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THE GENERAL PUBLIC'S KNOWLEDGE AND PERCEPTIONS OF THE  
CERTIFIED ATHLETIC TRAINER'S  
PROFESSIONAL ROLE AND EDUCATIONAL BACKGROUND

by  
Casey Christy

A Thesis

Submitted in partial fulfillment of the requirements of the  
Master of Arts Degree  
of  
The Graduate School  
at  
Rowan University  
April 25, 2002

Approved by

Professor

Date Approved

6-01-02

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## ABSTRACT

Casey Christy  
The General Public's Knowledge and Perceptions of the Certified Athletic  
Trainer's Professional Role and Educational Background  
2002  
Advisor: Larry Litwin  
Public Relations

This study's purpose was to determine the general public's knowledge, attitudes and behaviors relative to the certified athletic trainer's professional role and educational background.

Two-hundred and seventy-nine people completed an 11-question intercept survey. Results indicate the athletic training professional faces many perception barriers with the general public.

Only 12 percent identified an "athletic trainer" as one of the on-field healthcare providers for injured professional football players. More than half failed to correctly describe what an athletic trainer does. Many responses indicate the public confuses certified athletic trainers with "personal trainers" and other strength and conditioning professionals. Eighty-four percent of the respondents were unable to define the acronym "ATC," the credential that identifies a certified athletic trainer.

Most (78 percent) "strongly agreed" or "agreed" ATCs should be present at amateur athletic events; 64 percent felt four or more years of college was

necessary to become an athletic trainer. However, only 32 percent selected a certified athletic trainer as their number one choice among other healthcare professionals when seeking sports injury care advice. For those with direct experience with an ATC, performance effectiveness ratings within each of the athletic training domains was generally favorable.

## MINI-ABSTRACT

Casey Christy

The General Public's Knowledge and Perceptions of the Certified Athletic  
Trainer's Professional Role and Educational Background

2002

Advisor: Larry Litwin  
Public Relations

This study determined the general public's knowledge, attitudes and behaviors relative to the certified athletic trainer's professional role and educational background. More than half of the respondents failed to correctly describe what a certified athletic trainer does and many confused ATCs with "personal trainers" and other related professionals. Most felt four or more years of college is necessary to become an athletic trainer.

## ACKNOWLEDGEMENTS

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# **Chapter One: Introduction**

## **Background and Importance of the Problem**

Certified athletic trainers (ATCs) are allied healthcare professionals who provide sports injury evaluation, treatment, rehabilitation and prevention under the direction of a licensed physician. ATCs work in a variety of settings, including high school and collegiate athletic programs, professional sports teams and sports medicine clinics.<sup>1</sup>

Athletic trainers are governed nationally by the National Athletic Trainers' Association (NATA) and receive certification through a stringent exam process administered by the National Athletic Trainers' Association Board of Certification, Inc. (NATABOC).<sup>2</sup> Individual state medical boards govern ATCs locally, and often require additional credentials (usually in the form of licensure or registration) in order to practice.

Unfortunately, the general public is often unaware of the ATC's professional duties and educational requirements. This lack of awareness inhibits the profession's reputation and respect among the general population, limits its growth, and impacts employment opportunities and adequate compensation. Therefore, the purpose of this study was to examine the public's knowledge, perceptions and beliefs of the certified athletic trainer's professional role and educational background.

The following describes an overview of the athletic training profession, including the ATC's day-to-day duties and responsibilities, education and credentialing processes, professional associations and continuing education requirements.

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<sup>1</sup>National Athletic Trainers' Association, The Certified Athletic Trainer (brochure). Dallas, TX.

<sup>2</sup>NATA, The Certified Athletic Trainer.

## **Professional duties**

An ATC's duties will vary depending on the employment setting. In the traditional setting, a typical day is as follows:

Before practices and competitive athletic events, the ATC prepares athletes for their particular activity through protective taping, bandaging, bracing and injury prevention exercises.

ATCs also employ treatment and rehabilitation techniques to injured athletes to help them recover and resume their pre-injury athletic activity. These techniques include applying therapeutic modalities such as moist heat packs, therapeutic ultrasound, electrical muscle stimulation, ice treatments, warm and cold whirlpool treatments and massage.<sup>3</sup>

Rehabilitation involves specific therapeutic exercises to improve the mobility, strength and function of an injured body part to pre-injury levels. Athletic trainers rehabilitate a variety of injuries—from simple ankle sprains to patients who have recently undergone reconstructive knee or shoulder surgery.

During practices and athletic events, athletic trainers provide on-site coverage to evaluate injuries, provide immediate on-field care and make return-to-play decisions. Responsibilities vary from managing a serious neck injury or concussion in a football player, to splinting a basketball player's fractured ankle, to examining a shoulder injury in a baseball or softball player.

Other duties include handling administrative concerns, such as record keeping, budgeting, corresponding with treating physicians and communicating with parents of

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<sup>3</sup>NATA, The Certified Athletic Trainer.

injured athletes.

Athletic trainers also implement conditioning programs to prevent injuries, provide related in-services for faculty and staff (ie: first aid training) and establish guidelines and policies related to emergency protocols and environmental hazards (ie: lightning and heat safety).

An athletic trainer's duties in a sports medicine clinic or corporate setting can vary, depending on state regulations. Responsibilities may include implementing injury treatment and rehabilitation, work-hardening and preventative sports conditioning programs as well as community outreach activities.

### **The NATA**

The National Athletic Trainers' Association is the official governing body for certified athletic trainers. Headquartered in Dallas, Texas, the organization serves to "advance, encourage and improve the athletic training profession."<sup>4</sup> Its mission is "to enhance the quality of healthcare for athletes and those engaged in physical activity, and to advance the profession of athletic training through education and research in the prevention, evaluation, management and rehabilitation of injuries."<sup>5</sup>

Founded in 1950 with 200 members, this not-for-profit organization has grown to 23,700 members. The NATA provides a variety of member services, including public relations, governmental affairs and continuing education. The NATA also sets professional and educational standards, publishes the *Journal of Athletic Training* (a quarterly, scientific journal) and the *NATA News* (a monthly magazine).<sup>6</sup>

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<sup>4</sup>National Athletic Trainers' Association, Member Public Relations Kit. Dallas, TX.

<sup>5</sup>NATA, Member Public Relations Kit.

<sup>6</sup>NATA, Member Public Relations Kit.

Approximately 77 percent of NATA members are certified athletic trainers, 19 percent are college students and the remaining 4 percent are listed as “other.” 54 percent of NATA members are male, 46 percent are female.<sup>7,8</sup>

### **The NATABOC, Inc.**

Established in 1970 and incorporated in 1989, the National Athletic Trainers’ Association Board of Certification, Inc. establishes standards and provides certification for entry-level athletic trainers. The NATABOC also regulates the continuing education requirements ATCs must satisfy to maintain their certification status.

The mission of the National Athletic Trainers’ Association Board of Certification is “to certify athletic trainers and to identify for the public, quality healthcare professionals through a system of certification, adjudication, standards of practice and continuing competency programs.”<sup>9</sup>

Accredited by the National Commission for Certifying Agencies (NCCA), the NATABOC exam consists of three parts: the written, the simulation and the practical. The written portion assesses the candidate’s understanding of scientific principles and practices as they pertain to the practice of athletic training. The simulation portion evaluates the candidate’s decision-making skills, while the practical component assesses the candidate’s skill level in employing a variety of athletic training procedures and techniques.<sup>10</sup>

Each exam item is based on content related to one of the six athletic training performance domains as outlined in the NATABOC Role Delineation Study:

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<sup>7</sup>NATA, Member PR Kit.

<sup>8</sup>National Athletic Trainers’ Association Board of Certification, Inc., Castle Worldwide, Inc., Annual Report for the 2000 Testing Year. (on-line); accessed 14 October 2001; available from: <http://www.nataboc.org>.

<sup>9</sup>NATABOC, Inc., Annual Report for the 2000 Testing Year.

<sup>10</sup>NATABOC, Inc., Annual Report for the 2000 Testing Year.

1. Prevention of athletic injuries.
2. Recognition, evaluation and assessment of athletic injuries.
3. Immediate care of athletic injuries.
4. Treatment, rehabilitation and reconditioning of athletic injuries.
5. Organization and administration skills.
6. Professional development and responsibility.<sup>11</sup>

The NATABOC employs extensive procedures to make certain all certification examinations are valid and reliable. In fact, every five years the organization must undergo review and re-accreditation by the NCCA. These practices ensure only those candidates who demonstrate a high competence level successfully achieve certification.

An analysis of testing results clearly demonstrates the level of NATABOC exam difficulty. According to the NATABOC 2000 Report, only 61 percent of candidates pass upon the first time taking the examination. A closer look at certification results shows 52.14 percent of those who take the “internship route” pass the first time, while 69.11 percent of “accredited curriculum route” students pass on the first try.<sup>12</sup> (see education route descriptions later in this section).

### **Athletic Training Education**

Certified athletic trainers must possess a minimum of a bachelor’s degree from an accredited athletic training education curriculum program or meet other requirements

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<sup>11</sup> Columbia Assessment Services, Inc., NATABOC Role Delineation Study, 4<sup>th</sup> ed., Morrisville, NC. 4-23.

<sup>12</sup> NATABOC, Inc., Castle Worldwide, Inc., Annual Report for the 2000 Testing Year.



established by the NATABOC in order to sit for the certification exam. Those who have met the criteria set forth by the NATABOC and successfully pass the certification examination are granted the “ATC” title, which stands for “Athletic Trainer, Certified.” Athletic trainers must be certified by the NATABOC and meet individual state requirements in order to practice.<sup>13</sup>

College students pursuing athletic training certification currently have two options when completing their requirements to sit for the NATABOC exam: 1) the accredited curriculum route or 2) the internship route. However, the National Athletic Trainers’ Association has begun to phase out the internship route and as of 2004, all candidates must have completed their education in an accredited athletic training program to be eligible for the NATABOC exam.<sup>14</sup>

### **Accredited curriculum route**

Accredited entry-level athletic training education programs must be approved by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) and typically include formal instruction in the following areas:

- Prevention of injuries and illness
- Assessment and evaluation of injury/illness
- Emergency care
- Therapeutic modalities
- Therapeutic exercise
- Athletic training program administration

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<sup>13</sup> National Athletic Trainers’ Association, Career Information (brochure). Dallas, TX.

<sup>14</sup> National Athletic Trainers’ Association Board of Certification, Inc., Certification Requirements and Candidate Information (on-line); accessed 14 October 2001; available from: <http://www.nataboc.org>.

- Human anatomy and physiology
- Kinesiology/Biomechanics
- Nutrition
- Psychology
- Pharmacology
- Pathology
- Healthcare administration<sup>15</sup>

Students must also participate in clinical education experiences under the supervision of a certified athletic trainer. This gives students opportunities to gain practical experience and further develop their skills in typical settings where ATCs work. These settings usually include university and college-level athletics, secondary school athletics and sports medicine clinics.

