Development of the Athletic Training Profession: Where Are We Now?

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The development of a profession is an ongoing and sometimes troublesome process. During the life cycle of a profession, developmental steps must be taken or addressed in a sure and timely manner. This may be particularly true in the development of a professional organization based in a medical or allied medical profession.

This article will focus on athletic training as a profession and how the process of development has perhaps resulted in a more tenuous situation today than could have been anticipated. These issues are recognized as being very complex and must be considered in context.

Early Development

A professional organization exists to support its members and to define and develop their area of expertise. The National Athletic Trainers’ Association (NATA) accomplished this in 1950 when it was formed expressly to establish professional standards for athletic trainers (O’Shea, 1980). The seeds of development were sown at that time and, in due course, standards for education and for certification were realized.

Athletic trainers can be proud of their professional organization and of the individuals who assumed leadership. Indeed, the development of the organization since 1950 has been steady and true, a good example of what can be accomplished through hard work and dedication.

Why, then, does the organization and its members find today’s professional environment particularly stressful? Who were we then? Who are we now? Why do we exist as a profession? What has or has not been accomplished that has led to a seemingly constant struggle to justify our professional existence?

Points to Consider

Three areas that may provide insight into the present situation for athletic trainers are professional identity, market forces, and current job availability. Most professions at least at some level can define themselves by how they view their function in society. Additionally, a profession must consider how it is viewed by other professions with which it interacts. Given this premise, where does athletic training stand and what are the perceptions that exist today?

A profession must look at the external environment to assess what forces exist that may affect the conduct of professional activity. What is the line of responsibility? Who pays for what services? Finally, what is the condition of the profession today in terms of the job market as a demonstration of need for the service?

Professional Identity

An admittedly suspect collective memory recalls that athletic training activities through approximately 1985 occurred in what was called the “traditional setting.” Almost all athletic training was intimately tied to departments of athletics or some other primarily athletic entity. Athletic trainers were hired and worked for an athletic operation. Their coworkers were coaches, athletic administrators, sports officials, and managers.

Anecdotal description often shows that athletic trainers felt they were an important factor in the athletic program’s success. Some might say, and rightly so, that athletic training was at one time defined more by the setting than by the competencies required. The NATA even has a very popular Hall of Fame. This clearly demonstrates its athletic roots.

But how do other health related professions view us? Many
athletic trainers feel that athletic training is still a virtual unknown in the allied health care professions. One informal academic exercise surveyed health care workers (physicians, nurses, etc.) at a local hospital as recently as 1995, and fewer than 50% of the respondents had a clear understanding of the educational requirements, credentials, or responsibilities of a certified athletic trainer. While this is not a powerful bit of research information, it does demonstrate how athletic training may actually be perceived by other medical and allied medical professions. The question is, why?

Based on where we came from (athletics), this lack of understanding by hospital-based health care professionals is not surprising, but it must be overcome.

Of course athletic trainers have always worked with and are appreciated by team physicians. Some feel that given this long relationship with a medical authority, all other medical professionals would likewise appreciate the skills and competencies of the athletic trainer. But in fact team physicians make up only a small percentage of practicing physicians. It may be too much of an expectation that team physicians collectively have the opportunity or inclination to champion the cause of athletic trainers.

To the other medical and allied medical professionals, the term athletic trainer might not suggest the notion of health care competence. To the unindoctrinated, the term more likely implies fitness, aerobics, or conditioning specialist. One of us (W.E.B.) once went to meet a continuing education class in athletic training that was advertised in the local paper. Four of the 20 registered participants were allied medical professionals who came to class “dressed for activity.”

There are some who feel that the profession will not progress and be appreciated as an allied health care field until its title is changed. Consideration of a title change along the lines of “sportsmedicine practitioner” or “sports therapist” should be included in any serious attempt to legitimize athletic training as an allied medical field.

**Market Forces**

Since the inception of the NATA there has been a huge increase in the level and number of competencies required to perform the duties of an athletic trainer. A variety of evolving issues—advanced rehabilitation techniques, management of blood-borne pathogens, et cetera—continue to redefine athletic training duties. Also, the time commitment required to be a knowledgeable professional has increased.

Despite these developments, salaries, time commitment, benefits, hiring and firing practices, and professional autonomy remain essentially unchanged. These issues place increasing pressures on the individual athletic trainer and sometimes prompt him or her to leave the profession.

How should these pressures be handled? The NATA has done a reasonable job of keeping up with the expanding content base of the profession, but it has not been able to significantly represent the interests of the membership at their site of employment. Remember, athletic training may have become more medical over the years, but the athletic departments—the job providers—have a full serving of their own issues to deal with and may not have recognized the transition.

It seems unrealistic to believe these entities will address the needs of athletic trainers as a matter of course. So who is responsible? Perhaps this responsibility falls upon the professional organization in the form of clearly expressed membership advocacy.

An attendant circumstance exists in the high school setting. Initially the NATA hoped to have a certified athletic trainer with every high school program in the country. Thousands of dollars were spent to convince parents, school administrators, PTAs, and booster clubs that having athletic trainers was a good idea. There are, however, a plethora of good ideas waiting to be realized in our country’s public schools. A large part of any decision to implement a good idea is how to justify it economically.

Athletic training yearns to be viewed as having a medically oriented value. If that is the case, athletic training must convince the payers of health care that it is a good idea to have an athletic trainer in this setting. In business parlance, the student athlete is the end user or consumer of the service, but the insurance company is the entity that decides whether to purchase the service. The NATA has spent huge sums of money enhancing public relations. It should spend some time and money enhancing relations with decision-makers.

**Job Availability**

In order to appreciate the current job market, we must look back a