The authors, along with all contributors to the manual, would like to dedicate this text to all the young professionals in the discipline of athletic training.
Disclaimer

The procedures in this text are based on current research and recommendations from professionals in sport medicine and athletic training. The information is intended to supplement, not substitute, recommendations from a physician and qualified health care professional. Sagamore Publisher, LLC and the authors disclaim responsibility for any adverse effect or consequences resulting from the misapplication or injudicious use of the material contained in the text. It is also accepted as judicious that the athletic training student must work under the guidance of a licensed physician and qualified healthcare provider (certified athletic trainer).
Preface

*Basic Athletic Training*, 6th edition, is written and edited by certified athletic trainers and a physician as a comprehensive introduction to current philosophies, procedures and practices related to the care and prevention of athletic injuries. Designed as a classroom textbook, *Basic Athletic Training* will prove to be challenging and rewarding for the athletic training student. It also serves as a reference guide for individuals concerned with the health and well-being of athletes. This text is divided into 13 chapters and provides the reader with a step-by-step presentation of various duties and responsibilities utilized by physicians, athletic trainers, and other licensed healthcare provider. With web-based educational videos and materials on selected anatomical content, Chapters 6-12 are devoted to exploration of various body structures and how to prevent, evaluate, and treat injuries that might be associated with these structures. The web-based educational videos and materials allow the student to view dynamic aspects of joint anatomy (bones, ligaments, muscles), dermatomes and myotomes, basic treatment protocol, evaluation format, common injuries, and referral guidelines. The sections within the Appendix will help the athletic training student become familiar with common words (root word, prefixes, and suffixes), a glossary of terms, and websites for health care and sport industry professionals. At the completion of the text, the athletic training student will have learned the basics of athletic training and have a working knowledge of common preventive, evaluation, treatment, and rehabilitation techniques in sports medicine. Through this knowledge, the athletic training student will be better prepared to assist the physician and other licensed healthcare provider in caring for athletes and other physically active individuals.
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Basic Athletic Training 6th ed. is primarily designed for any introductory entry-level (interscholastic or intercollegiate) athletic training student. Additionally, athletic coaches, administrators, student athletes, and their parents can use this book as a resource guide for a better understanding of specific sports-related injuries, emergency procedures, as well as for increasing knowledge about athletic training practices and career opportunities. This edition provides web-based videos and materials, highlighting anatomy, joint range of motion, muscle function, and evaluation formats. It is the goal of this text to stimulate further learning in the identification, treatment/care, and prevention of sports-specific injuries.

**Educational Objectives**

Upon completing this chapter, the reader will be able to do the following:
- Identify the competencies of the certified athletic trainer
- Name the duties of the athletic training student
- Identify the members of the sports medicine team and their responsibilities
- Identify the educational programs for athletic training students
- Recognize the National Athletic Trainers’ Association (NATA) as the leader in the athletic training allied health care profession
- Describe the fundamental components of an athletic training facility

**What is Athletic Training?**

Simply stated, athletic training is the prevention, recognition, evaluation, treatment, rehabilitation, and health care administration of athletic injuries. However, implementation of the athletic training concept by a school system is not a simple action, for the program does not begin and end with the person designated as the certified athletic trainer. In fact, the program involves an entire team of people, including not only the certified athletic trainer (ATC), student athletic trainers, student athletes, and team physicians, but also parents, coaches, the equipment manager, school administration, and maintenance personnel.
The certified athletic trainer is a highly educated and skilled professional specializing in health care of the physically active. In cooperation with physicians and other allied health personnel, the certified athletic trainer functions as an integral member of the health care team in sports medicine clinics, industrial settings, professional sports programs, educational institutions, and other athletic health care settings.