With the accredited curriculum route, students must accrue a minimum of 800 clinical experience hours. And these hours must be completed in no less than two academic years.<sup>16</sup>

### **About CAAHEP**

Established in 1994, CAAHEP is a non-profit organization that accredits allied health education programs. Currently, the Commission accredits over 1,900 allied healthcare education programs—such as Physician Assistant, Respiratory Therapy and Emergency Medical Technicians—in more than 1,300 institutions. CAAHEP accredits

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<sup>15</sup>NATA, Career Information.

<sup>16</sup>NATABOC, Inc., Certification Requirements and Candidate Information.

athletic training education programs based upon recommendations made by the Joint Review Committee on Educational Programs in Athletic Training (JRC-AT).<sup>17</sup> The following is a list of CAAHEP-accredited athletic training education programs:<sup>18</sup>

**Alabama**

Samford University  
University of West Alabama  
Troy State University  
University of Alabama  
Arkansas  
Arkansas State University

**California**

Vanguard University  
California State University-Fresno  
California State University-Fullerton  
California State University Northridge  
California State University-Sacramento  
San Diego State University  
San Jose State University

**Colorado**

University of Northern Colorado

**Connecticut**

Sacred Heart University  
Central Connecticut State University

**Delaware**

University of Delaware

**District of Columbia**

George Washington University  
Florida Florida Southern College  
Barry University  
Stetson University  
University of Florida  
University of North Florida

**Georgia**

The University of Georgia  
Georgia Southern University  
Valdosta State University

**Idaho**

Boise State University

**Illinois**

Southern Illinois University  
Eastern Illinois University  
Northern Illinois University  
Western Illinois University  
Illinois State University  
University of Illinois

**Indiana**

Anderson University  
Indiana University  
De Pauw University  
Manchester College  
Ball State University

**Iowa**

Iowa State University  
University of Northern Iowa  
University of Iowa

**Kansas**

Emporia State University  
Kansas State University

**Kentucky**

Eastern Kentucky University

**Maryland**

Salisbury University  
Towson University

**Massachusetts**

Endicott college  
Boston University  
Northeastern University  
Bridgewater State College  
Lasell College  
Merrimack College  
Salem College  
Springfield College  
Westfield State College

**Michigan**

Grand Valley State University  
Hope College  
Central Michigan University  
Eastern Michigan University

**Minnesota**

Minnesota State University-Mankato  
Bethal College  
Gustavus Adolphus College  
Winona State University

**Mississippi**

University of Southern Mississippi  
Colby-Sawyer College  
Plymouth State College

**New Jersey**

Rowan University  
Kean College of New Jersey  
William Paterson University

**New Mexico**

University of New Mexico  
New Mexico State University

**New York**

State University of NY-Brockport  
Canisius College  
State University of NY-Cortland  
Hofstra University  
Ithaca College

**North Carolina**

Appalachian State University  
Campbell University  
University of North Carolina  
Elon University  
East Carolina University  
Lenoir-Rhyne College  
High Point University  
Mars Hill College  
Catawba College  
Wingate University

**North Dakota**

University of Mary  
North Dakota State University  
University of North Dakota

**Ohio**

Ohio Northern University  
Mount Union College  
Ohio University  
University of Cincinnati  
Xavier University  
Capital University  
Marietta College  
Miami University  
University of Toledo  
Otterbein College  
Wilmington College of Ohio

**Oklahoma**

University of Tulsa

**Oregon**

Oregon State University  
Linfield College  
George Fox University

**Pennsylvania**

California University of Pennsylvania  
East Stroudsburg University  
Mercyhurst College  
Messiah College  
Indiana University of Pennsylvania  
Lock Haven University  
Temple University  
Duquesne University  
University of Pittsburgh  
Alvernia College  
Slippery Rock University  
Pennsylvania State University  
Waynesburg College  
West Chester University  
King's College

<sup>17</sup> NATABOC, Inc., Certification Requirements and Candidate Information.

<sup>18</sup> Commission on Accreditation of Allied Health Education Programs, Athletic Trainer Programs (on-line); accessed 4 December 2001; available from <http://www.caahep.org/programs/at/at-prog.htm>.

**South Carolina**

College of Charleston  
University of South Carolina  
Erskine College

**South Dakota**

South Dakota State University  
Dakota Wesleyan University  
Augustana College

**Tennessee**

Lincoln Memorial University  
Libscomb University

**Virginia**

Emory & Henry College  
Longwood College  
James Madison University  
Roanoke College  
Washington State University  
Whitworth College

**Texas**

Southwestern University  
Texas Christian University

**Utah**

Brigham Young University  
University of Utah

**Vermont**

University of Vermont  
Castleton State College

**West Virginia**

West Virginia Wesleyan College  
University of Charleston  
Marshall University  
West Virginia University

**Wisconsin**

University of Wisconsin-LaCrosse  
University of Wisconsin-Madison

CAAHEP, together with The American Academy of Family Physicians, The American Academy of Pediatrics, the American Orthopaedic Society for Sports Medicine and the NATA, cooperate to establish, maintain and promote objectives and quality standards for athletic training educational programs.<sup>19</sup>

**The internship route**

The internship route offers an alternative to the CAAHEP-approved curriculum route, however as mentioned, such programs will soon no longer exist. Each internship candidate applying to take the NATABOC exam must submit an official transcript documenting the completion of at least one course in the following areas:

- Health

(Acceptable courses include Nutrition, Substance Abuse, Health Education, Personal Health and Wellness or Pathology)

<sup>19</sup> National Athletic Trainers' Association, Standards and Guidelines for an Accredited Education Programs for the Athletic Trainer (on-line); accessed 14 Oct. 2001; available from <http://www.nataboc.org>.

- Human Anatomy
- Kinesiology/Biomechanics
- Human Physiology
- Exercise Physiology
- Basic Athletic Training
- Advanced Athletic Training

(Therapeutic Modalities and Rehabilitative Exercise)

Students must also document 1500 hours of athletic training experience (a.k.a. “internship”) under a certified athletic trainer’s supervision. Applicants must accumulate these hours in no less than two academic years and at least 1000 of these hours must take place in a “traditional” setting. Hours completed more than five years before the application date are not accepted.<sup>20, 21</sup>

### **Continuing education**

Once certified, ATCs must acquire 80 continuing education units (CEUs) every three years to maintain certification. Activities include attending professional conferences and workshops, CPR training, home study courses, publications and post-certification college coursework. One “contact hour” of instruction equals one CEU.<sup>22</sup> For example, if a certified athletic trainer attends a four-hour educational seminar, he or she will receive four CEUs for that activity. ATCs are responsible for recording and tracking their individual CEU activities and submitting this information to the NATABOC.

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<sup>20</sup>NATA, Career Information.

<sup>21</sup>NATABOC, Inc., Certification Requirements and Candidate Information.

<sup>22</sup>National Athletic Trainers’ Association Board of Certification, Continuing Education Office, 2001-03 Continuing Education Guidelines. Dallas, TX.

## **Problem statement**

The athletic training profession has enjoyed tremendous growth over the past few decades. Today, ATCs work in a variety of settings, perform clinical research and the majority hold advanced degrees. Perhaps one of the greatest measures of the profession's credibility occurred in 1990, when the American Medical Association (AMA) officially recognized athletic training as an allied healthcare profession.<sup>23</sup> And in 1998, the AMA recommended the presence of certified athletic trainers in all schools with athletic programs.<sup>24</sup>

## **Why is public relations in athletic training important?**

Unfortunately, despite these accomplishments, many members of the general public are still unaware of the vital role ATCs play in sports injury care. This becomes painfully evident when athletic trainers enter the workforce and are faced with co-workers, supervisors, school board members, parents and other community members who don't understand that role. This lack of public awareness contributes to many of the barriers ATCs face when seeking employment, justifying positions, obtaining adequate resources and negotiating salaries, especially in many secondary school settings. In fact, less than 35 percent of the nation's high schools employ a certified athletic trainer, clearly illustrating the magnitude of this issue.<sup>25</sup>

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<sup>23</sup>Daniel Arnheim and William Prentice, Principles of Athletic Training, 8<sup>th</sup> ed. (St. Louis: Mosby-Year Book, 1993), 23.

<sup>24</sup>American Medical Association Resolution 431, A-97.

<sup>25</sup>Ellen Satlof (NATA press release), What happens if your child is injured on the sports field? (on-line); accessed 14 Oct 2001; available from [www.nata.org/publications/pressreleases/whatifyourchild.htm](http://www.nata.org/publications/pressreleases/whatifyourchild.htm).

Furthermore, the general public often confuses certified athletic trainers with other professions, particularly physical education teachers, athletic directors and personal fitness trainers. These professions differ greatly in scope and educational background with that of athletic training.

Over the past several years, the NATA has recognized the importance of public relations in educating the public about the profession. From creating new employment opportunities to passing favorable legislation, it has become increasingly clear public relations represents a key element to the profession's continued growth.

If school board members, school administrators, parents, athletes and other members of the public do not recognize the critical role ATCs play in athletic healthcare, athletic trainers will struggle to gain full-time, "in-house" employment, adequate compensation, fair working conditions and the necessary resources to effectively perform their jobs. Athletic trainers who work under favorable conditions often have the support of these individuals—individuals who are keenly aware of their professional role and educational background.

### **NATA Public Relations Efforts**

With this in mind, the NATA employs public relations strategies via the services of a professional communications firm (Host Communications, Inc.) as well as its own personnel to accomplish its national public relations objectives.<sup>26</sup>

This personnel includes an 13-member volunteer public relations committee and one full-time public relations manager. The public relations committee is comprised of 10 representatives from each of the NATA's geographical districts, one representative from

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<sup>26</sup>Teresa Zepka, Eastern Athletic Trainers' Association Public Relations Update (online); 19 Jan. 2001, accessed 14 Oct. 2001, available from [www.goecata.org/district2/news/COMPUT/pr.htm#1/19/01/](http://www.goecata.org/district2/news/COMPUT/pr.htm#1/19/01/).

a corporate setting, two representatives from professional sports settings and one committee chairperson.<sup>27</sup>

### **Keep the Train Delivering Campaign**

In 1998, the NATA implemented a national public relations campaign titled *Keep the Train Delivering*. This plan contained strategies and tactics to promote athletic training to the general public—particularly parents, secondary school educators and other decision-makers, the national sports media, national healthcare and medical media and other selected audiences.<sup>28</sup>

External outreach initiatives during this campaign centered on releasing information found in a three-year injury surveillance study, conducted by John Powell, Ph.D, ATC and Kim D. Barber-Foss, MS, ATC. The study, titled “Injury Patterns in Selected High School Sports: A Review of the 1995-1997 Seasons,” evaluated current injury trends in sports such as football, baseball softball, field hockey, soccer, volleyball and wrestling. News releases focused on the following findings:

- An average of 55.5 percent of the reported injuries occurred during practice sessions.
- Only boys (59.3 percent) and girls (57 percent) soccer showed a larger proportion of reported injuries in games than practices.

