



World Federation of Athletic Training and Therapy

Academic Program Development Guidelines in Athletic Training and Therapy

A. Application of Standards and Model Practices

This section includes two basic types of information: (1) **Standards** and (2) **Model Practices**.

1. Standards

The **Standards** included herein have been developed as statements of policy specifying minimum standards and criteria for the development and implementation of recognized athletic training/therapy education programs. It should be noted throughout that statements of policy, or **Standards**, are characterized by the verbs “shall” and “must”. The verb “shall” is used to express that which is mandatory. The verb “must” is used to denote that which is an imperative need or duty, a requirement, or an indispensable item. Statements contained herein which include these verbs are considered to be expressions of minimal requirements and should be recognized as such.

2. Model Practices

The Model Practices document accompanies the Standards document and is intended to be used as a guideline for developing and refining all aspects of the educational program. Practices and procedures included in the Model Practice document are NOT required for program recognition but are intended to serve as a framework or reference point making curricular decisions at the program level. The Model Practices document has been developed in cooperation with the World Federation of Athletic Training and Therapy, The National Athletic Trainers Association, and the Canadian Athletic Therapy Association. It is not intended that the Model Practices document be restrictive or replace the professional judgment or decision making ability of program leadership. Model Practices are included in order to provide general direction and guidance in the process of continuous improvement of the educational program. The Model Practices document is dynamic in nature and will be continually revised based on new knowledge and evidence pertaining to maximally effective educational theory and practice.

B. General Requirements

1. Purposes and Objectives

Athletic training/therapy education programs must be designed to prepare athletic trainers/therapists or otherwise identified sports rehabilitation specialists as health care providers who function within the local health care delivery system, are proficient in clinical and on-field decision making, and are ethically responsible. The athletic training/therapy education program must provide an effective

blend of classroom instruction, clinical education, and experiential learning opportunities designed to equip graduates with the knowledge, skills, and attitudes necessary to design and administer 2

interventions for the prevention, management, and rehabilitation of injuries/illnesses incurred by persons injured during physical activity from a variety of populations in a wide range of settings.

2. Resources

The institutional administrative unit sponsoring the athletic training/therapy education program, as recognized by the World Federation of Athletic Training and Therapy (WFATT), must demonstrate the availability of resources including personnel, facilities, instructional equipment, and finances to assure a continuing athletic training/therapy education program. Such resources shall be available at a level that is comparable to other health care education programs within the educational institution. Financial support for operation of the program shall be provided by regular institution budgets.

3. Curriculum Location

Recognized athletic training/therapy education programs shall be established only in institutions accredited by an agency or accrediting body appropriate for, and specific to, the country where the institution is based. The specific academic unit where the academic program is to be located is to be determined by the academic institution. However, comprehensive inter-disciplinary approaches to the development of athletic training/therapy education programs utilizing resources from such fields as medicine, physical therapy, nutrition, biology, anatomy, chemistry, physics, physiology, pathology and psychology will be necessary in order that qualified instruction in all WFATT required subject matter areas can be provided. The academic/administrative structure of the specific academic unit must facilitate the incorporation of such coursework into the educational program.

World Federation recognition does not supersede local national accreditation. Eligible programs must be accredited by an appropriate national accreditor in athletic training or therapy within the country where the program is located if such accreditation agency exists.

4. Certification of Graduates

Recognized athletic training/therapy education programs must lead to eligibility to take a nationally regulated certification examination if one is available. If a nationally regulated certification examination is not available, a substantial examination of a capstone nature must be incorporated into the education program.

C. Personnel

1. Administrative Personnel

Administrative personnel typically involved in the athletic training/therapy education program include the Dean or Department Head, the athletic training/therapy education Program Director or Program Leader, Clinical Instructors, Teaching Faculty, Medical and Allied Medical Personnel, and Additional Medical and Paramedical Personnel. 3

a. Dean or Department Head

It is expected that the administrative organization of the athletic training/therapy education program will be compatible with the administrative structure of the department, school, or college in which it is housed. In most cases, ultimate administrative responsibility will lie with the head of the academic unit sponsoring the athletic training/therapy education program. Regardless of administrative structure, it must lend itself to the implementation of an efficient, coordinated athletic training/therapy education program. The Dean or Department Head should recognize and accept his/her administrative responsibility in this regard. Due to the interdisciplinary nature of the athletic training/therapy curriculum, cooperation between the Dean or Department Head and administrators in allied academic units will also be necessary.

