settings, professional sports, performing arts and rehabilitation were the most in favor of a change, while education, hospitals, and retired were the least in favor.

Both sides gave a variety of reasons, some that the committees had already cited and others that were new. Public relations was a significant concern—those who were for a name change felt that our PR efforts are not working and a name change will give us an opportunity for a stronger push. However, those who were against felt that our PR efforts are working, and a change now would only damage the progress we've made so far. Neutral members had concerns about unanticipated impacts, and concerns about not enough examples of other professions successfully changing the name. They were also concerned that the profession remain unified whatever decision was made.

Whether or not a name change was pursued, the majority of members supported changing the current NATA logo to one with a more medical orientation, and pursuing advocacy research for the profession. Many other strategies were suggested, with public relations being the top concern.

Although many respondents suggested alternative names, most of them had been suggested previously. The top names were athletic therapist and variations on sports medicine therapist.

## Summary and recommendations

### Name change

After reviewing all of the input and research, the workgroup agrees that “athletic trainer” is not an ideal name for the profession, and that other names may describe the scope of practice better. **However, no other name that has been suggested is significantly better than “athletic trainer.”** Any name involving “athletic” or “sports” may continue to be perceived as limiting the scope of practice. Names with “sports medicine” may imply that ATs are medical doctors. Some names that have been frequently suggested, like “physiotherapist” and “sports medicine specialist,” are already claimed by other professions. The word “therapist” implies more medical knowledge, but it does not clarify the scope of practice. Other names, even if they are more descriptive, are more obscure and less similar to “athletic trainer,” and would be difficult to promote.

**A name change would not bring about the benefits and changes the profession needs.** It would not improve salary, job conditions, or reimbursement. It may increase public respect but would not promote understanding. The workgroup believes that it is better to address these issues directly through other strategies than to pursue a name change.

**In addition, a name change may damage momentum in important strategic areas.** Public awareness is increasing and a name change may lead to more confusion. The workgroup believes that although “athletic trainer” is probably not the best possible name, the time to change would have been before all our recent substantial public relations efforts. Our PR consultant commented that the profession has made great strides in public recognition recently due to concussion and youth sports safety awareness. The workgroup believes this comment is supported by the results of our consumer survey. During that “window of opportunity” before recognition began to increase, a name change would probably have been beneficial, but now it might cause setbacks in those important strategic areas. A name change is inherently risky and unintended consequences could end up devastating the profession, especially if the

change is not done right or if the new name is not the right one. **The workgroup therefore concludes that the possible benefits of a change do not exceed the cost, effort, and disadvantages.**

### **Recommended strategies**

Although the response to the member survey did not support a name change, all the members who were in support had very strong feelings about that matter. We acknowledge all the problems that have been noted in arguments to support a name change are valid and important. The workgroup recommends that the Board of Directors move forward with strategies to address these problems.

The workgroup has proposed several strategies which were supported by a majority of members in the survey.

- A new NATA logo is needed to remove the ambiguity of our current fitness-oriented logo.
- Implementing use of “AT” instead of “athletic trainer”. This will be shorter and more memorable and de-emphasize the word “trainer”.
- New ways of describing and reintroducing ourselves to other professions, including revisiting and clarifying the definition of athletic training.
- More advocacy research to help prove the value and return on investment of ATs. This will assist with both employment and reimbursement, through achieving access to Medicare.
- Advanced certificates to provide more educational opportunities and assist with gaining employment.

Overall, the workgroup suggests a comprehensive strategy to promote the profession at all levels. The workgroup recommends the logo change be accompanied by an integrated PR/marketing plan. This could include a grassroots strategy, perhaps in collaboration with districts, to ensure that appropriate spokespeople who understand the issues are contacting the media with consistent talking points. NATA’s efforts in the area of youth sports safety are increasing and building on past success to accomplish a great step forward. We expect the events and activities this year to lead to a rapid growth in recognition, at the same time as the profession is increasingly expanding into new and innovative areas and industries. We want to take advantage of these advancements to positively re-introduce ourselves to our colleagues and employers through the new definition of AT and a revitalized marketing push. We suggest a new specific and integrated marketing plan through three prongs:

- Communicating with members—both those satisfied and unsatisfied with our current identity.
- Communicating with the health care industry and other health care professionals.
- Communicating with athletes, coaches, parents, and the general public.

The workgroup believes these strategies are the ideal way to capitalize on past progress and propel the profession into the future of health care, optimizing our members’ services to patients and our ability to meet the challenges ahead.

*Recommendations approved by a vote of 10 to 1 of the Nomenclature Work Group, December 19, 2012.*

## **Nomenclature Consumer Survey Comprehensive Report December 14, 2012**

### **Executive Summary**

We surveyed sixteen health care and sports-related organizations to determine perception and awareness of athletic trainers among various employers and colleagues, as well as their opinions on a potential name change. The respondents represented parents of athletes, third-party payers, wellness companies, corporate employers, family practice physicians, orthopaedic physicians, sports medicine physicians, athletic administrators, school administrators, public policy makers, and coaches. The survey received 1,024 responses, the majority of which were from school administrators, sports medicine physicians, athletic administrators, and orthopaedic physicians.

Respondents were asked to agree or disagree with statements about athletic trainers. Each statement was answered correctly by at least 7.8 of 10 respondents; some statements were answered correctly by more than 9 out of 10 respondents. 2 out of 3 respondents described themselves as “very aware” or “extremely aware” of the definition of athletic training. Parents of athletes, corporate employers, and sports medicine physicians answered the most questions correctly. Athletic administrators, sports medicine physicians, and orthopaedic physicians self-reported the highest level of awareness.

54% of respondents believed that the current title adequately conveys the knowledge, skills and abilities of athletic trainers, while 41% believed another title would be helpful in clarifying the role of athletic trainers.

67% of the respondents stated that their organizations currently employ athletic trainers, and 69% of respondents stated they were either likely or very likely to hire or recommend hiring an athletic trainer.

### **Methodology**

The goal of the survey was to determine perception and awareness of athletic trainers among those in positions to increase employment of athletic trainers, and to determine the opinions of our allies on the nomenclature issue. The survey also gleaned information on employment, which will be relevant for future benchmark studies and marketing initiatives.

Respondents were asked to rate their level of awareness of the definition of athletic training and their level of agreement with six statements:

- Athletic trainers are knowledgeable about anatomy, nutrition and biomechanics.
- Athletic trainers are trained in preventing injury and re-injury.
- Athletic trainers must have at least a bachelor’s degree from an accredited college or university program.
- Athletic trainers must be licensed.
- Athletic trainers are the same as fitness trainers, fitness instructors and personal trainers.
- Athletic trainers work exclusively with competitive athletes.

The survey asked if respondents thought the name "athletic trainer" adequately conveys the knowledge, skills and abilities of ATs and whether another name might be helpful in clarifying the role of athletic trainers in the healthcare industry. We asked if their organization employed an athletic trainer and whether they were likely to hire or recommend hiring an athletic trainer in the future. Respondents

identified themselves as athletes' parents, third-party payers, wellness companies, corporate employers, family practice physicians, orthopaedic physicians, sports medicine physicians, athletic administrators, school administrators, public policy makers, other physicians, coaches, or other.

We sent the survey to sixteen organizations. To encourage participation, each respondent was offered a chance to win one of five \$100 gift cards.

The following organizations placed a link to the survey in an e-newsletter or listserv:

- Becker Orthopedic: orthopaedic physicians (15,000 contacts)
- Care Continuum Alliance: health care professionals and administrators (distribution unknown)
- American Academy of Orthopaedic Executives: health care professionals and administrators (distribution unknown)
- American Academy of Pediatrics Council on Sports Medicine and Fitness: sports medicine physicians and pediatricians (300 contacts)
- American Osteopathic Academy for Sports Medicine: sports medicine physicians (266 contacts)
- American Medical Society for Sports Medicine: sports medicine physicians (1,407)
- National Association of Collegiate Directors of Athletics: athletic administrators (11,000 contacts)
- National Association of Collegiate Women Athletic Administrators: athletic administrators (distribution unknown)
- National Association of Secondary School Principals: school administrators (distribution unknown)
- Mom's Team: parents (distribution unknown)

The following organizations sent their members a separate email with the survey link in it:

- National Interscholastic Athletic Administrators Association: athletic administrators (7,500 contacts)
- American Medical Association: family practice physicians and orthopaedic physicians (10,000 contacts)
- American Orthopaedic Society for Sports Medicine: orthopaedic physicians and sports medicine physicians (1,635 contacts)

The following organizations provided us with email lists which we contacted directly.

- Secondary school superintendents list from MCH Data: school administrators (15,676 contacts)
- National Association of Intercollegiate Athletics: athletic administrators (259 contacts)
- NATA's legislative contacts (650 contacts)

The survey received 1,024 responses. The largest response groups were school administrators, sports medicine physicians, athletic administrators, and orthopaedic physicians, together representing 84.8% of responses.

<b>Setting</b>	<b>Responses</b>	<b>Percent of total</b>
School administrator	324	31.6%
Sports medicine physician	204	19.9%
Athletic administrator	190	18.6%
Orthopaedic physician	151	14.7%
Not stated	49	4.8%

Family practice physician	41	4.0%
Other	19	1.9%
Physician other	12	1.1%
Athlete's parent	8	0.8%
Wellness company	8	7.8%
Coach	5	4.9%
Third-party payer	5	4.9%
Corporate employer	4	3.9%
Public policy maker	4	3.9%

### **Factors affecting results**

Although the survey was designed to minimize bias as much as possible, several factors should be noted:

- The survey did not ask any non-leading questions other than asking for suggestions for a new title, because analyzing open-ended responses would have been prohibitively time-consuming.
- Due to a limited budget, most of the target organizations had to be those that supported NATA and were willing to contact their members for free. Their members may be more familiar with athletic trainers than the general public.
- Individuals who are more familiar with and more sympathetic to athletic trainers may have been more likely to complete the survey.

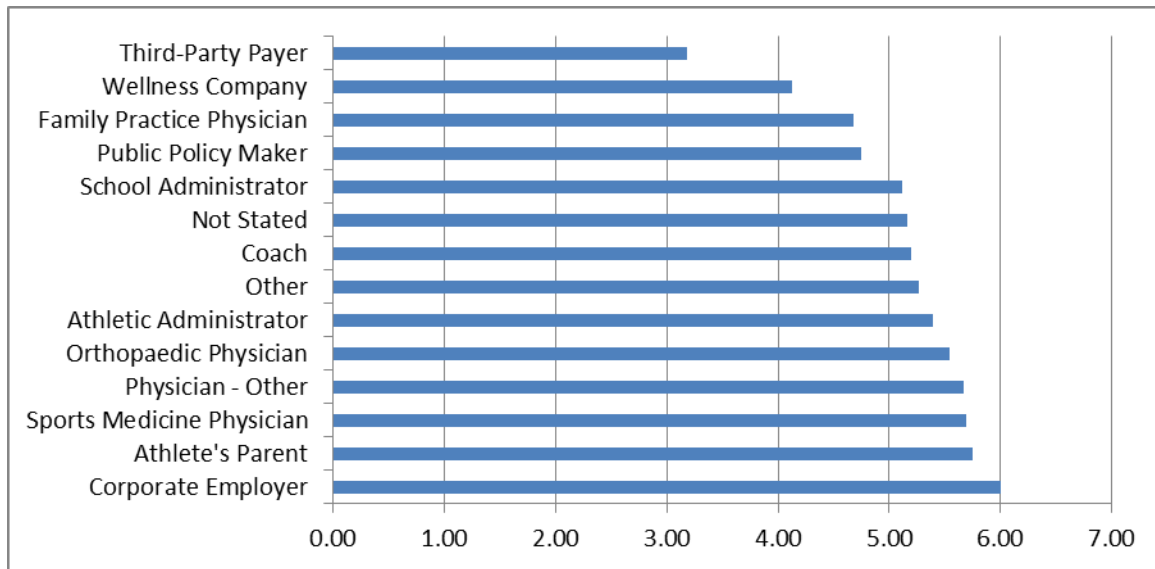
These factors may have affected the survey results and should be taken into consideration. Additionally, it should be noted that this is the first survey of its kind, so we are unable to compare these results to previous findings.

### **Awareness and understanding**

Almost 8 out of 10 respondents answered correctly that athletic trainers do not work solely with competitive athletes. The other five statements were answered correctly by about 9 out of 10 respondents. 2 out of 3 respondents described themselves as “very aware” or “extremely aware” of the definition of athletic training. Those who described themselves as “very aware” or “extremely aware” answered the most statements correctly, while those who described themselves as “not at all aware” answered the fewest statements correctly.

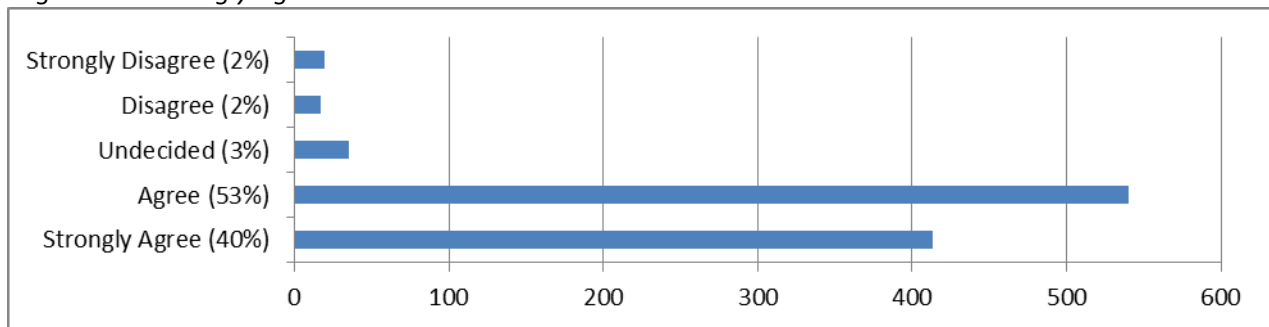
In general, we found that corporate employers, parents of athletes, and sports medicine physician answered the most statements correctly, and family physicians, wellness companies, and third-party payers answered the fewest correctly. Family physicians, third-party payers, and wellness companies also self-reported the lowest level of awareness. Athletic administrators, sports medicine physicians, and orthopaedic physicians self-reported the highest level of awareness.