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<sup>27</sup> Jerry Koloskie, National Athletic Training Month 2001, (NATA News insert, Oct. 2001).

<sup>28</sup> NATA (press release), Keep the Train Delivering: The 1998 NATA Public Relations Plan, (on-line); accessed 14 Oct. 2001; available from <http://www.nata.org/publications/press%20releases>.



- Football had the highest rate of injury per 1,000 athlete exposures (8.1), while volleyball showed the lowest rate (1.7).
- The largest proportion of fractures came from boys' baseball (8.8 percent), basketball (8.6 percent), soccer (8.5 percent) and softball (8.4 percent).
- More than 73 percent of injuries restricted players fewer than eight days.
- The highest frequency of knee injuries appeared in girls' soccer (19.4 percent), while baseball was the lowest (10.5 percent).
- The largest proportion of surgeries reported among the 10 sports was for girls' basketball (4.0 percent) and the lowest was field hockey (1.2 percent).
- Of the injuries requiring surgery, 60.3 percent were to the knee.
- Field hockey was the only sport where sprains and strains accounted for less than 50 percent of the total injuries.<sup>29</sup>

News releases emphasized the need for high school athletic injury prevention programs and the role ATCs play in minimizing and treating such injuries.

<sup>29</sup> Ellen Satlof (NATA press release), [NATA Releases Results of Three-Year Study of Injuries to High School Athletes](http://www.nata.org/publications/press%20releases/resultsof3yearstudy.htm) (on-line); accessed 5 December 20; available from [www.nata.org/publications/press%20releases/resultsof3yearstudy.htm](http://www.nata.org/publications/press%20releases/resultsof3yearstudy.htm).

Other public relations efforts included the *Public Identification Program*, *Facilitating Fun Facts*, and various ongoing media relations activities. *The Public Identification Program* targeted national sports announcers, collegiate and professional sports programs to correctly identify athletic training professionals as “certified athletic trainers,” and not simply as “trainers.”

The term “trainers,” is commonly used by the sports media, athletes and coaches when referring to certified athletic trainers, thus contributing to the public’s confusion of ATCs with personal trainers, boxing trainers and other professions with similar names—all of which differ largely in scope, educational preparation and professional duties with that of the certified athletic trainer.

The *Facilitating Fun Facts* program involved distributing factoids—key athletic training issues and concerns—to the national media. Prepared by the NATA Pronouncements Committee, factoids addressed issues such as lightning safety, proper equipment use and other pertinent injury prevention topics.<sup>30</sup>

Other media relations activities included a summer media tour, additional news releases as well as monitoring print, radio and broadcast news coverage relevant to athletic training.<sup>31</sup>

### **“Call Me ATC” Campaign**

Over the next few years, the NATA continued a strong public relations effort. In 1999, for example, the public relations committee kicked off its *Call Me ATC* campaign, promoting the certified athletic trainer’s credentials.<sup>32</sup> The NATA also published its first

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<sup>30</sup> NATA (press release), Keep the Train Delivering: The 1998 NATA Public Relations Plan.

<sup>31</sup> NATA, Keep the Train Delivering: The 1998 NATA Public Relations Plan.

<sup>32</sup> NATA, Keep the Train Delivering: The 1998 NATA Public Relations Plan.

*Member PR Kit* that year to assist individual athletic trainers in promoting the profession at the “grassroots” level. Kit information included media relations and presentation tips, sample public address announcements (for athletic events), promotional brochures and a list of “personal public relations goals”<sup>33</sup> (see appendix).

### **Other Public Relations Efforts**

In 2000, the public relations committee initiated the *Joe Garagiola Excellence in Sports Medicine Reporting Award*. This award is presented annually to a sportscaster or sportswriter whose article or broadcast either promotes an athletic healthcare issue or healthcare provider in a positive way, or shows a vital impact of the subject matter to the public audience.<sup>34</sup> The committee also exhibits at several key professional meetings each year such as the American Association of School Administrators, the National School Board Association and the National Conference of State Legislators.<sup>35</sup>

As of January 2001, the NATA public relations committee together with Host Communications, Inc. had accomplished the following.

- Media Days-Attended NCAA Division I Football and Basketball Media Days.
  
- Press Releases - Released seven press releases to over 6,000 media outlets.
  
- Radio Advertising- Six national radio spots—four during the college basketball season, one during the college world series and one during the Rose Bowl.

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<sup>33</sup> NATA, Member Public Relations Kit.

<sup>34</sup> Ellen Satlof, NATA Releases Results of Three-Year Study of Injuries to High School Athletes.

<sup>35</sup> Teresa Zepka, Eastern Athletic Trainers' Association Public Relations Update.

- Print exposure – Placed half-page ads in the *NABC Courtside* (bimonthly, 5,500 circulation), *WBCA's Coaching Women's Basketball* (monthly, 5,300 circulation) and several other college game-day programs.

- Public service announcements<sup>36</sup>

### **National Athletic Training Month**

In March 2001, the NATA promoted one of its largest public relations campaigns with its first-ever *Athletic Training Month*. Members received information packets in advance, outlining a step-by-step, five-month promotional plan for this event. Packets included a sample news release and governmental proclamation, promotional and publicity tips, a camera-ready logo (Illustration 1) and sample public service announcements (see appendix). Members were encouraged to implement the promotional plan within their individual work communities.<sup>37</sup> In 2002, the NATA continued these efforts with a similar approach.



**Illustration 1.** Sample camera-ready artwork promoting Athletic Training Month.

<sup>36</sup>Teresa Zepka, Eastern Athletic Trainers' Association Public Relations Update.

<sup>37</sup>Jerry Koloskie, National Athletic Training Month 2001.

## **State-level public relations**

In addition to national efforts, individual state athletic training organizations engage in countless public relations efforts across the nation. For example, the Athletic Trainers' Society of New Jersey, Inc. exhibits at the New Jersey School Boards Convention each year, conducts awareness events for the State Legislature, publishes promotional literature and maintains a website. Many other states across the country do the same.

State athletic training organizations pursuing legislative changes have found increasing the general public's awareness of the profession—particularly among legislators and their constituents—has facilitated these efforts.<sup>38</sup> These legislative changes have led to improved state credentialing processes (usually in the form of licensure), better state regulation, and more favorable employment opportunities for athletic trainers.

Are all of these public relations efforts working? To date, few studies have been published to evaluate the profession's current status with the general public or the effectiveness of such public relations programs.

## **Delimitations**

Due to logistical constraints, this study was limited to the knowledge, attitudes and beliefs of those only in the southern New Jersey area. Secondly, the study assumes survey participants regularly watch (or have viewed in the past) televised professional football programs, as this is an important component in survey question 3.

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<sup>38</sup> Valerie Hunt, "From Grassroots to the Governor's Desk: An Overview of the Athletic Training Legislation," NATA News, November 2001, 10-16.

Third, the study assumes participants read and followed the directions provided before completing the survey. Finally, the “halo effect” may have limited truthful answers in some survey questions. This refers to survey participants’ natural tendency to appease the investigator by providing answers they assume the investigator is looking for.

## **Purpose**

The purpose of this study was to determine the general public’s knowledge, attitudes and behavior relative to the certified athletic trainer’s educational preparation, required credentials and professional role in athletic injury care.

Does the general public realize ATC’s require a minimum of a bachelor’s degree or are they under the impression that only a home study or “weekend course” is sufficient? If a member of the general public suffers a sports injury, would a certified athletic trainer be one of their top choices when seeking injury care or advice? Do people realize athletic trainers are one of the primary caregivers to injured athletes? Do they think certified athletic trainers should be present at amateur athletic events? Is the general public aware of the “ATC” credential and what it represents? Furthermore, of those surveyed who have had direct experience with an athletic trainer, how do they rate the ATC’s effectiveness in key athletic training domains? These are some of the questions this study attempted to answer.

## **Hypotheses:**

1) Less than 30 percent of the general public surveyed in this study will have a clear understanding of the ATC's professional role and thus be able to correctly describe what an athletic trainer does.

2) Of those surveyed, only those with "upper level" organized sports activity experience will clearly understand the ATC's professional role and thus be able to correctly describe what an athletic trainer does.

## **Procedure**

An 11-question survey (see appendix) was distributed to 279 people of varying ages and levels of organized sports experience. To ensure demographic variety and to reduce bias, surveys were distributed at a public parks, three doctors' offices, two college campuses, and among patrons and employees of local businesses and corporations. Surveys were distributed to only those who did not know the principal investigator.

## **Terminology**

**Corporate setting-** an industrial or business athletic trainer employment setting.

**Fracture** – a broken bone.

**In-house employment** – refers to the full-time employment of a certified athletic trainer by an educational institution, as opposed to an educational

institution contracting athletic training services through a private or hospital-based sports medicine center.

**Pathology-** the study of the nature and cause of injury, illness or disease.

**Proclamation-** a written statement by a governmental office such as a town mayor or state governor.

**Traditional setting-**an athletic trainer employment setting referring to a high school, college or professional sports team.

**Sports medicine center-**an outpatient medical facility providing injury treatment and rehabilitation services.

**Upper level sports experience-**organized high school, college or professional athletics sanctioned by an educational institution or professional organization.



## **Chapter Two: Literature Review**

Studies evaluating perceptions of certified athletic trainers are limited. In fact, as of this writing, the National Athletic Trainers' Association has not performed any "market research" to evaluate such perceptions of the general public.<sup>1</sup>

One recent study examined athletes' parents' and guardians' perceptions of athletic trainers. In 2001, Hoppel et al. assessed Indiana high school parents' and guardians' knowledge of athletic trainers' roles and responsibilities.<sup>2</sup> One-hundred and four participants completed a survey questionnaire addressing eight areas of athletic training:

- 1) General athletic training questions
- 2) Athletic trainer qualifications
- 3) Athletic trainer responsibilities
- 4) Injury prevention
- 5) Injury assessment
- 6) Emergency care
- 7) Rehabilitation
- 8) Organization and administration

In an emergency situation, participants felt the most comfortable with a certified athletic

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<sup>1</sup> Teresa Foster Welch, National Athletic Trainers' Association, telephone conversation, 20 Dec. 2001.

<sup>2</sup> KL Hoppel, et al., Parents'/Guardians' Awareness of Athletic Trainers' Roles and Responsibilities in the Wabash Valley (unpublished). Presented at the National Athletic Trainers' Association Annual Meeting, June 2001. Abstract published in the Journal of Athletic Training. Vol. 36 No.2 (supp.) June 2001 pS-74.

trainer initiating the care for their injured student-athlete (48 percent), followed by a registered nurse (33 percent) and then a physician (9 percent).

