

## **Role of the Athletic Trainers in Rehabilitation**

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The Association of Rehabilitation Nurses (ARN) was one of only six professional organizations invited to a special VIP meeting of the National Athletic Trainers Association (NATA) during their annual educational conference, held June 17–20, 2004, in Baltimore, MD. NATA, founded in 1950, represents more than 30,000 members, including 24,000 certified athletic trainers (ATCs) who comprise more than 90% of all athletic trainers in the United States. The purpose of the VIP sessions was to establish some common ground between NATA's stakeholders and stakeholders in other rehabilitation roles and to provide education regarding the value ATCs add to a variety of rehabilitation settings.

Those of us who work in rehabilitation typically think of the rehabilitation team as comprising representatives from physical therapy, occupational therapy, speech, nursing, nutrition, psychiatry, neuropsychology, and recreation. Yet even with such a rich diversity of skills, we often find ourselves with limited clinical resources because of unavailability of specialized staff, cost containment pressures, and larger patient loads. We are challenged to determine how best to supply the labor needed to support patient care. Certified athletic trainers are a readily available resource that can fill many of clinical resource gaps in rehabilitation today. ATCs currently work in many rehabilitation settings; a full 40% of ATCs work outside of school athletic settings.

One athletic training specialty is the occupational certified athletic trainer. Occupational ATCs work with the "employee athlete" and share the same goals as other professionals working in occupational health. These goals are injury prevention through ergonomics,

physical readiness, health and wellness, and education. Occupational ATCs are involved in the assessment and treatment of work-related injuries, injury management, on-site physical rehabilitation, case management, and return-to-work programs. ATCs work under the direction or, in some cases, by prescription of a physician. ATCs can provide cost-effective onsite rehabilitation and worksite analysis. ATCs can be integrated into the team of rehabilitation nurses, occupational health nurses, and physical therapists in these settings. A core concept for the ATC is teamwork, which stems from their background in athletics. An intangible benefit ATCs bring to their work is their enthusiasm and energy. The ATC views an employee or an occupational athlete as any active individual who performs repetitive activities or who uses sustained or forceful motion to complete the routine tasks required by their occupation. The occupational athlete is considered to be a million-dollar athlete because job-related injuries escalate costs in lost work time and productivity.

ATCs are recognized by the American Medical Association as allied healthcare providers. They are regulated by licensure in 43 states and have more stringent licensing criteria than many other allied health professionals. Unlike nursing, ATCs are required to have a bachelor's or master's degree from an accredited college or university. In fact, 70% of ATCs have a master's or doctorate degree. Some ATCs work as physician extenders in physician practices and provide additional reimbursement by being able to bill CPT codes designated for ATC evaluation and reevaluation (97005 and 97006). Although already seen in rural and urban hospital settings, emergency rooms, and ambulatory care centers, ATCs could be utilized in the inpatient rehabilitation setting. ATCs are suited to work with the type of orthopedic patients we see in rehabilitation settings, such as joint replacements and hip and knee surgeries.

Since the rehabilitation prospective payment system was implemented in January 2002, inpatient rehabilitation facilities have been under greater pressure to contain costs. ATCs could provide labor cost advantages as well as provide supplementary labor where shortages

exist, such as nursing and other allied health personnel. Results of 2002 salary surveys published by *Advance* magazine indicate the average salaries for physical therapists and occupational therapists are \$53,000 and \$42,000, respectively; a NATA 2004 salary survey indicates ATCs earn an average salary of \$41,000 in clinical setting.

Health care is seen by many experts as an industry in crisis. As we reshape and modernize health care we must seize opportunities to do things differently. The ATC presents one opportunity for change in the make-up of clinical personnel in rehabilitation.