

A Unique Perspective Regarding the Future of Athletic Training

“The Moyer Lecture” PATS Virtual Annual Meeting

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Disclosures

- Neither me or anyone in my immediate family has financial disclosures.
- Every attempt has been made to be objective and to discuss evidence based information
- Despite these efforts there is no data for some of this discussion and as such there may be speculative or opinion based commentary that I will attempt to highlight as it occurs
- I don't know the future and certainly cant predict it. Lesson learned from COVID-19

Objectives

- Review how the history of Athletic Training has built the foundation for the future
- Discuss how the current pandemic has changed Athletic Training present day
- List challenges that could threaten the profession of Athletic Training
- Recognize opportunities to strengthen Athletic Training as an allied healthcare profession
- Contemplate the Athletic Training clinic post COVID-19

Overview

- Past
- Present
- Future



The Past



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Why Unique Perspective?

- Past Experiences

- ATS – Intern Route
- Grad assistant ATC
- Intern ATC
- Secondary School District ATC
- Medical Student
- Physician Internship
- Physician Residency
- Physician Fellowship



Athletic Training History

- History of Athletic Training
 - 5th Century BC – Ancient Greece – Olympics begin and the “rubber boy” role is created to rub or massage athletes for their well being
 - 19th Century – Formal Sports begin and soldiers need care
 - 1881 – Harvard hires first staff Athletic Trainer
 - 1918 – The Trainers Bible published
 - 1938-1944 – The first NATA established, but failed due to depression and war
 - 1950 – First National meeting and NATA was reborn with 9 districts



Athletic Training History

- 1959 – The first idea of schooling for curricula were discussed
- 1969 – First actual curriculum approved by the NATA
- 1970 – First National Exam administered
- 1972- The First graduate curriculum approved
- 1972- First woman to take the exam
- 1989 – NATABOC becomes independent organization
- 1990- AMA recognizes Athletic Training as Allied Health Care Profession



Athletic Training History

- 1996 – Education Council Formed
- 2004- Must graduate from athletic training curriculum
- 2006- CAATE created
- 2008 – Exam went online
- 2015- Announced that we would start to move towards direct Graduate degree only model
- 2020- First programs become accredited for direct graduate degree programs



Athletic Training History

- The “rubber boy” to Graduate Degree
- How did we get here?
 - *Hard Work!!!*
 - Jenny Moshak, MS, ATC, CSCS “You're going to be the first one to arrive and the last one to leave”
 - *Persistence*
 - *Vision*
 - *Resilience* - Particularly important current day

***Italics = Opinion*



How can we use this rich history to move
Athletic Training forward in the future?



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The Present



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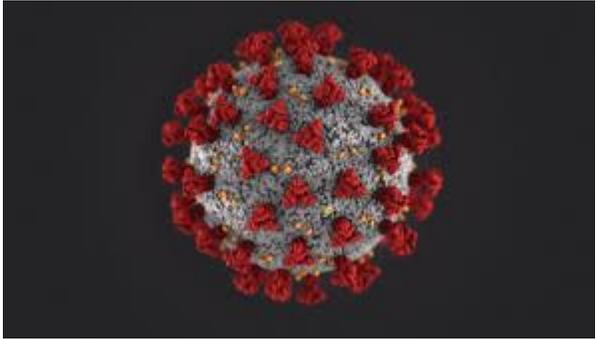


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Why Unique Perspective?

- Present Experiences
 - Staff Physician Department of Family Medicine
 - Staff Physician Department of Orthopedics
 - Team Physician
 - Medical Director Athletic Training Program
 - Associate Professor
 - Fellowship Program Director





The Present: Athletic Training and Covid-19

Union Catholic
Athletic Trainer
Jim Weyand Is on
Frontlines in Battle
vs. COVID-19
By JOHN MOONEY
April 23, 2020 at
9:51 AM

<https://www.tapinto.net/articles/union-catholic-athletic-trainer-jim-weyand-is-on-frontlines-in-battle-vs-covid-19-e72c8357-68d3-4155-a33a-f90e30da9146>



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COVID Times: Health Care Uncertainty

- **Health care heroes:**
Vanderbilt athletic trainer Tom Bossung, team help at COVID-19 testing centers