When questioned about their main information source for injury prevention and treatment, 28 percent indicated their family physician, 26 percent said “personal experience,” 23 percent stated a certified athletic trainer while 13 percent indicated their own child.

Thirty-one percent of the participants indicated athletic trainers had to pass a national certification exam to practice, 30 percent stated graduation from a four-year college or university was necessary, whereas 17 percent were not sure what type of background was necessary to become an athletic trainer.

When questioned about an athletic trainer’s job responsibilities, 40 percent indicated “evaluating athletic injuries,” 29 percent said “administering first aid,” while 15 percent felt athletic trainers help people “lose weight and get in shape.”

The authors also collected demographic information. Seventy-seven percent of the respondents were females; 23 percent were males. Most of the participants (96 percent) were 36 years of age or older. The highest educational level most commonly found among the participants was a high school diploma or GED equivalent (37 percent).

While Hoppel’s results are certainly encouraging and address some of the same perceptions this study sought to evaluate, the sample size was small. Biased answers are also a concern. One would question if 48 percent of the general public would really feel the most comfortable with a certified athletic trainer taking care of their injured son or daughter when faced with a choice between either an ATC or a physician (only 9 percent selected a physician).

Despite one's knowledge of an athletic trainer's background and capabilities, it seems unlikely that a parent would actually prefer an ATC over a physician when given a choice between the two in this circumstance. Perhaps the "halo effect" affected the participants' answers by causing them to select the answer they felt the authors were looking for; or perhaps they simply were educated by the survey itself and this influenced their decision.

Other studies have been published examining perceptions of athletic trainers, however, these focused on athletes' perceptions and not those of the general public. The following reviews their findings and applications to this study.

Vanguri et. al. evaluated how Division II collegiate student-athletes perceived certified athletic trainers.<sup>3</sup> The authors sampled 89 student-athletes at the 2000 National Collegiate Athletic Association (NCAA) Division II Track and Field Championships held in Raleigh, North Carolina. Surveys included open-ended questions, yes/no questions and Likert scales (strongly agree, agree, neutral, disagree, strongly disagree).

Although specific data was not available, some stated athletic trainers are "primarily responsible for water and ice" while others indicated they have "responsibilities for the healthcare of all student athletes."

Very few (16 percent) expressed an interest in pursuing athletic training as a career, most likely due to misunderstandings of the ATC's roles and responsibilities. While some student-athletes expressed their appreciation of athletic trainers, some depicted athletic trainers as those who "sit around and eat sunflower seeds all day"

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<sup>3</sup> Pradeep Vanguri et al., A Survey of Division II Student-Athletes' Perceptions of Athletic Trainers. Presented at the National Athletic Trainers' Annual Meeting and Clinical Symposium, June 2001. Abstract published in the Journal of Athletic Training. Vol. 36 No.2 (supp) June 2001 pS-80.

(specific data not available). Clearly, misconceptions exist about the profession thus underscoring the importance of ongoing public relations efforts.

In 1998, Unruh also evaluated student-athletes' perceptions of certified athletic trainers in the collegiate setting.<sup>4</sup> Three hundred and forty-three questionnaires were completed by student-athletes in 18 NCAA Division I and II athletic programs. Although survey questions were not published, the study's author indicated they centered around the athletic trainer's performance with regard to the various athletic training domains outlined in the NATABOC Role Delineation Study. The nature of the questions focused on athletes' perceptions of the athletic trainers' professionalism, knowledge, skill level and delivery of healthcare services.

Thirty-six survey questions utilized a Likert scale; 14 questions required a yes/no response. The author divided the participants' survey results into the following categories: male/female, NCAA division level (I or II) and sport profile. "High profile sports" consisted of football, male basketball, female basketball and baseball. All other sports were classified as "low profile." The authors determined sport profile categories through questionnaires distributed to college sports information directors (SID). SIDs were asked to list the sports for which they receive the most informational requests from fans and the media. Those sports most consistently listed were categorized as "high profile."

Although specific data results were omitted from the published study, females and those in low-profile sports rated athletic trainers less favorably than males and those in high profile sports. Interestingly, females in low profile sports at the Division II level had

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<sup>4</sup>Scott Unruh, Perceptions of Athletic Training Services by Collegiate Student-Athletes: A Measurement of Athlete Satisfaction. *Journal of Athletic Training*, Vol. 33 No. 4 December 1998 p347-350.

the lowest perception rating of all. These results indicate perceptions of athletic trainers can vary greatly among gender, level of collegiate competition and sport.

Another study by Fisher and Hoisington examined athletic trainers' communications techniques and how these interactions affected athletes' attitudes and treatment compliance.<sup>5</sup>

Thirty-four collegiate athletes completed a 60-question survey. Likert scales and open-ended questions addressed issues such as the types of interactions, rehabilitation strategies and other factors that either deterred or influenced rehabilitation adherence.

Eighty-nine percent indicated a "good rapport" between the athletic trainer and athlete is an essential factor that positively influences rehabilitation adherence. Furthermore, all participants agreed the athletes' knowledge of the rehabilitation regimen was more important to compliance than the understanding of the injury details. Therefore, the authors recommend that while athletic trainers should continue to educate athletes about the details of the injuries, the majority of the educational process is better spent on "what is to be done instead of what has happened."

The authors also examined motivational strategies commonly used by athletic trainers. Ninety-four percent felt short-term goal setting was important; 57 percent stated scare tactics and threats were ineffective as motivators.

Although Fisher and Hoisington's study did not directly evaluate perceptions of athletic trainers, it did determine key communication factors that ultimately affect an injured athlete's recovery. An ATC's understanding of these factors indirectly affects perceptions. This is because increased rehabilitation compliance generally results in

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<sup>5</sup>A. Craig Fisher and Linda L Hoisington Injured Athletes' Attitudes and Judgements Toward Rehabilitation Adherence. *Journal of Athletic Training*, Vol. 28 No. 1 1993 p48-54.

better outcomes, leading to better patient satisfaction and more favorable perceptions of the athletic trainer's effectiveness.

## **Chapter Three: Methodology**

### **Data needed**

This investigation revealed the general public's knowledge, attitudes and behaviors relevant to the athletic training profession. The following describes specific issues and data this study evaluated within each of those components.

#### **Knowledge:**

This research study determined whether or not the general public is aware that a certified athletic trainer is one of the medical personnel who run onto a field to take care of an injured professional football player. It also revealed other individuals perceived as medical caregivers on an athletic field, whether people know what the credential "ATC" stands for, and whether any of five athletic training domains are generally known when the public is asked to describe an athletic trainer's professional role. Respondents were also questioned about the level of education necessary to become certified athletic trainer.

#### **Attitudes:**

This study also determined whether people believe it's important to have certified

athletic trainers present at amateur athletic events. For those with direct experience with an athletic trainer, this research also determined how the public rates the ATC's effectiveness in the following athletic training domains: injury prevention, evaluation, treatment, rehabilitation, protective taping and bracing.

### **Behaviors:**

This survey determined whether a certified athletic trainer is a “top choice” when the general public seeks sports injury care or advice. Furthermore, it examined how the athletic trainer fared in the selection process, when respondents were faced with a choice among other healthcare providers.

### **Data sources and acquisition**

An 11-question intercept survey (in appendix) was distributed to the general public at a variety of locations. Two-hundred and seventy-nine of these surveys were randomly distributed at a public park, within two dentist's offices, a convenience store (Rite-Aid), a hospital, a sports medicine physician's office, two college campuses (Rowan University and Camden County College), a senior citizens center, among mechanics in a trucking service center and among employees within two corporations (NJ-American Water Company and Campbell Soup Company). Respondents filled in their own surveys.

All survey sites were located in the southern New Jersey area. To eliminate bias, surveys were distributed to only those individuals who were completely unfamiliar with, and had no previous contact with the study's principal investigator.



## **Data analysis methods: Survey Design Rationale**

To enhance participant compliancy, the investigator formulated a brief questionnaire, with as few open-ended questions as possible. Survey participants were instructed to answer questions in the order presented. This was important because “reading ahead” could potentially result in participants uncovering answers to some of the initial open-ended questions, thereby creating false-positive data interpretation.

For example, if the survey participant read ahead to questions 7, 8, 9, 10 or 11 (where “certified athletic trainer” is mentioned), he or she could potentially discover (or gain information about) answers to questions 3, 4 or 5. For the same reason, participants were also instructed to refrain from returning to previously answered questions to adjust their answers.

In question 1, participants selected their highest level of organized sports experience among four multiple-choice answers. This information was necessary to reject or accept one of the study’s hypotheses: that only those with upper level organized sports experience (high school level or higher) would be familiar with the ATC’s professional role and educational background.

Question 2 asked participants to indicate their age group among four multiple-choice answers. Age data provided demographic information for comparing survey results across these four different age groups.

Question 3 determined if survey participants identified the ATC as one of the medical care providers to injured professional football players, when viewing such a scenario on television. The rationale behind this question was based on the popularity of televised National Football League games, Monday Night Football, and the Super Bowl,

combined with the high injury rate and frequent visibility of certified athletic trainers during these contests. Compared to other nationally televised sporting events, the investigator felt this scenario was one the most readily identifiable “athletic trainer situations” the public most likely would have been exposed to in the past.

An open-ended question was chosen here to determine which healthcare profession was foremost in the participant’s mind. The investigator felt a multiple-choice question, with “certified athletic trainers” among the choices along with other healthcare professionals, would serve to educate the reader and again lead to false-positive data interpretation.

Question 4 determined how many people knew what the “ATC” credential stands for. Question 5 provided an opportunity for participants to demonstrate their knowledge of the certified athletic trainer’s professional role. Both used the open-ended format for similar reasons explained for Question 4.

Question 6 determined if the participant had a history of a sports-related injury. This information served to establish any correlation between a history of such an injury and one’s knowledge about athletic trainers.

Question 7 asked participants to rank six healthcare providers in the order they would consult such individuals when seeking sports injury care advice. To help the reader understand what types of injuries the investigator was referring to, two examples were provided: a “sprained ankle” and a “twisted knee.” A key (1=most likely, 6=least likely), was also provided to aid the participants comprehension and proper completion of the question.

Question 8 determined the participant's knowledge of the ATC's required education among seven multiple-choice answers. Question 9 evaluated whether participants agreed, had no opinion or disagreed with, the importance of having certified athletic trainers present at amateur sporting events.

Question 10 determined if the survey participant had any direct experience with an athletic trainer. This provided the data necessary to establish a relationship between direct experience with an ATC (or lack thereof), and one's knowledge of their educational background and professional role.

Those who did have direct experience were instructed to proceed to question 11, and rank the ATC's effectiveness (using a Likert scale) in five athletic training domains. Those without direct athletic trainer experience concluded the survey with Question 10.