b. Program Director/Leader

The Program Director or Program Leader shall be a full-time, paid employee of the academic institution sponsoring the athletic training/therapy education program and must be a member of the teaching faculty as defined by school policy. The Program Director shall have the following qualifications:

- a. Currently credentialed as a certified athletic trainer/therapist or a equivalently degreed/credentialed and qualified clinician, trained to deliver healthcare services to physically active patients/athletes
- b. Experience as a credentialed athletic trainer/therapist including experience in the education and supervision of athletic training/therapy students

(1) The Program Director or Leader shall have formal academic training and background in keeping with the training and background of other faculty members in the academic institution. The Program Director or Leader shall have demonstrated involvement in athletic training/therapy through publications, public speaking, research, and membership in related professional organizations is highly desirable.

It is expected that the Program Director or Leader will be responsible for the day-to-day operation, coordination, supervision, curriculum development, and evaluation of all aspects of the athletic training/therapy education program. The Program Director or Leader should be recognized as the primary liaison between the athletic training/therapy education program, the WFATT, and the National or Regional professional organization, if one exists. Program Director or Leader must recognize and accept the responsibility to remain abreast of current professional certification requirements as they affect students enrolled in the education program. The amount of release time should be consistent with departmental or institutional policy but must be deemed appropriate in view of the administrative responsibilities of the Program Director or Leader. 4

2. Clinical Instructors

Clinical instructors are those faculty or staff members who provide direct supervision and instruction of students in the clinical or practical aspect of the athletic training/therapy education program. Clinical instructors shall have the following qualifications:

- a. Current recognition as a certified athletic trainer/therapist;

Clinical instructors should have a strong academic orientation, demonstrated clinical teaching skills, and a sincere interest in the professional preparation of students. Demonstrated involvement through publications, public speaking, research, and membership in related professional organizations is highly desirable.

3. Teaching Faculty

The teaching faculty of the athletic training/therapy education program is considered to be those faculty members responsible for teaching in the required subject matter areas specified in and other course work included in the athletic training/therapy curriculum as identified by the institution. Because of the interdisciplinary nature of athletic training/therapy education program, the teaching faculty may be comprised of individuals from various academic units including medicine, biology, chemistry, physics, psychology, physiology, pathology, and health. All faculty members responsible for teaching required subject matter must be qualified through professional preparation and experience in their respective academic areas. Teaching faculty must meet the qualifications established by the academic institution housing the education program. All faculty members assigned to teach required subject matter should be familiar with the content identified in the Global Practice Analysis document as it pertains to their respective teaching areas. In addition, faculty members teaching course work included in the athletic training/therapy curriculum should demonstrate a sincere interest in assisting students in development of the athletic training/therapy knowledge and skills. .

4. Medical Personnel

The athletic training/therapy education program shall assure adequate opportunity for students to become familiar with the roles and responsibilities of various medical and paramedical personnel comprising the sports medicine team. Involvement of various medical and paramedical personnel in both classroom and clinical instruction is strongly encouraged in an effort to fulfill this responsibility. Allied medical and paramedical personnel may or may not hold formal appointments to the instructional staff. Nevertheless, their involvement on a planned, regular, and continuing basis is highly desirable. 5

a. Additional Medical and Paramedical Personnel

Involvement of other medical and paramedical personnel as full-time or part-time classroom instructors, guest lecturers, or clinical instructors should also be encouraged. The program must provide involvement of a variety of healthcare providers commonly encountered in the local health care delivery system.

D. Facilities and Equipment

1. Classroom and Laboratories

Classroom and laboratory space must be provided for the instruction in the athletic training/therapy education program. Instructional technology and resources for the program shall be in keeping with other academic programs in the institution.

2. Athletic Training/Therapy Clinic (s)

The athletic training/therapy clinic is the primary facility where the clinical education aspect of the athletic training/therapy education program is conducted. It must provide adequate space for effective learning to take place. Space requirements will depend upon the number of students to be supervised at any one time, and upon the daily case load associated with health care services to patients.