- [Paul Skrbina](#),
Nashville
Tennessean Published
10:00 a.m. CT April 21,
2020

Athletic trainers being redeployed to frontlines of coronavirus pandemic

by Chris Renkel & Stephanie Kuzydym, WKRC
Tuesday, April 14th 2020

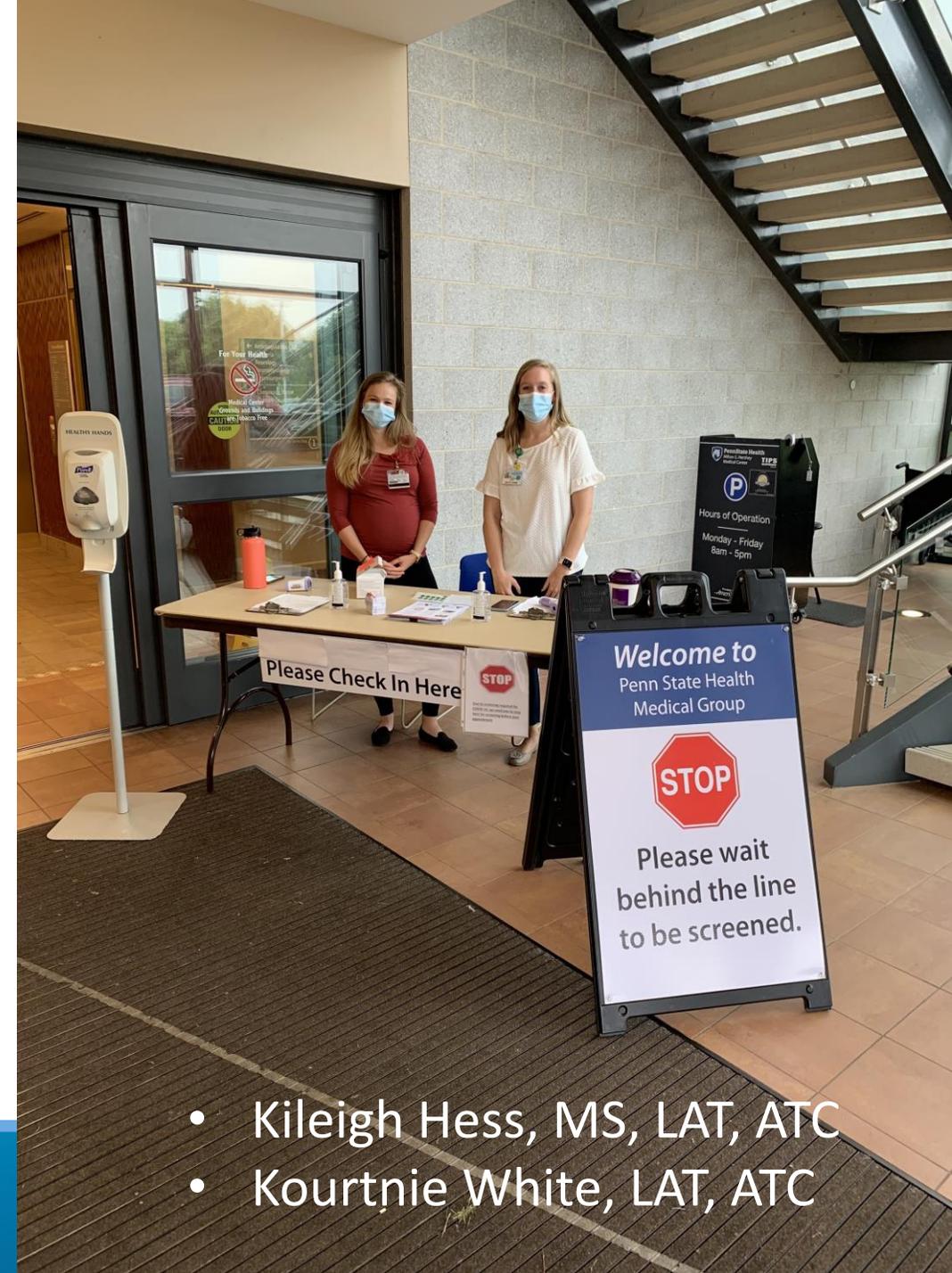


The Present

“I love having the opportunity to help out. I’m very thankful that I am able to help flatten the curve and keep everything running smoothly. Every little bit of help matters.” - Joann Zazula, Athletic Trainer, Penn State Health St. Joseph's.

https://www.prweb.com/releases/pennsylvania_athletic_trainers_move_from_the_sideline_to_the_frontline_to_assist_with_pandemic_response/prweb17127860.htm

ATC's = Allied Health Care Providers!



- Kaleigh Hess, MS, LAT, ATC
- Kourtne White, LAT, ATC

Recent Advances in Athletic Training

- Sports Medicine Licensure Clarity Act
- After several years of collaborative work with members of Congress, the Sports Medicine Licensure Clarity Act (H.R 302/S. 808) was signed into law by President Trump Oct. 5, a monumental event for NATA and the athletic training profession.