## Chapter Four: Results and Discussion

### Demographics

Two-hundred and seventy-nine people with various demographics completed the survey. Forty percent were between the ages of 40-59 years old, 29 percent were 20-39 years old, 18 percent were younger than 20 years old, and 13 percent were 60 or older.

When asked about their “highest level of organized sports experience,” 48 percent indicated “high school sports,” 18 percent stated “youth sports only” (such as Little League baseball or Pop Warner football), 17 percent indicated “college or professional sports” while 16 percent stated they had “no organized sports” experience. One percent did not indicate a response.

More than half (56 percent) had a history of a “sports-related injury” whereas only 28 percent had “direct experience” with a certified athletic trainer.

**Table 1. Demographics**

<b>Age Group</b>	<b>Frequency</b>	<b>Percentage</b>
Younger than 20	50	18
20-39 years old	81	29
40-59 years old	113	40
60 and older	35	13
<b>Highest level of sports experience</b>	<b>Frequency</b>	<b>Percentage</b>
Youth sports only	49	18
High School sports	135	48
College or professional sports	47	17
No organized sports	44	16

## **Knowledge and Perceptions of the Certified Athletic Trainer's Professional Role**

Eight-four percent of those surveyed did not know what the letters "ATC" stand for, the credential for certified athletic trainers. When asked to identify the medical personnel who run on the field to take care of a professional football player in question 3, nearly half (49 percent) indicated "trainer," while only 12 percent stated "athletic trainer." The remaining 39 percent did not mention either "trainer" or "athletic trainer." Sample responses to this question which did not include "trainer" or "athletic trainer" are listed in Table 2.

**Table 2. Sample responses which did not include "trainer" or "athletic trainer" to question 3, "You're watching a professional football game on TV and you see a player get injured. Who are the medical personnel who run onto the field to take care of him?"**

Ambulance crew	Personal trainer
Coach	Physical therapists
EMTs	Physical trainer
I don't know	Refs
Medical staff	Sports therapist
Medics	Team doctor
No clue	Technicians
Paramedics	Their personal doctor
People with first-aid experience	Unknown

Question 5 was one of the most telling questions of the entire survey. Using an open-ended format, participants were asked to "best describe what a certified athletic trainer does." If the response included at least one athletic training domain (or if it could be reasonably inferred from their response, ie: "takes care of sports injuries"), it was considered a correct answer. However, the majority (53 percent) did not mention a domain in their response. Table 3 lists sample incorrect responses, while Table 4 lists

correct responses. Clearly, many people confuse ATCs with “personal trainers” and other strength and conditioning professionals.

**Table 3. Sample incorrect responses to question 5, “How would you best describe what a certified athletic trainer does?”**

An athletic trainer tells the athlete what they can and cannot do and how to do it.  
A person that went to college and got a degree in athletic training.  
Assists players with exercise and perform to the best of their ability.  
Assists or trains people on working out.  
Builds muscle mass and speed so athlete can perform on a higher level.  
Creates workout routines and helps with workout and diet.  
Develops a training program client specific.  
Don't know.  
Establishes a daily routine.  
Gets athletes in shape.  
Helps train in an efficient and safe way.  
Helps with spottings, keeps you motivated.  
I'm not quite sure all they do but I believe they could help you know how to best avoid problems and if they occur how to best handle them.  
Keeps players mentally and physically fit.  
Leads the weights/cardio for the team.  
Licensed to train people for sports or in fitness club.  
Monitors and guides training efforts of athletes.  
Monitors athletes to ensure they are medically sound.  
Not sure.  
Organizes/motivates weights and cardio activity schedule.  
One that trains one-to-one.  
Physically trains body in a specific activity.  
Provides a recommended workout routine and muscle development.  
Shows you the proper way to get in shape.  
Specializes in muscles and how they work to make an athlete stronger/faster.  
Someone who could work in a gym and be a personal trainer.  
Someone who gets athlete in shape to compete.  
Teaches fitness.  
Tells the athlete what to do such as eat, drink, exercise.  
They're the ones that train athletes athletically.  
They take care and watch over athletes on a team.  
They run conditioning tests on the athletes as well as keep them in shape all season.  
Tones your body.  
Trains.  
Trains athletes for all sports.  
Trains athletes how to do their jobs.  
Trainer helps person with his/her workout, teaches them what equipment to use.  
Trains people to better their bodies.  
Understands the clients needs or desires, has ability to train the client.  
Weight training with athletes.  
Works on body mechanics, understanding relationship of movement with bones/tendons, etc.

**Table 4. Sample correct responses to question 5, “How would you best describe what a certified athletic trainer does?”**

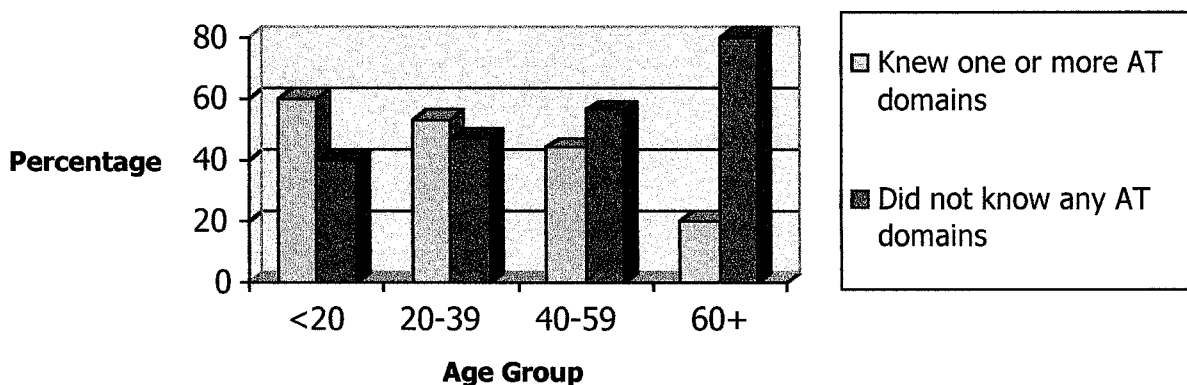
Analyzes athletic injuries, applies ice to injuries, tapes ankles, etc.  
Assists athletes in physical conditioning and rehabilitation.  
Be available to assist in treatment and prevention of sports-related injuries during practices or games.  
Deals with sport injuries, both treatment immediately after and preparing athletes to go back to their sports using whirlpool treatments, supportive devices (ace wraps, splints, etc.), counseling, follow-up care.  
Evaluates injuries and recommends exercises for rehab.  
Handles on-site sports-related injuries.  
He or she takes care of injured players that take place during a sports event.  
Helps prevent and treat sports-related injuries to players.  
Pre-treats any major injury before sent for doctor’s care, post-treats injuries to protect team members from further injury.  
Provides services such as cold/heat therapy, manipulations prior to or following sports events, assists in management and emergency treatment of sports injury.  
Tapes players before game, rehabs injured players.  
Takes care of injured person, tells them if he or she can go back to play.  
Takes care of players that are injured.  
They oversee the training of athletes, handle injuries on and off playing field.  
They should be able to educate players about injury prevention and rehab.  
Trains athletes how to do their jobs, avoid injury and keep physically fit.  
Treats injuries, rehabilitation and injury prevention.  
Treats mainly minor injuries within his or her scope of knowledge and ability.  
Watches out for injuries, treats minor injuries, wraps and tapes joints.  
Works with person who has a sports injury.  
Wraps injuries during games, simple diagnosis.

A closer examination of question 5 revealed one’s knowledge of the athletic trainer’s role was age-dependent. Sixty percent of those younger than 20 years old answered this question correctly, while 53 percent between ages 20-39, 44 percent between ages 40-59 and only 20 percent of those 60 and older answered correctly (see Chart 1).

Although a larger percentage (47 percent) than hypothesized (30 percent) correctly identified an athletic training domain in question 5, the results were less than gratifying. While responses indicated some participants had a comprehensive understanding of the certified athletic trainer’s role, such was not the case with all the

“correct” answers. Some answers were correct in part only because they mentioned one athletic training domain. The remaining portions of some of these “correct” answers raises doubt as to many participants’ true understanding of the ATCs varied knowledge base and practical skills. For example, one respondent stated an athletic trainer “treats mainly minor injuries,” obviously unaware that ATCs are trained to handle on-field emergencies and the rehabilitation of post-surgical patients.

**Chart 1. Participants’ answers to “How would you best describe what certified athletic trainer does?” (question 5) according to age group.**

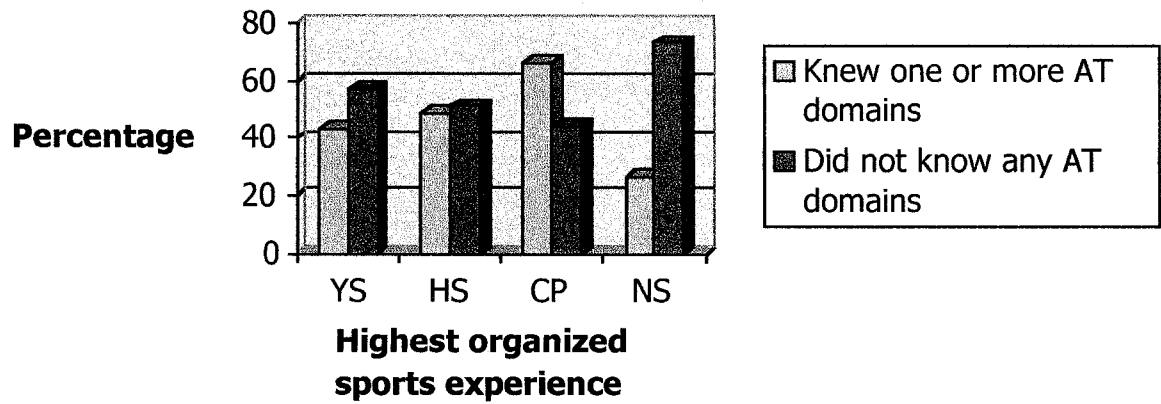


Results were similar for question 5 between groups with “youth sports only” and “high school sports” as their highest level of organized sports experience (43 percent and 49 percent mentioned a domain, respectively). Those with “college or “professional sports experience” mentioned an athletic training domain more than all other groups (66 percent), while only 27 percent of those with “no sports experience” correctly stated one or more of the domains (Figure 2). Since “youth sports” and “high school sports” had similar percentages, this information does not support the second hypothesis (only those



with “upper level” organized sports experience would be familiar with the certified athletic trainer’s professional role).

**Chart 2. Participants’ answers to “How would you best describe what a certified athletic trainer does?” (question 5) according to highest level of organized sports experience.**



(YS=Youth Sports, HS=High School Sports, CP=College/Prof. Sports, NS=No sports exp.)

