

# Many Titles, One Purpose: Uniting and Advancing AT Globally

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# Background

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- Patient outcomes in the field of sports medicine benefit from collaboration between various health professionals.
- Athletic Trainers and Athletic Therapists have the skills and mindset to play an important role on healthcare teams.
- Manspeaker & Hankemeier (2019) reported multiple challenges such as: the opportunity for collaboration, knowledge of roles and scope of practice, structural factors affecting teamwork, and time to participate in collaboration.
- The authors recommended that IPE programs can help our peers gain knowledge about the ATs role, knowledge, skills and abilities.



# Background

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- International diversity in sports medicine provides additional challenges with traditional hierarchies, professional regulation and policy, but also through the titles and definitions of professionals in the field.
- Often, each professions' definitions show how they views their role and scope of practice.
- For example, ATs in the USA, athletic therapists in Canada, certified athletic therapists in Ireland, and sports and exercise therapists in Europe may view their roles differently within their respective healthcare systems.
- This global diversity in roles among professionals working in sports medicine and the need to work collaboratively across professional borders in sports medicine necessitates dialogue to improve role clarity and awareness of our professions around the world.



# Professions - Definitions

## USA

**Athletic trainers (ATs)** are highly qualified, multi-skilled health care professionals who render service or treatment, under the direction of or in collaboration with a physician, in accordance with their education, training and the state's statutes, rules and regulations. As a part of the health care team, services provided by athletic trainers include primary care, injury and illness prevention, wellness promotion and education, emergent care, examination and clinical diagnosis, therapeutic intervention and rehabilitation of injuries and medical conditions.

(SOURCE: <https://www.nata.org/about/athletic-training>)

## GERMANY AND SWITZERLAND

**Sport and Exercise Therapy** is medically indicated and prescribed exercise with behaviour oriented components, planned and dosed by therapists, controlled together with the doctor and carried out with the patient either alone or in a group. It aims to rehabilitate physical, mental and psycho-social impairments (affecting the daily life, leisure time and work) or guard against damage and risk factors with suitable activities from sport, exercise and behavioural orientation. Sport and exercise therapy is thereby based on medical, training and exercise science and especially pedagogic-psychological as well as socio-therapeutic elements.

(SOURCE: [https://dvgs.de/en/sport-exercise-therapy\\_.html](https://dvgs.de/en/sport-exercise-therapy_.html))



# Professions - Definitions

## CANADA

**Certified Athletic Therapists** are best known for their quick-thinking on-field emergency care of professional and elite athletes. The first to respond when someone gets hurt, they are experts at injury assessment and rehabilitation. It's that same mix of on-site care and active rehabilitation skills that makes Athletic Therapists so effective in treating the musculoskeletal (muscles, bones, and joints) injuries of all Canadians, whether on the field or in the clinic. Athletic therapists adhere to the Sports Medicine Model of care.

(SOURCE: <https://athletictherapy.org/en/about-athletic-therapy/what-is-athletic-therapy/>)

**Kinesiologists** apply exercise and movement science to promote health and wellbeing; prevent, manage and rehabilitate injuries; treat illness and chronic disease; restore function, and optimize human performance in the workplace, clinical settings, sport and fitness. Kinesiologists are the only human movement specialists that use science and research to offer movement as medicine to any person with a health or fitness goal, who want a hands-on, personalized approach.

Kinesiologists work with people of all ages, and physical abilities, in many settings, to help them achieve their health and wellness goals. They improve quality of life, often using interventions that include physical activity.

(SOURCE: <https://www.cka.ca/en/what-is-kinesiology>)



# Professions - Definitions

## IRELAND

**Certified Athletic Therapists (CAT)** can work in a variety of settings, most typically in sports injury clinics, in the general workplace, with professional and recreational sports teams/athletes or with national governing bodies of various sports. Athletic Rehabilitation Therapy can be divided into four general areas: Injury Prevention and Pre-Participation Screening; On-Field Emergency Care; Injury Assessment, Diagnosis and Treatment; Rehabilitation and Reconditioning (SOURCE: <https://arti.info/>)

## UNITED KINGDOM

**Sport Rehabilitators** help people suffering from musculoskeletal pain or injury. They help people of all ages and all backgrounds to maintain their health and fitness and recover from injury. Sport Rehabilitators prevent injury and reduce pain using exercise, movement and manual based therapeutic interventions. Education and training includes public health, behaviour change and pain science with a strong focus on exercise rehabilitation for varied patient populations, including those with long term conditions and non-communicable disease. (SOURCE: <https://www.basrat.org/aboutsportrehab>)



# International Research Project on Interprofessional Collaboration and Job Satisfaction in Sports Medicine

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# Research Project Objectives

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- To explore:
  - socio-demographic connections on IPE and IPC between various SSSM professionals in healthcare from an international perspective
  - IP perceptions and attitudes to generate approaches for the development of IPE that links SSSM with IP healthcare to enhance collaborative practice
  - the job satisfaction of SSSM professionals from an international perspective and to identify factors influencing job satisfaction.





# Survey

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- Interprofessional Collaboration in Sports Science and Sport Medicine (IPC-SSSM) survey
  - Socio-demographics
  - Attitudes and perceptions toward IPC and IPE (University of West of England [UWE]-IP Questionnaire)
  - Warr-Cook-Wall (WCW) Job satisfaction (JS) Questionnaire
  - Open-ended questions
  - A priori: Validation by 12 international experts



# University of West England Interprofessional Questionnaire\*

## Communication & Teamwork Scale

- 9 items; Likert Scale: 1 (strongly agree) – 4 (strongly disagree)

## IP Learning Scale

- 9 items; Likert Scale: 1 (strongly agree) – 5 (strongly disagree)

## IP Interaction Scale

- 9 items; Likert Scale: 1 (strongly agree) – 5 (strongly disagree)

## IP Relationship Scale

- 8 items; Likert Scale: 1 (strongly agree) – 5 (strongly disagree)

Creates a Sum Score for each respondent and scale, respectively

- Classify as positive, neutral or negative attitudes

*Example:*

## **Communication and Teamwork Scale**

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- 1.\*I feel comfortable justifying recommendations/advice face to face with more senior people.
- 2.\*I feel comfortable explaining an issue to people who are unfamiliar with the topic.
- 3.\*I have difficulty in adapting my communication style (oral and written) to particular situations and audiences. **(R = item score is reversed)**
4. I prefer to stay quiet when other people in a group express opinions that I don't agree with. **(R)**
- 5.\*I feel comfortable working in a group.
6. I feel uncomfortable putting forward my personal opinions in a group. **(R)**
7. I feel uncomfortable taking the lead in a group. **(R)**
- 8.\*I am able to become quickly involved in new teams and groups.
9. I am comfortable expressing my own opinions in a group, even when I know that other people don't agree with them.

