



World Federation of Athletic Training and Therapy

Academic Program Development Guidelines in Athletic Training and Therapy

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Introduction

The World Federation of Athletic Training and Therapy (WFATT) seeks to promote the profession of Athletic Training/Therapy internationally. Central to the establishment of the Athletic Therapy profession domestically is an academic program. Although the scope of practice of Athletic Training/Therapy varies from country to country to accommodate for cultural variations, there are knowledge and competency guidelines common to all.

This document will serve as a guide to the development of an academic program. For more information regarding curriculum development and program accreditation, you are encouraged to contact WFATT member organizations.

The terms Athletic Trainer/Therapist, Athletic Training/Therapy are generic terms to identify the profession. The United Kingdom uses the term Sport Rehabilitator to identify the profession in their country.

A. Application of the Guidelines

The **Guidelines** have been developed as recommended statements and criteria for the development and implementation of an athletic training/therapy education program. The World Federation of Athletic Training & Therapy is not an accrediting body and, therefore, educational programs meeting the guidelines stated herein do not have any recognition or accreditation status. This document serves only as a guide to the development of academic programming to support the domestically established scope of practice. Note: The academic program must ultimately satisfy the standards for the accrediting agency of choice during that process.

Academic programs should be aligned with and support the domestically established scope of practice of the profession. Accreditation, where available, provides external validation. The WFATT encourages international alignment of the scope of practice of Athletic Training and Therapy and academic programs allowing for accurate promotion the profession to the international community.

B. General Requirements

1. Purposes and Objectives

Athletic training/therapy education programs shall be designed to prepare athletic trainers/therapists 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 shall 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 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. Institutional Accreditation

Recognized athletic training/therapy education programs should be established in academic institutions accredited by an agency or accrediting body appropriate for, and specific to, the country where the institution is based.

3. Resources

The institutional administrative unit sponsoring the athletic training/therapy education program, shall demonstrate the availability of resources including personnel, facilities, instructional equipment, and finances to assure a continuing athletic training/therapy education program. Commitment to the program shall be at a level that is comparable to other health care education programs within the educational institution.

4. Interprofessional Education

The specific academic unit where the academic program is to be located shall 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 subject matter areas can be provided. The academic/administrative structure of the specific academic unit shall facilitate the incorporation of such coursework into the educational program. The academic program should also be accredited by a recognized program accreditor in athletic training or therapy.

5. Certification of Graduates

Athletic training/therapy education programs should lead to eligibility to take a nationally regulated certification examination. If such an examination does not exist, the institution(s) should consider collaborating with the respective national association to create an examination process.

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 Educators, Core Teaching Faculty, Allied Teaching Faculty, Medical, Allied Medical and Paramedical Personnel.

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 shall 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 shall 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 an 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. It is highly desirable that the Program Director or Leader shall have demonstrated involvement in athletic training/therapy through publications, public speaking, research, and membership in related professional organizations.

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 shall 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 shall be deemed appropriate in view of the administrative responsibilities of the Program Director or Leader.

2. Teaching Faculty

The core 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. Due to the interdisciplinary nature of athletic training/therapy education programs, the allied 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 shall be qualified through professional preparation and experience in their respective academic areas. Teaching faculty shall 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 a practice analysis document specific to Athletic Training and Therapy 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. Allied faculty members shall collaborate with core faculty members to understand the AT curriculum, evaluation methods, expectations, etc.

3. Clinical Educators

Clinical educators 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 educators shall have the following qualifications:

a. Currently credentialed as a certified athletic trainer/therapist or an equivalently degreed/credentialed and qualified clinician, trained to deliver healthcare services to physically active patients/athletes;

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

4. Interprofessional Interaction

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. Examples could include sport medicine physician, orthopedic surgeon, sport nutrition, sport psychology, paramedics, strength and conditioning, physiotherapy, massage therapy, sport chiropractic etc.

D. Facilities and Equipment

1. Classroom and Laboratories

Classroom and laboratory space shall 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. Classrooms and laboratories shall have adequate audiovisual technology with internet access that will provide the necessary resources for a quality teaching experience. Anatomy laboratories shall have adequate anatomical models to allow for good

access to students working in groups or individually. Access to cadaver labs is ideal but not required. Biomechanics and exercise physiology labs should have adequate equipment to allow ample hands on experience using the equipment and applying the skills on others. Athletic training/therapy laboratories should have adequate treatment tables, rehabilitation equipment, access to therapeutic modalities, emergency response equipment (spine boards, head blocks, splints, oxygen etc) such that students have ample opportunity to use the equipment in simulated clinical and field situations to gain the necessary applied experience.

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 shall 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. It is recommended that the preceptor (direct supervisor) to student ratio in a clinical setting and field setting should not exceed a 1:4 ratio.