*Statements answered correctly by setting:*

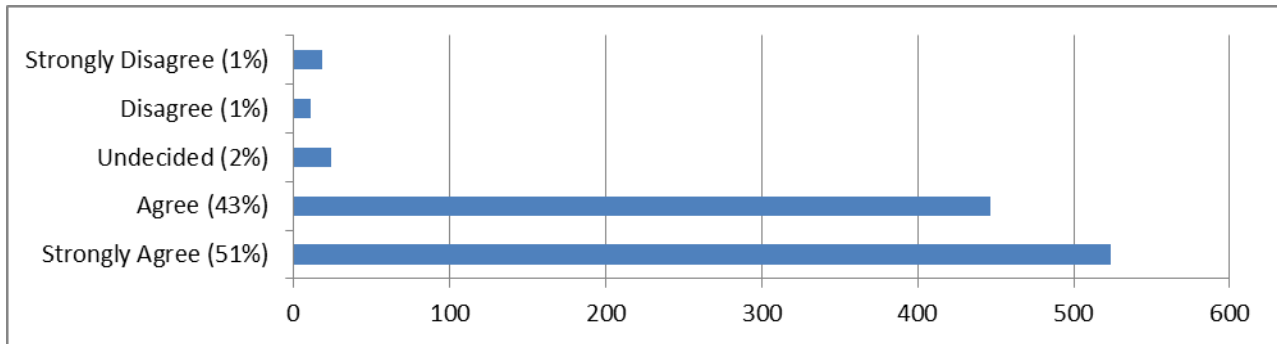


Those respondents whose organizations employed athletic trainers either currently or in the past answered the most statements correctly and reported the highest level of awareness. Those respondents whose organizations did not employ athletic trainers, or who did not know whether the organization employed athletic trainers, answered the fewest statements correctly and reported the lowest level of awareness.

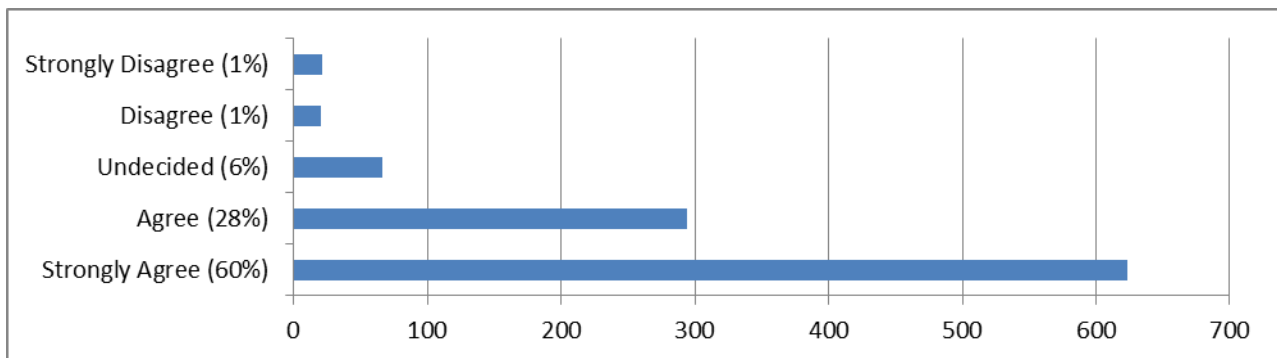
*Athletic trainers are knowledgeable about anatomy, nutrition and biomechanics: 92% responded "Agree" or "Strongly Agree."*



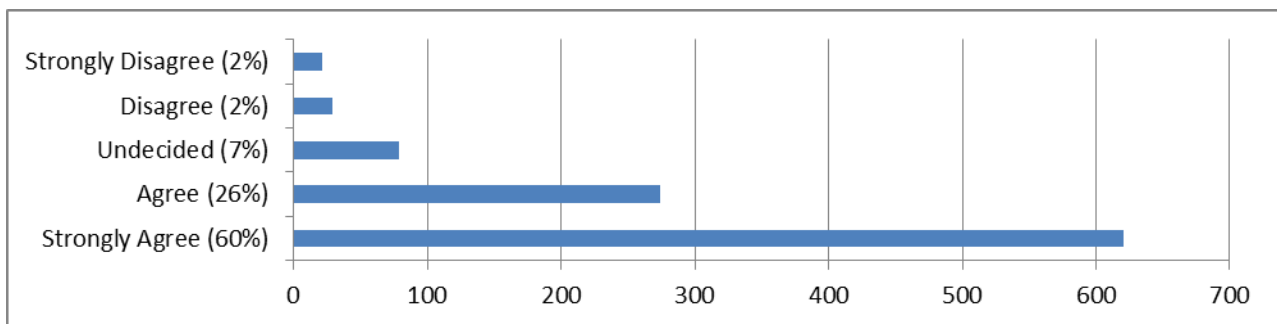
*Athletic trainers are trained in preventing injury and re-injury: 94% responded “Agree” or “Strongly Agree.”*



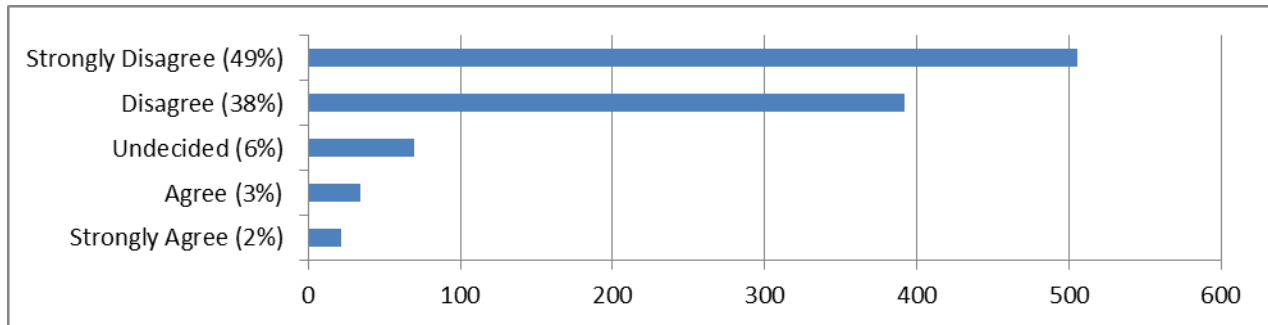
*Athletic trainers must have at least a bachelor’s degree from an accredited college or university program: 88% responded “Agree” or “Strongly Agree.”*



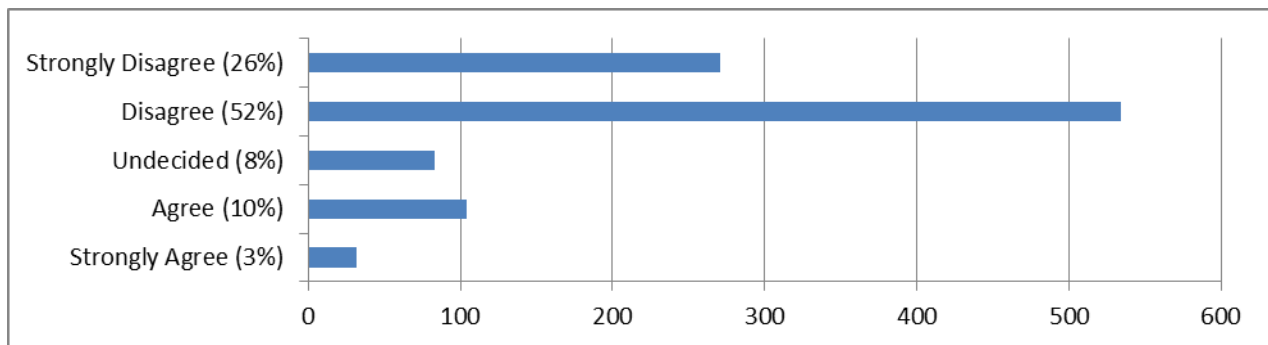
*Athletic trainers must be licensed: 86% responded “Agree” or “Strongly Agree.”*



*Athletic trainers are the same as fitness trainers, fitness instructors and personal trainers: 87% responded “Disagree” or “Strongly Disagree.”*



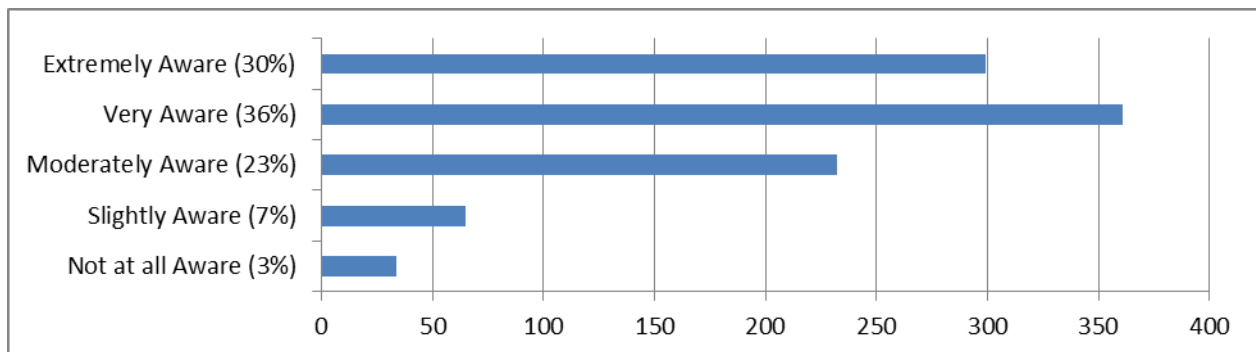
*Athletic trainers work exclusively with competitive athletes: 78% responded “Disagree” or “Strongly Disagree.”*



*According to the National Athletic Trainers’ Association, athletic trainers:*

- *are licensed health care professionals who collaborate with physicians to optimize activity and participation of patients and clients*
- *must earn a bachelor’s degree from a college/university with an accredited curriculum covering injury/illness prevention, first aid and emergency care, assessment of injury/illness, human anatomy and physiology, therapeutic modalities and nutrition*
- *routinely handle the prevention, diagnosis and intervention of emergency, acute and chronic medical conditions involving impairment, functional limitations and disabilities*

*Were you aware all these components were included in the practice of athletic training?*





**Perceptions of Name**

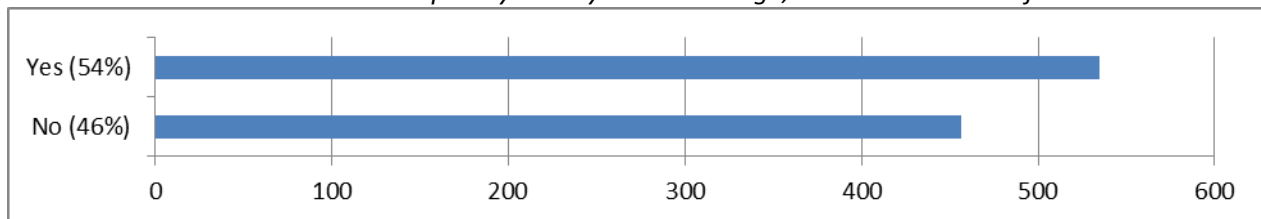
54% of respondents believed that the current title adequately conveys the knowledge, skills and abilities of athletic trainers. 41% believed that another title would be helpful in clarifying the role of athletic trainers. In general, a name change was most supported by those who answered 0 or 1 statements correctly and described themselves as “not at all aware” of the definition of athletic training, and was least supported by those who answered 4 or 5 statements correctly and described themselves as “moderately aware” or “very aware” of the definition of athletic training.

Other physicians, public policy makers, and coaches responded most often that the current name is adequate. Wellness companies, third-party payers, and corporate employers were most likely to respond that the current name is inadequate.

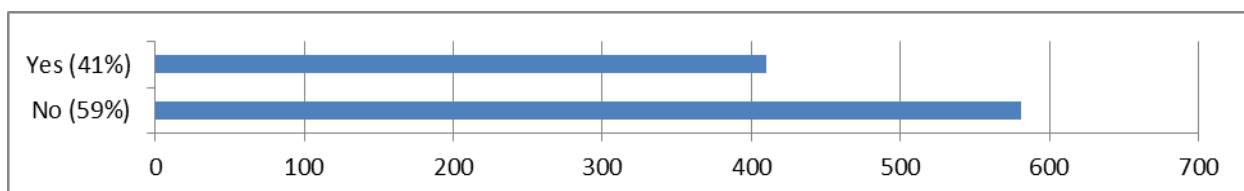
Wellness companies, third-party payers, and athletes’ parents were most supportive of a name change, while other physicians, public policy makers, and coaches were the least supportive. However, because of the low number of respondents in these categories, it is unwise to draw any conclusions from this finding.

308 respondents offered comments or suggestions on an alternative title. As expected, no suggestion stands out as particularly useful or new; however, the comments do offer insight into the wide variety of conceptions of athletic training, even among those who know the profession well. A list of comments and suggestions, organized by how many statements the respondent answered correctly, is shown on page 8.

