In the spring of 2016, the NATA Physician Practice Work Group worked with NATA to conduct a salary survey for athletic trainers working in the physician practice setting. In addition to the information gleaned from NATA's biennial salary survey that addresses all job settings, this survey was designed to capture additional data specific to this practice setting, including how salaries are affected by the clinical skills performed.

**STATISTICAL ANALYSIS**
Continuous variables are presented as means ± standard deviation; categorical variables are presented as numbers included (n) or percentage of the total respondents. The total number of specialized skills that respondents indicated they currently perform in a physician clinic was calculated. We then used independent T-tests at several thresholds to determine the effect of number of specialized skills on annual salary.

Specifically, we compared the reported annual salary of those who reported one or more, three or more, five or more, seven or more and nine or more specialized skills with those who reported not performing the set threshold of specialized skills. Statistical significance was set a-priori at α < 0.05 and all statistical analyses were performed with Statistical Package for the Social Sciences (version 23, IBM Inc., Armonk, NY).

**PHYSICIAN PRACTICE SALARY SURVEY RESULTS**
A total of 8,008 questionnaires were sent to NATA members, and 922 individuals completed the survey, for a response rate of 11.5 percent. Of the 922 respondents, 537 indicated they worked in a physician clinic 50 percent of the time or more. Those 537 responses make up the official results summarized on the next page. The majority of respondents were women between ages 30 and 49 who had completed a master's degree.

**Salary by Skills Performed**
The survey examined how daily roles and skills performed by an AT in physician practice were related to salaries. The questionnaire identified 11 skills as “specialized,” which was defined as a skill requiring additional education and/or instruction beyond a foundational athletic training degree. Those specialized skills included reading radiographs, presenting to a physician/fellow, application of splints and casts, preparing patient for in-office procedures, preoperative education, operating room setup, surgical assist, postoperative patient care, clinic note dictation, understanding comorbidities and interactions with insurance/peer-to-peer reviews.

The most commonly performed specialized skills were presenting to a physician/fellow, applying/removing casts and preparing patients for in-office procedures. Patient education, obtaining patient history and completing patient phone calls were the most commonly performed non-specialized skills. Those respondents who performed seven or more specialized skills reported earning significantly higher annual salaries than those who did not.

**Salary by Years of Experience**
The survey assessed salaries by both years of experience in the athletic training profession and years of experience as an athletic trainer in the physician practice setting. Results showed that years of experience in the specific job setting had a greater impact on salary than overall years of experience as an athletic trainer. For example, respondents with three to five years of experience in the physician practice setting had the same average salary as those who had been certified for six to 10 years.

As expected, salaries increased relative to years of experience as a certified athletic trainer. ATs with less than five years of experience as a certified AT had the lowest salaries, and there was a significant gap between ATs with 11 to 15 years of experience compared to those who had more than 25 years of experience.

When analyzing years of experience as an athletic trainer in the physician practice setting, salaries once again increased relative to years of experience. The increase was more significant within the practice setting, with significant salary differences recorded between those with three to five years of experience and those with six to eight years of experience.

**Salary by NATA District**
While salaries varied slightly between the 10 NATA districts, the findings were not statistically significant for this analysis.
Survey of 537 ATs working more than 50% of the time in the physician practice

What is the skillset of the athletic trainer?

Physician Practice Survey

Physician practice survey: What is the skillset of the athletic trainer?

Roles performed by ATs
These are the duties that ATs reported that they perform in the physician practice. This list are the duties that an entry-level AT can perform in the physician practice and the percentage of AT who perform that duty.

- Gait analysis: 30%
- Administer computerized neuropsychological testing: 36%
- Gait training: 39%
- High school, college, or club sport outreach: 44%
- Community event coverage/education: 44%
- Review/develop/construct provider schedules: 52%
- Scheduling follow-up tests/procedures after visit: 55%
- Scribing/electronic documentation: 63%
- Perform physical exam and special tests: 63%
- Review/develop/construct provider schedules: 52%
- Scheduling follow-up tests/procedures after visit: 55%
- Scribing/electronic documentation: 63%
- Perform physical exam and special tests: 63%
- Patient emails: 69%
- Take vitals: 69%
- Room patients: 78%
- Order radiographs: 78%
- Crutch/cane fitting: 79%
- Durable medical equipment/bracing: 82%
- Utilize EMRs: 84%
- Home exercise program instruction: 85%
- Patient phone calls: 85%
- Obtain patient history: 87%
- Patient education: 90%

Specialized Skills
Specialized skills were defined as those which require higher level of training and skill than those gained during an entry-level athletic training degree.

- Surgery assist (sterile): 16%
- OR setup (not sterile): 17%
- Read radiographs with patients: 32%
- Clinic note dictation: 45%
- Understanding of comorbidities: 49%
- Pre-operative education: 49%
- Interactions with insurance/peer-to-peer reviews: 53%
- Patient care during the initial post-operative visit: 67%
- Prepare patient for in-office procedure: 73%
- Apply or remove casts or splints: 74%
- Present to attending physician/fellow: 78%

Salary based on NATA district
Salaries across the can be based on cost of living but there was not a significant difference based on the district from which the AT reported.

Operating at the top of scope
Those who responded that they typically perform seven or more and nine or more specialized skills earn significantly higher salaries than those who did not.

Graph showing the distribution of salaries based on NATA district and operating at the top of scope.