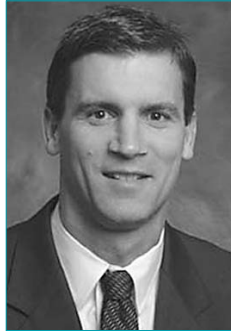


The Athletic Trainer as Orthopedic Physician Extender

Supply and demand are the primary factors that drive our capitalistic economy. Professional opportunities and monetary compensation in a free market society are primarily determined by these factors. No matter how talented and highly skilled a particular group of professionals may be, success in the marketplace depends upon the specific needs of consumers and employers and possession of the specific professional capabilities to fulfill that demand. Between the two worlds of orthopedic surgery and athletic training, we have both the need and the skill to form a symbiotic working relationship. What we have been missing is a reproducible mechanism to bring the two together in a more integrated manner. In the last issue, Forrest Pecha's editorial promoted the Orthopedic Athletic Training Fellowship concept as a valuable educational experience for athletic trainers. I will try to expand on his message from the perspective of an orthopedic surgeon.

When I entered practice at Emory University seven years ago, its clinical operations were faced with a need to focus on cost containment and improved productivity. The orthopedic clinic had nurses, physician assistants, and medical assistants who were very capable of handling their assigned tasks (i.e., escorting patients, obtaining histories, scheduling surgery, coordinating rehabilitation services, answering patient phone calls), but none of them were highly skilled in performance of musculoskeletal examination, surgical education, or rehabilitation. Furthermore, none of them really understood the athletic mind-set, which is essential for effective communication with athletes, coaches, parents or agents. We had an expensive and inefficient system that needed a clinician with the knowledge and skills to perform each of these tasks. At the same time, my role as Orthopedic Consultant for the Georgia Tech and Emory University programs made me acutely aware of the exceptional capabilities of graduate assistant athletic trainers. I also learned about the unfortunate scarcity



of their viable career opportunities, and there appeared to be a natural fit. With some additional clinical training, a perfect orthopedic physician extender could be created.

The idea of starting an Orthopedic Athletic Training Fellowship to develop orthopedic physician extenders originated at the Steadman-Hawkins Clinic in Vail, Colorado. This one-year program parallels their orthopedic sports medicine fellowship, which is primarily focused on the development of clinical skills. I recruited Forrest Pecha, an athletic trainer who had been involved with the program at the Steadman-Hawkins Clinic, to help me establish a program at the Emory Sports Medicine Center. Our vision was to expand the educational component to include surgical assistance, radiologic interpretation, and clinical business management. Over the past four years, we have created such a program. While we continually strive to improve our program, we are now producing what I consider to be the ideal orthopedic physician extender.

However, our vision is far from its ultimate realization. We want to continue building upon the symbiotic relationship between orthopedic surgery (demand) and athletic training (supply). We must educate our colleagues about the profound mutual benefits that can be derived from this new mechanism for development of professional skills. To maximize the opportunity that exists for both professions, I think we need to prioritize the following agenda: (a) collaboration among the various economic and educational committees of the NATA, AOSSM, and AAOS for refinement and endorsement of the concept; (b) creation of a joint NATA-AOSSM initiative to develop accreditation standards for existing and future orthopedic athletic training fellowships; and (c) development of a strategy to increase the number of high-quality orthopedic athletic training fellowships to include each geographic area of the country.

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