*Does the title “athletic trainer” adequately convey the knowledge, skills and abilities of athletic trainers?*



*Do you think another title would be helpful in clarifying the role of athletic trainers in the healthcare industry?*

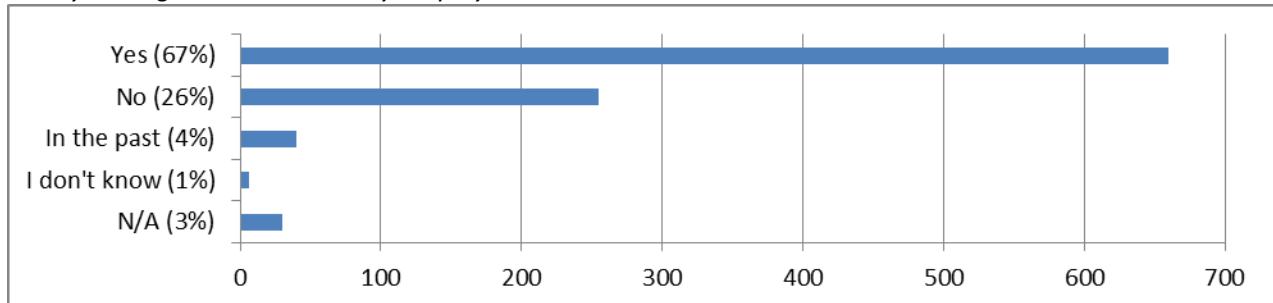


**Employment of athletic trainers**

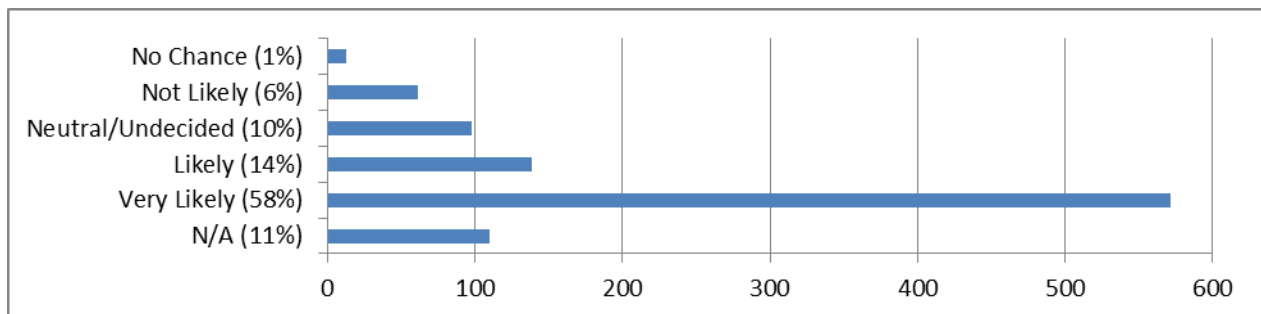
67% of the respondents stated that their organizations currently employ athletic trainers, while 26% stated their organizations do not. 69% of respondents stated they were either likely or very likely to hire or recommend hiring an athletic trainer. Athletic administrators, coaches, and sports medicine physicians were most likely to report that their organization employs an athletic trainer, while physicians, athletes’ parents, and wellness companies were least likely. However, because of the low

number of respondents in some of these categories, it is unwise to draw any conclusions from this finding. Corporate employers, sports medicine physicians, and other physicians were most likely to hire or recommend hiring an athletic trainer in the future, while public policy makers, third-party payers, and wellness companies were least likely.

*Does your organization currently employ an athletic trainer?*



*Given the previous definition, how likely are you to either hire or recommend hiring an athletic trainer?*



**Name Change Suggestions**

*Suggested by those who answered 6 statements correctly:*

- Sports Medicine Professional/Specialist/Trainer/Assistant/Technician/Director
- Athletic Medical/Medicine Coordinator/Professional/Trainer/Assistant/Technician/Specialist
- Athletic Health Care Professional/Provider/Specialist
- Athletic Therapist
- Athletic Trainer and Injury Prevention Specialist
- Physical Trainer
- Director of Sports Medicine
- Athletic Health and Training Specialist/Athletic Health Specialist/Athletic Health Trainer
- Athletic Specialist
- Athletic Performance Professional/Specialist
- Athletic Training Professional
- Physical Health Coordinator/Professional/Advisor
- Athletic and Wellness Therapist
- Athletic Diagnostician
- Athletic Injury Responder
- Athletic Practitioner
- Athletic Rehabilitation Specialist

Athletic Sports Health Care Trainer  
Body Specialist  
Director of Sports Training  
Exercise Physiotherapist  
Fitness/Athletic Prevention Specialist  
Health and Performance Trainer  
Health Fitness Trainer  
Health Specialist  
Medical Coach  
Optimal Performance Specialist  
Physical and Mental Health Professional Trainer  
Physical Conditioning Specialist  
Physical Specialist  
Physical Well-being Trainer  
Practicing Trainer  
Provider of Injury, Prevention and Recovery Services  
Sideline EMT  
Sports Care Specialist  
Sports Physio  
Sports Team Physiatrist  
Sports Therapist  
Wellness Trainer

*Comments:*

Emphasize certified or licensed  
Something like the title given to physician assistants or physician extenders  
Anything without the word "trainer"  
Use "AT"  
Better education of schools and state legislators on skill set  
Something more professional and with a medical connotation  
Something including sports fitness  
"Need a title that has a link to the past use of Athletic Trainer yet reflects the modern abilities they possess"  
"What you need for your school teams but cannot afford"  
Should convey what the job is  
Something regarding treatment and prevention of injuries

*Suggested by those who answered 5 statements correctly:*

Athletic Health and Wellness Facilitator  
Athletic Injury Assessors  
Athletic Trainer and Health Care Professional  
Athletic Training and Care Coordinator  
Athletic Training Specialist  
Comprehensive Athletic Specialist  
Director of Athletic Training  
Kinesiologist  
Medical Management Health Professional

Physical Care Specialist  
Physio-Athletic Technician  
Physiotherapist  
Preventive Injury Specialist  
Sports Health Practitioner

*Comments:*

“Many in health care have this problem. Not sure changing the name will help solve the problem”

“A lot of my patients/families confuse athletic and personal trainers”

“A large number of them have skills beyond ‘athletes’”

“Trainer does not convey the appropriate message”

“Something that stresses the medical knowledge”

*Suggested by those who answered 4 statements correctly:*

Athletic Health Manager  
Certified Athletic Reconditioning Specialist

*Suggested by those who answered 3 statements correctly:*

Athletic Paramedic  
Athletic Performance Specialist  
Sports Medicine ATC

*No unique comments by those who answered 2, 1, or 0 statements correctly.*

**Data Tables**

Statements answered correctly by setting

*Athletic trainers are knowledgeable about anatomy, nutrition and biomechanics.*

	Athlete's parent	Athletic administrator	Coach	Corporate employer	Family practice	Orthopaedic	Physician other	Public policy maker	School administrator	Sports medicine	Third-party payer	Wellness company	Not stated	Other	TOTAL
Strongly Agree	50% (4)	47% (89)	20% (1)	50% (2)	32% (13)	25% (38)	42% (5)	75% (3)	46% (148)	35% (72)	40% (2)	25% (2)	51% (25)	47% (9)	40% (413)
Agree	50% (4)	49% (93)	80% (4)	50% (2)	61% (25)	65% (98)	58% (7)	25% (1)	48% (155)	57% (116)	40% (2)	50% (4)	41% (20)	47% (9)	52% (540)
Undecided	0% (0)	2% (4)	0% (0)	0% (0)	0% (0)	5% (7)	0% (0)	0% (0)	3% (9)	4% (9)	20% (1)	25% (2)	4% (2)	5% (1)	3% (35)
Disagree	0% (0)	0% (1)	0% (0)	0% (0)	5% (2)	4% (6)	0% (0)	0% (0)	1% (3)	2% (5)	0% (0)	0% (0)	0% (0)	0% (0)	1% (17)
Strongly Disagree	0% (0)	1% (3)	0% (0)	0% (0)	2% (1)	1% (2)	0% (0)	0% (0)	3% (9)	1% (2)	0% (0)	0% (0)	4% (2)	0% (0)	1% (19)
TOTAL	1% (8)	19% (190)	0% (5)	0% (4)	4% (41)	15% (151)	1% (12)	0% (4)	31% (324)	20% (204)	0% (5)	1% (8)	5% (49)	2% (19)	1024

*Athletic trainers are trained in preventing injury and re-injury.*

	Athlete's parent	Athletic administrator	Coach	Corporate employer	Family practice	Orthopaedic	Physician other	Public policy maker	School administrator	Sports medicine	Third-party payer	Wellness company	Not stated	Other	TOTAL
Strongly Agree	63% (5)	57% (109)	20% (1)	100% (4)	51% (21)	38% (58)	58% (7)	75% (3)	53% (171)	50% (101)	60% (3)	12% (1)	57% (28)	63% (12)	51% (524)
Agree	37% (3)	39% (74)	80% (4)	0% (0)	41% (17)	54% (82)	42% (5)	25% (1)	41% (133)	48% (98)	20% (1)	88% (7)	33% (16)	32% (6)	43% (447)
Undecided	0% (0)	2% (4)	0% (0)	0% (0)	0% (0)	4% (6)	0% (0)	0% (0)	2% (8)	0% (1)	20% (1)	0% (0)	6% (3)	5% (1)	2% (24)
Disagree	0% (0)	0% (0)	0% (0)	0% (0)	7% (3)	2% (3)	0% (0)	0% (0)	9% (3)	1% (2)	0% (0)	0% (0)	0% (0)	0% (0)	1% (11)
Strongly Disagree	0% (0)	1% (3)	0% (0)	0% (0)	0% (0)	1% (2)	0% (0)	0% (0)	3% (9)	1% (2)	0% (0)	0% (0)	4% (2)	0% (0)	1% (18)
TOTAL	1% (8)	19% (190)	0% (5)	0% (4)	4% (41)	15% (151)	1% (12)	0% (4)	31% (324)	20% (204)	0% (5)	1% (8)	5% (49)	2% (19)	1024

*Athletic trainers must have at least a bachelor's degree from an accredited college or university program.*

	Athlete's parent	Athletic administrator	Coach	Corporate employer	Family practice	Orthopaedic	Physician other	Public policy maker	School administrator	Sports medicine	Third-party payer	Wellness company	Not stated	Other	
Strongly Agree	50% (4)	73% (138)	0% (0)	75% (3)	44% (18)	55% (83)	83% (10)	75% (3)	53% (171)	71% (144)	60% (3)	12% (1)	65% (32)	69% (13)	60% (623)
Agree	50% (4)	23% (43)	40% (2)	25% (1)	32% (13)	37% (56)	17% (2)	0% (0)	30% (98)	26% (54)	0% (0)	63% (5)	22% (11)	26% (5)	28% (294)
Undecided	0% (0)	2% (4)	20% (1)	0% (0)	20% (8)	5% (7)	0% (0)	25% (1)	11% (37)	1% (3)	20% (1)	12% (1)	4% (2)	5% (1)	6% (66)
Disagree	0% (0)	0% (1)	20% (1)	0% (0)	2% (1)	2% (3)	0% (0)	0% (0)	3% (11)	0% (0)	20% (1)	12% (1)	2% (1)	0% (0)	1% (20)
Strongly Disagree	0% (0)	2% (4)	20% (1)	0% (0)	2% (1)	1% (2)	0% (0)	0% (0)	2% (7)	1% (3)	0% (0)	0% (0)	6% (3)	0% (0)	2% (21)
TOTAL	1% (8)	19% (190)	0% (5)	0% (4)	4% (41)	15% (151)	1% (12)	0% (4)	31% (324)	20% (204)	0% (5)	1% (8)	5% (49)	2% (19)	1024

*Athletic trainers must be licensed.*

	Athlete's parent	Athletic administrator	Coach	Corporate employer	Family practice	Orthopaedic	Physician other	Public policy maker	School administrator	Sports medicine	Third-party payer	Wellness company	Not stated	Other	
Strongly Agree	63% (5)	74% (140)	40% (2)	100% (4)	44% (18)	62% (93)	67% (8)	50% (2)	52% (168)	69% (140)	40% (2)	0% (0)	65% (32)	37% (7)	60% (621)
Agree	25% (2)	17% (33)	40% (2)	0% (0)	27% (11)	31% (47)	25% (3)	50% (2)	33% (107)	24% (49)	0% (0)	25% (2)	20% (10)	32% (6)	26% (274)
Undecided	12% (1)	5% (10)	20% (1)	0% (0)	24% (10)	1% (2)	0% (0)	0% (0)	11% (36)	4% (9)	40% (2)	25% (2)	6% (3)	16% (3)	7% (79)
Disagree	0% (0)	1% (3)	0% (0)	0% (0)	5% (2)	5% (7)	8% (1)	0% (0)	2% (5)	1% (3)	20% (1)	50% (4)	2% (1)	11% (2)	2% (29)
Strongly Disagree	0% (0)	2% (4)	0% (0)	0% (0)	0% (0)	1% (2)	0% (0)	0% (0)	2% (8)	1% (3)	0% (0)	0% (0)	6% (3)	5% (1)	2% (21)
TOTAL	1% (8)	19% (190)	0% (5)	0% (4)	4% (41)	15% (151)	1% (12)	0% (4)	31% (324)	20% (204)	0% (5)	1% (8)	5% (49)	2% (19)	1024

*Athletic trainers are the same as fitness trainers, fitness instructors and personal trainers.*

	Athlete's parent	Athletic administrator	Coach	Corporate employer	Family practice	Orthopaedic	Physician other	Public policy maker	School administrator	Sports medicine	Third-party payer	Wellness company	Not stated	Other	
Strongly Agree	0% (0)	2% (4)	0% (0)	0% (0)	7% (3)	1% (1)	0% (0)	0% (0)	2% (6)	2% (4)	0% (0)	0% (0)	8% (4)	0% (0)	2% (22)
Agree	0% (0)	1% (3)	20% (1)	25% (1)	7% (3)	2% (3)	0% (0)	0% (0)	6% (19)	0% (0)	0% (0)	12% (1)	2% (1)	11% (2)	3% (34)
Undecided	0% (0)	7% (14)	0% (0)	0% (0)	15% (6)	1% (2)	0% (0)	75% (3)	12% (38)	0% (0)	20% (1)	37% (3)	6% (3)	0% (0)	6% (70)
Disagree	37% (3)	41% (77)	60% (3)	50% (2)	51% (21)	32% (48)	42% (5)	25% (1)	52% (169)	21% (43)	40% (2)	25% (2)	27% (13)	16% (3)	38% (392)
Strongly Disagree	63% (5)	48% (92)	20% (1)	25% (1)	20% (8)	64% (97)	58% (7)	0% (0)	28% (92)	77% (157)	40% (2)	25% (2)	57% (28)	74% (14)	49% (506)
TOTAL	1% (8)	19% (190)	0% (5)	0% (4)	4% (41)	15% (151)	1% (12)	0% (4)	31% (324)	20% (204)	0% (5)	1% (8)	5% (49)	2% (19)	1024