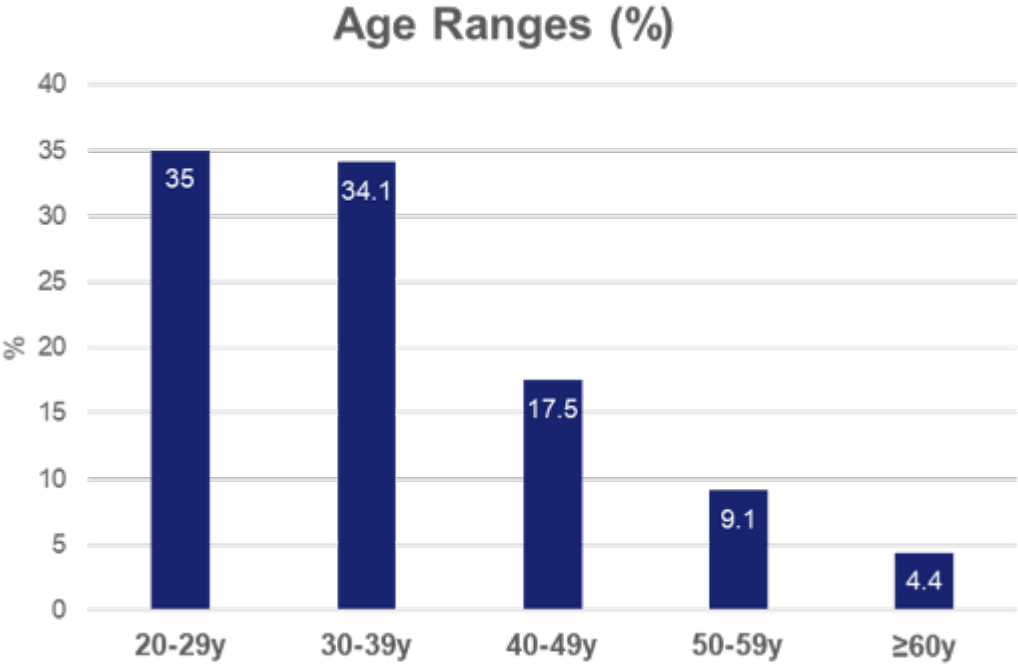
# Warr-Cook-Wall Job Satisfaction Questionnaire

- Please indicate how dissatisfied or satisfied you are with various aspects of your job.
- Give your first and natural answer by working quickly, but be accurate, and answer all questions.
  - The physical working conditions
  - The freedom to choose your own method of working
  - Your colleagues and fellow workers
  - The recognition you get for good work
  - The amount of responsibility you are given
  - Your rate of pay
  - Your opportunity to use abilities
  - Your hours of work
  - The amount of variety in your job
  - Taking everything into consideration, how do you feel about your job

