



IOWA ATHLETIC TRAINERS' SOCIETY

Athletic Trainer Employment and Regulation

- Athletic trainers work in a variety of settings to help prevent, evaluate, treat, and rehabilitate patients with injuries suffered during activity.
- Athletic trainers must work under the direction of a physician.
- Athletic training licensure board consists of 3 athletic trainers, 3 physicians, and a public member
- While most athletic trainers work in traditional settings (e.g., high schools, colleges), there are emerging practice settings that are widening our practice sites. Industrial (e.g., John Deere), tactical (e.g., police officers), fine arts, hospitals/clinics, and many more sites are now employing athletic trainers.
- Athletic training licensure board meets 5 times a year and current licensing fees collect funds greater than normal operating costs of the board.

Athletic Trainer Education

- 14 Professional or Entry-Level Programs in Iowa at Colleges/Universities and 1 Residency Program
- Significant changes to the curricular content required starting in 2020
- New skills included in the programs can include: administering naloxone, suturing, placing IVs, joint relocation, joint manipulations, and manual therapies. Athletic Training programs have medical directors to ensure safety in instruction and our practice act allows athletic trainers to perform these skills.
- After 2021, ALL athletic training education programs will operate at the Master's Level
- Curricular changes in the professional programs will expand the ability of athletic trainers to provide quality care to patients in variety of settings.
- New curricular requirements also include: Increased emphasis on quality care for athletes diagnosed with a concussion, more exposures to diverse clinical settings and patients, and recognizing patients with mental and behavioral health issues.

Athletic Trainers Add Value to and Improve Patient Care

- A study from the American Academy of Pediatrics showed that the presence of athletic trainers can have a significant positive impact on student athlete health, resulting in lower injury rates, improved diagnosis and return-to play decisions for concussion and other injuries
- Athletic Trainers have been key frontline workers during the COVID-19 pandemic. Some ATs have been reassigned to work in testing sites, triage tents, respiratory centers, contact tracing, and other departments to assist in patient care.
- Having an athletic trainer on staff can result in fewer recurrent injuries.
- \$14.7 million is the estimated annual cost savings in one state if every high school employed a full time athletic trainer
- \$2.7 million is the estimated value of treatments provided by one school's athletic trainer in one school year.
- Athletic Trainers have played key roles in ensuring athletes who are competing are safe and the spread of COVID-19 through athletics is limited.

Athletic Trainers in Secondary Schools Facts and Figures

- 66% of high schools across the country have some sort of AT services
- 35% of high schools across the country have a full time athletic trainer
- 62% of organized sports-related injuries occur in practice
- In **Iowa** the statistics are similar, 79% have some sort of athletic trainer services, 25% have full time athletic trainer services and 54% have part time services
- Schools without AT services rely on first aid and CPR skills of coaches and administrators, and sometimes school nurses during the day
- According to the National Federation of State High School Associations Recommendations and Guidelines for Minimizing Head Impact and Exposure and Concussion Risk in Football, "An athletic trainer is a key component in any strategy to minimize injury risk and optimize safety for all participants."
- 34% of high schools across the country have **NO** access to an athletic trainer
- 31% of high schools across the country have a part time athletic trainer
- Organizations that support hiring at least 1 athletic trainer per school: NATA, Korey Stringer Institute, American College of Sports Medicine, American Academy of Pediatrics, American Medical Association, American Medical Society for Sports Medicine, and American Academy of Family Physicians
- Professional sports, NCAA sanctioned activities, and even leagues like the USHL mandate athletic trainers. High schools do not and are our most susceptible, underdeveloped, and undertrained demographic.