*Athletic trainers work exclusively with competitive athletes.*

	Athlete's parent	Athletic administrator	Coach	Corporate employer	Family practice	Orthopaedic	Physician other	Public policy maker	School administrator	Sports medicine	Third-party payer	Wellness company	Not stated	Other	
Strongly Agree	0% (0)	6% (12)	0% (0)	0% (0)	2% (1)	1% (1)	0% (0)	0% (0)	3% (11)	1% (3)	0% (0)	0% (0)	6% (3)	5% (1)	3% (32)
Agree	12% (1)	14% (26)	0% (0)	0% (0)	20% (8)	6% (9)	0% (0)	25% (1)	13% (43)	4% (8)	20% (1)	0% (0)	10% (5)	11% (2)	10% (104)
Undecided	0% (0)	9% (18)	0% (0)	0% (0)	12% (5)	5% (7)	25% (3)	0% (0)	11% (35)	4% (8)	40% (2)	12% (1)	6% (3)	5% (1)	8% (83)
Disagree	63% (5)	46% (88)	80% (4)	100% (4)	54% (22)	56% (85)	25% (3)	50% (2)	54% (174)	54% (110)	40% (2)	88% (7)	39% (19)	47% (9)	52% (534)
Strongly Disagree	25% (2)	24% (46)	20% (1)	0% (0)	12% (5)	32% (49)	50% (6)	25% (1)	19% (61)	37% (75)	0% (0)	0% (0)	39% (19)	32% (6)	26% (271)
TOTAL	1% (8)	19% (190)	0% (5)	0% (4)	4% (41)	15% (151)	1% (12)	0% (4)	31% (324)	20% (204)	0% (5)	1% (8)	5% (49)	2% (19)	1024

Statements answered correctly by employment of ATs

*Athletic trainers are knowledgeable about anatomy, nutrition and biomechanics.*

	Yes	No	In the past	I don't know	Not applicable	No answer	TOTAL
Strongly Agree	44% (291)	31% (80)	35% (14)	17% (1)	40% (12)	45% (15)	40% (413)
Agree	50% (332)	58% (149)	60% (24)	67% (4)	50% (15)	48% (16)	52% (540)
Undecided	2% (14)	5% (14)	5% (2)	17% (1)	7% (2)	6% (2)	3% (35)
Disagree	2% (11)	2% (6)	0% (0)	0% (0)	0% (0)	0% (0)	1% (17)
Strongly Disagree	2% (12)	2% (6)	0% (0)	0% (0)	3% (1)	0% (0)	1% (19)
TOTAL	67% (660)	26% (255)	4% (40)	1% (6)	3% (30)	3% (33)	1024

*Athletic trainers are trained in preventing injury and re-injury.*

	Yes	No	In the past	I don't know	Not applicable	No answer	TOTAL
Strongly Agree	57% (374)	38% (97)	50% (20)	17% (1)	50% (15)	52% (17)	51% (524)
Agree	39% (258)	55% (140)	50% (20)	67% (4)	40% (12)	39% (13)	43% (447)
Undecided	2% (15)	2% (4)	0% (0)	17% (1)	3% (1)	9% (3)	2% (24)
Disagree	0% (2)	3% (8)	0% (0)	0% (0)	3% (1)	0% (0)	1% (11)
Strongly Disagree	2% (11)	2% (6)	0% (0)	0% (0)	3% (1)	0% (0)	1% (18)
TOTAL	67% (660)	26% (255)	4% (40)	1% (6)	3% (30)	3% (33)	1024

*Athletic trainers must have at least a bachelor's degree from an accredited college or university program.*

	Yes	No	In the past	I don't know	Not applicable	No answer	TOTAL
Strongly Agree	66% (438)	45% (116)	65% (26)	67% (4)	67% (20)	58% (19)	60% (623)
Agree	26% (174)	35% (89)	30% (12)	17% (1)	27% (8)	30% (10)	28% (294)
Undecided	4% (28)	13% (34)	3% (1)	17% (1)	0% (0)	6% (2)	6% (66)
Disagree	1% (6)	4% (11)	3% (1)	0% (0)	3% (1)	3% (1)	1% (20)
Strongly Disagree	2% (14)	2% (5)	0% (0)	0% (0)	3% (1)	3% (1)	2% (21)
TOTAL	64% (660)	25% (255)	4% (40)	1% (6)	3% (30)	3% (33)	1024

*Athletic trainers must be licensed.*

	Yes	No	In the past	I don't know	Not applicable	No answer	TOTAL
Strongly Agree	65% (432)	48% (123)	63% (25)	33% (2)	60% (18)	64% (21)	60% (621)
Agree	25% (167)	31% (78)	30% (12)	33% (2)	27% (8)	21% (7)	26% (274)
Undecided	5% (35)	14% (36)	8% (3)	17% (1)	3% (1)	9% (3)	7% (79)
Disagree	2% (12)	5% (13)	0% (0)	17% (1)	7% (2)	3% (1)	2% (29)
Strongly Disagree	2% (14)	2% (5)	0% (0)	0% (0)	3% (1)	3% (1)	2% (21)
TOTAL	64% (660)	25% (255)	4% (40)	1% (6)	3% (30)	3% (33)	1024



*Athletic trainers are the same as fitness trainers, fitness instructors and personal trainers.*

	Yes	No	In the past	I don't know	Not applicable	No answer	
Strongly Agree	2% (11)	3% (8)	3% (1)	0% (0)	0% (0)	6% (2)	2% (22)
Agree	3% (21)	4% (10)	0% (0)	17% (1)	3% (1)	3% (1)	3% (34)
Undecided	4% (28)	13% (32)	8% (3)	50% (3)	3% (1)	9% (3)	6% (70)
Disagree	37% (242)	46% (117)	30% (12)	17% (1)	37% (11)	37% (9)	38% (392)
Strongly Disagree	54% (358)	35% (88)	60% (24)	17% (1)	57% (17)	55% (18)	49% (506)
TOTAL	64% (660)	25% (255)	4% (40)	1% (6)	3% (30)	3% (33)	1024

*Athletic trainers work exclusively with competitive athletes.*

	Yes	No	In the past	I don't know	Not applicable	No answer	
Strongly Agree	3% (21)	3% (8)	0% (0)	0% (0)	3% (1)	6% (2)	3% (32)
Agree	9% (60)	10% (26)	18% (7)	33% (2)	13% (4)	15% (5)	10% (104)
Undecided	7% (43)	11% (27)	13% (5)	17% (1)	13% (4)	9% (3)	8% (83)
Disagree	52% (342)	57% (146)	43% (17)	17% (1)	53% (16)	36% (12)	52% (534)
Strongly Disagree	29% (194)	19% (48)	28% (11)	33% (2)	17% (5)	33% (11)	26% (271)
TOTAL	64% (660)	25% (255)	4% (40)	1% (6)	3% (30)	3% (33)	1024

**Number of statements answered correctly by setting**

	Athlete's parent	Athletic administrator	Coach	Corporate employer	Family practice	Orthopaedic	Physician other	Public policy maker	School administrator	Sports medicine	Third-party payer	Wellness company	Other	Not stated	TOTAL
0	0% (0)	1% (1)	0% (0)	0% (0)	2% (1)	1% (1)	0% (0)	0% (0)	1% (2)	1% (2)	0% (0)	0% (0)	0% (0)	2% (1)	1% (8)
1	0% (0)	1% (1)	0% (0)	0% (0)	0% (0)	1% (1)	0% (0)	0% (0)	1% (3)	0% (0)	0% (0)	0% (0)	0% (0)	2% (1)	1% (6)
2	0% (0)	1% (1)	0% (0)	0% (0)	0% (0)	1% (2)	0% (0)	0% (0)	3% (9)	0% (0)	20% (1)	12% (2)	5% (1)	4% (2)	2% (17)
3	0% (0)	0% (0)	0% (0)	0% (0)	10% (4)	1% (1)	0% (0)	0% (0)	5% (15)	0% (1)	40% (2)	25% (2)	5% (1)	0% (0)	3% (30)
4	0% (0)	11% (20)	20% (1)	0% (0)	32% (13)	5% (7)	0% (0)	50% (2)	11% (37)	3% (7)	0% (0)	12% (2)	5% (1)	14% (7)	10% (98)
5	25% (2)	30% (57)	40% (2)	0% (0)	24% (10)	23% (34)	33% (4)	25% (1)	33% (107)	17% (34)	20% (1)	38% (3)	26% (5)	16% (8)	26% (270)
6	75% (6)	57% (109)	40% (2)	100% (4)	32% (13)	70% (105)	67% (8)	25% (1)	47% (151)	78% (160)	20% (1)	12% (2)	58% (11)	61% (30)	58% (595)
TOTAL	1% (8)	19% (190)	0% (5)	0% (4)	4% (41)	15% (151)	1% (12)	0% (4)	31% (324)	20% (204)	0% (5)	1% (8)	2% (19)	5% (49)	1024

Awareness of athletic training by setting

*Were you aware all these components were included in the practice of athletic training?*

	Athlete's parent	Athletic administrator or	Coach	Corporate employer	Family practice	Orthopaedic	Physician other	Public policy maker	School administrator or	Sports medicine	Third-party payer	Wellness company	Other	Not stated	TOTAL
Not at all	0% (0)	1% (1)	20% (1)	0% (0)	41% (7)	1% (1)	0% (0)	0% (0)	5% (16)	0% (1)	20% (1)	50% (4)	5% (1)	2% (1)	3% (34)
Slightly	0% (0)	2% (4)	0% (0)	0% (0)	20% (8)	3% (4)	8% (1)	25% (1)	10% (34)	3% (6)	40% (2)	12% (1)	5% (1)	6% (3)	6% (65)
Moderately	50% (4)	14% (26)	60% (3)	25% (1)	34% (14)	20% (30)	25% (3)	50% (2)	33% (108)	17% (34)	20% (1)	25% (2)	16% (3)	2% (1)	23% (232)
Very	38% (3)	46% (87)	0% (0)	25% (1)	10% (4)	38% (57)	33% (4)	25% (1)	36% (117)	37% (76)	0% (0)	12% (1)	21% (4)	12% (6)	35% (361)
Extremely	12% (1)	38% (72)	20% (1)	50% (2)	20% (8)	39% (59)	33% (4)	0% (0)	15% (49)	43% (87)	20% (1)	0% (0)	53% (10)	10% (5)	29% (299)
No answer	0% (0)	0% (0)	0% (0)	0% (0)	0% (0)	0% (0)	0% (0)	0% (0)	0% (0)	0% (0)	0% (0)	0% (0)	0% (0)	67% (33)	3% (33)
TOTAL	1% (8)	19% (190)	0% (5)	0% (4)	4% (41)	15% (151)	1% (12)	0% (4)	32% (324)	20% (204)	0% (5)	1% (8)	2% (19)	5% (49)	1024

Awareness of athletic training by employment of ATs

	Yes	No	In the past	I don't know	N/A	No answer	TOTAL
Not at all	1% (6)	8% (21)	8% (3)	17% (1)	10% (3)	0% (0)	3% (34)
Slightly	4% (26)	12% (31)	5% (2)	50% (3)	10% (3)	0% (0)	6% (65)
Moderately	20% (135)	33% (83)	23% (9)	17% (1)	13% (4)	0% (0)	23% (232)
Very	40% (261)	30% (76)	25% (10)	17% (1)	43% (13)	0% (0)	35% (361)
Extremely	35% (232)	17% (44)	40% (16)	0% (0)	23% (7)	0% (0)	29% (299)
No answer	0% (0)	0% (0)	0% (0)	0% (0)	0% (0)	100% (33)	3% (33)
TOTAL	64% (660)	25% (255)	4% (40)	1% (6)	3% (30)	3% (33)	1024

**Number of statements answered correctly by awareness of athletic training**

	Not at all	Slightly	Moderately	Very	Extremely	No answer	TOTAL
0	3% (1)	2% (1)	0% (0)	1% (2)	1% (3)	3% (1)	1% (8)
1	6% (2)	0% (0)	0% (1)	0% (0)	1% (3)	0% (0)	1% (6)
2	12% (4)	3% (2)	2% (4)	1% (3)	1% (3)	3% (1)	2% (17)
3	32% (11)	15% (10)	3% (7)	1% (2)	0% (0)	0% (0)	3% (30)
4	21% (7)	23% (15)	16% (38)	7% (27)	2% (5)	18% (6)	10% (98)
5	21% (7)	26% (17)	35% (81)	27% (98)	20% (59)	24% (8)	26% (270)
6	6% (2)	31% (20)	44% (101)	83% (229)	76% (226)	52% (17)	58% (595)
TOTAL	3% (34)	6% (65)	23% (232)	35% (361)	29% (299)	3% (33)	1024
Average Score		3.5	4.6	5.1	4.9	5.6	5.1

**Name change by number of statements answered correctly**

*Does the title "athletic trainer" adequately convey the knowledge, skills and abilities of athletic trainers?*

Score	6	5	4	3	2	1	0	TOTAL
Yes	49% (294)	58% (157)	59% (58)	43% (13)	41% (7)	50% (3)	38% (3)	52% (535)
No	48% (284)	39% (105)	35% (34)	57% (17)	53% (9)	50% (3)	50% (4)	44% (456)
No answer	3% (17)	3% (8)	6% (6)	0% (0)	6% (1)	0% (0)	12% (1)	3% (33)
TOTAL	58% (595)	26% (270)	10% (98)	3% (30)	2% (17)	1% (6)	1% (8)	1024

*Do you think another title would be helpful in clarifying the role of athletic trainers in the healthcare industry?*

Score	6	5	4	3	2	1	0	TOTAL
Yes	42% (253)	36% (97)	27% (26)	57% (17)	53% (9)	67% (4)	50% (4)	40% (410)
No	55% (325)	61% (165)	67% (66)	43% (13)	41% (7)	33% (2)	38% (3)	57% (581)
No answer	3% (17)	3% (8)	6% (6)	0% (0)	6% (1)	0% (0)	12% (1)	3% (33)
TOTAL	58% (595)	26% (270)	10% (98)	3% (30)	2% (17)	1% (6)	1% (8)	1024

**Name change by awareness of athletic training**

*Does the title "athletic trainer" adequately convey the knowledge, skills and abilities of athletic trainers?*

