Athletic Trainers and the elimination of the Physician Extender classification

Athletic Trainers first started to be part of the clinical environment when Joseph Torg, MD and Ted Quedenfeld, ATC from Temple University originally came up with the concept of providing the same services to the public as athletes were receiving at Temple University. This all started in the early 1970's in Philadelphia, and athletic trainers were called athletic trainers at this facility. Dr. Torg would refer patients to the athletic trainers to be shown rehabilitation exercises. The athletic trainers were part of the team in providing care under the direction of the physician, and the term physician extender was never used in reference to the ATs at the Temple Sports Medicine clinic .

Dr. Torg moved to the University of Pennsylvania from Temple University with Joe Vegso, MS, ATC. Three other athletic trainers comprised the staff along with the physicians to assist in the clinical management of the patients who ranged in age from 6 to 90.

Joe Vegso was part of the initial organizing group that discussed the issues related to athletic trainers who were not working in the traditional settings of professional, college, or high school athletics. These meetings took place in the early 1980's primarily at the national conferences. The NATA BODs had many energetic discussions on what to do about how to recognize athletic trainers in a non-traditional setting. Should ATs be recognized in this setting, have a membership category on annual dues renewal form, how to address educational competencies, etc. Eventually the BOD recognized the need for a national committee and created the clinical industrial and corporate (CIC) committee. Representatives from the 10 Districts were identified to be on the CIC committee in 1987. The primary focus at that time was on ATs working in a hospital/clinical setting associated with a sports medicine program. This was in an era when physicians and hospitals/practices were reimbursed at close to 100% of what was charged for services and supporting an organization financially was different then today.

The CIC committee starting working with the committees related to revenue (COR), governmental affairs (GAC) and employment (COE) during the mid-late 1990s. This was a significant decision as it allowed different leaders on the various committees to discuss the holistic issues related to athletic trainers. One of these issues was the clinical AT as an extension of the physician's care or "physician extender."

The CIC, COR, COE, and GAC committees recognized that the clinical AT needed to be supported as the members were indicating on their dues renewal notices of working in the hospital/clinical setting in the early 2000s. The term "physician extender" was being used by the major medical societies (AMA, AAOS, AAP) as a person who could assist a physician with clinical responsibilities. The BOD recognized that an internal and external marketing push needed to be created to promote the AT as a person in a physician extender role. The understanding was that the AT came with the following qualifications: undergraduate degree from a curriculum program, passed a BOC exam, state regulation (if available), high frequency with a master's degree, and understood the relationship between physician and AT. The committees worked together to coordinate as a common voice on addressing the needs of the AT in this setting. This included the following:

1. Using the term physician extender on marketing materials as this is what hospital and health care administrators were reading in their literature at the time.
2. The thinking at the time was in using the term physician extender as this concept made it easier for a physician and/or administrator to understand the ATs role.

A marketing plan was developed to identify conferences to promote the concept of ATs value as a "physician extender". These conferences included AAOS and BONES (now AAOE). Booths were manned in the exhibit hall and presentations given to explain the role of the AT. In all of the marketing events, it was emphasized that an **ATHLETIC TRAINER** was working as a team member with the physician. The nomenclature of physician extender was used for easy reference to physicians and administrators. This marketing plan increased the knowledge and influenced hiring practices of both physicians and

administrators in a significantly positive manner. Numerous presentations on a regional, district and national level emphasized the role of the athletic trainer in a physician extender model. The problem was and is that athletic trainers started to think of themselves primarily as physician extenders and not who they were as athletic trainers.

To address some of the issues related to athletic trainers working in an emerging setting, the NATA lobbied the AMA for CPT codes that recognized the professions as athletic trainers to provide evaluation and re-evaluation services. These codes are not listed as being performed by physician extenders. Insurance companies, legislators and medical associations recognize specific professions as providing medical services to the public: physical therapists, chiropractors, occupational therapists, physician assistants and nurse practionners. Recognition as "physician extenders or mid level providers" may occur within their organization but should not be used on the floor as it does not recognize that persons standing as a profession. Additionally, other professional societies such as the Society of Hospital Medicine, American Academy of Nurse Practitioners, and other professional organizations have made public statements opposing the use of the term physician extender to describe their membership. The stance of these other organizations is to refer to their licensed or regulated members according to the credential they hold, rather than using vague, non-descript terminology to refer to all members of the healthcare team who are not licensed as an MD or DO.

The term Physician Extender (PE) has hurt legislative efforts in Louisiana to update the LA practice act. The term PE put a halt on any advancement for AT's in clinical roles as legislators felt the term PE was a general term and infringed on others in working in similar capacities. A new law passed however it continues to be restrictive and only allows AT's to work in "athletic" type environments. This LA legislation does not allow AT's to work in any of the emerging practices. Those AT's who were hired and working in physician clinics currently are employed as OTC's or use other credentialing. A lawsuit suit was filed in LA with a physician and AT about 4 years ago. The AT allegedly performed services out of their scope of practice and was taken to the Board of Medicine along with the supervising MD. The Louisiana Board of Medicine put a stop on their practice.

Now what we need to do is emphasize not using the term physician extender in any marketing, educational, presentation activities as it devalues the profession of athletic training. People start to think of themselves as a physician extender and not what Ted Quedenfeld was back in the 1970s. He was an athletic trainer in a clinical setting. Administrators and especially human resource professionals view staff that assist physicians as mid level providers and/or extenders from a purely economic perspective. Clinics and hospitals are also hiring ATs under the role of physician extender/mid level provider as the PE definition was easier for HR to grasp the concept of what roles are being performed, although the AT credential was a requirement for the position. The term Physician Extender is also confusing when various institutions define who a PE is within HR and this is often considered a physician assistant or nurse practionner. There are examples of job descriptions for a Physician Extender while the role is designated for PA's and NP's

The term physician extender and not athletic trainer is now being used more frequently by our members as defining their role within the health care community. This devalues the profession as they sometimes forget they are an athletic trainer or feel the term physician extender carries more value than their own credential when interacting with the public, physicians, health care staff and administrators.

Finally the public needs to understand that an athletic trainer is working in a particular setting within their scope of practice as defined by their regulatory body to assist the physician in providing the best potential outcome. Again, when a person uses a term other than athletic trainer, it devalues the overall profession and an opportunity is lost in educating a consumer.

Athletic trainers need to be re-educated from the curriculum to listening to presentations at the NATA annual conference and finally to information provided on the NATA website that they are athletic

trainers who work in a particular setting. The term physician extender needs to be eliminated within the athletic training community as it is potentially devaluing the profession. The NATA must go backwards to move forward and primarily use the term athletic trainer and create the brand needed to describe our unique and broad skillset that benefits many patient populations and practice settings.

Our request is for the NATA Board of Directors to consider the development of a formal position statement that eliminates the use of the broad term "physician extender" in any marketing, education, and presentation activities. We feel that use of this term may have been beneficial at one time, but in the long run, will devalue the profession of athletic training. Instead, we feel that the term **ATHLETIC TRAINER** should be emphasized along with a potential descriptor. This is consistent with other allied health profession and we are confident that it is also what the innovative athletic trainers who initiated this setting intended. At a high level, it is critically important that athletic trainers in all settings reinforce that they are athletic trainers who work in a particular setting. Our educational materials and our public facing materials must make this important distinction as we move forward.