**National Athletic Trainers’ Association**

The National Athletic Trainers’ Association (NATA) was founded in 1950. It has evolved into a highly respected organization with more than 35,000 members, including over 7,500 student members. The mission of NATA is to enhance the quality of health care provided by certified athletic trainers and to advance the athletic training profession. In 1990, the American Medical Association (AMA) recognized athletic training as an allied health care profession. This endorsement provides monumental benefits for the advancement of athletic training as a profession and for the professional development of the athletic training student. NATA is the primary professional association of athletic trainers in the United States. Since the early 1960s, NATA has assumed the leadership in establishing high standards for the education and certification of athletic trainers. For more information on professional preparation and/or careers in athletic training, please contact:

**National Athletic Trainers’ Association**
1620 Valwood Parkway, Carrollton, TX 75006
1-800-TRY-NATA, 214-637-6282
www.nata.org

**Board of Certification**
4223 So. 43rd Circle, Omaha, NE 68137
402-559-0091
www.bocatc.org

**Establishing an Athletic Training/Sports Medicine Program**

Checklist for Safety in Sports

To establish an effective athletic training program, school administrators should seek the following:

- A certified athletic trainer (ATC)
- Designated area within the facility for medical care/athletic training room
- Medical files that include accident injury reports, parental consent, insurance referral, and other reports
- Adequate funding to run an effective program
- Educational program for athletes
- Emergency medical action plan
- First aid, wound care, taping and wrapping supplies
- Information regarding confidentiality (FERPA, HIPAA) to ensure standards are followed
- Injury notification system
• Medical and dental insurance
• Qualified coaches
• Qualified officials
• Safe sport equipment and facilities
• Require pre-participation physical examinations.
• All coaches, cheerleader, band, and drill team sponsors be certified in cardiopulmonary resuscitation (CPR), automated external defibrillator (AED), American Red Cross Sports Safety Training (SST), and related American Heart Association certifications.

The Sports Medicine Team

The athletic training program starts with the individual appointed to supervise the care and prevention of athletic injuries, a certified athletic trainer or ATC. Before establishing an athletic training room and ordering supplies, the ATC should perform a most important function: finding a team physician. The team physician will provide medical supervision of the ATC and staff members.

Team Physician

The team physician promotes the success of the athletic training program. And, since athletic success is dependent on the health of the players, each team’s success could be directly related to the amount of time the physician can devote to the athletic training program. The team physician is the “cornerstone” of the medical team, which should include the certified athletic trainer, coaches, athletic training students (ATS), parents, and athletes. School administrators, the school nurse, and even game officials share some of the athletic training program’s responsibilities. Duties and responsibilities of each member of the team are interrelated. A school should have a qualified team physician on the sidelines at football games and other high-risk sporting activities. The team physician should be available when any emergency situations arise. Other team physician duties should include supervising pre-participation physicals and medical histories, clearing of players for return to activity after injury, and working with the certified athletic trainer and athletic training students in further development of the athletic training program.

Certified Athletic Trainer

The certified athletic trainer is a highly educated and skilled professional specializing in health care of the physically active. This allied health professional has fulfilled the requirements for national certification, and in some cases, met state licensure requirements. The certification examination consists of a computer-based examination addressing selected content in athletic training curriculum. Within the profession, athletic training practice domains include the following:

- Prevention
- Clinical education and diagnosis
- Immediate care
- Treatment, rehabilitation, and reconditioning
- Organization and administration
- Professional responsibility

Once athletic trainers pass the certification examination, these allied health professionals use the designation certified athletic trainer, or ATC, as their professional credential. Additionally, this credentialed allied health professional needs to confirm that he or she has met state licensure requirements. For specific information, contact the NATA for details regarding state licensure. The ATC is vital to every athletic program. Without an ATC, the coaching staff must assume the responsibilities for the care and prevention of athletic injuries. Research studies have shown that injury rates will increase without an ATC on site at practices and games. The certified athletic trainer serves as the liaison between team physician, coach, parent, athlete, and in some cases, the school administrators. Communications regarding the health of the players must be channeled through the certified athletic trainer in order to have an effective and efficient program. The athletic trainer, especially at the high school level, should maintain contact with parents regarding their child’s injury status and ability to return to active competition. Additionally, it may be necessary to notify the appropriate school officials (school nurse, physical education instructor, or principal) of limitations caused by an injury.