Awareness	Not at all	Slightly	Moderately	Very	Extremely	No answer	TOTAL
Yes	41% (14)	54% (35)	55% (27)	59% (214)	48% (145)	0% (0)	52% (535)
No	59% (20)	46% (30)	45% (105)	41% (147)	52% (154)	0% (0)	44% (456)
No answer	0% (0)	0% (0)	0% (0)	0% (0)	0% (0)	100% (33)	3% (33)
TOTAL	3% (34)	6% (65)	23% (232)	35% (361)	29% (299)	3% (33)	1024

*Do you think another title would be helpful in clarifying the role of athletic trainers in the healthcare industry?*

Awareness	Not at all	Slightly	Moderately	Very	Extremely	No answer	TOTAL
Yes	53% (18)	38% (25)	38% (87)	37% (134)	49% (146)	0% (0)	40% (410)
No	47% (16)	62% (40)	63% (145)	63% (227)	51% (153)	0% (0)	57% (581)
No answer	0% (0)	0% (0)	0% (0)	0% (0)	0% (0)	100% (33)	3% (33)
TOTAL	3% (34)	6% (65)	23% (232)	35% (361)	29% (299)	3% (33)	1024

Name change by setting

*Does the title "athletic trainer" adequately convey the knowledge, skills and abilities of athletic trainers?*

Setting	Athlete's parent	Athletic administrator	Coach	Corporate employer	Family practice	Orthopaedic	Physician other	Public policy maker	School administrator	Sports medicine	Third-party payer	Wellness company	Other	Not stated	TOTAL
Yes	38% (3)	58% (111)	80% (4)	25% (1)	49% (20)	55% (83)	58% (7)	75% (3)	55% (179)	53% (109)	20% (1)	12% (1)	26% (5)	16% (8)	52% (535)
No	63% (5)	42% (79)	20% (1)	75% (3)	51% (21)	45% (68)	42% (5)	25% (1)	45% (145)	47% (95)	80% (4)	88% (7)	74% (14)	16% (8)	44% (456)
No answer	0% (0)	0% (0)	0% (0)	0% (0)	0% (0)	0% (0)	0% (0)	0% (0)	0% (0)	0% (0)	0% (0)	0% (0)	0% (0)	67% (33)	3% (33)
TOTAL	1% (8)	19% (190)	0% (5)	0% (4)	4% (41)	15% (151)	1% (12)	0% (4)	32% (324)	20% (204)	0% (5)	1% (8)	2% (19)	5% (49)	1024

*Do you think another title would be helpful in clarifying the role of athletic trainers in the healthcare industry?*

Setting	Athlete's parent	Athletic administrator	Coach	Corporate employer	Family practice	Orthopaedic	Physician other	Public policy maker	School administrator	Sports medicine	Third-party payer	Wellness company	Other	Not stated	TOTAL
Yes	63% (5)	37% (71)	0% (0)	50% (2)	49% (20)	34% (52)	33% (4)	25% (1)	44% (143)	41% (84)	80% (4)	88% (7)	63% (12)	10% (5)	40% (410)
No	38% (3)	63% (119)	100% (5)	50% (2)	51% (21)	66% (99)	67% (8)	75% (3)	56% (181)	59% (120)	20% (1)	12% (1)	37% (7)	22% (11)	57% (581)
No answer	0% (0)	0% (0)	0% (0)	0% (0)	0% (0)	0% (0)	0% (0)	0% (0)	0% (0)	0% (0)	0% (0)	0% (0)	0% (0)	67% (33)	3% (33)
TOTAL	1% (8)	19% (190)	0% (5)	0% (4)	4% (41)	15% (151)	1% (12)	0% (4)	32% (324)	20% (204)	0% (5)	1% (8)	2% (19)	5% (49)	1024

**Employment of ATs by setting**

*Does your organization currently employ an athletic trainer?*

	Athlete's parent	Athletic administrator	Coach	Corporate employer	Family practice	Orthopaedic	Physician other	Public policy maker	School administrator	Sports medicine	Third-party payer	Wellness company	Other	Not stated	TOTAL
Yes	25% (2)	86% (163)	80% (4)	50% (2)	29% (12)	61% (92)	25% (3)	50% (2)	68% (219)	69% (140)	40% (2)	12% (1)	42% (8)	20% (10)	64% (660)
No	63% (5)	9% (17)	20% (1)	25% (1)	59% (24)	30% (45)	50% (6)	50% (2)	27% (89)	23% (47)	40% (2)	88% (7)	32% (6)	6% (3)	25% (255)
In the past	0% (0)	3% (5)	0% (0)	0% (0)	7% (3)	8% (12)	8% (1)	0% (0)	3% (9)	4% (9)	0% (0)	0% (0)	0% (0)	2% (1)	4% (40)
I don't know	0% (0)	0% (0)	0% (0)	0% (0)	2% (1)	0% (0)	0% (0)	0% (0)	1% (2)	0% (1)	0% (0)	0% (0)	11% (2)	0% (0)	1% (6)
N/A	12% (1)	3% (5)	0% (0)	25% (1)	2% (1)	1% (2)	17% (2)	0% (0)	2% (5)	3% (7)	20% (1)	0% (0)	16% (3)	4% (2)	3% (30)
No answer	0% (0)	0% (0)	0% (0)	0% (0)	0% (0)	0% (0)	0% (0)	0% (0)	0% (0)	0% (0)	0% (0)	0% (0)	0% (0)	0% (0)	67% (33)
TOTAL	1% (8)	19% (190)	0% (5)	0% (4)	4% (41)	15% (151)	1% (12)	0% (4)	32% (324)	20% (204)	0% (5)	1% (8)	2% (19)	5% (49)	1024

*Given the previous definition, how likely are you to either hire or recommend hiring an athletic trainer?*

	Athlete's parent	Athletic administrator	Coach	Corporate employer	Family practice	Orthopaedic	Physician other	Public policy maker	School administrator	Sports medicine	Third-party payer	Wellness company	Other	Not stated	TOTAL
No chance	0% (0)	1% (1)	0% (0)	0% (0)	2% (1)	0% (0)	0% (0)	0% (0)	3% (10)	0% (0)	0% (0)	12% (1)	0% (0)	0% (0)	1% (13)
Not likely	12% (1)	3% (5)	0% (0)	0% (0)	15% (6)	9% (13)	0% (0)	0% (0)	6% (19)	6% (12)	20% (1)	38% (3)	5% (1)	0% (0)	6% (61)
Neutral/undecided	12% (1)	4% (7)	20% (1)	0% (0)	24% (10)	11% (16)	8% (1)	25% (1)	12% (40)	6% (13)	20% (1)	25% (2)	16% (3)	4% (2)	10% (98)
Likely	12% (1)	5% (10)	20% (1)	0% (0)	17% (7)	18% (27)	25% (3)	0% (0)	19% (61)	13% (26)	0% (0)	0% (0)	5% (1)	2% (1)	13% (138)
Very likely	38% (3)	65% (124)	60% (3)	100% (4)	32% (13)	58% (88)	58% (7)	50% (2)	50% (161)	72% (147)	40% (2)	12% (1)	32% (6)	20% (10)	56% (571)
N/A	25% (2)	23% (43)	0% (0)	0% (0)	10% (4)	5% (7)	8% (1)	25% (1)	10% (33)	3% (6)	20% (1)	12% (1)	42% (8)	6% (3)	11% (110)
No answer	0% (0)	0% (0)	0% (0)	0% (0)	0% (0)	0% (0)	0% (0)	0% (0)	0% (0)	0% (0)	0% (0)	0% (0)	0% (0)	0% (0)	67% (33)
TOTAL	1% (8)	19% (190)	0% (5)	0% (4)	4% (41)	15% (151)	1% (12)	0% (4)	32% (324)	20% (204)	0% (5)	1% (8)	2% (19)	5% (49)	1024

Currently employ ATs versus recommend hire

	Yes	No	In the past	I don't know	N/A	No answer	TOTAL
No chance	0% (0)	5% (12)	0% (0)	17% (1)	0% (0)	0% (0)	1% (13)
Not likely	0% (2)	21% (54)	8% (3)	0% (0)	7% (2)	0% (0)	6% (61)
Neutral/undecided	2% (14)	29% (73)	18% (7)	33% (2)	7% (2)	0% (0)	10% (98)
Likely	13% (85)	15% (39)	25% (10)	17% (1)	10% (3)	0% (0)	13% (138)
Very likely	73% (482)	24% (62)	48% (19)	17% (1)	23% (7)	0% (0)	56% (571)
N/A	12% (77)	6% (15)	3% (1)	17% (1)	53% (16)	0% (0)	11% (110)
No answer	0% (0)	0% (0)	0% (0)	0% (0)	0% (0)	100% (33)	3% (33)
TOTAL	64% (660)	25% (255)	4% (40)	1% (6)	3% (30)	3% (33)	1024

## **Nomenclature Member Survey Comprehensive Report November 7, 2012**

### **Executive Summary**

The 2012 Nomenclature Member Survey ran from September 24, 2012 to October 15, 2012. It was sent to all members, including certified, associate, student, retired, and international. The survey contained a summary of all of the information the workgroup had gathered so far, including input from all committees and member groups, from allied and liaison organizations, vendors and sponsors, and consultants. In addition to asking for the members' opinions on a name change, it also asked for input on several strategies generated by the workgroup as possible alternatives to a name change.

The survey received 9,689 total responses for a response rate of 27%. 29% were in favor and 47% were against a name change, while 24% were undecided. This is a significant change from 2003. This result also approximately aligns with the results of surveying the committees.

The younger members and those with the fewest years in the profession were the most in favor. No state had a majority in favor, although Florida, New York, and Rhode Island were the most in favor. Arkansas, North Dakota, and West Virginia were the least in favor. Of settings, professional sports, performing arts and rehabilitation were the most in favor of a change, while education, hospitals, and retired were the least in favor.

Both sides gave a variety of reasons, some that the committees had already cited and others that were new. Public relations was a significant concern—those who were for a name change felt that our PR efforts are not working and a name change will give us an opportunity for a stronger push. However, those who were against felt that our PR efforts are working, and a change now would only damage the progress we've made so far. Neutral members had concerns about unanticipated impacts, and concerns about not enough examples of other professions successfully changing the name. They were also concerned that the profession remain unified whatever decision was made.

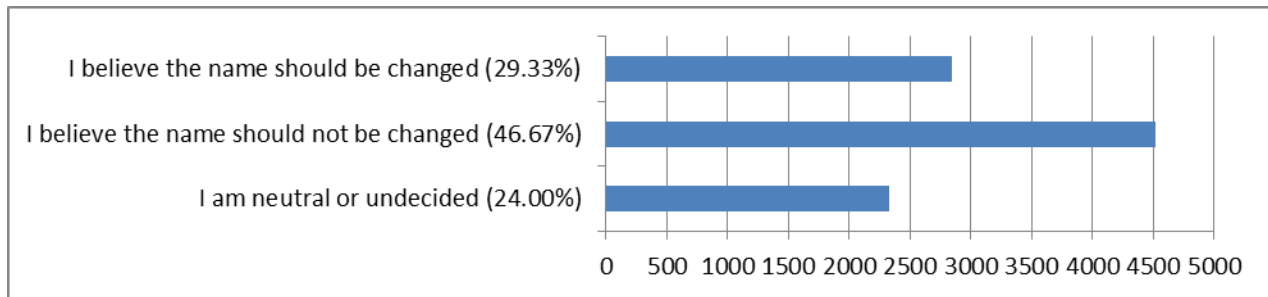
Whether or not a name change was pursued, the majority of members supported changing the current NATA logo to one with a more medical orientation, and pursuing advocacy research for the profession. Many other strategies were suggested, with public relations being the top concern.

Although many respondents suggested alternative names, most of them had been suggested previously. The top names were athletic therapist and variations on sports medicine therapist.

### **Methodology**

The 2012 Nomenclature Member Survey ran from September 24, 2012 to October 15, 2012. Two direct emails were sent to all members, including certified, associate, student, retired, and international. The survey was also promoted over the course of the three weeks through the website, Range of Motion, and other social media. The survey contained a summary of all of the information the workgroup had gathered so far, including input from all committees and member groups, from allied and liaison organizations, vendors and sponsors, and consultants. In addition to asking for the members' opinions on a name change, it also asked for input on several strategies generated by the workgroup as possible alternatives to a name change.

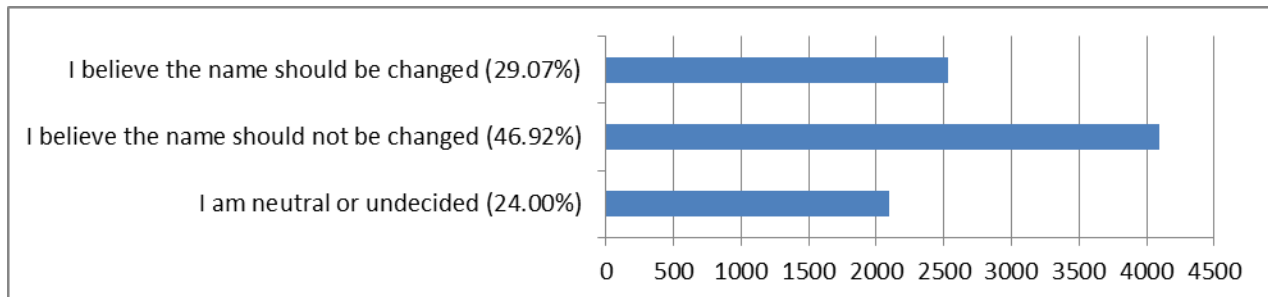
**Results**



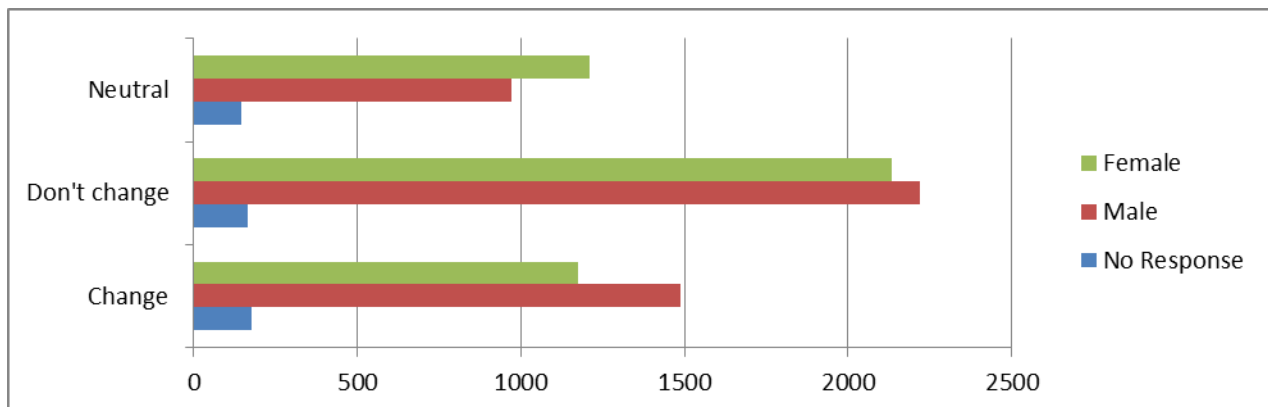
The survey received 9,689 total responses for a response rate of 27%. 29% were in favor and 47% were against a name change, while 24% were undecided. This is a significant change from 2003, when 53% of members supported a change, while 38% were against it and only 9% were undecided. This suggests that the need for a name change is decreasing. This result also approximately aligns with the results of surveying the committees, although the committees were less uncertain and more solidly against a name change.

