

## **The Need for Licensed Athletic Trainers:**

A comparison of the educational preparation of the Licensed Athletic Trainer (LAT) and First Responder (FR) clearly demonstrates a significant difference in academic and clinical qualifications between the two providers. First Responders do not possess the educational training needed to adequately provide medical care to North Carolina's secondary school student-athletes.

<b>Education</b>	<b>Licensed Athletic Trainer</b>	<b>First Responder</b>
Minimal Educational Training	Bachelor's Degree from an accredited college or university	20-Hour Injury Management Workshop
Evidence-Based Practice	✓	
Prevention and Health Promotion	✓	
Clinical Examination and Diagnosis	✓	
Acute Care of Injury and Illness	✓	✓
Therapeutic Interventions (Rehabilitation, Therapeutic Modalities, Pharmacology)	✓	
Psychosocial Strategies and Referral	✓	
Healthcare Administration	✓	
Professional Development and Responsibility	✓	

A comparison of the credentialing and medical oversight of the Licensed Athletic Trainer (LAT) and First Responder (FR) clearly demonstrates a significant difference between the qualifications and supervision of these individuals. First Responders lack appropriate training in injury prevention and emergency management to meet the medical needs of North Carolina's secondary school student-athletes. Furthermore, First Responders are not health care providers credentialed in the state of North Carolina or nationally. Finally, First Responders have no medical oversight from Licensed Physicians and have no defined Scope of Practice or Practice Protocol to outline their role in providing care to North Carolina's secondary school student-athletes.

<b>Credentialing</b>	<b>Licensed Athletic Trainer</b>	<b>First Responder</b>
Minimal Educational Training	Bachelor's Degree from an accredited college or university	20-Hour Injury Management Workshop
National Certification	Must pass a national credentialing exam offered by the Board of Certification (BOC)	None
State Credentialing	Must meet requirements for state licensure as determined by the North Carolina Board of Athletic Training Examiners (NCBATE)	None
Medical Oversight	Must be supervised by a North Carolina Licensed Physician	None
Scope of Practice	Must have a protocol clearly outlining scope of practice signed by a North Carolina Licensed Physician	None Defined
Emergency Care Certification	Certification in ARC Professional Rescuer Training (which includes CPR, AED and Oxygen Administration)	Must be in process of completing ARC First Aid-Responding to Emergencies or ARC First Aid/CPR/AED for the Workplace (lay person) at time of appointment



## Definition of Athletic Training

Athletic training is practiced by athletic trainers (AT), health care professionals who collaborate with physicians to optimize activity and participation of patients and clients across age and care continuums. Athletic training encompasses the prevention, diagnosis, and intervention of emergency, acute and chronic medical conditions involving impairment, functional limitations, and disabilities. ATs work under the direction of physicians, as prescribed by state licensure statutes.

### Athletic Training and First Responder Education

Educational Preparation	AT Educational Preparation	First Responder Educational Preparation
<b>CPR/AED/First Aid Certification</b>	CPR for professional rescuer mandatory for licensure	Required
CPR Professional Rescuer Training	✓	
First Aid/injury management training	University level college courses as well as 200 clinical training hours per semester (ATEP 4-6 semesters)	<i>20 hour management workshop</i>
<b>Educational requirements</b>	Must graduate from accredited university program, have a undergraduate degree (70% have masters or above)	<i>No degree or educational requirements</i>
<b>Continuing Education Requirements</b>	<i>75 CEU hours falling in the 5 Domains of Athletic Training, mandated by independent board of certification (BOC)</i>	Unsupervised 20 hours in unregulated content area

### The following educational content standards are required for athletic training degree programs

- Risk management and injury prevention
- Orthopedic clinical examination and diagnosis
- Acute care of injuries and illnesses
- Conditioning, rehabilitative exercise and referral
- Psychosocial intervention and referral
- Health care administration
- Pathology of injuries and illnesses
- Medical conditions and disabilities
- Therapeutic modalities
- Pharmacology
- Nutritional aspects of injuries and illnesses

### Injury Statistics for High School Athletics

\*NC High Schools has had at least 9 deaths since 2008 (**Head**-Gfeller,Waller, **Cardiac**- Teem, Eatmon, Bronkley, Level , Hall, Pinder **Heat**- Fraley, Raines?)

\*In 2010, 48 High School athletes died nationally- ½ were cardiac related, 3 Head injuries, 3 Exertional Heat illness, 1 Sickle cell

\*Studies have shown that 3x as many catastrophic football injuries occur in HS as in college athletics

\* 1.35 million Children visited a hospital ED due to sport-related injury in 2012. Every 3 minutes a child is seen in ED for a sport-related concussion

\*20% of all children visiting hospital ED are due to sport-related injury

\*12% of all visits were due to concussion, with 47% of these kids being between ages 12-15

\* Football had highest number of injuries and highest rate of concussions (40/100,000). Wrestling (15/100,000) & Cheerleading (12/100,000) were second and third for concussion rates. Ice hockey concussions (10/100,000) accounted for 31% of ED visits.

\* Girls have higher rate of concussion than boys in basketball (11.5% to 7.2% of visits due to concussion) and soccer (17.1% to 12.4%)

\*The Centers for Disease Control and Prevention estimate as many as 20,000 spinal-cord injuries occur annually in the U.S., with sports accounting for about 12%, and new cases most often occurring in 15-to-35-year-olds

\*High school cheerleading accounted for 64.8% of all high school direct catastrophic injuries to female athletes

Source: Safe Kids Worldwide ([www.safekids.org](http://www.safekids.org))

[http://www.safekids.org/sites/default/files/documents/ResearchReports/final\\_sports\\_study\\_2013.pdf](http://www.safekids.org/sites/default/files/documents/ResearchReports/final_sports_study_2013.pdf)

[http://www.nata.org/sites/default/files/AT\\_Facts\\_revSept2011.pdf](http://www.nata.org/sites/default/files/AT_Facts_revSept2011.pdf)

<http://youthsportssafetyalliance.org/sites/default/files/docs/Summit-One-Year-Later-News-Release.pdf>