During the noncompetitive seasons, the certified athletic trainer should work with the coaches on programs to improve the conditioning level of the team, devising specific programs for certain athletes, assisting athletes recovering from injuries, and monitoring athletes who need to increase their lean body weight or decrease their body fat. Additionally, the certified athletic trainer will assist the coaching staff and the equipment manager on the purchasing and reconditioning of protective equipment. With a letter of delegated authority from the team physician on file, and under his/her direction, the athletic trainer will evaluate and provide first-aid care, initiate an appropriate treatment plan/protocol involving rehabilitative modalities, such as ice, heat, electrical muscle stimulation, ultrasound, design and implement rehab programs based on the physician’s protocol, while also applying protective/supportive techniques that will allow the athlete to regain a physically active lifestyle. Additionally duties should include inventory/purchasing of supplies and completing medical/accident record forms and maintaining accurate medical records and documentation.

### Other Allied Health Care/Sports Medicine Personnel

- Cardiologist
- Chiropractor
- Dentist
- Emergency medical technician
- Gynecologist
- Internist
- Massage therapists
- Neurosurgeon
- Nurse
- Ophthalmologist/optometrist
- Oral surgeon
- Orthopedic surgeon
- Physical therapists/sports therapists
- Podiatrist

### Additional Personnel

- Equipment manager
- Exercise physiologist
- Nutritionist
- Sports psychologist
- Strength and conditioning coach/specialist
School Administrators

In the interscholastic and intercollegiate athletic settings, athletic directors, program administrators, or program overseers have the authority and duty to provide a safe working and playing environment. This can be accomplished through strategic planning, defined policies, and clear delineated job responsibilities of all concerned parties.

Athletes

The athlete has the responsibility to maintain good physical condition, practice the techniques taught by the coaches, play by the rules, and follow the instructions of the coaches and the certified athletic trainer.

Parents

Parents can assist in keeping their son or daughter healthy if they are kept updated about the injury or illness. The parents should be provided with information on nutrition and recommended home treatments for injuries. When the involved athlete is a minor, the certified athletic trainer should immediately make the parents aware of the extent of the injury or illness.

Officials

Game officials are responsible for enforcing fair rules, monitoring playing conditions, and cooperating with the certified athletic trainer and physicians when injuries occur and when environmental hazards exist.

Coaches

Coaches have numerous athletic training-related responsibilities. They must plan practices that include conditioning and training of the athlete, and teach techniques and rules of their sport. These practices must be of reasonable duration, taking skill level, fatigue, and environmental conditions into consideration. Coaches are often responsible for selecting, fitting, and maintaining protective equipment. Additionally, the coaching staff must review supervision of practice and game facilities. Coaches must update their education by attending professional development clinics that review rule changes, skill development, first aid/cardiopulmonary resuscitation (CPR) and selected topics in athletic health care. Most importantly, the coach must place the athlete’s welfare foremost. The coach must work closely with the team physician and certified athletic trainer in determining what is best for the athlete. Note: If the school does not have a certified athletic trainer, additional duties and responsibilities would then be assumed by the coach.

Athletic Training Student Roles and Responsibilities

The duties of the athletic training student can be defined by his/her interest, experience in allied health care, and desire to gain knowledge of the profession. Once an athletic training student has obtained basic certification from the American Red Cross in first aid and CPR, a supervising certified athletic trainer can assist them in developing skills in the immediate care of injuries, preventive techniques, and basic treatment protocols. Advancement of responsibilities will depend upon the student’s ability to master introductory skills in athletic training. Regardless of skill level, athletic training-related techniques should not be attempted without the supervision of an ATC.

Every athletic training student should start by maintaining a professional personal appearance and demeanor. In addition, ensuring a safe and sanitary athletic training area/facility is vital. Because various wounds are treated in the athletic training room, proper cleaning of the facility is critical. One reason is because of the possibility of cross contamination between bodily fluids and the various surfaces in the facility. Other duties assigned to an athletic training student can be inventory control, keeping track of supplies and equipment, and informing the head athletic trainer when inventories are low. The athletic training student should have a checklist of supplies to have on the field or court for games,
practices, or road trips. Packing of kits and other preparation activities are good duties for the athletic training student. Additional duties might include preparing a sport/electrolyte drink or water and taking it to the field; making sure there is enough ice, both for treatments and for water coolers; and making sure each athlete has weighed in before and after every practice and documenting weights on the weight charts.