**Demographics**

The results were not appreciably different when modified to include only currently practicing members (by removing retired, students, and not currently practicing).

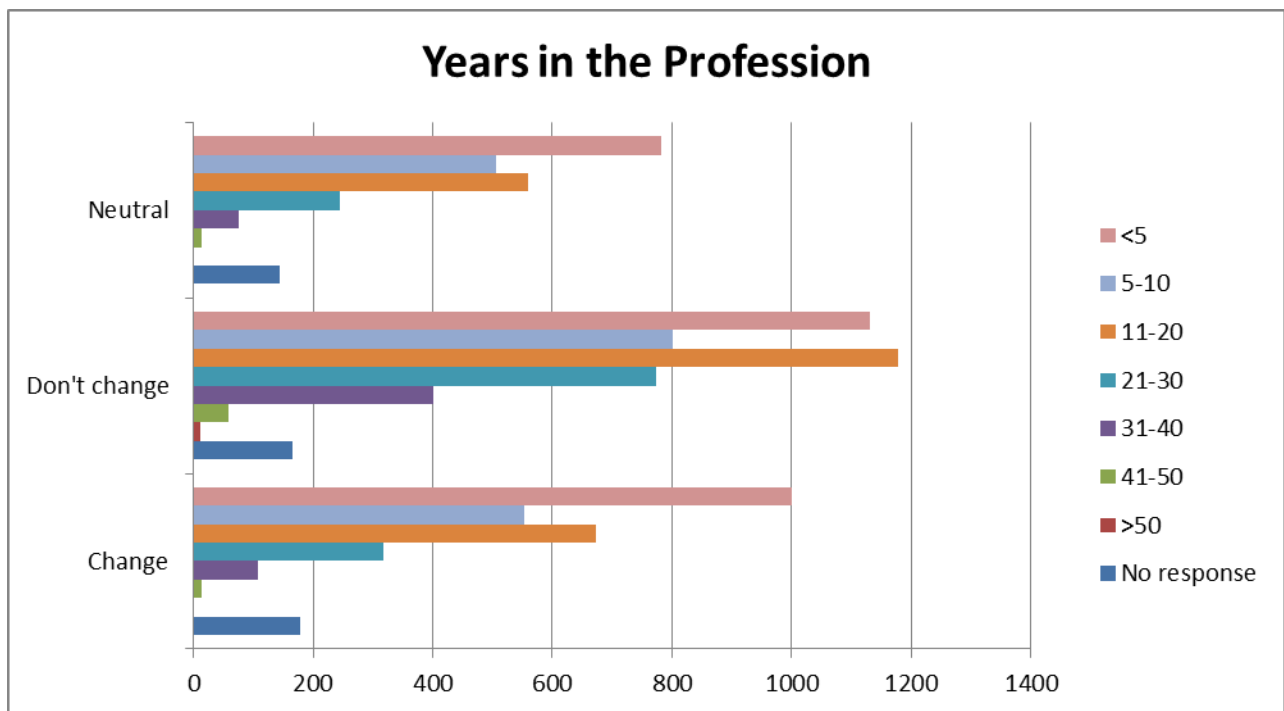
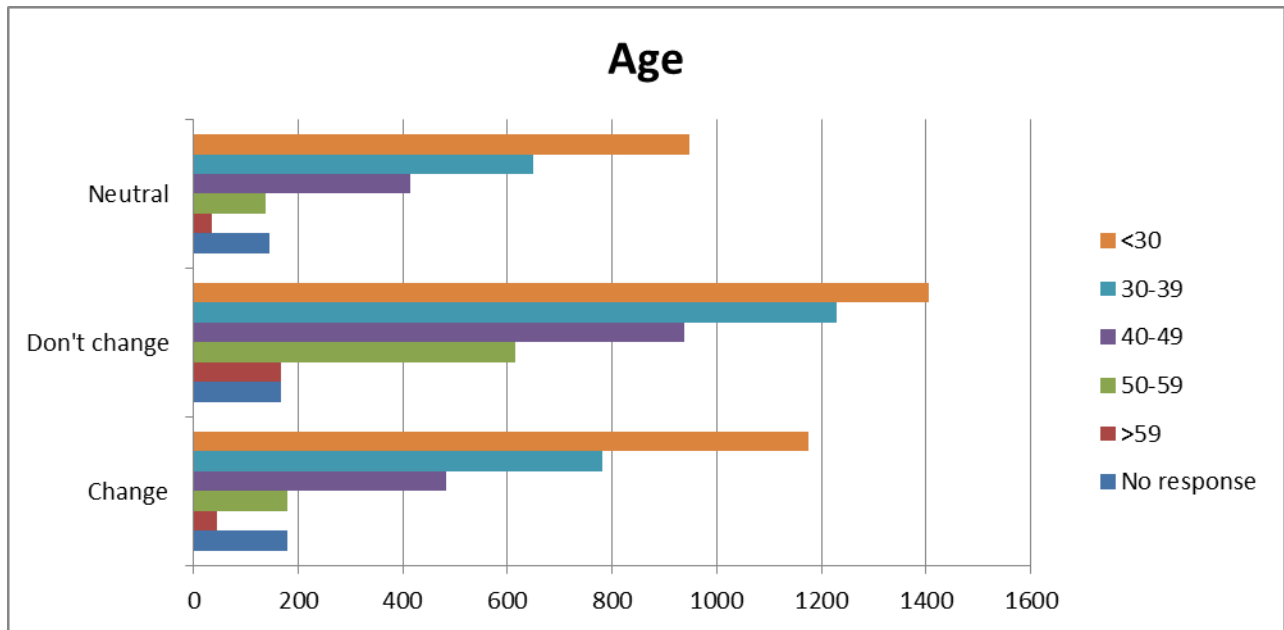


Females were more likely than males to be undecided, although the percentage against a name change did not significantly change.



Younger members and those with the fewest years in the profession were the most in favor.





No state had a majority in favor, although Florida, New York, and Rhode Island were the most in favor. Arkansas, North Dakota, and West Virginia were the least in favor. Of settings, professional sports, performing arts and rehabilitation were the most in favor of a change, while education, hospitals, and retired were the least in favor. All state, setting and credential results are listed at the end of the report.

**Responses from those against a name change**

Many of the arguments cited in the summary before the survey resonated strongly with members, particularly the ones about increased recognition, the window of opportunity having closed, there being no other significantly better name, and the risk and cost involving legislative changes. Some mentioned

that the pros and cons listed made them realize it was a more complicated issue than they had thought. Others brought up arguments we hadn't heard before. These were the most common:

- There is no significant PR problem—things are much better than they were and the important people now know recognize and respect our profession.
- Coaches and students would not stop calling us trainers.
- Changing the name will reflect badly on the profession and cause us to lose credibility. It seems illegitimate, inconsistent, or desperate, as if we lack self-confidence or want to be seen as more important than we are.
- The name of the profession does not affect who we are and what we do.

The following arguments were mentioned with less frequency:

<b>We have more important things to work on than a name change—put the issue away forever.</b>
<b>A change in name will not solve the real problems in the profession (salary, reimbursement, work/life balance).</b>
<b>We should embrace who we are and our history instead of running and hiding.</b>
<b>A new name would invite opposition from PTs and other health care professions, including current allies.</b>
<b>Many medical professions have a scope of practice that expands beyond what they have traditionally done, or a name that is not accurate, and continue to need to educate.</b>
<b>“Therapist” only addresses one domain of athletic training, ignores maintenance and education. It would also get us confused with other therapists.</b>
<b>A different name would not get more respect—only better education on our work will do that.</b>
<b>“Athletic trainer” most accurately describes our profession now.</b>
<b>Another name would cause confusion in the traditional setting. While trying to be more like other medical professionals, we risk losing the injury prevention and sports performance aspect.</b>
<b>It’s not that hard to explain what we do. Just say we work in sports medicine, and emphasize being part of the sports medicine team.</b>
<b>We are highly qualified and recognized; we should not change our name due to less qualified and recognized groups trying to ride our coat tails</b>
<b>A name change would have detrimental effects on athletic training education programs.</b>
<b>The profession will continue to evolve in the next 50 years—the new name might not match it.</b>
<b>All the names that describe us are already taken or copyrighted by other professions.</b>
<b>Salary and jobs are increasing—the profession is doing fine.</b>
<b>We have an identity problem which will not be solved by a name change.</b>

**Following are specific examples of memorable quotes illustrating the points listed above (grammar/spelling corrected):**

*“A name change will not validate the type of professionals athletic trainers are nor will it enhance the delivery of health care we provide to the individuals we serve.”*

*“After 25 years of NATA membership, I have been pleasantly surprised by how, every year, more and more persons know what I am talking about when I say ‘I am a Certified Athletic Trainer.’”*

*“Changing the name won't make a difference about me being underpaid and overworked and burnt-out every day.”*

*“The energy of the profession and its professional associations needs to be focused on taking advantage of the name, rather than obsessing about whatever challenges the name presents.”*

*“Do we really have a good reason to change the name or is this a collective “identity” issue? In other words, are we doing this because it will help protect the athletically active population, and/or to better position ourselves in the new healthcare economy, or because we don't feel good about ourselves?”*

*“I don't think there is a combination of terms that does describe what we do. Specialist, therapist, etc. don't capture what we do either. Much like dentist, chiropractor, nurse, and physician, I think we need a single term that would let our scope of practice define the title, rather than the title defining our scope of practice. I am not a linguist and I certainly can't even pretend to suggest what that word would be. Without the right terminology, it would be inappropriate to change the title of the profession.”*

*“I think it would degrade the value of our profession and would not show a strong unified profession that is advancing in health care. Instead we could be viewed as unorganized and a joke; that we don't value our skill set and only value the name recognition.”*

*“A name change does not help with legislators (our continued presence and involvement does that), does not give us respect (our actions garner us respect), does not get us reimbursement (outcomes research gets us that).”*

*“Any name change needs to capture the uniqueness of the profession (prevention, emergency care, close working relationship with teams, acute injury management). Before we change the name, we have to figure out who we are.”*

*“I believe a name change without prior elevation of our educational standards and training will do nothing other than aggravate other professions such as PT and Chiropractic. As a profession we continue to claim expertise in areas not traditional to AT without truly changing our educational standards. We go to CMS and claim expertise in (and interest in) an area that we (as a profession) have no intention of working in after reimbursement status is achieved. We wish to have approval from CMS to treat Medicare patients to open clinic jobs for ATs who want to practice sports medicine, not orthopaedics for the elderly. We want to be granted the rights of a physical therapist without the same training. Why would PTs support this? Changing our name isn't going to fix this problem, only enhancing our education will.”*

### **Responses from those in favor of a name change**

Although some stated that the information provided had made them hesitate to support a name change, many others were not convinced. Respondents cited many arguments we had heard previously—confusion with personal trainers, frustration with having to explain qualifications, “athletic trainer” not accurately describing the scope of practice—as well as some new observations, of which the following were the most common:

- Our PR efforts are not working, especially in clinics and emerging settings. There is no appreciable difference between the amount of recognition/awareness now and the amount 20-30 years ago. A name change would not cause confusion because no one knows us anyway, even among other healthcare providers. Those who do know us are around us enough that they will accept the name change easily.
- A small setback and expense is worth it to make gains for the future. In the long term, the next generation of ATs will thank us.
- “Athletic trainer” is outdated and is not recognized internationally. As the profession evolves and becomes more global, we need a name that connects with people now and throughout the world.

- Although a new name would not describe us completely and people would still not understand immediately, a more medically based name would at least grant more immediate respect, credibility, and understanding of our education and skill level. First impressions/assumptions are important and difficult to overcome. Even the words “assistant” and “technician” are more respected than “trainer.”
- If we do not make a change now, it will only get worse.
- A name change will give us publicity and an opportunity to educate the public about our skill set and the reasons for the change.
- APTA doesn’t own the term therapist. We should stand up for ourselves and not let them dictate our nomenclature.
- Anecdotally, many respondents reported that when they described themselves as athletic therapists or sports medicine professionals, their listeners understood.
- The confusion with the term “trainer” isn’t just frustrating and annoying; it damages the profession because personal trainers steal our credibility, respect and jobs.