Present Day Challenges



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The Present: Job Losses

Kansas athletic trainers lose jobs amid COVID-19 fallout

CORONAVIRUS IN KANSAS

by: Kendra Douglas

Posted: Mar 27, 2020 / 10:45 PM CDT / Updated: Mar 30, 2020 / 10:11 AM CDT

WICHITA, Kan. (KSNW) – They are the men and women on the sidelines waiting to help when athletes get hurt or need physical support. But, for two Kansas trainers, the economic impact of COVID-19 has left them without jobs.

Danny Smiley has been an athletic trainer for Augusta High school for 17 years.



“No two-weeks severance, no insurance benefits after the end of the month,” Smiley said. “So there wasn’t much safety net there at all.”

Are ATC’s not essential?



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Coronavirus-triggered layoffs in US hit nearly 39 million

<https://apnews.com/900aa1955a82b7bbe2e028a8bc1a4be7>



Are ATC's compensated for
their level of expertise?

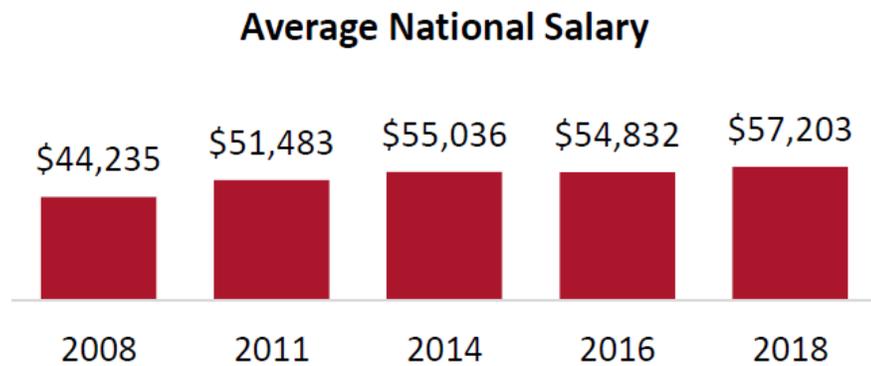


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The Present: Salaries in Athletic Training



| Average Salary by Top Ten Job Settings | |
|--|----------|
| | 2018 |
| Clinic - Physician owned clinic | \$53,712 |
| Clinic - Secondary School Outreach | \$45,786 |
| College/University - Faculty/Academic/Research | \$73,540 |
| College/University - NAIA - Professional Staff/Athletics/Clinic | \$45,993 |
| College/University - NCAA Division I - Professional Staff/Athletics/Clinic | \$57,656 |
| College/University - NCAA Division II - Professional Staff/Athletics/Clinic | \$49,833 |
| College/University - NCAA Division III - Professional Staff/Athletics/Clinic | \$49,478 |
| Hospital - Outreach | \$52,496 |
| Secondary School - High School - Athletic only | \$52,868 |
| Secondary School - High School - Both Academic and Athletic | \$58,603 |

NATA 2018 Salary Executive Summary. Accessed at <https://members.nata.org/members1/salarysurvey2018/results.cfm> . Accessed 5-5-2020.

The Good and the Bad News

| Average Salary by Years of Experience | | | | | |
|---------------------------------------|----------|----------|----------|----------|----------|
| | 2008 | 2011 | 2014 | 2016 | 2018 |
| Less than 1 | \$29,749 | \$34,623 | \$38,214 | \$38,825 | \$38,651 |
| 1 - 5 | \$34,436 | \$37,106 | \$41,568 | \$42,320 | \$44,400 |
| 6 - 10 | \$41,677 | \$44,505 | \$49,204 | \$48,786 | \$52,099 |
| 11 - 15 | \$49,238 | \$54,012 | \$60,329 | \$56,020 | \$59,635 |
| 16 - 20 | \$53,498 | \$62,143 | \$66,860 | \$65,752 | \$65,338 |
| 21 - 25 | \$59,688 | \$66,030 | \$66,626 | \$71,005 | \$71,833 |
| 25+ | \$63,409 | \$75,202 | \$82,180 | \$79,191 | \$79,558 |

** Welfare in PA for family of 4 is < \$25,000

NATA 2018 Salary Executive Summary. Accessed at <https://members.nata.org/members1/salariesurvey2018/results.cfm> . Accessed 5-5-2020.