### **Behaviors in Seeking Sports Injury Care Advice**

The survey also asked participants to rank in order whose advice they would seek if they suffered a sports injury among the following choices:

- Nurse
- Chiropractor
- Certified athletic trainer
- Physical therapist
- Athletic coach

- Personal fitness trainer

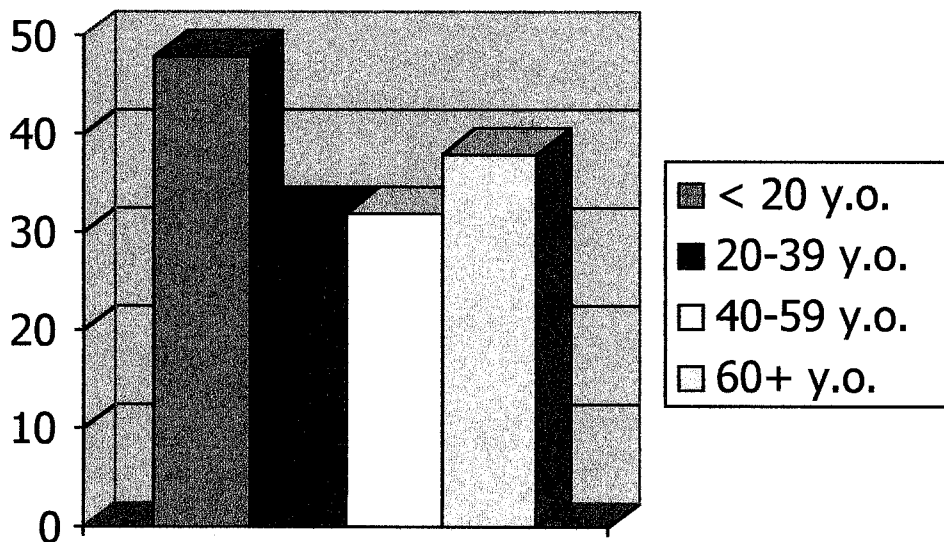
Since a doctor would naturally seem to be the most popular first choice (although Hoppel's study refutes this), this selection was intentionally omitted from the response choices. Twenty-six percent indicated they would ask a nurse before an athletic trainer when seeking sports injury care advice. A small percentage stated they would seek advice from a coach or a personal fitness trainer (11 percent and 10 percent respectively) before a certified athletic trainer.

Only 32 percent of the respondents indicated a certified athletic trainer as their number one choice among the listed healthcare providers for seeking injury care advice. However, it's likely the true percentage is even lower as the "halo effect" probably influenced some of these results. Thirty-nine percent out of the 90 participants who selected a certified athletic trainer as their number one choice did not answer question 5 correctly. Consequently, some participants who chose a certified athletic trainer first were not even familiar with what a certified athletic trainer does. One may also speculate that participants were educated about the athletic trainer's role at this point in the survey and this too influenced their decision.

Nonetheless, over two-thirds of the participants selected another healthcare professional before a certified athletic trainer when seeking injury care advice. This is disturbing since the ATC was the only professional among the choices in this question who deals exclusively with sports-related injuries. It's clear most of the general public either does not realize this or simply lacks sufficient confidence in a certified athletic trainers' knowledge base or ability.

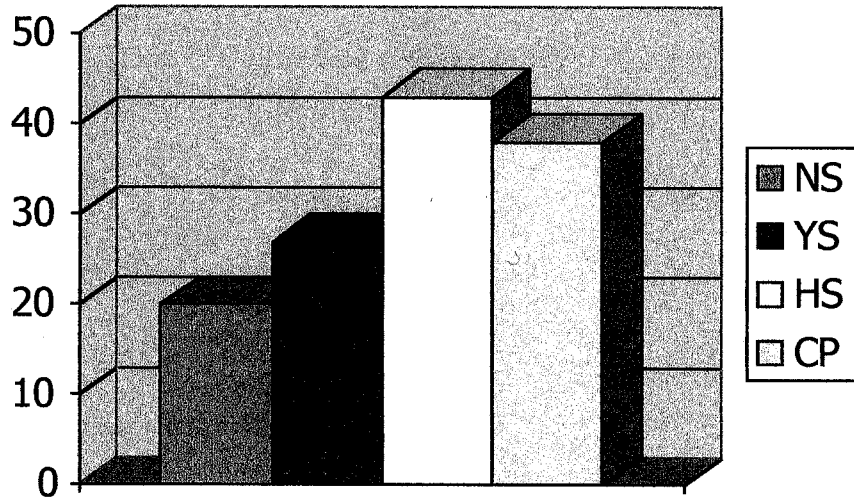
The number of participants who chose a certified athletic trainer first in question 7 within each age group is depicted in Figure 3.

**Chart 3. Percentage of participants within each age group who chose “certified athletic trainer” first when asked whose advice they would seek if they suffered a sports injury (question 7).**



Forty-three percent of those who indicated “high school sports” as their highest level of organized sports experience chose a certified athletic trainer as their number one choice when seeking advice for injury care. Thirty-eight percent of those with “college or professional sports experience” chose an ATC first, while 27 percent of those with only “youth sports experience” and 20 percent of those with “no organized sports experience” chose an ATC first (see Figure 4).

**Chart 4. Percentage of participants according to highest organized level of sports experience who chose “certified athletic trainer” first when asked whose advice they would seek if they suffered a sports injury (question 7).**



(YS=Youth Sports, HS=High School Sports, CP=College/Prof. Sports, NS=No sports exp.)

### **Perceptions of Certified Athletic Trainer’s Educational Background**

When asked about the educational level required to become a certified athletic trainer, 40 percent felt four years of college was necessary while an additional 24 percent said more than four years of college was necessary. Nineteen percent stated two years of college, 11 percent said they didn’t know while 3 percent did not answer the question correctly. Very few (one percent for each) indicated certified athletic trainers need only a high school diploma, a home study or weekend course to practice athletic training.

## **Opinions About the Necessity of the Certified Athletic Trainer's Presence at Amateur Athletic Events**

Seventy-eight percent of the participants either “strongly agreed” or “agreed” that it’s important to have certified athletic trainers present at amateur sporting events. Fifteen percent had “no opinion,” 5 percent “disagreed” while no one “strongly disagreed.”

However, the “halo effect” or “survey education” may have again influenced these results. For instance, out of the 78 percent that “strongly agreed” or “agreed,” 47 percent did not correctly explain what an athletic trainer does in question 5. Therefore, how could one “strongly agree” or “agree” that a certified athletic trainer should be present at amateur athletic events without knowing what a certified athletic trainer does?

Ninety percent of those under the age of 20 “strongly agreed” or “agreed” a certified athletic trainer should be present at amateur athletic events. Seventy-five percent between 20 and 39 years old, 74 percent for both those between 40-59 and 60 and older “strongly agreed” or “agreed.”

Of those who “disagreed” ATCs should be present at amateur athletic events, most (61 percent) were between 40 and 59 years old. This is alarming since this appears to be the age group most likely seated on a typical high school Board of Education, perhaps deciding whether or not to employ an athletic trainer. Most (77 percent) of those who “disagreed” were unfamiliar with the athletic trainer’s professional role (answered question 5 incorrectly).

## **Domain Performance Ratings**

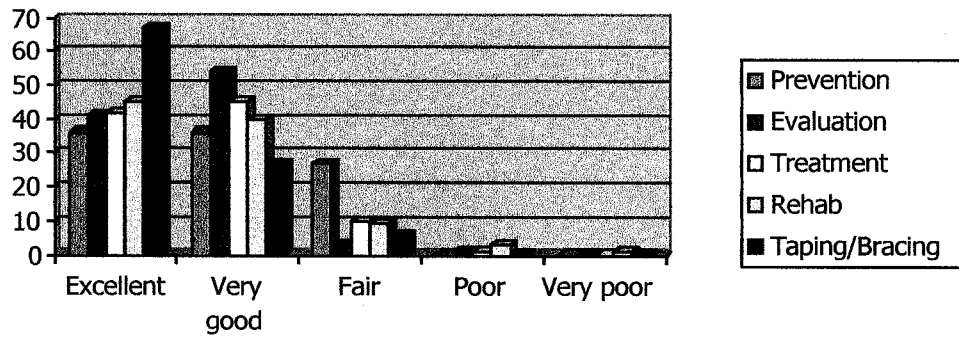
Those who indicated they had “direct experience” with a certified athletic trainer (28 percent) in question 10 were instructed to rate an ATC’s effectiveness (using a Likert scale) in the following athletic training domains:

- Injury prevention
- Injury evaluation
- Injury treatment
- Injury rehabilitation
- Protective taping and bracing

Most responses to this question were favorable. The majority of participants rated certified athletic trainers as either “excellent” or “very good” with regard to injury prevention (72 percent), injury evaluation (95 percent) and injury treatment (87 percent). Eighty-five percent indicated “excellent” or “very good” with regard to injury rehabilitation while 94 percent stated ATCs were “excellent” or “very good” with protective taping or bracing.

Injury prevention had the highest “fair” rating with 27 percent, followed by injury treatment (10 percent) and injury rehabilitation (9 percent). Injury rehabilitation had the highest unfavorable rating with 4 percent choosing either “poor” or “very poor.” Interestingly, one participant wrote “injury rehabilitation is not in athletic trainer’s job description” instead of providing a rating for this domain. Rating percentages for each domain can be found in Figure 5.

**Chart 5. Ratings of certified athletic trainers' in various domains in response to question 11.**



## **Chapter Five: Conclusions and Recommendations**

This study's purpose was to determine the general public's knowledge, attitudes and behaviors relative to the certified athletic trainer's professional role and educational background. With less than 35 percent of the nation's high schools employing the services of certified athletic trainers, it appears many people don't understand or realize the importance of the role ATCs play in sports injury care.

The first hypothesis of this study was that less than 30 percent of the general public would be familiar with the ATC's professional role and thus be able to correctly describe the job responsibilities of an athletic trainer. The second hypothesis was that only those with "upper level" organized sports experience would be familiar with the ATC's professional role and thus be able to correctly describe what an athletic trainer does. The data obtained in this study did not fully support either of these hypotheses.

A total of 279 people completed an 11-question intercept survey. Questions focused on determining the public's knowledge of the athletic training profession, attitudes on the necessity of ATCs at amateur athletic events, and behaviors in seeking sports injury care advice. Those with "direct experience" with a certified athletic trainer were asked to rate the ATC's effectiveness within five performance domains.



Only 12 percent of the respondents stated an “athletic trainer” as one of the on-field healthcare providers for injured professional football players. About half stated a “trainer,” while nearly 40 percent did not mention “athletic trainer” or “trainer.”

More than half of the respondents failed to correctly describe what an athletic trainer does. In fact, many responses indicate the public does not distinguish between certified athletic trainers and personal fitness trainers or other related professions. However, more respondents than hypothesized (47 percent vs. 30 percent) were familiar with the athletic trainer’s professional role, thus disproving this study’s first hypothesis. Eighty-four percent were unfamiliar with the acronym “ATC,” the credential which identifies a certified athletic trainer.

