Athletic Therapy at a Small College

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Never did I think that when I took my first job out of graduate school I would be at the same small college 21 years later. When I tell people how long I have been at Seattle Pacific University, I usually add, “I guess I must like it pretty well.” I can honestly state that except for a few sporting events that seem to last too long, I am never bored. Variety is truly the spice of life at the small university.

My start in athletic therapy began my junior year in high school when the football coach asked if I wanted to be the athletic trainer for the team. “What is an athletic trainer?” I asked. Since I was not participating in after-school activities and had learned first aid in Boy Scouts, I decided it might be interesting. I attended a taping workshop taught by the head athletic trainer at the University of Washington, and with some help from the coach I began taping and administering basic first aid.

While recruiting football players at my high school, a college football coach discovered that we had a student athletic trainer—quite a rarity in the Northwest in 1970. He recruited me to attend a small college in Western Washington. For 2 years I worked mostly unsupervised as the only student providing athletic therapy service to the athletes.

I realized this arrangement was a dead end if I wanted to pursue a career in athletic therapy, so I transferred to the athletic training program at Washington State University. My 2 years at Washington State provided an excellent look at major college sports. These two opportunities allowed me to experience both a relatively small university and a much larger one.

While attending graduate school at the University of Arizona, I provided athletic therapy services for Tucson High School. This gave me experience working in yet another setting.

After graduate school I interviewed at a sports medicine clinic, a major Division I university and medium-size Division II university, and two relatively small colleges on the East and West coasts. I would have been delighted with any of these jobs but ended up at the one closest to home.

At that time, location was more important to me than the type of employer. After all, I figured, I would probably only be at my first position for 3 or 4 years before moving on to something better. However, nothing that met my criteria of “better” ever came along. Over the years I have come to appreciate the advantages of being in one location for a long time.

At Seattle Pacific University I provide sports medicine care for about 200 athletes in 12 sports. Like many small college athletic therapists, I wear more than one hat. I also have a part-time non-tenure faculty appointment in the Dept. of Physical Education.

During my 21 years at SPU, I have taught subjects such as conditioning, badminton, tennis, racquetball, weight training, bicycling, sport injury management, and advanced techniques in athletic training. My current contract is 79% athletic training and 21% teaching. Like most athletic therapists who have faculty responsibilities, I sit on curriculum and department committees and advise physical education and exercise science students.

Although teaching is often time intensive and demanding, it is rewarding and interesting to work with students outside the sports medicine setting.

Teaching also provides valuable contacts with other faculty members. Because of my participation on committees and presence at workshops and social gatherings, a connection between faculty and athletic staff is created that might not otherwise exist. I am one of the few people in the athletic department with a part-time faculty appointment, so many faculty members keep up with teams or athletes through me.

Furthermore, like most athletic therapists, I also evaluate and treat faculty and staff injuries when requested. Although not part of
my job description, this helps promote a positive attitude toward college athletics.

Since sports do not produce significant revenue at a small university, the centrality of athletics to the mission of the university is sometimes questioned, especially by faculty. Offering this free service enables faculty to become familiar with some aspect of the athletic program and develops valuable rapport with this group.

A typical day for the small college athletic therapist is varied. We often teach a morning class, maybe two, or perform other tasks that do not deal directly with injured athletes. Athletic therapists may need non-class time to prepare lectures or handouts, write tests, score papers, or accomplish other teaching related tasks.

I also read mail, correspond, and meet with advisees in the morning. The athletic and physical education departments and other committees usually meet in the late morning. The morning is often the best time to also attend to administrative tasks related to the sports medicine services for intercollegiate athletes. Supply orders, staff schedules, medical chart updates, and calls to physicians are best done before athletes arrive in the training room.

I use the noon hour for lunch, a workout, or to finish morning tasks. Many small colleges open the training room in the early afternoon and close when teams finish practice in the early evening.

Closing times vary depending on when teams finish practice. Barring an evening competition, many will close between 6 and 7 p.m. If a small college employs one or more full-time certified professional staff, the training room is usually open in the morning as well as in the afternoon.

**Staffing**

A major issue concerning medical care at small colleges and universities is lack of adequate staffing. Regardless of the number of teams, athletes, coaches, or administrative staff, it seems that the formula for the athletic training room is "one" certified athletic trainer. And that one athletic trainer may have additional responsibilities such as teaching, managing equipment or facilities, coaching, or directing intramurals.

At most small colleges, the athletic administration expects athletic therapists to find ways to staff the training room. The most common approach is to mentor a small cadre of undergraduate interns who have an interest in a career in athletic therapy.

The internship route to NATA certification, requiring 1500 hours of direct supervision, has at least allowed, if not promoted and encouraged, staffing with undergraduate interns. Every year I supervise a staff of 4 to 7 students. However, this paradigm is changing dramatically for me and will for many small colleges.

Like most supervisors, I teach my students to handle many routine tasks such as taping, stocking supplies, application of heat and cold, ultrasound treatments, therapeutic exercise instruction, and electrical muscle stimulation setup.

I also assign my experienced student interns to a team. They provide medical coverage at off-hour practices and travel with their assigned team. These duties include prepractice or pregame taping and treatments, first-aid, and post-event follow-up.

My sense is that supervisors at small colleges often give student interns responsibilities and have expectations that exceed those for student interns at larger universities. When there is only one certi-