Salaries in other Allied Healthcare Professions

- Physician Assistant - \$100,000
- Physical Therapy - \$85,400
- Physical Therapy Assistant - \$45,290
- Nutritionist - \$58,920
- Occupational Therapist - \$81,910
- Nursing Assistant - \$26,950
- Registered Nurse - \$70,000
- Ultrasound Tech - \$64,280
- Medical Assistant - \$31,540
- Speech Pathologist - \$74,680

US Bureau of Labor Statistics 2018-19



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Educational Change



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The Present: Educational Shifts

Strategic Alliance Degree Statement

After 2.5 Years of Diligent Analysis, Leaders of the Key Athletic Training Organizations Have Decided to Change the AT Degree Level to a Master's
May 20, 2015

<https://www.atstrategicalliance.org/statements/strategic-alliance-degree-statement>



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Benefits

- “Professional education must provide the foundation that allows clinicians to adapt to the changing face of healthcare. They must also be positioned as a healthcare provider who significantly improves the health and well-being of their patients and have meaningful, purposeful career paths.” <https://caate.net/wp-content/uploads/2015/06/CAATE-Summer-2015-Insight-Newsletter.pdf>
- Increasing recognition as Allied Healthcare Professional
- Increased Salaries
- Increased Skill Sets/Curricular Advancements

Challenges With Mandatory Extension in Education?

- *Some programs cant afford to make the switch = program closures*
- *Will it lead to increased salaries? Recognition versus educational dilution?*
- *Increased education debt*
- *Loss of graduate assistantships*
 - *My Masters in Athletic Training was at no cost to me because of my assistantship. Education and stipend = \$50,000/yr*
** Italics = My observation

Education as a vehicle for recognition as Allied Healthcare Professional

- More than 70 percent of athletic trainers hold at least a master's degree.
 - Not all are masters in athletic training

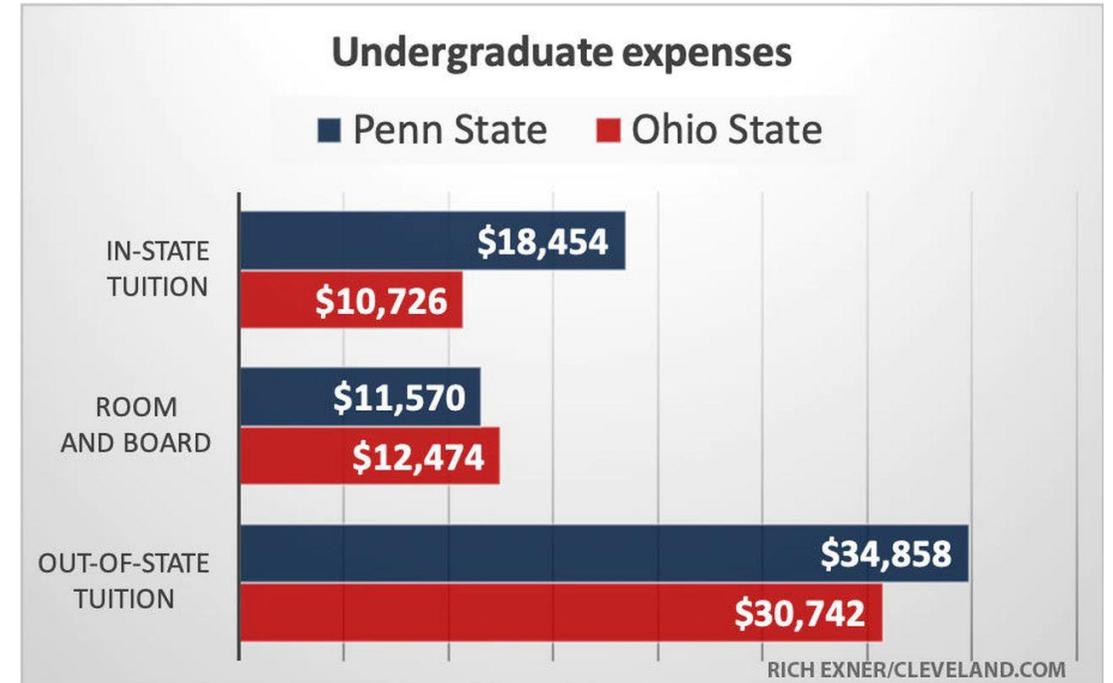
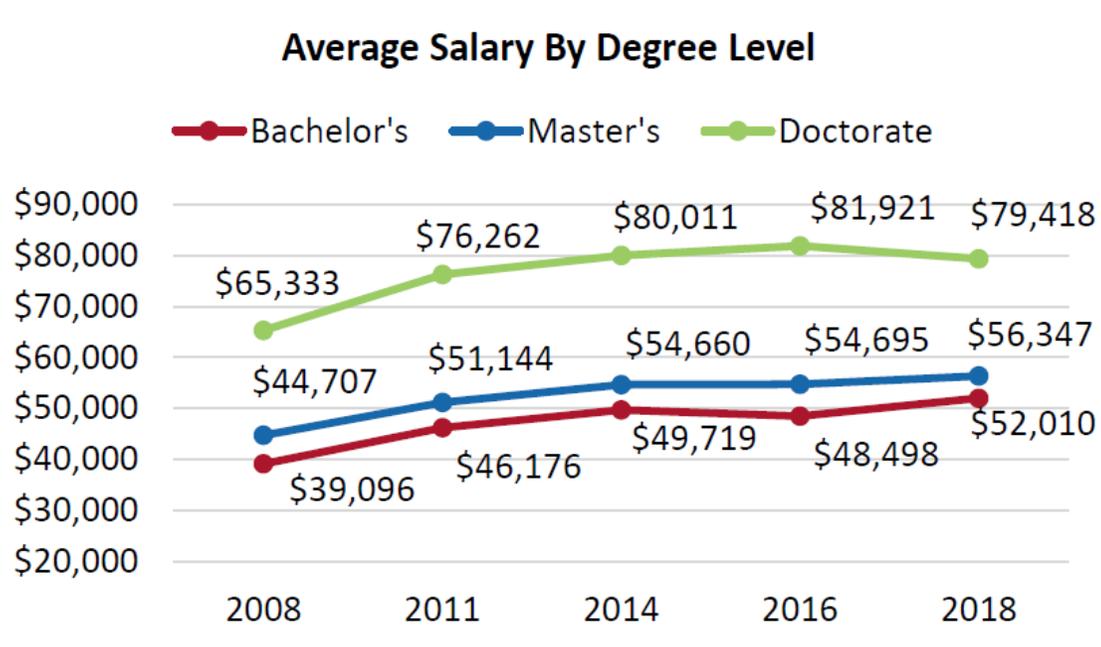
<https://www.nata.org/about/athletic-training/education-overview>