I'm extremely dissatisfied				I'm extremely satisfied			
1	2	3	4	5	6	7	

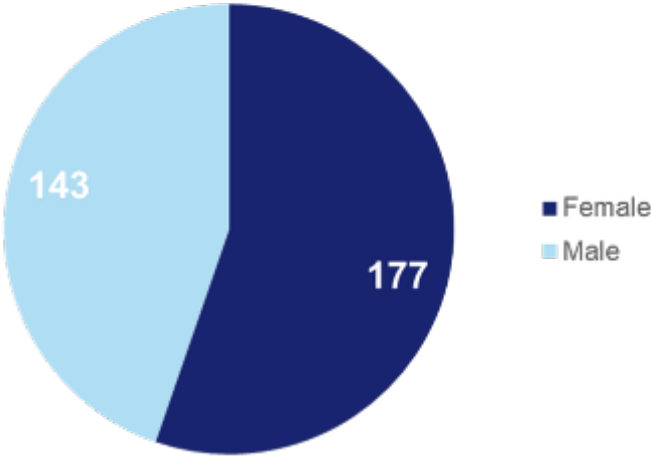


# Demographics

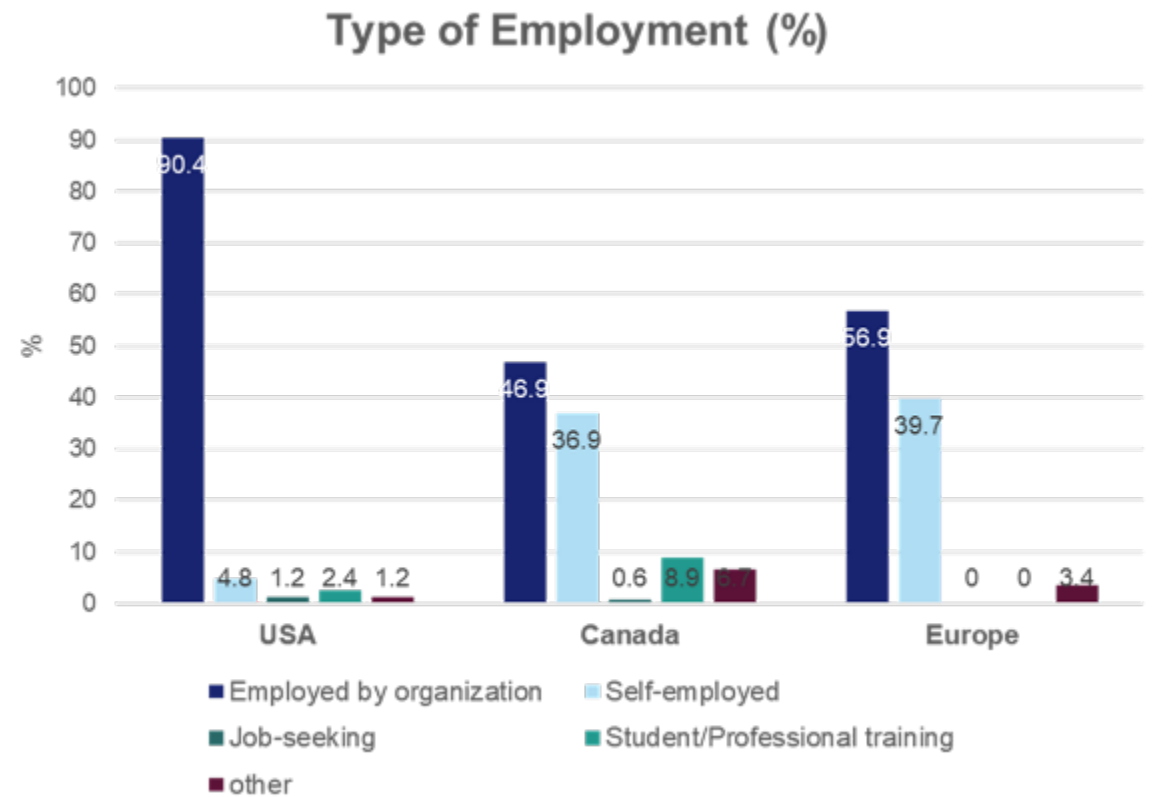
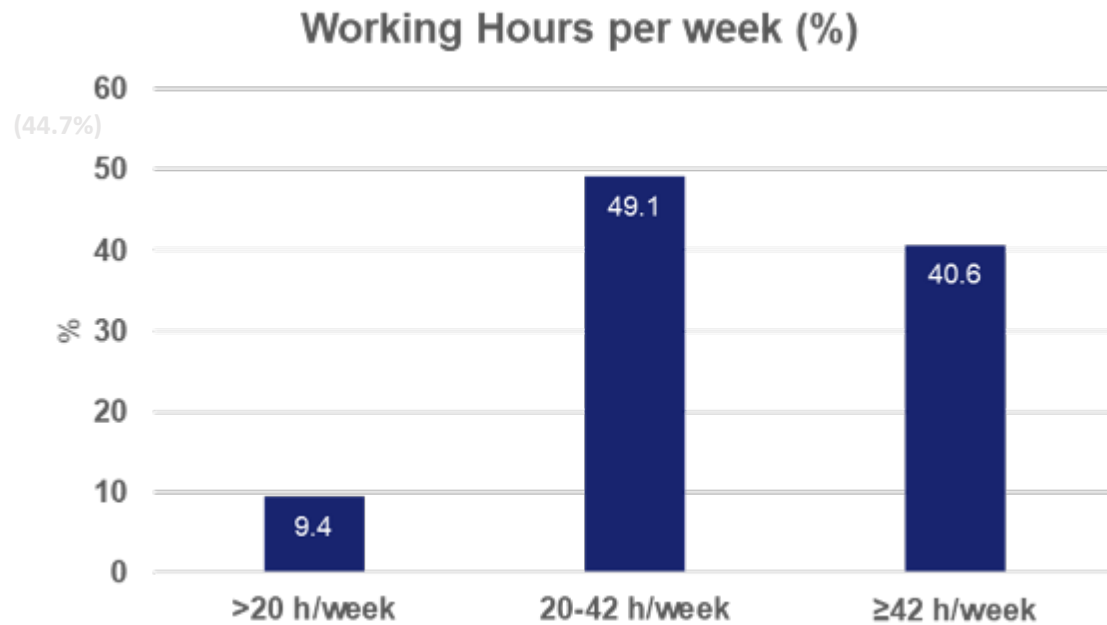


## Number of complete responses

	Total Sample (n=320)	USA (n=83)	Canada (n=179)	Europe <sup>a</sup> (n=58)
<b>Gender</b>				
<b>Male</b>	143 (44.7)	38 (45.8)	63 (35.2)	42 (72.4)
<b>Female</b>	177 (55.3)	45 (54.2)	116 (64.8)	16 (27.6)