The following arguments were mentioned less often:

<b>A different name would give us more respect and credibility.</b>
<b>A different name would sound more professional.</b>
<b>The confusion and misperceptions will always hold us back from where we need to move forward.</b>
<b>A more medically based name would help us get reimbursement.</b>
<b>It won’t solve all our problems, but it will help.</b>
<b>A more medically based name would improve salaries.</b>
<b>A more medically based name would improve our chances of getting the legislation and scope of practice we need.</b>
<b>We should not keep doing the same thing and expecting different results.</b>
<b>Massage therapists, respiratory therapists, marriage/family therapists, and speech therapists get more respect than we do.</b>
<b>A more descriptive name will increase employment opportunities by bringing accessibility and awareness of what ATs can do.</b>
<b>Without a cost analysis, there is no evidence it would be too expensive.</b>
<b>The legislation can change at its own pace.</b>
<b>A new name would give the profession a better sense of identity.</b>
<b>We are constantly misrepresented by the media, thus not giving the public a clear indication of what we do.</b>
<b>A better name would improve our work environments.</b>
<b>A better name would ensure athletic departments knew we are needed.</b>
<b>We are still struggling with salary and work/life balance, just like we were at the beginning.</b>

Following are specific examples of memorable quotes illustrating the points listed above *(grammar/spelling corrected)*:

*“The natural tendency is to shorten the name to the second of a double-word name (Trainer). If this second name was something that implied a higher level of education, or gave a more health care oriented impression, it would make great strides in educating the public about who we are and what we do.”*

*“The name just doesn't give the public a sense that we are qualified allied health care providers. This is the bottom line.”*

*“When the Athletico Company will not even put Athletic Training on their business card because of marketing and they are the largest employers of ATs in Illinois, I would say the message has been received.”*

*“The individuals that should have the largest impact on the shift in nomenclature should be the athletic trainers in emerging field.”*

*“I realize that billing codes and law writing can be a tedious, long task. However, if we truly want to advance our profession, this has to be done. I think the extra work is necessary for a name change.”*

*“I feel the PR efforts have focused on the athletic environment such as the concussion projects. No significant progress with third party payers, with professionals leading the charge, has been tried therefore we have been unsuccessful in our recognition in healthcare.”*

*“I believe that we are at the very beginning of what could be a huge awareness surge for our occupation, with Concussion studies (especially professional football) as well as other sports injuries that are becoming addressed more and more in the mass media for all sports. There is no better time than now, at the beginning of this surge, to change our name to a more distinguished and accurate title.”*

*“It is never too late to make something right.”*

*“For doing precisely the same type of job we do, overseas “Athletic Trainer equivalents” have achieved a much stronger foothold in the medical and public arena.”*

*“If a patient does not know who you are or what you do, they won't use your services. Nor will a physician unfamiliar with athletic trainers refer his/her patients to you to provide services”*

*“All the negative arguments are true, however that would just take one generation to be erased.”*

*“A name change alone does not improve quality of life or other work concerns directly. A name change, however, may allow for an evolution/cultural shift to occur so that we can advocate for work life issues.”*

#### **Responses from those who were neutral**

The neutral respondents cited many of the same arguments as those who were for and against as reasons they could not choose. Many stated they needed more information on legislative and fiscal effects, suggested names to choose from, or examples of other professions that had successfully changed their names, before they could make a decision. Several members emphasized that the name change should only be done if a strong majority of the membership supported it, and the members needed to be consistent and accept whatever was decided. A few (less than ten) responses stated that NATA should not be able to change the name of the profession, either because the districts should decide, the members should be allowed to vote on it, or because not all ATs are members of the NATA.

**Following are specific examples of memorable quotes illustrating the points listed above (grammar/spelling corrected):**

*“I feel like the field of Athletic Training is retracting back toward the “traditional setting” as the primary employment option. A name change may not alter this path, but we should ask the tough questions about where we want this profession to be in 10/20/30 years. Do we want athletic trainers prominently represented in the outpatient clinic setting? If not, then we stay the course we are on.”*

*"I will say that if EVERYONE is on board, it can be done without much problem."*

*"It is only a good idea to make a name change if it gives clarity to who we are as a profession. If we can't make that more clear it doesn't matter what we call our profession it will be an impediment to our advancement."*

*"Have there been frank discussions with CMS or other healthcare regulatory offices regarding the professional name and if a more "health" focused title would be more appropriate in the eyes of regulatory bodies and reimbursement?"*

*"Seems to me as though we as a profession have a giant inferiority complex, and I'm not sure we can change that based on nomenclature alone."*

*"Simply changing the tagline from "healthcare for life and sport" to "sports medicine professionals providing healthcare for life and sport" would be beneficial for the whole image of the organization."*

*"Having the "Athletic Trainer" name immediately recognized by other health care professionals (especially in an emergency situation) is the ultimate goal. Any type of Doctor, Nurse or EMT can announce themselves on the field and instantaneously gain respect. This happens even if the professional specializes in podiatry and the injury at hand is a concussion. "Athletic Trainer" is confusing and vague."*

*"I have many good memories of being an AT, but I also remember wishing I knew more about (fill in the blank treatment) and hated having to refer athletes to PTs or chiropractors for treatments similar to what I now am able to provide my patients with during my [PT] internship. I have so many more tools to use in examining and treating patients. Also, with ATs marketing themselves as working with an "active population" I think the lack of cardiopulmonary courses in the ATEPs is a big reason why ATs will be kept from working autonomously in settings other than a university or college where the patient population isn't so "low" risk."*

*"I am appalled that we have not and did not vigorously object to the PT specialization of 'Sports Certified Specialist'."*

*"While I've been moved to answer "undecided" here based on legit comments from those against, I don't think the seriousness of this issue can be ignored. The result of the last nomenclature round seems to me to have been unsuccessful. If we have the money, a real PR campaign might work. WE NEED SOMETHING!"*

### **Strategy Recommendations**

Following are the six strategies suggested in the survey. Although respondents did not rank order these items, the strategies are listed with most popular first.

- Adopt a logo with a stronger medical orientation that also honors our physically active patient population.
- Significantly increase and focus on patient-centered, outcomes-based and economic research to prove the value and ROI of ATs.
- Use AT on second reference to athletic trainer, following the example of other medical professionals who have achieved public recognition as OTs, PTs, DOs, MDs and PAs.
- Initiate an effort to gather, compile, and share with the membership how individual ATs explain what an athletic trainer is and does.

- Consider creating additional taglines to assist members in describing their individual work settings.
- Increase our efforts to develop certificates, specializations, and other advanced degrees.

Members who were against a name change strongly supported using AT instead of athletic trainer and compiling explanations of the profession, more so than those who were in favor of a change. Members were more hesitant about taglines and certificates, thinking they might make it too confusing or too difficult to move between settings, and that the credential of ATC should be adequate. Some members favored not only referring to themselves as “AT” but also changing the certification to “AT”; however, this is not under the NATA’s jurisdiction and may not be possible since “athletic trainer” is a generic name. More than one person supported using “sports medicine” if multiple taglines were implemented.

Members who were in favor of a name change generally agreed that the logo and research were important, with the same hesitations about certificates. However, many stated that the strategies suggested did not address the problems created by the name. Some expressed frustration and said these strategies had been attempted before without success. Some also felt that explanations of the profession and taglines should not be necessary, and would not be necessary if the name was changed to something more descriptive.

A majority of those who commented on the logo stated that the change to the current logo was not a good strategy, because it has increased the likelihood of being confused with personal trainers. However, others believed that to change it again so soon would weaken the brand, and that the public does not pay attention to the logos of medical professions, so the logo is not important.

There was a strong general feeling, especially among those in favor of a name change that NATA needs to take more responsibility for PR and marketing instead of asking members to explain themselves, and that the NATA needs to be willing to invest more money in PR, lobbying and research.

These strategies were also suggested by many respondents:

- We should increase our public relations/education efforts (toward other health care professionals; towards the athletic industry through billboards, commercials during primetime sports games, local sports radio; as the authority on medical decisions during games; as “athletic trainers” in the media instead of “trainers”; toward makers of sports video games).
- All members need to do more to use correct terminology, educate the public, behave more professionally, wear more professional clothing, provide better quality of care, and command respect for our work. Stop doing tasks that have nothing to do with the scope of practice and stop accepting poor conditions and salaries. Stop referring cases that are in the scope of practice to PTs or other providers.
- Increase our educational standards to be more like other health care professionals. Change the entry-level degree to a masters’ degree. Require a higher minimum GPA for acceptance, more clinical experience, and stronger certification exam requirements. Provide better continuing education and specialization opportunities.
- NATA should protect the profession from personal trainers and strength coaches encroaching on our scope of practice and taking advantage of our credibility. Multiple complaints were expressed about personal trainers calling themselves athletic trainers and postings on NATA Career Center that are actually for personal training positions.
- NATA/ATEPs should provide more information on how to market one’s practice and abilities, and how to be more entrepreneurial/business-minded. Panels, roundtables and other sessions

at the Annual Meeting; handouts and PowerPoint presentations for use at career fairs, health fairs, booster club meetings, asking for promotions and raises. Personal trainers are good at marketing themselves. We need to learn the same skills.

- Focus on what makes our profession unique from all the rest. If we focus on only one thing it will be easier to find a name that describes us. The focus of our strategies and resources should be on the original scope and format of the profession, not on non-traditional settings.

The following specific strategies were also suggested by a few people (<15):

<b>We need a more thorough, clarified definition of the profession and scope of practice that is used by all members.</b>
<b>Use Certified Athletic Trainer.</b>
<b>Revisit the issue once more legislation is completed giving the profession more control and recognition.</b>
<b>Go back to only AT instead of ATC, LAT—no other medical professional needs to say “certified”.</b>
<b>BOC/national standard should be only certification for state licensure.</b>
<b>Stop using “sports medicine” instead of “athletic training”—hurts our efforts to define ourselves.</b>
<b>We need to fight PTs for continuing education opportunities, such as manual therapy courses.</b>
<b>Consistency in job titles and program names among different settings—is the department sports medicine, athletic medicine, or athletic training? Is the certification ATC, LAT, or AT?</b>
<b>We need to integrate more with other professional groups.</b>
<b>We need to be seen on a national level and have power in DC.</b>
<b>Our annual meeting should be more for experienced ATs, less for entry level.</b>
<b>Improve professionalism/presentation of NATA News.</b>
<b>Ensure there is a place for ATs in the Post-Acute Care Continuum model.</b>
<b>Use medical terminology: patients vs. athletes, clinic vs. training room, preceptor vs. supervisor. Stop using “head” and “assistant” athletic trainer.</b>
<b>We need to get legislation to match our education and skill set.</b>
<b>We need literature to empower ATs to seek better salary and hours.</b>
<b>We need to get state DOEs, school boards, and NCAA on board with us.</b>
<b>Take advantage of education reform to expand what we are allowed to do.</b>
<b>States, not districts should be the governance structure of NATA, because the current structure does not meet the needs of state practice acts.</b>
<b>Recognize more performance and accomplishments of members.</b>
<b>Fight NFL on the rule of having a PT on every team.</b>
<b>Athletic training education should include EMT-basic education and certification.</b>
<b>Examine how international equivalents (athletic therapists and physiotherapists) are perceived professionally and publicly. Do they have the same problems we do?</b>
<b>We should become more like PTs instead of fighting to distance ourselves from them.</b>
<b>Ask a language/speech expert how the number of syllables, words, abbreviations contribute to word recognition and utility.</b>
<b>Create a universal sports medicine specialization that other professions have to follow—we are the true/original sports medicine profession.</b>
<b>Form a union.</b>
<b>Move college/university AT services from the athletic department to the medical services department.</b>
<b>Highlight areas where ATs work against the profession and provide useful examples of how to circumvent them (ex: taking low-pay hourly jobs for camp or tournament coverage).</b>
<b>Ongoing dialogue with third-party payers to discuss what information/evidence they would need in order to pay for services delivered by an AT.</b>
<b>Improve entry-level positions that don’t require specialized credentials, so that young professionals can get a foot in the door.</b>
<b>With a name change, gain the ability to prescribe exercise, rehab, or modalities without the need for a PT.</b>
<b>Monitor all major sports games and use social media to get members to contact announcers who use the</b>



<b>wrong terminology.</b>
<b>Educate those in State Workforce Development offices, Vocational Rehabilitation offices, etc. on the scope of practice of athletic trainers.</b>
<b>Show that we have the ability to manage the health of communities—this is going to be more important than the current reimbursement model in the coming healthcare environment.</b>

Those who supported a name change felt that these strategies would assist in the change process:

- Use a huge PR push to educate the public on why the name was changed.
- Change the name while switching to an entry-level masters’ degree.
- Use a name that incorporates athletic trainer or is hyphenated with it, to aid in the transition process, i.e., “athletic training therapist.”
- Use “athletic trainer” in the historic settings and “athletic therapist” in the clinics.
- Call the profession “sports medicine,” but call the practitioners “athletic trainers.”
- Introduce the new name as a higher certification than AT, and gradually transition from AT with [new credential] to [new credential] only.
- Continue to protect “athletic trainer” so that the personal trainers can’t steal it and take advantage of the credibility we’ve acquired.
- Use an acronym, since a good name will be too long.