- **DOESN'T THIS DEGREE CHANGE INCREASE STUDENT DEBT?**

The extra one to two years of school does mean debt will increase; however, when you compare ATs who have master's degrees with those who don't, ATs with master's have more longevity in the profession and higher rates of full time employment, which often corresponds to increased salaries. Even though the debt is higher, having a master's could help contribute to increased salary, thus reducing student debt at a quicker rate.

- <https://www.nata.org/career-education/education/resources-tools/degree-change-faqs>

Will education change pay?



NATA 2018 Salary Executive Summary. Accessed at <https://members.nata.org/members1/salariesurvey2018/results.cfm> . Accessed 5-5-2020.

Will Education Changes Pay?

- Increase of \$4000/yr salary with Masters degree
- Increased education cost at Penn State
 - 1 year extra - \$18,454 – in state \$34,858 – out of state
 - 5 years extra payments if dedicated the \$4000 to debt in state
 - 9 years extra payments if dedicated the \$4000 to debt out of state
 - 2 year extra - \$36,908 – in state \$69,176 –out
 - 9 years extra payments if dedicated the extra \$4000 to debt in state
 - 17 years extra payments if dedicated the extra \$4000 to debt

***I am concerned about educational debt. The math current day may not make sense, but we need to use this present gain in knowledge to move Athletic Training forward!*

*Remember 70% of ATC's already have a masters

**Total educational debt = \$92,270 - \$209,148

***Starting salary = \$38,651

****This is without interest



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The Present Challenges

- Why have athletic trainers been laid off and how do we create stability? How do we create a model where Athletic Training is “Essential”
- How do we capitalize on athletic trainers unique skill sets to improve salaries comparable to other comparable allied health professions?
- How do we take advantage of an increased recognition of knowledge through educational requirements to leverage opportunities in traditional health care settings?

The Future

The Future

- The Past
 - Use Hard Work, Persistence, Vision, and Resilience in the future of Athletic Training
- The Present
 - Creating greater job security
 - Increase salaries
 - Capitalize on expanded education



Opportunity!

Henry Ford athletic trainers redeploy to support COVID-19 efforts

By Gina Joseph gjoseph@medianewsgroup.com;
[@ginaljoseph](https://twitter.com/ginaljoseph) on Twitter

Mar 28, 2020



"I admire the dedication and willingness of our athletic trainers to quickly shift their focus from their normal daily operations to the unique patient and staffing needs that have arisen during the COVID-19 pandemic," said Robert Albers, D.O., a sports medicine primary care physician referring to the response to the hospitals all-hands-on-deck situation.