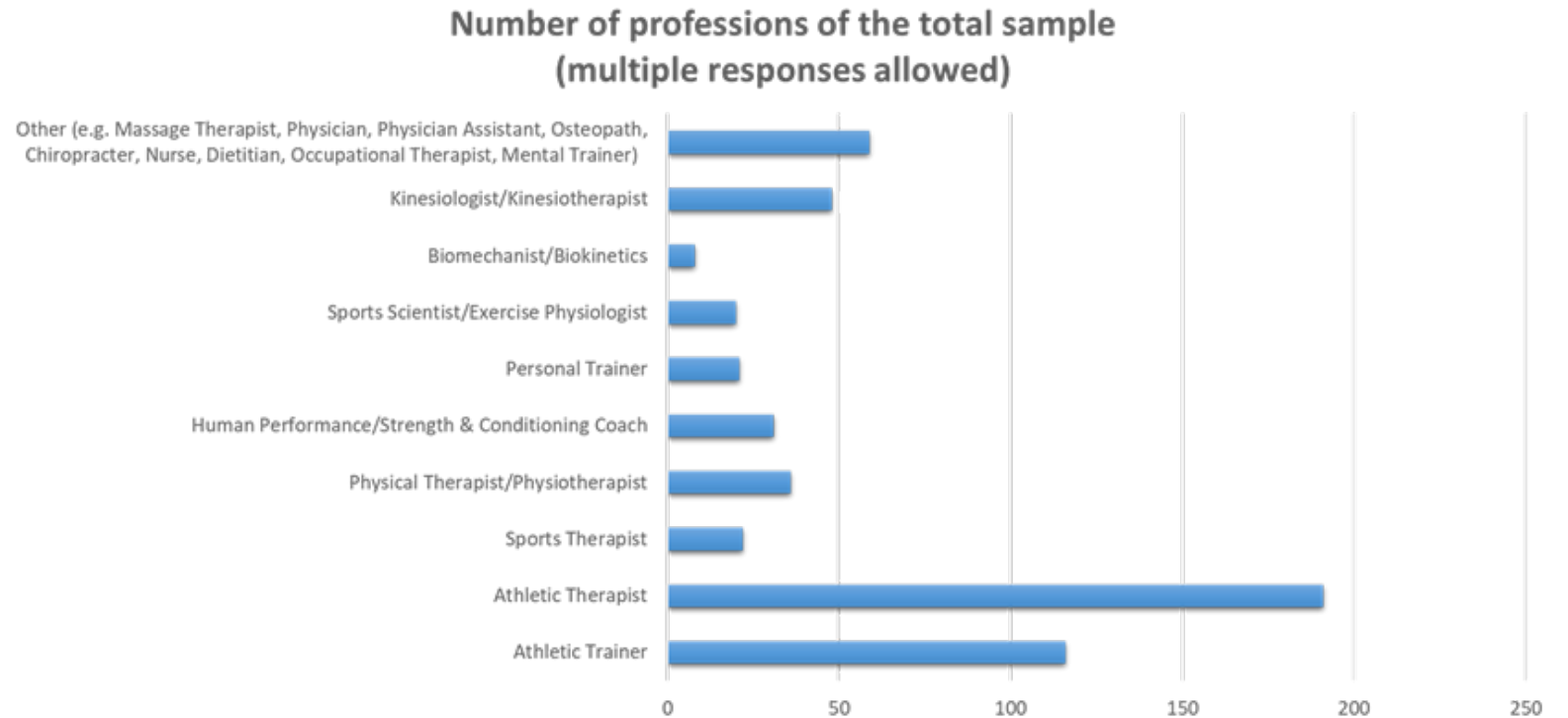


# Employment/Working Hours

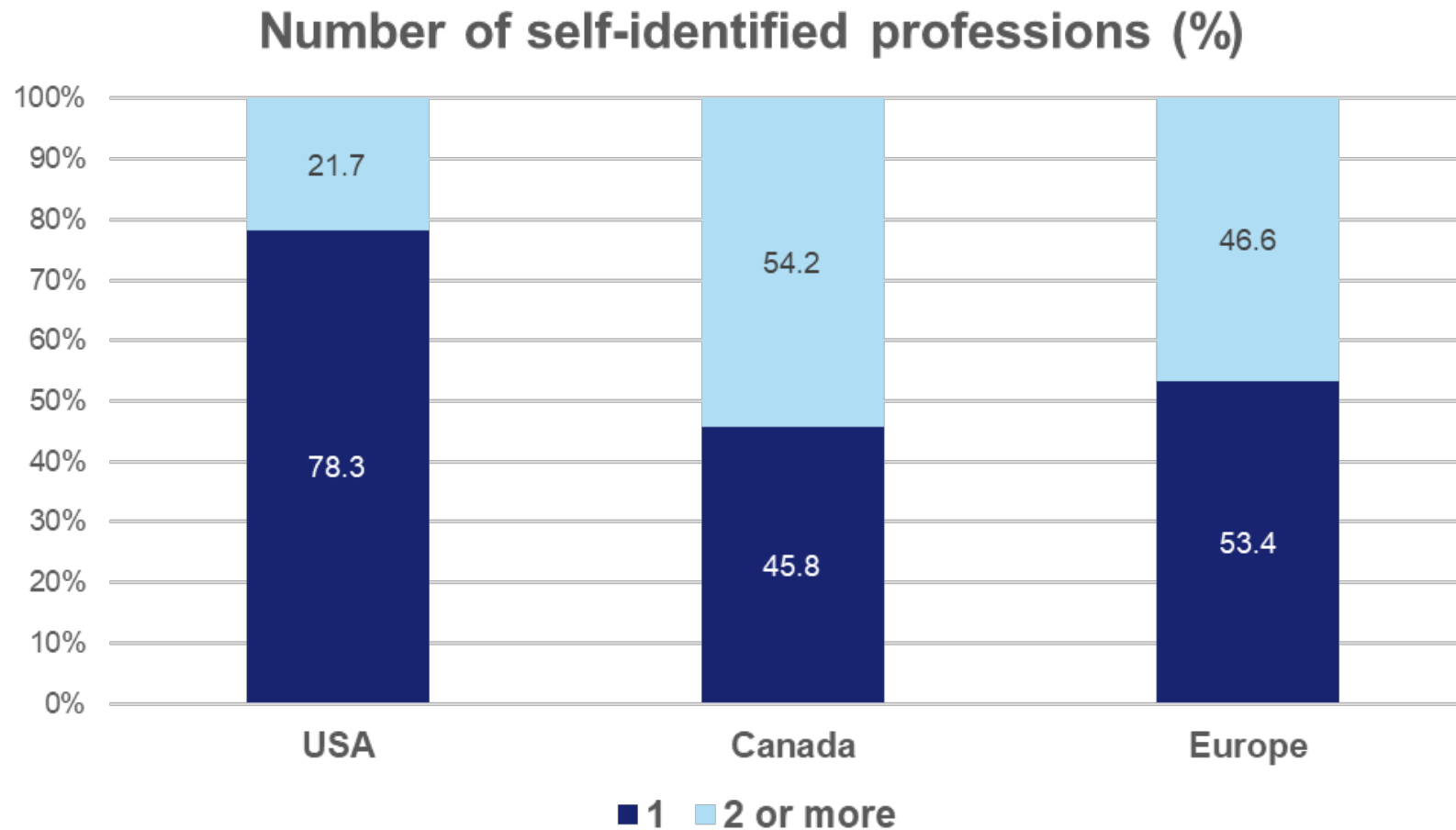


# Professions

- USA:
  - Athletic Trainers (66.1%)
  - Physical Therapist (10.7%)
- Canada:
  - Athletic Therapists (52.5%)
  - Kinesiologist/Kinesiotherapist (14.3%)
- Europe:
  - Athletic Trainers (19%)
  - Physical Therapists (19%)