3. Therapeutic Modalities and Rehabilitation Equipment

A wide range of contemporary therapeutic modalities and rehabilitation equipment must be available for instructional purposes. The specific list of required equipment shall be driven by the content of the Global Practice Analysis. Equipment that is in keeping with therapeutic practices and local/regional/national statutes shall be available for use by student enrolled in the academic program for instruction and practice.

4. First Aid and Emergency Care Equipment

All equipment and supplies necessary for the initial management of acute injuries/illnesses must be available in order to provide the athletic training/therapy student with instruction in on-field management of injuries and emergencies. Basic equipment should include stretchers, spine boards, appropriate cardiopulmonary resuscitation equipment, assorted splints, bandages, dressings, etc.

5. Records

Sufficient opportunity must be provided for students to review and utilize commonly used administrative process and information management systems (e.g., accident reports, treatment records, insurance forms, and electronic record management systems as appropriate to the local delivery system of health care services). 6

6. Library Resources and Instructional Aids

Adequate access to a variety of current textbooks, periodicals, and other educational resource materials pertaining to athletic training/therapy and sports medicine shall be available and readily accessible to students in the educational program. Resource materials may be housed in the university library and/or department library. Adequate instructional aids (e.g. multi-media) must also be available for use by athletic training/therapy education program instructors.

E. Curriculum Requirements

The Board of Certification, Inc. (BOC) in cooperation with the WFATT has developed a Global Practice Analysis in athletic training/therapy that will provide guidance and direction in the professional preparation of athletic trainers and therapists. The knowledge, skills, and attitudes enumerated in this document have been identified as those necessary for effective functioning as an athletic trainer/therapist. Thus, they represent important guidelines for curriculum design, development of individual course outcomes and objectives, assessment and evaluation, and structuring of clinical and field opportunities. The WFATT will evaluate proposed course work and practical experience opportunities and their impact on the development of student knowledge, skills, and attitudes.

Athletic training/therapy education programs shall be designed so as to constitute a significant academic focus in the degree plan. At the discretion of the sponsoring institution, the athletic training/therapy curriculum may be developed as a degree program leading to a bachelor's or master's degree in athletic training/therapy. Regardless of the type of degree program, the athletic training/therapy curriculum must involve a course of study which is (1) at least equivalent to the minimum number of semester/quarter hours which constitute an academic major in the educational unit in which the athletic training/therapy education program is housed and (2) designed so that students are provided with sufficient opportunity to develop the specified competencies in athletic training/therapy. Sufficient opportunity for student development of the specified competencies must be verifiable through reviews of course syllabi or interviews with instructors. 7

F. Course Work

1. Subject Matter Requirements

The athletic training/therapy education program must include formal coursework in the following subject matter areas:

- a. Risk Management and Injury Prevention
- b. Acute Care (urgent and non-urgent interventions)
- c. Pathology of Injuries and Illnesses
- d. Orthopedic Examination and Assessment/Diagnosis (extremities and spine)
- e. General Medical Conditions Examination and Assessment/Diagnosis
- f. Human Anatomy/Physiology,/exercise physiology/biomechanics/health
- g. Therapeutic Modalities (Therapeutic modalities subject matter shall include that content identified by the GPA but may also include modalities or therapeutic interventions which are common to local practices) –
- h. Rehabilitation and Conditioning Techniques (extremities and spine, including manual therapies)
- i. Psychosocial Intervention and Referral
- j. Professional Responsibilities and Ethical Practice
- k. Research and Evidence Informed Practice
- l. Pharmacology (therapeutic and performance enhancing)
- m. Nutrition
- n. Health Care Administration and Management

The subject matter areas listed above should constitute the academic “core” of the athletic training/therapy curriculum. Within the framework of these core subject matter areas, flexibility in curriculum design is permitted. Appropriate instructional emphasis, however, must be placed on specified subject matter areas as driven by the Global Practice Analysis document.

Athletic training/therapy education curriculums should reflect a comparatively high emphasis on the development of competency in “major task” areas identified in the domains of the Global Practice Analysis such as prevention of athletic injuries (Assessment domain), evaluation and recognition of injuries and medical referral, first aid and emergency care, and rehabilitation and reconditioning (Intervention domain). In each of these examples, one or more specifically designated courses would most likely be necessary in order that the specified competencies can be developed. It should also be expected that one or more semester/quarter hour courses would be necessary to assure appropriate instructional emphasis in such supportive subject matter areas as human anatomy, human physiology, exercise physiology, kinesiology/biomechanics, etc.