Athletic trainers are highly qualified, multi-skilled health care professionals who collaborate with physicians to provide preventative services, emergency care, clinical diagnosis, therapeutic intervention and rehabilitation of injuries and medical conditions. They work under the direction of a physician as prescribed by state licensure statutes and traditionally work in outreach settings across secondary schools, college/university and professional teams.

***No Mention of Athletes?



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COVID-19 (Coronavirus)

Health Issues

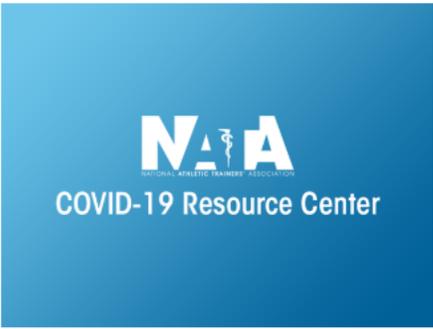
- COVID-19 (Coronavirus) -
- Call for ATs
- Concussion
- Heat Illness
- Sickle Cell
- Spine Injury
- Sudden Cardiac Arrest
- More Health Issues

Research

- Education Advancement
- NATA Foundation
- Statements

Risk and Liability

- Documentation
- Liability



COVID-19

NATA will continue to add helpful resources and post important information here for members to access during this unprecedented time.

Call for ATs to Help

NATA and Go4Ellis have joined forces to connect thousands of ATs with understaffed hospitals and health care organizations across the United States. [Learn more about how you can help during the COVID-19 pandemic.](#)

COVID-19 Update for AT Educational Programs

CAATE recently issued an update, allowing that, "Programs can immediately begin to temporarily use distance learning/online learning as required by their own institution's Coronavirus guidelines/response plan." Knowing that some of your institutions have made the choice to go to distance learning for now and that this is a strain on resources, we would like to remind you that as members of NATA, you have access to 10 free contact hours' worth of on-demand content in the Professional Development Center. There are currently over 6,200 student members of NATA, and they also have access to those 10 contact hours' worth of content for free.

As a member, your credits and your student members' credits, for this year were placed on file as of early February. As an educator, you could review the content, determine if it meets your learning needs, and direct your students as to which courses to view by using their 10 free credits. Or, faculty can use their credits to purchase and show the course(s) to your students. Usage of these courses may serve, at your discretion, as a supplement to your distance education needs. For example, among the over 160 courses available where you can use credits,

Opportunity in Licensure Change!

Expansion of Scope of Practice to Provide Assistance in Responding to COVID-19

Athletic Trainers

On May 6, 2020, Governor Tom Wolf signed an [Order of the Governor of the Commonwealth of Pennsylvania to Enhance Protections for Health Care Professionals](#) (the “Executive Order”). Its purpose is to afford health care practitioners protection against liability for good faith actions taken in response to the call to supplement the health care provider workforce battling COVID-19.

Athletic Trainers may perform the following tasks for the duration of the emergency declaration: managing and providing care, including emergency care, to all persons – not just those who are physically active or those with injuries –under the direction of a licensed physician; assisting



Opportunity in Nursing Shortages!



CONTACT:

Robert Rosseter
AACN Chief Communications Officer
(202) 463-6930, ext.231
rosseter@aacnnursing.org

Fact Sheet:

Nursing Shortage

The U.S. is projected to experience a shortage of Registered Nurses (RNs) that is expected to intensify as Baby Boomers age and the need for health care grows. Compounding the problem is the fact that nursing schools across the country are struggling to expand capacity to meet the rising demand for care given the national move toward healthcare reform. The **American Association of Colleges of Nursing (AACN)** is working with schools, policy makers, nursing organizations, and the media to bring attention to this healthcare concern. AACN is leveraging its resources to shape legislation, identify strategies, and form collaborations to address the shortage. To keep stakeholders abreast of the issues, this fact sheet has been developed along with a [companion web resource](#).