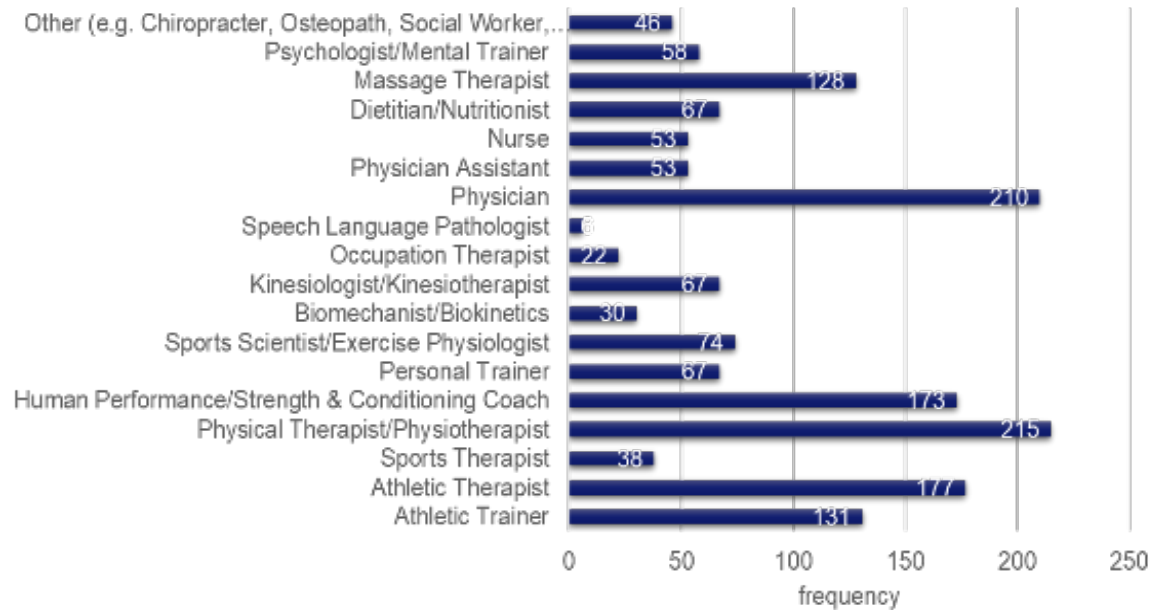


# Professions



# Professions - Interactions

**Number of Professions regularly interacting in own work of the total sample (multiple responses allowed)**

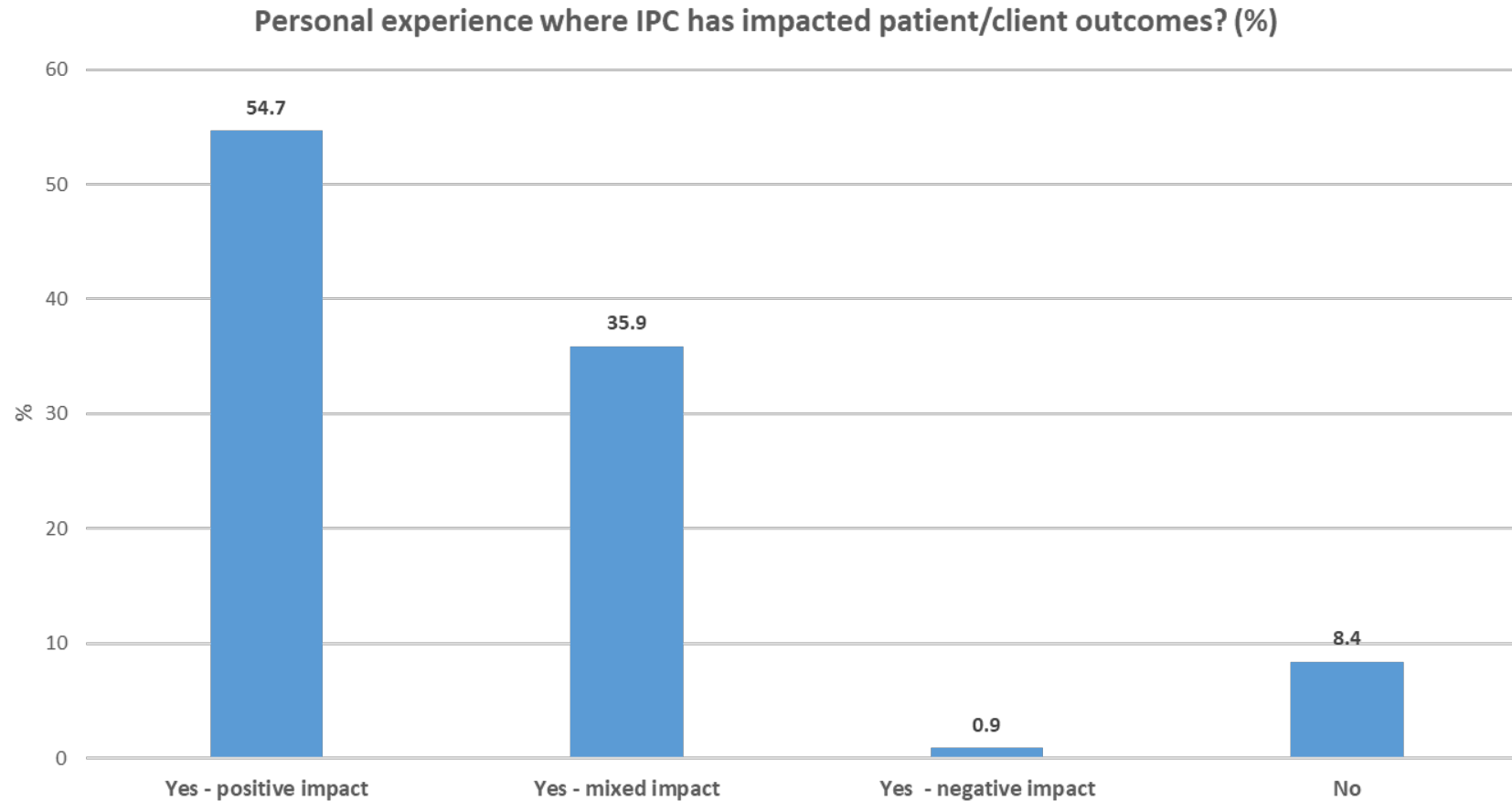


## Professions interacting with:

- USA:
  - Athletic Trainers (18.3%)
  - Physical Therapist (13.5%)
  - Physicians (15.1%)
- Canada:
  - Athletic Therapists (17.3%)
  - Physicians (13.2%)
  - Physical Therapist (12.8%)
- Europe:
  - Physical Therapist (15.0%)
  - Human Performance/  
Strength & Conditioning Coach(12.0%)
  - Sport Science/ Exercise Physiologist (11.2%)