**Name suggestions**

<b>Athletic Therapist</b>
<b>Sports Medicine Practitioner, Technician, Professional, Therapist, Clinician, Trainer, Specialist, Technologist, or Provider</b>
<b>Physio or Physiotherapist</b>
<b>Sports Therapist</b>
<b>Sports or Athletic Medic</b>
<b>Athletic Medical Therapist, Technician, Provider, Practitioner, or Specialist</b>
<b>Athletic or Sports Injury Specialist or Injury Management Specialist</b>
<b>Clinical/Medical Athletic Trainer, Sports Medicine Athletic Trainer, Athletic Medicine Trainer, Sports Athletic Trainer, or Medical Trainer</b>
<b>Kinesiologist, Kinesiotherapist, or Pathokinesiologist</b>
<b>Athletic/Sports/Active Health Care Trainer, Provider, Professional, Technician, Facilitator, or Specialist</b>
<b>Orthopaedic Technician or Orthopaedic Sports Technologist</b>
<b>Active, Dynamic, or Functional Healthcare Specialist or Therapist</b>
<b>Anything without “trainer”</b>
<b>Anything without “athletic”</b>
<b>Include the term “allied health professional”</b>
<b>AT Certified in Exercise and Sport Health Care</b>
<b>Athletic Clinical Therapist</b>
<b>Athletic Performance and Injury Therapist</b>
<b>Athletic Physiologist</b>
<b>Athletic Rehabilitation Therapist</b>
<b>Athletic Safety Specialist</b>
<b>Athletic or Sports Specialist</b>
<b>Athletic Sports Therapist</b>
<b>Athletic Therapy Assistant or Specialist</b>
<b>Exercise Specialist or Therapist</b>
<b>Integrative Physiologist</b>

<b>Movement Therapist or Movement trainer</b>
<b>Musculoskeletal or Neuromusculoskeletal Therapist</b>
<b>Orthopedic Therapist or Specialist</b>
<b>Performance Therapist</b>
<b>Physical Medicine Health Provider</b>
<b>Physically Active Medical specialist</b>
<b>Physician Extender</b>
<b>Rehabilitation and Recovery Specialists</b>
<b>Rehabilitation Therapist</b>
<b>Sports Medicine Emissary with specializations</b>
<b>Sports Medicist</b>
<b>Sports Therapist and Rehab Specialist</b>
<b>"The Mutt of Allied Healthcare"</b>

**Other Demographics**

STATE OF PRACTICE:

	AL	AK	AZ	AR	CA	CO	CT	DE	FL	GA	HI	ID	IL	IN
Change	25 (22.94%)	3 (17.65%)	51 (28.65%)	20 (27.40%)	197 (34.08%)	50 (29.94%)	38 (30.89%)	12 (25.00%)	140 (38.46%)	70 (34.15%)	14 (25.00%)	16 (29.09%)	104 (25.12%)	73 (24.09%)
Don't Change	53 (48.62%)	12 (70.59%)	96 (53.93%)	36 (49.32%)	236 (40.83%)	71 (42.51%)	59 (47.97%)	28 (58.33%)	143 (39.29%)	91 (44.39%)	31 (55.36%)	27 (49.09%)	208 (50.24%)	158 (52.15%)
Neutral	31 (28.44%)	2 (11.76%)	31 (17.42%)	17 (23.29%)	145 (25.09%)	46 (27.54%)	26 (21.14%)	8 (16.67%)	81 (22.25%)	44 (21.46%)	11 (19.64%)	12 (21.82%)	102 (24.64%)	72 (23.76%)
TOTAL	109 (1.12%)	17 (0.18%)	178 (1.84%)	73 (0.75%)	578 (5.97%)	167 (1.72%)	123 (1.27%)	48 (0.50%)	364 (3.76%)	205 (2.12%)	56 (0.58%)	55 (0.57%)	414 (4.27%)	303 (3.13%)

	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO	MT	NE	NV
Change	38 (21.59%)	33 (24.81%)	39 (28.06%)	18 (23.38%)	13 (22.41%)	36 (27.69%)	90 (33.71%)	76 (29.69%)	51 (28.98%)	14 (25.93%)	53 (23.87%)	14 (30.43%)	29 (27.36%)	12 (28.57%)
Don't Change	92 (52.27%)	63 (47.37%)	63 (45.32%)	40 (51.95%)	31 (53.45%)	62 (47.69%)	108 (40.45%)	124 (48.44%)	84 (47.73%)	29 (53.70%)	103 (46.40%)	21 (45.65%)	56 (52.83%)	19 (45.24%)
Neutral	46 (26.14%)	37 (27.82%)	37 (26.62%)	19 (24.68%)	14 (24.14%)	32 (24.62%)	69 (25.84%)	56 (21.88%)	41 (23.30%)	11 (20.37%)	66 (29.73%)	11 (23.91%)	21 (19.81%)	11 (26.19%)
TOTAL	176 (1.82%)	133 (1.37%)	139 (1.43%)	77 (0.79%)	58 (0.60%)	130 (1.34%)	267 (2.76%)	256 (2.64%)	176 (1.82%)	54 (0.56%)	222 (2.29%)	46 (0.47%)	106 (2.26%)	42 (0.43%)

	NH	NJ	NM	NY	NC	ND	OH	OK	OR	PA	RI	SC	SD	TN
Change	24 (31.17%)	67 (29.26%)	13 (26.00%)	148 (36.54%)	101 (31.27%)	10 (19.61%)	133 (27.94%)	30 (30.93%)	33 (31.43%)	170 (26.19%)	17 (40.48%)	46 (26.59%)	10 (26.32%)	44 (27.50%)
Don't Change	31 (40.26%)	106 (46.29%)	23 (46.00%)	161 (39.75%)	142 (43.96%)	31 (60.78%)	215 (45.17%)	48 (49.48%)	47 (44.76%)	343 (52.85%)	20 (47.62%)	88 (50.87%)	18 (47.37%)	84 (52.50%)
Neutral	22 (28.57%)	56 (24.45%)	14 (28.00%)	96 (23.70%)	80 (24.77%)	10 (19.61%)	128 (26.89%)	19 (19.59%)	25 (23.81%)	136 (20.96%)	5 (11.90%)	39 (22.54%)	10 (26.32%)	32 (20.00%)
TOTAL	77 (0.79%)	229 (2.36%)	50 (0.52%)	405 (4.18%)	323 (3.33%)	51 (0.53%)	476 (4.91%)	97 (1.00%)	105 (1.08%)	649 (6.70%)	42 (0.43%)	173 (1.79%)	38 (0.39%)	160 (1.65%)

	TX	UT	VT	VA	WA	DC	WV	WI	WY	Int'l	No response	TOTAL
Change	172 (27.79%)	40 (32.00%)	14 (27.45%)	81 (26.13%)	51 (26.42%)	7 (21.88%)	20 (24.69%)	71 (28.17%)	8 (34.78%)	24 (35.82%)	179 (36.61%)	2842 (29.33%)
Don't Change	321 (51.86%)	55 (44.00%)	23 (45.10%)	144 (46.45%)	96 (49.74%)	13 (40.63%)	48 (59.26%)	120 (47.62%)	12 (52.17%)	23 (34.33%)	166 (33.95%)	4522 (46.67%)
Neutral	126 (20.36%)	30 (24.00%)	14 (27.45%)	85 (27.42%)	46 (23.83%)	12 (37.50%)	13 (16.05%)	61 (24.21%)	3 (13.04%)	20 (29.85%)	144 (29.45%)	2325 (24.00%)
TOTAL	619 (6.39%)	125 (1.29%)	51 (0.53%)	310 (3.20%)	193 (1.99%)	32 (0.33%)	81 (0.84%)	252 (2.60%)	23 (0.24%)	67 (0.69%)	489 (5.05%)	9689

PRACTICE SETTING:

	College/ University	Secondary school	Clinic - outreach	Not currently practicing	Clinic - independent	Education	Student	Clinic - physician extender	Professional sports	Industrial/ Corporate	Hospital	Military	Multiple
Change	834 (28.73%)	633 (26.52%)	272 (29.12%)	200 (31.30%)	138 (33.50%)	67 (20.30%)	101 (33.33%)	101 (34.35%)	95 (42.79%)	32 (28.57%)	17 (19.77%)	25 (35.71%)	11 (20.00%)
Don't Change	1419 (48.88%)	1135 (47.55%)	436 (46.68%)	297 (46.48%)	199 (48.30%)	183 (55.45%)	115 (37.95%)	125 (42.52%)	82 (36.94%)	47 (41.96%)	48 (55.81%)	34 (48.57%)	29 (52.73%)
Neutral	650 (22.39%)	619 (25.93%)	226 (24.20%)	142 (22.22%)	75 (18.20%)	80 (24.24%)	87 (28.71%)	68 (23.13%)	45 (20.27%)	33 (29.46%)	21 (24.42%)	11 (15.71%)	15 (27.27%)
TOTAL	2903 (29.96%)	2387 (24.64%)	934 (9.64%)	639 (6.60%)	412 (4.25%)	330 (3.40%)	303 (3.13%)	294 (3.03%)	222 (2.29%)	112 (1.16%)	86 (0.89%)	70 (0.72%)	55 (0.57%)

	Physical Therapy	Administration	Performing arts	Contract	Medical Marketing/ Sales	Retired	Rehabilitation	Other	No response	TOTAL
Change	11 (21.15%)	10 (21.28%)	17 (44.74%)	11 (29.73%)	6 (19.35%)	6 (21.43%)	14 (53.85%)	61 (31.77%)	180 (36.66%)	2842 (29.33%)
Don't Change	26 (50.00%)	24 (51.06%)	13 (34.21%)	16 (43.24%)	15 (48.39%)	19 (67.86%)	7 (26.92%)	86 (44.79%)	167 (34.01%)	4522 (46.67%)
Neutral	15 (28.85%)	13 (27.66%)	8 (21.05%)	10 (27.03%)	10 (32.26%)	3 (10.71%)	5 (19.23%)	45 (23.44%)	144 (29.33%)	2325 (24.00%)
TOTAL	52 (0.54%)	47 (0.49%)	38 (0.39%)	37 (0.38%)	31 (0.32%)	28 (0.29%)	26 (0.27%)	192 (1.98%)	491 (5.07%)	9689

CREDENTIALS:

	ATC	LAT	ACI	CSCS (NSCA)	MEd	Teaching Certificate	ATS	PT	PES (NASM)	MS	EMT/ EMT-P	CES (NASM)	PhD	PTA
Change	3404 (36.23%)	957 (27.89%)	344 (28.06%)	345 (35.60%)	222 (25.49%)	192 (25.46%)	186 (34.13%)	67 (14.99%)	168 (38.53%)	118 (29.14%)	109 (31.41%)	97 (32.77%)	82 (29.60%)	43 (33.08%)
Don't Change	4002 (42.59%)	1666 (48.56%)	601 (49.02%)	402 (41.49%)	450 (51.66%)	401 (53.18%)	222 (40.73%)	310 (69.35%)	176 (40.37%)	186 (45.93%)	166 (47.84%)	131 (44.26%)	153 (55.23%)	55 (42.31%)
Neutral	1990 (21.18%)	808 (23.55%)	281 (22.92%)	222 (22.91%)	199 (22.85%)	161 (21.35%)	137 (25.14%)	70 (15.66%)	92 (21.10%)	101 (24.94%)	72 (20.75%)	68 (22.97%)	42 (15.16%)	32 (24.62%)
TOTAL	9396 (96.98%)	3431 (35.41%)	1226 (12.65%)	969 (10.00%)	871 (8.89%)	754 (7.78%)	545 (5.62%)	447 (4.61%)	436 (4.50%)	405 (4.18%)	347 (3.58%)	296 (3.06%)	277 (2.86%)	130 (1.34%)

	LMT	MA	PA	EdD	CEAS	OTC	Massage Therapist	CPT (ACSM)	SCS	RN/LPN	NSCA-CPT	CMT	MBA	HFI (ACSM)
Change	35 (41.28%)	20 (29.85%)	15 (22.73%)	11 (17.19%)	22 (39.29%)	17 (30.36%)	27 (50.00%)	25 (47.17%)	4 (7.84%)	16 (32.00%)	23 (47.92%)	17 (36.96%)	9 (21.43%)	9 (25.00%)
Don't Change	31 (36.47%)	28 (41.79%)	38 (57.58%)	33 (51.56%)	24 (42.86%)	24 (42.86%)	18 (33.33%)	17 (32.08%)	37 (72.55%)	24 (48.00%)	14 (29.17%)	17 (36.96%)	23 (54.76%)	13 (36.11%)
Neutral	19 (22.35%)	19 (28.36%)	13 (19.70%)	20 (31.25%)	10 (17.86%)	15 (26.79%)	9 (16.67%)	11 (20.75%)	10 (19.61%)	10 (20.00%)	11 (22.92%)	12 (26.09%)	10 (23.81%)	14 (38.89%)
TOTAL	85 (0.88%)	67 (0.69%)	66 (0.68%)	64 (0.66%)	56 (0.58%)	56 (0.58%)	54 (0.56%)	53 (0.55%)	51 (0.53%)	50 (0.52%)	48 (0.50%)	46 (0.47%)	42 (0.43%)	36 (0.37%)

	OCS	USAW	ACE	CAT (C) (CATA)	CHES	Orthopedic Technician	AT-Ret	MAT	CKTP - Certified Kinesio Taping Practitioner	Chiropractor	CNA	CAA (NIAAA)	FACSM
Change	7 (19.44%)	15 (42.86%)	11 (34.38%)	16 (51.61%)	15 (51.72%)	12 (41.38%)	4 (14.81%)	5 (19.23%)	13 (52.00%)	10 (41.67%)	5 (22.73%)	7 (38.89%)	8 (50.00%)
Don't Change	23 (63.89%)	14 (40.00%)	15 (46.88%)	9 (29.03%)	13 (44.83%)	14 (48.28%)	20 (74.07%)	16 (61.54%)	8 (32.00%)	7 (29.17%)	10 (45.45%)	9 (50.00%)	5 (31.25%)
Neutral	6 (16.67%)	6 (17.14%)	6 (18.75%)	6 (19.35%)	1 (3.45%)	3 (10.34%)	3 (11.11%)	5 (19.23%)	4 (16.00%)	7 (29.17%)	7 (31.82%)	2 (11.11%)	3 (18.75%)
TOTAL	36 (0.37%)	35 (0.36%)	32 (0.33%)	31 (0.32%)	29 (0.30%)	29 (0.30%)	27 (0.28%)	26 (0.27%)	25 (0.26%)	24 (0.25%)	22 (0.23%)	18 (0.19%)	16 (0.17%)

	STS	CPI	CPO (Certified Pool Operator)	FMS - Functional Movement Screen	MPH - Master of Public Health	MSEd	MD	ROT - Registered Orthopedic Technician	RAA (NIAAA)	Other
Change	4 (25.00%)	4 (26.67%)	1 (6.67%)	5 (33.33%)	3 (21.43%)	3 (23.08%)	3 (23.08%)	2 (18.18%)	3 (27.27%)	151 (31.20%)
Don't Change	6 (37.50%)	6 (40.00%)	11 (73.33%)	8 (53.33%)	9 (64.29%)	4 (30.77%)	3 (23.08%)	8 (72.73%)	7 (63.64%)	231 (47.73%)
Neutral	6 (37.50%)	5 (33.33%)	3 (20.00%)	2 (13.33%)	2 (14.29%)	6 (46.15%)	7 (53.85%)	1 (9.09%)	1 (9.09%)	102 (21.07%)
TOTAL	16 (0.17%)	15 (0.15%)	15 (0.15%)	15 (0.15%)	14 (0.14%)	13 (0.13%)	13 (0.13%)	11 (0.11%)	11 (0.11%)	484 (5.00%)