- Can we move to a model where ATC's replace the clinical outpatient nursing staff?
- Nurses have little training in musculoskeletal medicine.
- They are needed in other areas of medicine more critically
- ATC's are well suited to improve patient care in the MSK setting (PCSM, Orthopedics, PM&R, Pain Mgmt, Emergency Medicine, and beyond)

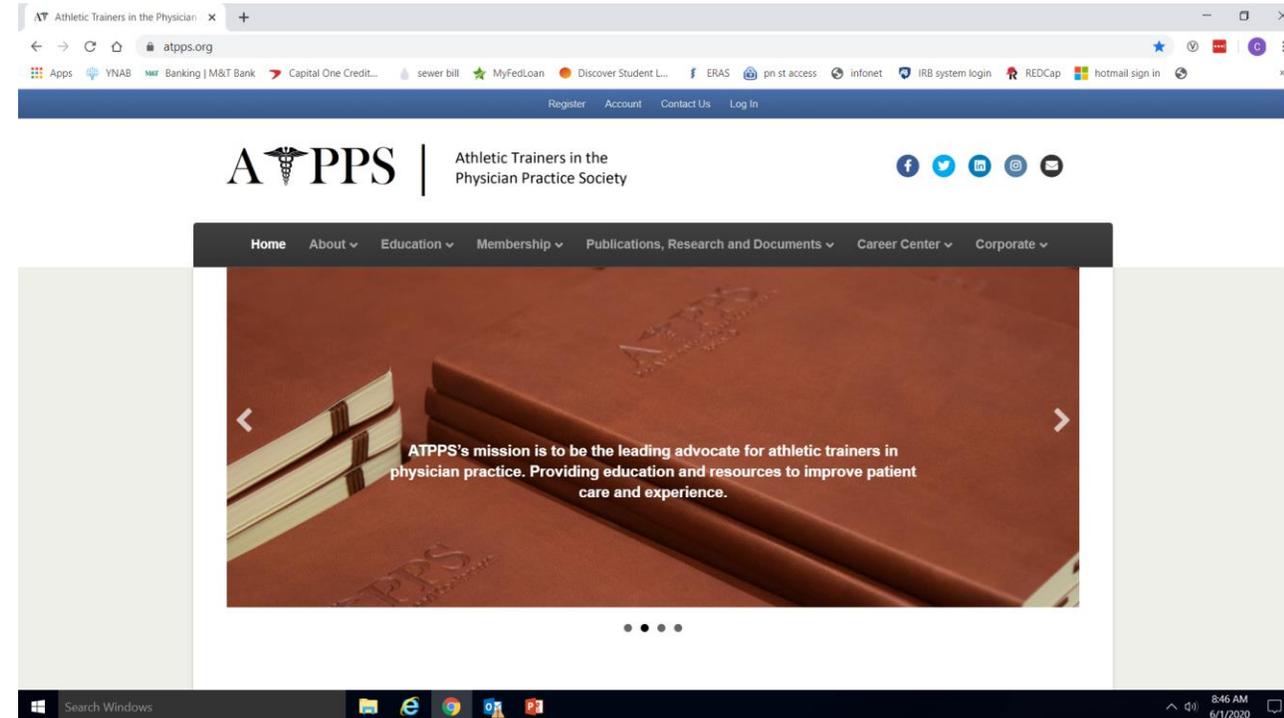


Athletic Trainers in the Physician Practice Society

Mission

- The leading advocate for athletic trainers in physician practice. Providing education and resources to improve patient care and experience.
- Recognized as a transformational leader in patient-centered health care.

<https://atpps.org/>



Barriers to Physician Extender Role

- **Licensure**
 - PA state licensure states that Athletic trainers take care of “physically active individuals”
 - Could be loosely interpreted. Not all patients seen in orthopedics are active.....
 - *Physically active person*—An individual who participates in organized, individual or team sports, athletic games or recreational sports activities.
- **Education**
 - *Students do not have a robust physician clinical experience*
 - *It is felt that fellowships or residencies are needed*
- **Salaries**
 - *Need to help healthcare systems understand how ATC’s are unique and where they should fit on the pay scale*



Solution

- Licensure

- Make a Licensure change
- Penn State Health has supported PATS in this initiative
- Don't let current change go back!!

- *Education*

- *Modify the curriculum to meet changing healthcare needs for allied healthcare professionals through the primary education*
- *Should not extend education further*
- **Quality** rather than *Quantity*



Opportunity!

- Athletic Trainers are Allied Health Professionals!
 - *Should take advantage of that and feel comfortable in a traditional health care setting*

Physician Practice | NATA

nata.org/professional-interests/emerging-settings/physician-practice

NATA NATIONAL ATHLETIC TRAINERS ASSOCIATION HEALTH CARE FOR LIFE & SPORT

Professional Interests

Physician Practice

Job Settings

- College/University
- Higher Education +
- Professional Sports +
- Secondary School +

Emerging Settings

- Health Care Admin/Rehab
- Military
- Occupational Health
- Performing Arts
- Physician Practice**
- Public Safety

More

- Students +
- Young Professionals +
- Diversity +



Athletic trainers in physician practice: Adding value

ATs in physician practice improve productivity, patient outcomes and satisfaction. They help move patients more effectively and efficiently through the appointment, evaluation and treatment process. ATs provide value to the practice through skills in triage, taking patient histories, performing evaluations, providing instruction on exercise prescriptions, rehabilitation and general patient education.