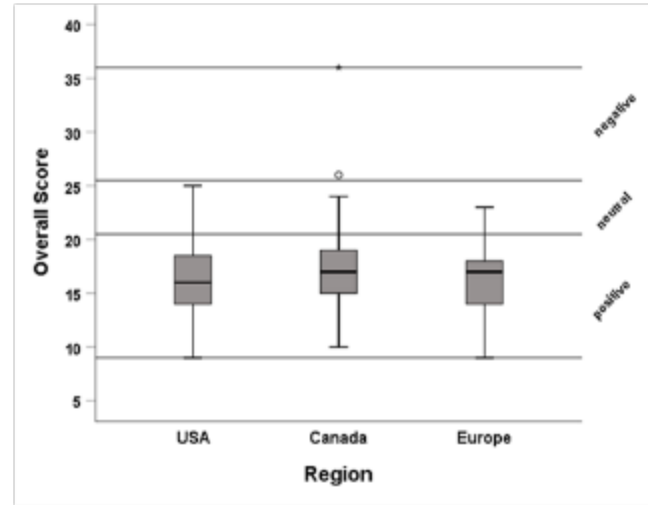
# Interprofessional Collaboration



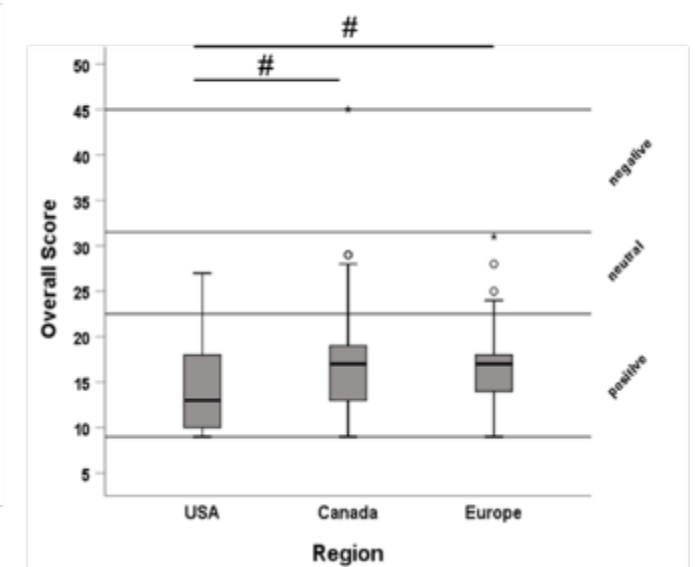
# UWE IP Scale

- Effects of Region (scales B and C)
  - $F(2,311)=6.03$ ;  $P<0.01$  (scale B)
  - $F(2,311)=3.45$ ;  $P<0.05$  (scale C)
- Effects of Age (scales A and D)
  - $F(2,311)=10.64$ ;  $P<0.0001$  (scale A)
  - $F(2,311)=7.52$ ;  $P<0.001$  (scale B)
  - Older respondents (>40y) were more positive compared with their younger counterparts (20-29y and 30-39y)
- Effect of Gender (scale D)
  - $F(1,311)=10.63$ ;  $P<0.001$
  - Males were more positive
- No effects:
  - number of self-identified professions
  - number of professions regularly interacting in own work

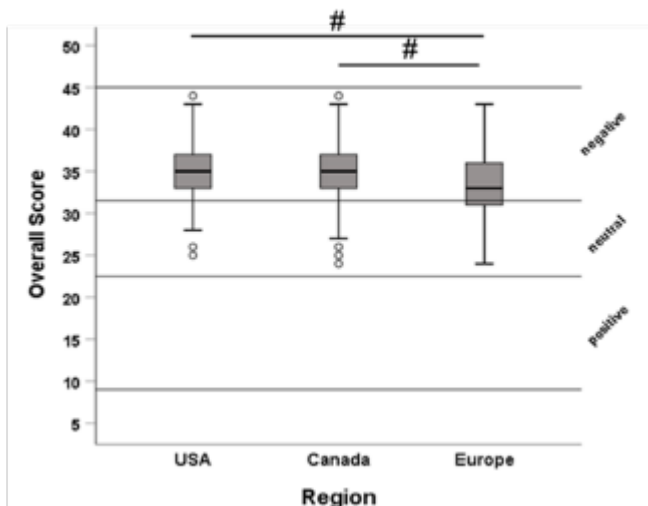
A. Communication and Teamwork scale



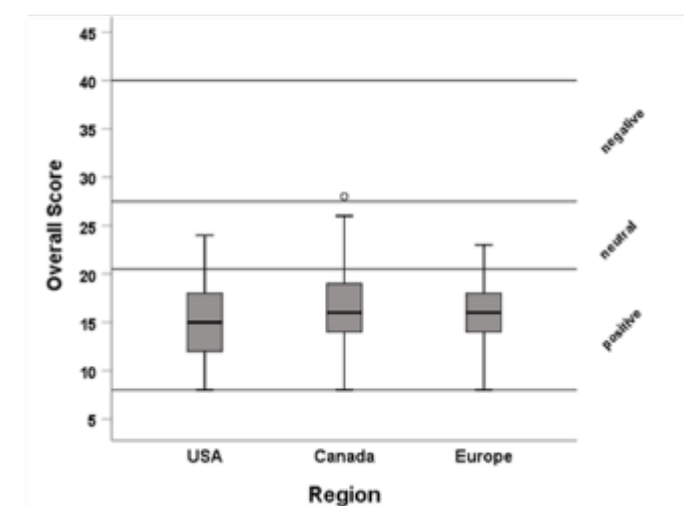
B. Interprofessional Learning scale



C. Interprofessional Interaction scale



D. Interprofessional Relationship scale



Box plots show the median (horizontal line), the interquartile range (25<sup>th</sup>-75<sup>th</sup> percentile), the whiskers (1.5 x interquartile range) as well as outliers (open circles, >1.5-3 x interquartile range; asterisks, >3 x interquartile range). # indicates a significant difference ( $P < 0.05$ ).

# Conclusions on Interprofessional Collaboration



Differences in several demographic variables could be identified (e.g. type of employment, number of self-identified professions, personal experience with IPE)



On average, clearly positive attitudes towards Communication & Teamwork, IP Learning and IP Relationships were documented



Only in IP Interactions negative perceptions were found



# Overall Job Satisfaction

- The ANOVAS revealed...
  - Group comparisons revealed a significant ( $P = 0.009$ ) higher overall JS in respondents reporting positive impacts in their personal experience with IPC compared with those who responded mixed impacts

	Total [numbers in case values]]	Sample in each (percent (Mean $\pm$ SD)	Job
<b>Gender</b>			
Male	143 (44.7)	6.2 $\pm$ 0.9	
Female	177 (55.3)	6.1 $\pm$ 1.1	
<b>Age (y)</b>			
20-29	112 (35.0)	6.0 $\pm$ 1.0	
30-39	109 (34.1)	6.1 $\pm$ 1.1	
$\geq 40$	99 (30.9)	6.3 $\pm$ 0.9	
<b>Scope of Work</b>			
<20 h/week	30 (9.4)	5.7 $\pm$ 1.2	
20-42 h/week	157 (49.1)	6.3 $\pm$ 0.9	
>42 h/week	130 (40.6)	6.0 $\pm$ 1.0	
<b>Number of self-identified professions</b>			
1	178 (55.6)	6.1 $\pm$ 1.0	
2 or more	142 (44.4)	6.1 $\pm$ 1.0	
<b>Number of professions regularly interacting in own work</b>			
1-3	96 (30.0)	6.1 $\pm$ 0.9	
4-6	134 (41.9)	6.1 $\pm$ 1.0	
$\geq 7$	90 (28.1)	6.1 $\pm$ 1.2	
<b>Personal experience with IP education in own education</b>			
Yes, in professional education (pre-certification)	47 (14.7)	6.2 $\pm$ 1.0	
Yes, in continuing education (post-certification)	107 (33.4)	6.2 $\pm$ 0.8	
Yes, in continuing education (post-certification)	62 (19.4)	5.9 $\pm$ 1.0	
No	104 (32.5)	6.1 $\pm$ 1.2	
Yes, both pre- and post-certification			
<b>Personal experience where IP collaboration impacted patient/client outcomes</b>			
Yes – positive impact	175 (54.7)	6.3 $\pm$ 0.9	
Yes – negative impact	3 (0.9)	5.0 $\pm$ 1.7	
Yes – mixed impact	115 (35.9)	5.9 $\pm$ 1.2	
No	27 (8.4)	5.9 $\pm$ 1.0	

Data are Mean  $\pm$  SD. The possible score for each item ranges between 1 (extremely dissatisfied) and 7 (extremely satisfied).