Other than the weight chart documentation, the certified athletic trainer or coach might assign other recordkeeping duties to a capable athletic training student. For example, daily treatments to athletes need to be recorded in a daily log and also in the athlete's medical file. As an athletic training student shows more initiative and competence, he or she may even become involved in taping, wrapping, changing dressings, giving minor treatments, and first-aid procedures. Besides the practical experience gained from working under the supervision of a certified athletic trainer and/or experienced athletic coach, the athletic training student can also benefit from attending educational workshops and reading sport medicine texts and articles.

**Athletic Training Facility and Management**

Establishing an athletic training room is very important. Athletic training facilities at high schools vary from almost nonexistent to those as modern and spacious as professional/college athletic training rooms. While everyone prefers good working conditions, facilities at some schools will always be less than ideal because of space or budget limitations. However, a resourceful certified athletic trainer will find ways to develop a program regardless of the limited facilities. Typical athletic training rooms include the following areas: administrative office, prevention (taping), hydrotherapy, rehabilitation, treatment (electrical therapy), physician's examination office, and storage room. A review of typical daily tasks for each area is listed below.

**Administrative Office**
- Document, review, and file all medical records/notes
  1. Physical forms
  2. Injury reports
  3. Treatment forms
  4. Insurance claims
  5. Rehabilitation forms
  6. Physician referral forms
- Maintain a clean organized office and filing system
- Accessibility to phone, fax, and e-mail for business use
- Updated computer, printer, and software

**Hydrotherapy Area**
- Have whirlpool(s) safety inspected yearly
- Fill whirlpool(s)
  1. Hot: 98/105 degrees
  2. Cold: 55/65 degrees
  3. Ice immersion buckets
- Fill and rotate ice cups
- Make ice bags for treatments
- Clean and disinfect
  1. Whirlpool(s)
  2. Whirlpool benches
  3. Stool(s)
4. Sink and mirror
5. Empty unused ice bags
   • Wash and fold towels

Prevention (Taping) Area
• Restock taping areas
• Roll-up elastic/cloth wraps
• Disinfect taping tables
• Prepare heel and lace pads

Rehabilitation Area
• Inspect all equipment
• Make sure all equipment is in its proper place
• Clean and disinfect all equipment

Treatment (Therapeutic Modality) Area
• Have all modalities safety inspected yearly
• Turn off when not in use
• Clean machines
• Wash and fold towels
• Check hydrocollator and paraffin bath levels

Physician’s Examination Office
• Confirm specialized medical equipment for physician(s) is available
• Update and restock supplies in physicians medical kit weekly
• Clean surgical trays and refill disinfectants weekly
• Clean, disinfect, restock, and organize exam room after each use

Storage Area
• Keep accurate inventory and notify supervisor when supply is low
• Clean and rotate stock

Additionally, other daily tasks include maintenance of a clean facility, medical record documentation and filing, reviewing supplies and equipment for facility and medical kits, and reviewing new skills and knowledge in the care and prevention of athletic injuries.

Daily Duties
• Disinfect all modalities, equipment, and areas
• Restock athletic training room
• Sweep, mop, empty trash
• Check ice machine/freezer
• Review emergency procedures with staff
• Review/confirm newly acquired skills/knowledge

Supplies and Equipment–Athletic Training Facility
• Adhesive white tape (1”, 1.5”, 2”)
• AED–Automated external defibrillator
• Alcohol pads
• Antiseptic spray
• Athletic training kits
• Adhesive bandages
• Blankets
• Blood pressure cuff/stethoscope
• Biohazard container/bags
• Broom, dustpan, trash can(s)
• CPR mask
• Cervical collar
• Clock
• Crutches, adjustable
• Cups
• Disinfectant spray
• Elastic tape (1", 2", 3")
• Elastic wraps (regular/double length) (2", 3", 4", and 6")
• Eye wash/contact solution
• Face mask cutters
• Gauze pads (sterile and non-sterile) (3" x 3", 4" x 4")
• Hydrocollator cover(s)
• Hydrogen peroxide
• Ice machine and bags
• Latex gloves (sm, med, lg)

