

**Athletic Trainer Settings & Licensure**

|  |  |
| --- | --- |
| * Over 1,100 licensed athletic trainers work in the state of Iowa under the direction of a physician or physician assistant in a variety of settings to help prevent, evaluate, and rehabilitate patients. * Iowa’s licensure serves as a check for parents and patients to know that a qualified individual is providing care. Without the license, employers, who likely don’t have a background in athletic training will have to make decisions on if an individual is qualified. * Having licensure keeps us on par with the 49 out of 50 states where licensure is required for athletic trainers. Removal of licensure within the state would be a deterrent for young professionals to stay in the state. | * The Athletic Training Licensure Board consists of 3 athletic trainers, 3 physicians, and a public member. * Athletic training licensure board meets 5 times a year and current licensing fees collect funds greater than normal operating costs of the board. * 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 Trainer Education**

|  |  |
| --- | --- |
| * There are currently **6** Professional or Entry-Level Programs in Iowa at Colleges/Universities and **1** Residency Program. * ALL athletic trainers must now graduate from an accredited master’s level program. A move to the graduate level puts athletic training on par with other healthcare professions. * Curricular changes in the professional programs will expand the ability of athletic trainers to provide quality care to patients in variety of settings. | * 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 (must be MDs or Dos) to ensure safety in instruction and patient care. Our Practice Act allows athletic trainers to perform these skills. * 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**

|  |  |
| --- | --- |
| * Athletic Trainers are well trained to help save lives through emergency care. Stories of conditions necessitating emergency care have been shared in the media (Brett Greenwood – Bettendorf, Luke Slavens – Univ. of Iowa, and Damar Hamlin – NFL). At most sporting events in this state, it is typically an athletic trainer that will be the only or initial healthcare provider to start the emergency care response. * 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 * 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.” | * Having an athletic trainer on staff can result in fewer recurrent injuries (LaBella et al., 2006). * $14.7 million is the estimated annual cost savings on healthcare in one state if every high school employed a full-time athletic trainer (atyourownrisk.org). * $2.7 million is the estimated value of treatments provided by one school’s athletic trainer in over the course of a school year (atyourownrisk.org). * 100% of industrial companies that utilize an athletic trainer indicate a positive return on investment (ROI). Employers reported a greater than 300-700% ROI. * Industrial companies utilizing an athletic trainer reported a 20-50% decrease in healthcare costs (NATA, “Athletic Trainers Provide High Return on Investment in Today’s Workplace). |

**Athletic Trainers in Secondary Schools Facts and Figures**

|  |  |
| --- | --- |
| * In **Iowa**, only 25% of high schools have full time athletic trainer services and 54% have part time services. * Athletic trainers need to be at high school on a full-time basis. ***62%*** of organized sports-related injuries occur in practice * High Schools in **Iowa** with athletic trainers are more likely to have proper emergency protocols in place to properly take care of injured athletes. | * This means that **most**high school practices and games in Iowa are not attended by a healthcare professional (Athletic Trainer), leaving any medical decisions to coaches or parents. The longer it takes for medical care to be provided, the **less likely** a positive outcome will occur. * Organizations that support hiring at least 1 athletic trainer per school: American College of Sports Medicine, American Academy of Pediatrics, American Medical Association, American Medical Society for Sports Medicine, and American Academy of Family Physicians |