# Job Satisfaction - Regression Analyses

- Regression Analyses (Which items predict overall JS most?)
- Job Satisfaction in the total sample is best predicted by:
  - Opportunity to use abilities
  - Recognition for good work
  - Physical working conditions

	Step 1	Step 2	Step 3	Step 4	Step 5	Step 6	Step 7
Your opportunity to use abilities	0.64***	0.46***	0.42***	0.31***	0.26***	0.26***	0.27***
The recognition you get for good work		0.36***	0.29***	0.27***	0.25***	0.23***	0.20***
The physical working conditions			0.23***	0.20***	0.18***	0.15***	0.13***
The amount of variety in your job				0.21***	0.19***	0.20***	0.20***
The freedom to choose your own method of working					0.16***	0.15***	0.13**
The hours of work						0.13***	0.12***
Your colleagues and fellow workers							0.09*
R <sup>2</sup>	0.41	0.51	0.56	0.58	0.60	0.61	0.62
Adjusted R <sup>2</sup>	0.41	0.50	0.55	0.57	0.59	0.60	0.61

Results of the stepwise regression analysis including the whole sample (n=320) and adjusted beta-coefficients; \*\*\* $P < 0.001$ ; \*\* $P < 0.01$ ; \* $P < 0.05$ .

Collinearity analysis gave VIF between 1.00 and 1.91 as well as a tolerance from 0.52 to 1.00.

# Conclusions on Job Satisfaction



A significant influence of personal experience where Interprofessional Collaboration impacted patient/client outcomes could be demonstrated



There seem to be region specific differences with the satisfaction in the rate of pay and the overall job satisfaction



To improve job attractiveness in SSSM professionals, following topics should be addressed in particular:

- Opportunity to use abilities
- Recognition for good work
- Physical working conditions



# CHALLENGES OF AT PROFESSION IN SPAIN

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# LEGISLATION

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- At this moment, Spanish legislation related to health care professions is restricted to Physiotherapist in the field of Athletic Trainer.
- 30 years ago, Physiotherapist in Spain were nurses with an specialization in rehabilitation
- After a big number of critical mass of physiotherapists pressure the Government accepted to implement the Degree of physiotherapy in its own and not depending on nursing.
- Currently, 57 universities have the degree of physiotherapy in their catalog, adding between 2500-3500 physiotherapist to the market yearly.





# MARKET

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- At the moment, Physiotherapist with an specialization in Sport are the ones who are filling the Jobs that potentially could match with the AT profession.
- There are around 20 masters related to sport physiotherapy in Spain.
- There is no legislation required to attend in the field and have any CPR certification or qualification.



# POTENTIAL GROWTH

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- 1 AT Master program
- 40 ATs in Spain some of them with the BOC exam
- 8 ATs working abroad
- As per physiotherapy degree, waiting that critical mass growing to pressure the government.
- As per lack of education in CPR and other expertise of the ATs, there is a potential growth in interest.
- Another university applying for CAATE accreditation in the future???



# The Culture of Care in Athletic Training: Shaping a Shared Ethos Through Education and Collaboration

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Kysha Harriell PhD, LAT, ATC

Vice President – Commission on Accreditation for Athletic Training Education

# The Ethos of Athletic Training in the U.S : A Story of Evolution

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Defining who we are, not just what we do.

A story of evolution grounded in:

- Patient-centered care
- Advocacy
- Collaboration



# Historical Foundation

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Origins in athletics/sideline care



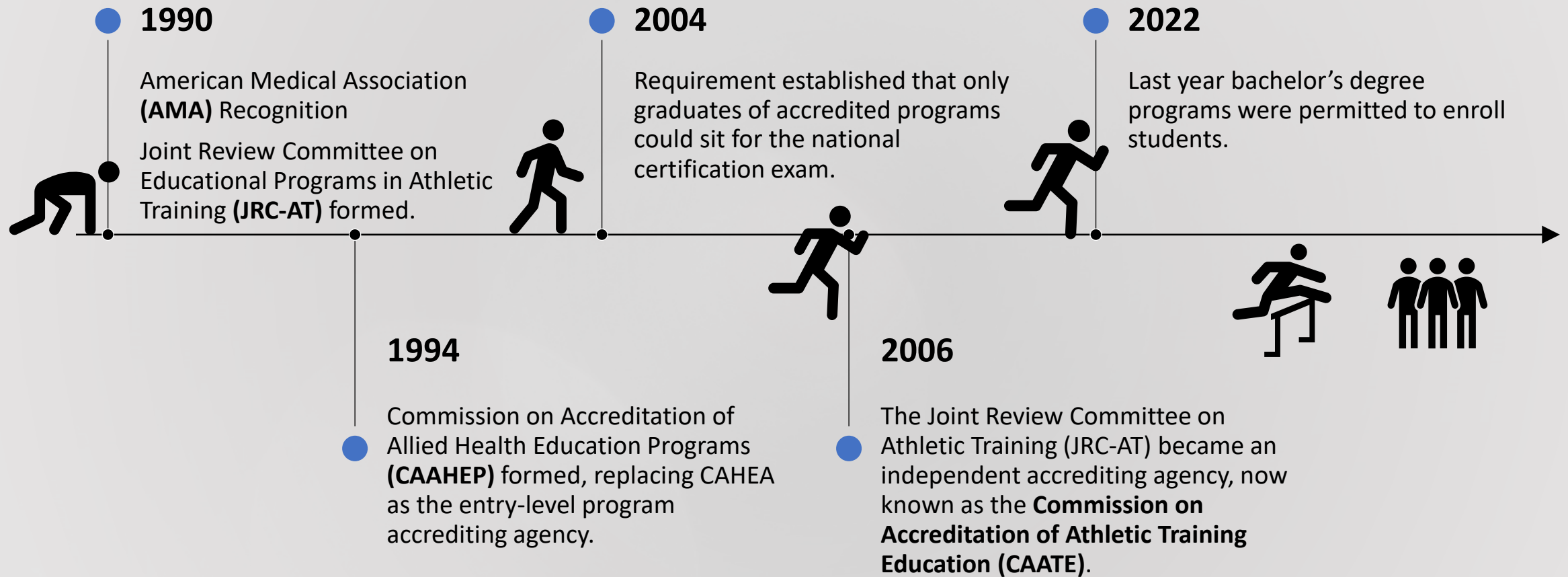
Educational standards, credentiaing, and accreditation