• Pen light/otoscope/ophthalmoscope
• Radios (two-way)
• Refrigerator
• Scale
• Scissors (bandage/surgical)
• Soap
• Spine board (head restraints/straps)
• Splints (Sam and vacuum form)
• Tables (treatment, taping, exam)
• Tape cutters
• Thermometer w/covers
• Towels (four dozen)
• Water coolers
• Wheelchair
• Whirlpool(s)

In addition to these items, the athletic training room must adhere to items that are outlined and mandated by the Occupational Safety and Health Administration (OSHA), which are highlighted in Chapter 4. These items deal with the handling of bodily fluids and blood-borne pathogens.

Supplies for Athletic Training Kits

• Athlete's emergency information
• Adhesive white tape (1", 1½", 2")
• Antacid tablets
• Antimicrobial hand wipes/lotion
• Antibacterial/antiseptic cream
• Arm sling/adjustable
• Band-Aids (assorted sizes)
• Bandage scissors/tape cutter
• Biohazard bags
• Blood pressure cuff/stethoscope
• CPR mask
• Cell phone
• Contact lens kit/solution
• Cotton tip applicators
• Elastic wraps (2", 3", 4", 6")
• Electrolyte tablets
• Emergency contact numbers
• Eyewash/sterile saline solution
• Foot powder
• Forms—injury, insurance
• Gauze (sterile/nonsterile pads)
• Heel cups
• Hydrogen peroxide
• Instant cold packs/ice bags
• Latex gloves (sm, med, lg)
• Mirror
• Moleskin
• Mouth shield/protector
• Nail clippers/drill kit
• Paper bag
• Pencil/notepad
• Providine iodine swab sticks/wipes
• Reflex hammer
• Scissors (bandage/surgical)
• Skin lubricant/petroleum jelly
• Sting swabs for insect bites
• Sun lotion
• Tampons
• Tape adherent
• Thermometer
• Tongue depressors
• Tweezers
• Wound closure (Steri-strips)
Athletic Training Room Rules

Once an athletic training room has been established, drafting of rules is very important. First, outline services that will be offered, specific times you will be open, and conduct expected in the athletic training facility. Remember, this is a medical facility, and it should not be used as a gathering place. To prevent misuse, athletic training room rules should be posted and enforced. Some common rules are listed below:

- Coeducational facility
- Treatment provided only to student-athletes
- All medical treatments must be documented by staff
- Athletes should shower after activity before receiving routine treatments
- Athletic training room supplies and equipment will not be removed, except with permission of the certified athletic trainer
- Athletes/sports equipment should be left in the locker room
- Loud music is not permitted
- No swearing or bullying tolerated
- No horseplay
- No pets, unless a certified assistance animal

Rules can be adapted or added, depending on each school’s situation.

Recordkeeping

In order to ensure proper treatment of the athlete, careful records should be kept on all athletes. All athletes are required to complete a physical examination and have this medical form on file prior to participation in sporting activities. The team physician may want to keep the original physical examination form in his or her office or in the school nurse’s office. However, the certified athletic trainer should have a copy of this medical form and any notations that are significant for the proper care of each athlete. The physical examination form should include past and present condition of the athlete. Additionally, consent to provide treatment and emergency consent forms should be documented and placed in medical records. Any baseline concussion testing that is conducted prior to participation should also be included in the athlete/patient file. Another form that is important in caring for athletic injuries is an accident-injury report form. This form should include these items: athlete’s name, sport, date and time of accident/injury, place of injury, mechanism of injury, evaluation of injury, first aid and treatment provided, rehabilitation recommendations, and medical referral to physician. An accident-injury report form is very important, particularly when the injury involves athletic insurance coverage and reporting. Insurance companies require accurate information regarding the reporting of injuries. Check the insurance requirements at your school when designing your school’s injury form. The daily treatment form is another important document to be kept when treating injuries. There should be a place on this form for the athlete’s name, date and time, treatment provided, protective technique, and rehabilitation procedure utilized. This form should be reviewed often when assessing the progress or lack of progress of an injury. It can tell you which treatment or taping procedure was successful in dealing with that particular injury.