Results indicate the public’s knowledge of the athletic training profession is age-dependent. Those under the age of 20 were most familiar with the ATC’s role, and this steadily decreased with each consecutive age group.

When examining data according to participants’ highest level of organized sports experience, those who participated in “college or professional sports” were most familiar with the ATC’s role. As expected, those with “no organized sports experience” were the least familiar. Results were similar between those with “youth sports only” and “high school sports,” thus failing to support this study’s second hypothesis.

Most (78 percent) “strongly agreed” or “agreed” ATCs should be present at amateur athletic events. However, nearly half of these respondents did not correctly identify the ATC’s role in an earlier question. Therefore, many of these

responses are suspicious of being influenced by the “halo effect” or “survey education.” After all, how could one agree that a certified athletic trainer should be present at amateur athletic events when one does not even know what a certified athletic trainer does?

Interestingly, of those who “disagreed” that an ATC should be present at amateur athletic events, most were within the 40 to 59 year-old age group. This is disturbing since it appears this is the age group of most secondary school board members who decide board policy for high school districts.

Regarding educational background perceptions, the majority of respondents (64 percent) felt four or more years of college was necessary to become an athletic trainer.

Only 32 percent selected a certified athletic trainer as their number one choice among other healthcare professionals (not including a physician) when seeking sports injury care advice. It’s likely the true percentage is even lower since nearly 40 percent of these responses are once again suspicious of being influenced by the “halo effect.”

According to this study, those younger than 20 years old with “high school sports” experience are the most likely to choose an ATC first among other healthcare professionals for sports injury care advice. This finding suggests the individuals who fit this profile are perhaps the most likely to have encountered a certified athletic trainer in the past and thus gained confidence in the ATC’s knowledge base and abilities.

For those with direct experience with an ATC, performance effectiveness ratings within each of the athletic training domains was generally very favorable. The majority of respondents rated ATCs as either “excellent” or “very good” with regard to injury prevention, injury evaluation and injury treatment. Injury rehabilitation had the highest unfavorable rating with 4 percent of the respondents choosing either “poor” or “very poor.” In fact, one participant wrote “injury rehabilitation is not in athletic trainer’s job description,” clearly illustrating misconceptions about the profession.

### **Recommendations for Further Study and Public Relations Efforts**

Researchers intending to repeat this type of study are advised to use great caution when designing their survey. Perhaps arranging survey questions in a different order than used here would reduce the number of biased answers due to the “halo effect” or “survey education” with some questions.

Research evaluating those groups least knowledgeable about athletic training (40 years and older, with limited organized sports experience according to this study) is suggested to determine appropriate public relations strategies to best educate these audiences about the profession. Such research will uncover optimal messages, channels and public relations tactics. Although these demographic groups may not be active in sports, it’s possible they have children who participate in sports activities who need—but lack access to—a certified athletic trainer.

Furthermore, some members of these demographic groups may also sit on a secondary school board of education perhaps deciding whether or not to create an athletic training position, or to allocate funding to enhance an existing ATC's resources. Public relations efforts are necessary to educate these individuals about the role and value of certified athletic trainers and ultimately, to improve the safety and quality of healthcare available to their children. Focused studies on specific audiences including school board members, school administrators, school community leaders and legislators are also suggested.

Those who perceive athletic trainers as individuals who "work in a gym" are certainly another public relations target. This population has already mistakenly identified ATCs as individuals who "help people lose weight and get in shape." Therefore, public relations efforts must "undo" their incorrect perceptions and re-educate them. Such initiatives will help people differentiate between ATCs, personal trainers and other related professionals.

Finally, public relations efforts should also target those who know what certified athletic trainers do, but refer to ATCs simply as "trainers." Such references serve only to perpetuate the public's confusion between athletic trainers and personal trainers. Public relations strategies should center on clarifying the differences in scope of practice, educational preparation and employment settings between the two while indicating the inappropriateness of referring to ATCs simply as "trainers."

**APPENDIX I**

**National Athletic Trainers' Association  
Member PR Kit Materials**



Dear NATA Member:

This is an exciting time to be a certified athletic trainer. Our profession continues to grow, and the importance of our role in the healthcare world is being recognized like never before. However, if we truly wish to see the public fully aware of the essential role ATCs play, there is still much work to be done.

It has always been our belief that contact with individual NATA members is the most effective public relations tool we have as an association. We are continually impressed by the ability of motivated members to reach the public. Nothing can do more to impress someone's opinion of our profession than personal contact with you. This package is designed to help you do just that.

Enclosed are the basic tools and the information you need to do your part in publicizing your operation, and ATCs in general, to your local area. The pieces provided here will complement the efforts of the NATA national office and our Public Relations Committee. Please refer to the "Personal public relations goals" sheet to get a good understanding of what you should be able to accomplish.

We hope this kit helps you organize your efforts. While we clearly want our members to be recognized for their hard work and commitment, it is important to understand that the better educated the public is about ATCs, the better our care will be to those who need us.

In addition to this kit, a new slide presentation is also available. Contact your state or district PR committee representative to borrow the presentation or you may purchase a copy from the NATA national office. I would like to thank Al Green, ATC, for his work in spearheading both the member PR kit and the slide presentation.

If you have questions or suggestions about this package, contact Ellen Satlof, NATA's Public Relations Manager, or your district PR committee representative. You can find a complete committee list on the NATA web site at <http://www.nata.org>.

Sincerely,

Jerry Koloskie, MS, ATC  
Chairman, Public Relations Committee

N A T I O N A L A T H L E T I C T R A I N E R S A S S O C I A T I O N



## Personal public relations goals

- ✓ If your state doesn't have a PR committee, suggest one be formed. If one exists, contact the chairperson or a committee member to find out what materials are available to you and what public relations activities are planned. If there are a large number of ATCs in your area, ask the state public relations committee chair about organizing a local committee to coordinate PR efforts.
- ✓ Familiarize yourself with the public relations materials available from the NATA, as well as your district and state organizations.
- ✓ Always refer to yourself as a "certified athletic trainer" or "ATC," never just a "trainer." This will differentiate you from the many other professions that include the word "trainer."
- ✓ If you are in the high school-college-university setting, write a letter or produce an informational brochure for the parents of your athletes. You should include a definition of athletic training, requirements to be certified, and explain your specific duties and responsibilities. This will have a two-fold effect. It will expose the parents to the profession of athletic training and will inform them of your qualifications and role as a certified athletic trainer in providing medical care for their child.
- ✓ If you are in the clinical, industrial, corporate, fitness or another practice setting, utilize the PR materials available through the National Athletic Trainers' Association and your district and state organizations. Produce a brochure that will inform your patients, clients, workers, etc. about athletic training and the role you play as a certified athletic trainer. Have these materials available at your site and provide them for your patients and clients.
- ✓ Contact your school newspaper, local cable channel or employer's newsletter and suggest a feature about you, your program and the athletic training profession.
- ✓ Visit the NATA, district and state organization web sites. They will have valuable information for you to use and download. If your school or company has a web page, propose a section about your athletic training department. You can also create your own web site and link to other related sites.
- ✓ Meet with your sports information, public relations/marketing or human resources department. Discuss ways to promote athletic training. Offer to assist with events they are planning that will help showcase your program or the profession of athletic training. These departments can help you network with the media.
- ✓ Meet with the local media (print, radio, television and cable). If you are employed in a location that has access to a television, radio or cable show, meet with the broadcast team or producer. Professional and collegiate athletics settings have many avenues to the media, but school systems, industry and clinics often have access as well.
- ✓ Speak to at least three groups each year about the profession of athletic training. These groups should include medical professionals, EMS, parent teacher associations, civic clubs, health fairs, etc.



## NATA member public relations

### Present to community groups

At this point you've likely made a strong impression on those you've contacted or treated. You can make an even bigger and more effective impact if you'll speak to at least three groups annually about your job and your profession. These include local medical groups, EMS, parent organizations, civic clubs, sports clubs and health fairs. We call these efforts public relations, but it's important to understand that these sessions aren't about vanity or self-promotion. They're about improving the care you and other ATCs provide.

Many people in other allied health fields don't fully understand your role with a patient. An emergency is not the best time to teach them. Meet with these groups and explain your role, your qualifications and how best to interact under given conditions. You can prepare EMS personnel and others for specific situations that may arise. For example, if you work in football, you may offer a seminar on helmet removal because your local EMS units may not know the important difference between football and motorcycle helmet removal.

Meeting with civic clubs, parent groups and presenting at health fairs about athletic training will broaden the general understanding of ATCs and the care we give. Not everyone who needs our care has access to it. Your help in exposing this need and the facts that injury is reduced and health is better with your care, is critical.

### Organize and coordinate your efforts with other ATCs

If you live in an area that includes several ATCs, your public relations efforts can be much more effective if you take time to organize and coordinate your efforts. Start by talking with your state and district PR committees to find out what work has been done in your local area. Inform the committees of your plans and ask them if they know of the efforts of other local ATCs. Ask them for ideas. Call the other ATCs in your local area and spread your forces more effectively by sharing the workload of contacting civic groups, the media, EMS personnel and others noted in the "Present to community groups" section above. These groups will feel much more positively about ATCs if they are contacted in a coordinated manner with a consistent message. When appropriate, use your numbers to apply pressure where it's needed.

### Use your sports information or marketing department

Depending on your particular situation, you may have access to a sports information department or a marketing department. The people in these departments are a great asset, but because of their busy schedules, they will appreciate any prepared information you can offer. You should first talk to them and explain that it's important that more people understand what an ATC does. You can then offer copies of the materials in this package, share ideas on why it's important that the public understand more about ATCs from your organization's point of view and explain how they can help. Hand them your bio in hard copy and disk. Offer to present at media days, health fairs or any other media or public events in which your organization participates. Suggest that exposing the ATC in the organization's advertisements would create a positive image.

NATIONAL ATHLETIC TRAINERS' ASSOCIATION  
2952 Stemmons Freeway • Dallas, TX 75247  
214-637-6282 • Fax 214-637-2206 • [www.nata.org](http://www.nata.org)



## NATA member public relations

### Contact the media

If you are in a high profile athletics program, you likely already have access to members of the sports media. Because our profession covers a broad range of the population, there are many others in the media who can help promote our profession. Whether or not you are associated with a well-known program, you can still become a source of sports medicine information to the media. Begin by feeding members of the media with facts or stories they might find useful. This helps build a rapport with the local writer or on-air personality, increasing the chances of your exposure.

Make sure reporters who cover sports, health, recreation, community, lifestyles and business all know you. Each could have a need to get information that you can provide.