Shift from being called “trainers” to being recognized as advanced practice providers



# A Few Education Milestones



# Evolution of Education & Practice

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- Changes in education
- Practice settings expanded
- Emphasis on:
  - Evidence-based practice
  - Interprofessional education
  - Patient values
- CAATE accreditation solidifies ATs as advanced health care providers
- Growth of post-professional specialty pathways reflect continued professional growth and innovation



# Current Challenges & Professional Ethos

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## Persistent Challenges:

- Title differences and ambiguity
- Limited visibility in health care teams

## Enduring Ethos:

- Compassionate, patient-centered, evidence-based care
- Advocacy for patients and the profession
- Collaboration across professions, cultures, and systems





# Many Titles, One Ethos

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- Collaboration, advocacy, and patient-centered care unify us
- Shared ethos defines us beyond titles and settings
- Together, we elevate athletic training, locally and globally



# Organizational Structure

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Toni M. Torres-McGehee PhD, LAT, ATC, FACSM  
President – Commission on Accreditation for Athletic Training  
Education

# Organizational Structure & Accreditation: Defining & Uniting AT

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- Accreditation as a foundation
- Professional identify & scope of practice
- Global cohesion through standards



# Organization Structure in AT

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- Fragmentation across titles, policies, & systems
- Accreditation provides consistency amid diversity
- Defines competencies, accountability, & public trust
- Creates a framework for interprofessional recognition



# Accreditation as a Unifier



CAATE Accreditation = quality assurance mechanism



Establishes scope of practice through education standards



Signals credibility of healthcare systems & policymakers

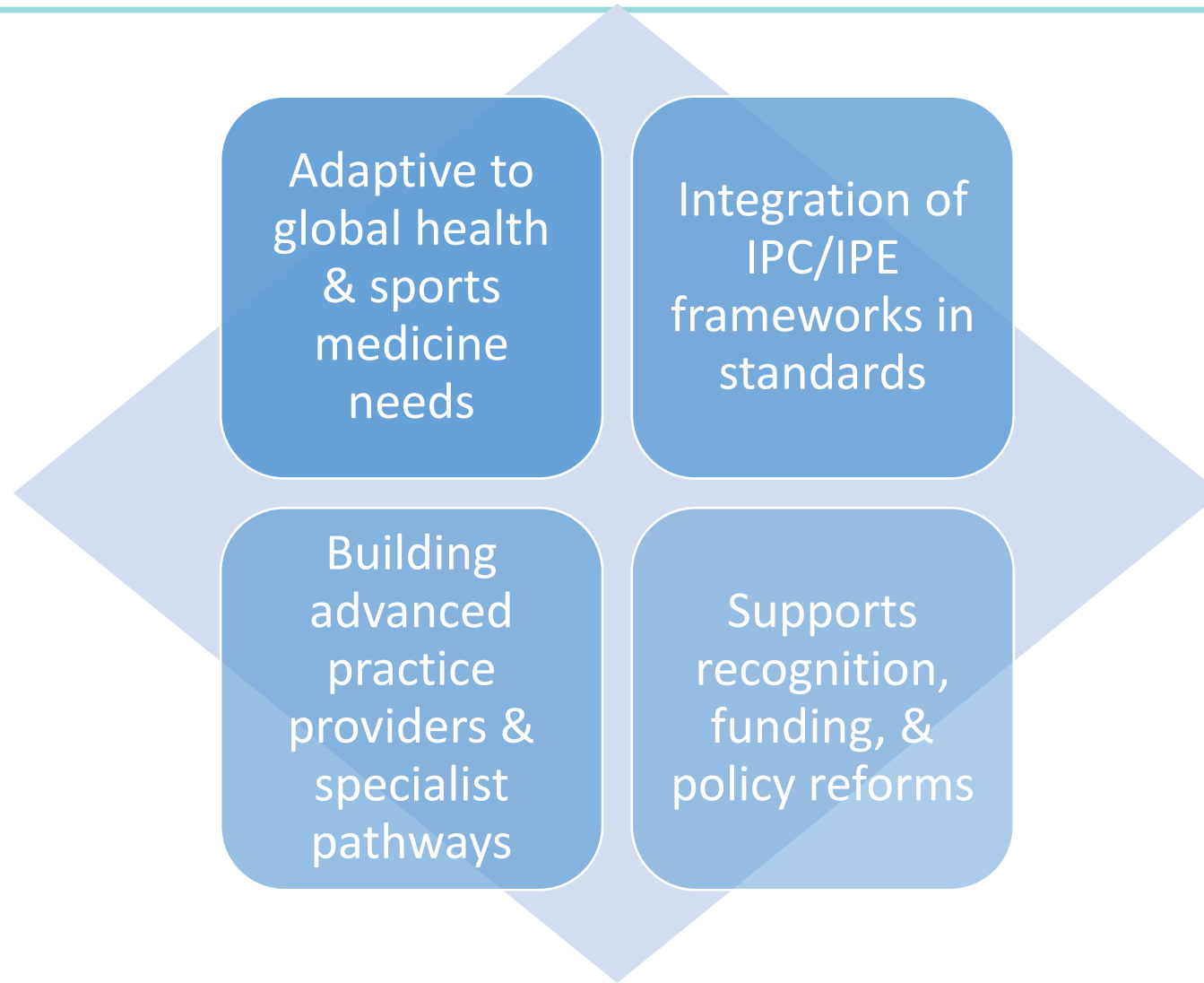


Anchors AT identify despite international variations in title



# Future Direction for Accreditation

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# Strategic Alliance & Global Reach





# Questions & Discussion

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# Shared Dialogue

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- What challenges do ATs face in your region regarding recognition, collaboration, or policy? Are these challenges unique to your country, or do you see parallels globally?
- How does the variety of professional titles (AT, ATC, therapist, kinesiologist) affect professional role clarity and what steps can we take globally to unify our identity?
- What initiatives could have the biggest impact on advancing AT recognition globally and how can organizations like CAATE, WFATT, BOC, and NATA collaborate internationally to support this work?
- If we were to draft a global call to action for advancing AT, what key priorities should be included?

