In the 1970’s, sports medicine physicians began implementing the sports medicine model in their practices because they saw the benefit of delivering care in this manner to all their patients. Athletic trainers were hired to work alongside physicians in the clinical setting to deliver care to all patients, modeling an athletic training room environment.

In the 1980’s, the term “physician extender” was commonly used to describe any non-physician provider who worked under the supervision of a physician to “extend the services” of that physician. Hospital and practice administrators, physicians, and major medical societies recognized and frequently used this terminology, and the NATA saw this as an opportunity to market the value an athletic trainer brought to this practice setting and patient population. A significant internal and external marketing and public relations push began within NATA to promote the athletic trainer’s value as a “physician extender”.

We have seen a decrease over time related to the use of the physician extender term and it is becoming less common within healthcare. Other providers and professional societies are moving away from using this terminology and toward referring to themselves by the credential they hold. More concerning is the trend we have seen among our own members practicing in the setting. It is becoming more common to hear our AT members referring to themselves solely as physician extenders and not as athletic trainers. Rather than advocating for professional recognition by educating others on who we are and the value of ATs within healthcare, many are choosing the path of least resistance or perceive the “physician extender term” carries more value than the AT credential.

The landscape of healthcare is changing rapidly today. There is a strong movement away from the traditional fee-for-service or volume based delivery of care to value based delivery of care. Some experts predict a full shift to value based care within the next 3 to 5 years. It is imperative the athletic training profession create a strong brand in order to secure our place as a valuable member of the healthcare team. It will take all athletic trainers, regardless of practice setting, to sell the athletic training brand to consumers and employers if we desire to be part of the healthcare team in this new delivery model.

In December of 2014, a group of subject matter experts from the physician practice setting was convened by COPA to discuss this topic and to compile supporting materials for a recommendation to the NATA Board of Directors. Consensus was reached that the term “physician extender” to describe ATs who work in a physician practice should no longer be used or promoted within our membership or profession. While it served a useful purpose at one time, continuing to use “physician extender” within the NATA and its membership will damage our ability to secure our place within healthcare as it continues to evolve.

In June 2015, the NATA BOD approved the formation of the Inter-agency Terminology Workgroup (NATA, BOC, CAATE, NATA REF, and other NATA committees) to identify, review, and standardize key or important terminology within and throughout the athletic training profession. “Physician Extender” was the first term this group researched and made a recommendation on.
It is the recommendation of the NATA Committee on Practice Advancement, subject matter experts within the physician practice setting, and the Inter-Agency Terminology Workgroup that the NATA and profession of athletic training begin to make a gradual transition away from the use of the term “physician extender” to describe those ATs who work in the physician practice setting, with the goal of complete elimination of this term in the very near future. This includes immediate elimination of the use of “physician extender” in all marketing and PR materials, website content, educational materials, and professional presentations and abstracts at national, district and state conferences. A comprehensive effort needs to be made utilizing all NATA communications channels and partnering with all members of the strategic alliance to educate our members on the importance of this change, and encouraging all members to refer to themselves as “athletic trainers” when introducing themselves to consumers. We request the NATA Board of Directors to formally approve this recommendation and lend the support of the NATA Marketing and Communications team to aid the Committee on Practice Advancement in developing a comprehensive strategy to best communicate this information to the membership.