Health Insurance Portability and Accountability Act of 1996 (HIPAA)

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a federal regulation was passed to ensure the rights of the athlete (patient) when it comes to health records. Detailed information on HIPAA can be found at www.hipaa.com. This law restricts who has access to the medical records, for a specific length of time, and for what reasons. Typically the athlete signs a waiver to allow
physicians and other health care providers to exchange information in order to better serve the injured athlete. This federal law also regulates exactly what information can be exchanged and with whom it can be shared.

**Family Educational Right and Privacy Act (FERPA)**

FERPA gives parents certain rights with respect to their children's education records. These rights transfer to the student when he or she reaches the age of 18 or attends a school beyond the high school level. Students to whom the rights have transferred are eligible students. (FERPA, 1974).

**Legal Issues**

Malpractice suits against athletic trainers are on the rise as participation in sports is increasing. Tort is defined as a legal wrong where a remedy will be provided usually in the form of monetary damage (Ray & Konin, 2005). Athletic trainers commit malpractice generally by a tort of negligence.

**Negligence**

Negligence occurs when an athletic trainer does something a reasonable prudent person wouldn’t do or fails to do something a reasonable prudent person would do under these circumstances (Prentice, 2011). The person injured or harmed has to prove that four elements of negligence are fulfilled. The first is a duty of care due because of the connection between the parties. The second step is to show the defendant breached the duty owed to the injured party. Third, proof must be shown that the breach of duty is the reason for harm to the injured party. Fourth, there must be harm, not just potential for harm to have occurred (Osborne, 2001).

**The Fundamentals of Athletic Training**

Every athlete is entitled to adequate sports-specific conditioning, injury prevention measures, proper treatment of injuries, and a complete rehabilitation experience. Programs for conditioning, injury prevention, therapeutic modalities, and therapeutic rehabilitation are best designed and supervised by highly educated and skilled certified athletic trainers, who have extensive knowledge in first aid, anatomy, physiology, and kinesiology, as well as proper education and training in the use of each of the modalities involved in the treatment/rehab program.

Having a team physician who is well qualified and experienced in sports medicine practices is important. His or her assistance in reducing the risk of injury is vital. In the absence of a physician, the responsibility to give first-aid treatment falls on the certified athletic trainer or coach. The athletic training student should be well qualified and provide assistance when appropriate. Individuals interested in becoming a certified athletic trainer should possess professional skills, knowledge of athletic training, an enjoyment of athletics, an interest in each athlete's well-being, good fitness and personal health, common sense, and a willingness to complete assigned tasks. Avenues of employment for certified athletic trainers include working in educational institutions (secondary and higher education), professional sports associations, sports medicine clinics, hospitals, corporate and industrial settings, the performing arts, and with the military and government agencies.

The certified athletic trainer is a professional who is well educated to carry out the tasks mentioned in the previous sections. A thorough knowledge of anatomy, physiology, physiology of exercise, psychology, first aid, cardiopulmonary resuscitation, nutrition, pharmacology, therapeutic modalities, rehabilitation protocols that include the physical readiness of the returning an injured athlete to activity,
and specialized courses in sports medicine are required to carry out these duties. NATA is the administrative organization that dedicates its endeavors to the advancement, encouragement, and improvement of the athletic training profession. A certified athletic trainer who graduates from an accredited athletic training program is eligible to take the certification examination.

Athletic Training Education
Presently, many educational institutions offer athletic training education programs that have met accreditation standards, set forth by the Commission on Accreditation of Athletic Training Education (CAATE). An accredited entry-level education program includes formal instruction in all areas documented in the NATA Athletic Training Educational Competencies. The education program prepares future certified athletic trainers for employment in health care settings. Candidates sitting for the certification examination must graduate from a CAATE-accredited entry-level athletic training education program.

Employment Opportunities: Traditional and Nontraditional

The traditional setting for certified athletic trainers is the college/university site. While this place of employment was the starting point for the profession of athletic training, the job market has expanded and offers a variety of settings for the certified athletic trainer of today. Some fit the traditional model while others are new and not quite as traditional in nature. A list, not comprehensive, of job opportunities is presented.