3. Therapeutic Modalities and Rehabilitation Equipment

A wide range of contemporary therapeutic modalities and rehabilitation equipment shall be available for instructional purposes. Equipment that is in keeping with therapeutic practices and local/regional/national scopes of practice shall be available for use by students enrolled in the academic program for both instruction and practice.

4. First Aid and Emergency Care Equipment

All equipment and supplies necessary for the initial management of acute injuries/illnesses shall be available in order to provide the athletic training/therapy student with instruction in on-field management of injuries and emergencies. Equipment that is in keeping with therapeutic practices and local/regional/national scopes of practice shall be available for use by students enrolled in the academic program for both instruction and practice. Basic equipment should include stretchers, spine boards, appropriate cardiopulmonary resuscitation equipment, assorted splints, bandages, dressings, etc.

5. Records

Opportunity shall 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. 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, department library or electronically through inter-library loan, journals or databases. Adequate instructional aids (e.g. multi-media) should also be available for use by athletic training/therapy education program instructors.

E. Curriculum Requirements

Athletic training/therapy education programs shall be designed 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, as long as it meets the local requirements for certification or registration. Regardless of the type of degree program, the athletic training/therapy curriculum should 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. The opportunity for student development of the specified competencies should be verifiable, as a minimum, through reviews of course syllabi or interviews with instructors.

Academic programs with a medical focus, such as is the case with an Athletic Training/Therapy program, are evolving more and more into competency-based education with regular formative evaluations throughout the continuum of study. Learning is nurtured throughout the whole process focusing on developing competencies in fundamental knowledge and skills before progressing on to and attaining new and more complex competencies. Ultimately the student should be thoroughly evaluated, and an appropriate level of competency should be determined in the skill sets required of an Athletic Trainer/Therapist.

Members of the WFATT can advise on course work and practical experience opportunities and the development of student knowledge, skills, and attitudes.

F. Course Work

1. Content Requirements

The athletic training/therapy education program should include formal coursework in the following content areas:

- a. Risk Management and Injury Prevention
- b. Acute Care (urgent and non-urgent interventions)
- c. Concussion Assessment and Management
- d. Pathology of Injuries and Illnesses
- e. Orthopedic Examination and Assessment/Diagnosis (extremities and spine)
- f. General Medical Conditions Examination and Assessment/Diagnosis
- g. Human Anatomy/Physiology/Exercise Physiology/Biomechanics/Health
- h. Therapeutic Modalities (Therapeutic modalities subject matter should include modalities or interventions which are common to local practices [e.g. ultrasound, electrotherapy, etc])
- i. Rehabilitation and Conditioning Techniques (extremities and spine, including manual therapies)
- j. Psychosocial Intervention and Referral
- k. Professional Responsibilities and Ethical Practice
- l. Research and Evidence Informed Practice
- m. Pharmacology (therapeutic and performance enhancing)

- n. Nutrition
- o. Health Care Administration and Management

The content 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.

Athletic training/therapy education curriculums should reflect a comparatively high emphasis on the development of competency in “major task” areas, 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 experiences refer to learning opportunities within a traditional clinical setting. Practical experiences are the opportunities for the student to apply their knowledge and skills in diverse settings such as private medical clinics, private/public hospitals, and/or part of a medical team in sport settings. Clinical and Practical education shall be a substantial element of the athletic training/therapy educational program. Specific coursework, laboratory experiences, and instructional time shall be devoted to the introduction, acquisition, and competency of clinical/practical skills. Specific coursework shall include formal classroom time and practice, or laboratory time providing students with initial 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. The academic institution program shall identify a faculty-practicum liaison who is responsible for building the clinical educator’s capacity for student evaluation and feedback with the goal of developing student competence.

2. Structuring Clinical /Practical Experiences

Clinical/Practical experiences in athletic training/therapy shall be designed to provide the student with enough 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 practical 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 shall be provided by qualified clinical educators. 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 shall 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 educators shall be based on a combination of several factors including the human resources, clinical instructor workload, equipment/supplies, and the clinical or practicum facilities. A recommended clinical/practical educator to student in both clinical and practical environments is 1:4.

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 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. Recruitment materials shall 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) clinical education (9) certification examination success of program graduates, and (10) initial placement and success of program graduates in the workforce.

J. Program Accreditation

As stated above, the WFATT is not a recognition or accrediting body. Meeting these guidelines does not provide the program with any recognition status whatsoever. Developing programs should seek recognition and/or accreditation status from the agency appropriate to their country. That agency may be a national ATT association or its recognized accrediting body, government regulatory agency or other appropriate body. While there are numerous accreditation options, member organizations of the WFATT have the expertise and capacity to assist with the accreditation process. These currently include ARTI, CATA, BASRaT or CAATE. All listed organizations have developed accreditation standards and compliance procedures. The goal of any program is to be in alignment with the domestically established scope of practice which is also comparable to other programs internationally.