G. Clinical and Practical Education

1. General Requirements

Clinical and Practical education must be a substantial element of the athletic training/therapy educational program. Specific coursework, laboratory experiences, and instructional time must be devoted to the introduction, acquisition, and mastery of clinical/practical skills. Specific coursework must include formal classroom time and practice or laboratory time providing students with initial 8

opportunity to acquire and practice the skills. The athletic training/therapy educational program shall also include clinical/practical experience opportunities for students, completed under the supervision of a qualified clinical instructor. Clinical/Practical experience provides students with the opportunity to practice, refine performance, and further demonstrate mastery of clinical/practical skills.

2. Structuring Clinical /Practical Experiences

Clinical/Practical experiences in athletic training/therapy shall be designed to provide the student with sufficient opportunity to develop specific competencies pertaining to the health care of patients. These competencies serve as primary guidelines for inclusion of technical skills to be taught in the educational setting. While development of discrete psychomotor skills should represent a portion of the focus of the student's clinical or practicum experience, opportunities should also be provided for development and demonstration of clinical decision making ability and the ability to integrate individual knowledge, skills, and attitudes to management a patient's concerns holistically. While the clinical or practicum experience requirement provides an opportunity for further development of specific skills, it does not inherently ensure quality of instruction or effective learning. The sponsoring institution shall have a formal plan for organizing and structuring clinical or practicum experiences that will optimize learning in the clinical or practice environment. Plans for clinical or practicum experiences should reflect learning outcomes and objectives, provisions for progressive development and integration of knowledge, skills, and attitudes, and a system to assess and evaluate achievement of learning outcomes and objectives or practicum experiences should be enhanced through the use of regularly scheduled in-service training sessions, staff meetings, injury evaluation clinics, on-field sessions and individual consultations.

3. Supervision of Students

Supervision and instruction must be provided by qualified clinical instructors. An appropriate level of supervision may be defined by national, state, regional, or local regulatory or credentialing agencies. Regardless of the availability of regulatory guidance, a level of supervision of students must be exercised that ensures the clinical or practical experience is educational in nature. It is anticipated that students with less academic and practical experience are under a more rigorous level of supervision than a student nearing program completion. A safe and effective ratio of students to clinical instructors shall be based on a combination of several factors including the human resources, clinical instructor workload, equipment/supplies, and the clinical or practicum facilities.

H. Student Recruitment and Selection

Criteria for acceptance of students into the athletic training/therapy education program shall be minimally based on institutional admission criteria. Specific admission criteria for the athletic training/therapy education program may be used following institutional approval. Criteria for selection of students shall be developed in written form and should include specific prerequisites regarding 9

academic background, previous experience, recommendations, or other appropriate factors. The Program Director shall be responsible for maintaining an accurate and complete record of all students formally accepted into the education program. The total number of students accepted into the education program, as well as the number enrolled in each class or laboratory shall be consistent with effective learning experiences and with acceptable student-teacher ratios and driven by evidence-based optimal teacher to student ratios. Institutional materials disseminated for the purposes of program promotion and/or student recruitment shall accurately describe the athletic training/therapy education program as offered by the sponsoring institution and as approved by the WFATT. Recruitment materials must not intentionally misrepresent the field of athletic training/therapy with respect to career opportunities, financial rewards, or other benefits.

I. Program Evaluation

The educational unit in which the athletic training/therapy education program is housed shall have a formal plan for continual evaluation of all aspects of the program including instructional effectiveness and student performance. Formative and summative assessments of student knowledge and performance clinical or practicum aspects of the program shall be established and implemented in the classroom and in the clinical setting. The Program Director shall be responsible for maintaining accurate and up-to-date records regarding (1) student achievement of program learning outcomes and objectives, (2) Completion of all competencies at all levels of education, (3) Preceptor/clinical instructor assessments of students as they progress through the program, (4) Student evaluation of clinical education, (5) Student evaluation of clinical education settings, (6) Annual Program evaluation of all clinical education sites, (7) Advising records, (8) Hours participating in clinical education (9) certification examination success of program graduates, and (10) initial placement and success of program graduates in the workforce.