Secondary Schools
This place of employment is similar to the college/university setting in that the certified athletic trainer works with a school and the sports (team and individual) of that institution. The main difference between the high school setting and the college/university is the size of the staff, with the college/university typically employing more than one certified athletic trainer. While there are high schools that employ more than one certified athletic trainer, the fact is that most high schools in the United States do not employ certified athletic trainers for the health care of their student-athletes. Therefore, this is an excellent place of opportunity for the certified athletic trainer. Also, the certified athletic trainer who is state certified or licensed as a teacher will find school systems more receptive to hiring him or her. Check the particular state laws governing teacher licensure and reciprocity between states.

Professional Sports
This is more traditional in nature, especially with the professional sport teams: football, basketball, baseball, soccer, and hockey. These individuals care for a specific team. On the other hand, some professional sports are geared more toward the individual (i.e., golf, tennis, and track and field). Those certified athletic trainers have the task of providing care to the members of that professional sport and are not typically associated with just one or two individual athletes. Because of the limited number of professional teams and sports, the employment opportunities are restricted compared to other venues with greater numbers.

Sport Medicine Clinics and Hospitals
This is probably the most recognizable nontraditional setting for certified athletic trainers. These sites provide the traditional services offered to athletes, but also can function in the clinic or doctors office as an assistant to other allied health care professionals. Opportunities are varied and state regulations assist in determining the extent of job-related functions. It is best to check with the individual states pertaining to the scope of practice. A typical work day would include time spent in the clinic working with patients and then off-site work with one or more high school athletic programs.
Corporate/Industrial

This is a continuing developing outlet for the certified athletic trainer. The business world has come to realize that a fit and healthy worker is a more productive worker. Also, a variety of exercise opportunities are afforded to the worker. Therefore, injuries occur and the certified athletic trainer is employed to help the worker return to the workforce as quickly as possible. The business world might refer to this as work hardening, corporate health care, etc., but the bottom line is another opportunity for the certified athletic trainer in the nontraditional setting.

Community Recreation Centers

A relatively new site for the certified athletic trainer, but one that is gaining in popularity is the community recreation center. This place of employment would offer the services to a wide range of ages, from the young to the geriatric population. Hours are more uniform and activities would be limited to the extent of the offerings by the particular recreation center.

Other Certifications

Multiple certifications may increase the applicant’s chances for a particular job, as long as the employer sees the significance in the credentials and is looking for a person who can do more for the organization. Therefore, an additional credential that a certified athletic trainer should consider would be a certified strength and conditioning specialist. The Colorado-based National Strength and Conditioning Association (NSCA) governs this specialty area. The website for NSCA is www.ncsa.com. NSCA is a nonprofit organization dedicated to unifying its membership and promoting the profession and its principles. Those principles include the relationship to athletic performance, research, and awarding of certifications in the related field of strength training. This certification requires the passage of a written and practical application examination. The exam has multiple-choice questions covering areas such as anatomy, physiology, biomechanics, and nutrition, and a practical application component that tests candidate’s knowledge of organization and administration of a strength program, program design, and exercise techniques. With the addition of this certification, the certified athletic trainer can incorporate the knowledge from both athletic training and strength training to design and implement the best rehabilitation program and injury prevention program for their athletes and/or clients.

To succeed as a certified athletic trainer today, one must stay current on the latest techniques in their field. Additionally, the certified athletic trainer who is more diverse and knowledgeable is more valuable to an organization. With these two concepts in mind, the person with a more diverse and unique background will have an edge in the job market. Additionally, multiple certifications should help professionals thrive professionally and be successful in their field. Each certification, including the certified athletic trainer, has continuing education requirements needed to stay abreast of advances in the field and maintain certification status.

Summary

This chapter presented the fundamental concepts of the profession of athletic training and its relationship to the sports medicine team. The necessity for qualified allied health professionals, appropriate supplies, and proper documentation of health care records provides a sound basis for the prevention, care, and treatment of injuries within the active population.
References