Connect

- Connect with other athletic trainers in emerging settings, including fellow ATs in physician practice.
- Join the conversation on LinkedIn.
- NATA offers preconference workshops, both beginner and advanced, for the AT in physician practice. Details about the 2016 preconference workshops will be posted when available.
- For more information on the physician extender setting, contact the Committee on Practice Advancement.

Resources

- [Physician Practice Value Model \(pdf\)](#)
- [Physician Practice Salary Survey \(pdf\)](#)

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Other Opportunities



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About Membership Career & Education Professional Interests **Practice & Patient Care** Advocacy News & Publications

Revenue & Reimbursement

Health Issues

- COVID-19 (Coronavirus) +
- Concussion
- Heat Illness
- Sickle Cell
- Spine Injury
- Sudden Cardiac Arrest
- More Health Issues

Research

- Education Advancement
- NATA Foundation
- Statements

Risk and Liability

- Documentation
- Liability

Revenue & Reimbursement



Advancing the practice of athletic training through revenue and reimbursement.

Find resources to help demonstrate your value and worth through revenue models, improve your understanding of the business of athletic training, or get assistance in seeking reimbursement for athletic training services.

Billing & Reimbursement

Reimbursement from third party payors is a complex issue. Obtaining reimbursement takes a concerted effort from individual athletic trainers (ATs), employers, referral sources, medical coders, athletic trainer state associations and NATA. [Learn more](#) about successful at billing and reimbursement of athletic training services.

NATA has published [Billing and Reimbursement Guidance](#) document to serve as guidance for athletic trainers, employers, and insurers specific to recommended billing and reimbursement practices for athletic trainers who deliver physical medicine and rehabilitation (PM&R) services and desire to seek reimbursement from an insurer for selected services.

[Learn more](#) about NATA's Third Party Reimbursement Initiative Matching Grant Program.

Revenue Models

Athletic training revenue models contain information that will help ATs maintain and improve their positions by quantifying their worth to the

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Third party Reimbursement

- Healthcare is a Business!
- Terminology
 - Worth – Monetary cost of a service
 - Value – The extent to which a service’s worth is perceived
 - Revenue – Compensation associated (directly or indirectly) with providing a service
 - **Reimbursement – Payment for providing a service**
- *Ultimately could be a “game changer”*
 - *Proclaiming worth and value will only go so far. We already do a good job with validation of indirect revenue.*

Continued Efforts

- *Every school system should hire their own Athletic Trainer!*
 - *Don't forget to advocate for this in your communities!*
 - *Don't forget that schools need the appropriate number of athletic trainers*



The Future Post COVID-19

If I knew this would be a whole lot easier



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The Athletic Training Clinic Post COVID

- Trainers/Training Room

Then

- Athletic Training Room

And now

- Athletic Training Clinic



Opportunity to create Athletic Training Clinic



Post COVID-19 Athletic Training Clinic

- Create space!
 - Appointment only
 - No Visitors/hanging out
 - Limit treatments to evidenced based treatments and therapies
 - Limit taping by bracing instead
 - No rehabilitation during practice/game preparation
 - Telehealth!



Post COVID-19 Athletic Training Clinic

- Infectious Disease containment
 - Must take serious!
 - Athlete screening – institutional versus athletics
 - Sick athletes go home and stay away from teammates
 - Athletes wash hands on entry to the AT Clinic
 - ATC's wash pre and post when treating athletes
 - Tables wiped down between every athlete
 - Facility cleaning
 - Athlete education about routine stuff
 - Likely masks depending on where we are at in a couple months
 - Make sure that you address staffing!

***There is a new protocol coming out everyday, but information is changing so quickly you need to plan on being very flexible and living with uncertainty*



Protect yourself, your staff, and your athletes!

*Most everyone is willing to go
with a new infectious disease plan
at this point so take advantage
and be a leader in healthcare!*



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Using the Past and Present of Athletic Training for the Future

Past

- Use Hard Work, Persistence, Vision, and Resilience in the future of Athletic Training

Present

- Need to create greater job security
- Increase salaries
- Capitalize on expanded education

Future

- Embrace the role as an Allied Healthcare provider outside of traditional settings
- Take advantage of a recent licensure change
- 3rd party reimbursement
- Make the ATR a true healthcare clinic



Thank You for the Opportunity!



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