Meet the media. It is important to speak with them face to face. When sending out information, make sure that it is concise, clear and organized. Reporters and media contacts aren't generally interested in a great deal of flowery prose that demonstrates your excellent writing skills. To quote Sergeant Joe Friday on *Dragnet*, reporters are looking for "just the facts." If the television or radio reporters choose to run your quote, news or event, they will talk to you and conduct research to add extra angles after they have decided to use it.

Last, and perhaps most important, don't be intimidated. Reporters are looking for items to report just as much as you are trying to get your news in print or on the air. If you help to bring strong, newsworthy events to them, members of the media will appreciate your efforts in contacting and cooperating with them.

### Write your bio

From the media's viewpoint your bio should be a snapshot image on one page. Reporters will need to know your qualifications if they are to use you as a source. A good bio will include:

- Name
- Photo; if they don't know you, it will make you easy to find
- Office address and phone number
- Office hours
- Email address and web page if applicable
- Your educational background, credentials and certifications
- A brief paragraph with a description of what you do in the organization and your professional history as an ATC. This should be positive but factual and straightforward. Include a general description of the role of an ATC.
- Easy to understand bullets that will help the media understand your role
- Quotes from your superiors, peers and those you've treated

### Help the broadcaster and public address announcer

If radio or television covers your program, you can make the broadcast team's job easier by providing sample statements that can be dropped into the broadcast. If you are in a setting that has access to a cable or other program, the on-air personality also may appreciate a drop-in line or two. Some suggested starters:

#### Sports

*John Athlete is being assisted by certified athletic trainer Al Green. Al is responsible for the prevention, management and rehabilitation of the Wildcats' injuries.*

*Marion Smith is the team's ATC. She determines what the team should do to best prevent injuries. She will also work with the team physician to set the treatment routine in the event someone does get hurt.*

*John Chu is an ATC — which stands for certified athletic trainer. That means he has an education and certification that specifically qualifies him to handle healthcare for the team.*

#### Clinics

*The Smithville Sports Medicine Clinic is providing coverage for today's events. The clinic employs 12 ATCs, or certified athletic trainers. The certified athletic trainer is specifically trained and educated to provide comprehensive healthcare to those engaged in physical activity.*

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## NATA member public relations

### Presentation tips

Before presenting to groups in your community, review the following tips to ensure an effective visit:

- Always refer to yourself as a "certified athletic trainer" or "ATC," never just a "trainer."
- Meeting room arrangements
  - Check out the room early.
  - Make sure the room has adequate equipment, including a screen, and whatever else you may need.
  - Try to have the lectern opposite the door so that latecomers will not distract the audience.
  - Avoid standing in front of a bright window because the glare will bother the audience.
- Use visual aids when possible. Overheads, slides, video or a PowerPoint presentation will enhance the interest in your talk.
- Anticipate audience reaction.
  - What will listeners already know about your topic?
  - What will they want to know, and what do they need to know?
- Gear toward the audience's level of language.
  - Is the language appropriate for the audience? Is it technical?
  - Explain the language if you use unfamiliar terms or a particular term in an unfamiliar way.
  - You must explain acronyms.
- Understand the motivation of the audience.
- Use short sentences (15-20 words) to achieve your complete thought.
- Research the group in which you plan to speak.
- Use descriptive statistics: these explain things in terms of size or distribution.
- Use quotations. This lets you "borrow" the credibility of an expert.
- Leave the audience with an idea to remember.
- Find ways to repeat your message.
- Make sure your visual aids are naturally integrated into your speech.
- Do not distribute materials during your speech. If you have prepared handouts, distribute them before or after you speak.
- Be natural and lively.
- Understand the power of the lectern. Being in front of people gives you a certain amount of credibility.
- Speak truthfully and be sure of your facts.
- Be willing to rock the boat. Stand for what you believe, but do not alarm your audience.
- Avoid excessive and inappropriate emotional appeals.
- Use credible and current sources.
- Avoid ambiguity. Be concrete in your statements.
- To control nervousness, become familiar with your topic.
- Make eye contact and you will appear more credible.
- Erect posture leads to easier breathing and better voice projection.
- Use movement appropriately when emphasizing points or moving closer to the audience.
- Use gestures appropriately when expressing emotions — too much gesturing can make you appear nervous.
- Above all, practice your speech — in front of others if possible — until you feel comfortable.



## Association profile

The National Athletic Trainers' Association (NATA) is a not-for-profit organization with 23,700 members nationwide. The NATA is committed to advancing, encouraging and improving the athletic training profession.

Founded in 1950 with a membership of 200 athletic trainers, the NATA is based in Dallas, Texas, and provides a variety of services to its membership including continuing education, governmental affairs and public relations. The NATA also publishes the *Journal of Athletic Training*, a quarterly scientific journal, and *NATA News*, a monthly membership magazine.

More than 77 percent of all NATA members are certified by the NATA Board of Certification and have earned the title, certified athletic trainer (ATC). The NATA sets standards for athletic trainers through its education programs. Nearly 100 universities and colleges offer NATA-approved curricula. In 1990, the American Medical Association recognized athletic training as an allied health profession.

## Mission statement

The mission of the National Athletic Trainers' Association is to enhance the quality of healthcare for athletes and those engaged in physical activity, and to advance the profession of athletic training through education and research in the prevention, evaluation, management and rehabilitation of injuries.

## 1999 NATA facts & figures

Total Membership .....	23,700
Certified members (ATCs) .....	18,300
Student members .....	4,400
Other .....	1,000
Female members (by percentage) .....	46%
Annual new members, approximate .....	1,500
Certifications (ATCs) achieved annually .....	1,200 to 1,500

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APPENDIX II

2001 National Athletic Training Month

Promotional Materials  
and  
Related *NATA News* Articles



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Dear NATA Member:

On behalf of the National Athletic Trainers' Association and the Public Relations Committee, we are excited to announce the first National Athletic Training Month to be held during March of 2001.

During my tenure as your public relations chair, members constantly ask for more awareness and recognition for the athletic training profession and the ATC. In concert with Host Communications, the NATA Public Relations Committee hopes to make National Athletic Training Month the program you are waiting for.

As with any of our public relations programs, the key ingredient is an innovative and creative membership to make the month as successful as possible. While the NATA national office will be promoting the month on a national basis, it will be up to each of you to utilize the resources within your own working environment to create programs that will garnish public attention and media recognition in your local and state areas.

However, we do recognize that many athletic trainers are without media contacts and most are not public relations experts. Therefore, with the assistance of Host Communications, we have provided each of you with this informational guide. Most importantly, please take notice of the logo that should be used in any of your promotional materials. The logo, which can be found in this insert and on the NATA website ([www.nata.org](http://www.nata.org)), can be used for posters, T-shirts, advertisements or for other promotional items.

We hope that all of you are as excited as we are about this program. Take a look at the materials in this insert and start planning your month. Please do not hesitate to contact your public relations representative or check the NATA website if you have any questions or need additional information regarding National Athletic Training Month.

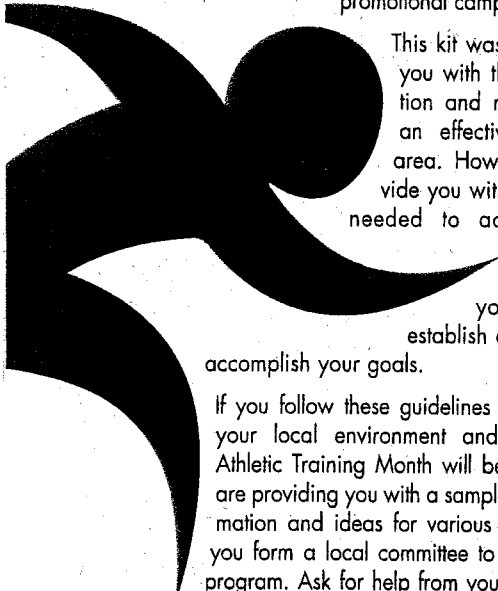
Have a healthy and safe season and get fired up for National Athletic Training Month 2001.

Sincerely,

Jerry Koloskie, MS, ATC  
NATA Public Relations Chair

# The Plan

The NATA staff and Host Communications will coordinate the nationwide campaign for National Athletic Training Month. For this program to be a success we are depending on you, the membership, to develop and implement a local promotional campaign.



This kit was developed to supply you with the necessary information and materials to carry out an effective program in your area. However, we cannot provide you with the additional hours needed to accomplish this very important project.

Therefore, it is vital you plan ahead and establish a realistic timetable to accomplish your goals.

If you follow these guidelines and adjust them to fit your local environment and resources, National Athletic Training Month will be a huge success. We are providing you with a sample press release, proclamation and ideas for various activities. We suggest you form a local committee to create and execute a program. Ask for help from your sports information or public relations department, parents of your athletes, or patients who are in the public relations, marketing, or advertising field. If you have questions, contact your district public relations representative or the NATA office. The following is a suggested timetable for your campaign:

## AS SOON AS POSSIBLE

- Review this kit.
- Identify a working committee to help plan events.
- Establish funding needs and sources.
- Conduct regular bimonthly or monthly committee meetings.
- Establish needs for materials that must be developed.

## NOVEMBER

- Begin work on obtaining a proclamation either through local, city or state government agencies. Contact your local government office to apply for consideration.

## DECEMBER/JANUARY

- Develop public service announcements (PSAs), promotional materials, story ideas, etc.
- Develop local media list.
- Contact local media, e.g. television stations, radio stations, newspapers, etc.
- Begin to develop a news release to promote your local events.

## FIRST WEEK OF FEBRUARY

- Confirm proclamation with the local mayor or governor's office.
- Invite appropriate government representatives to attend a proclamation signing.
- The NATA office will be sending out national news releases.

## SECOND WEEK OF FEBRUARY

- Begin pitching story ideas to local media.

## THIRD WEEK OF FEBRUARY

- Establish a schedule of confirmed activities.
- Distribute news releases and include a list of confirmed activities.
- The mayor and/or governor should be prepared to proclaim March as National Athletic Training Month.

## FOURTH WEEK OF FEBRUARY

- All promotional materials have been delivered.
- Invite media to attend events for possible photo opportunities and/or stories.
- The campaign should be on course for a month-long run.

## MARCH

- Continue to distribute news releases a week prior to any major events.
- Take photos and save all media coverage.
- Thank everyone who cooperated with the campaign.
- Meet once more to evaluate the committee's part of the effort and to make recommendations for the following year.

# Sample Public Service Announcements

## **10 SECONDS**

March is National Athletic Training Month! The National Athletic Trainers' Association wants to help your kids stay safe and healthy this season. If your kids are involved in sports, make sure you know who is taking care of them. A public service message from the (your state) Athletic Trainers' Association.

## **20 SECONDS**

Certified Athletic Trainers — ATCs — help athletes and everyday people stay in the game. You'll find ATCs at schools, sports medicine clinics, in the professional ranks and in the workplace. Wherever you need them, ATCs are helping active people stay active. This message is brought to you by the (your state) Athletic Trainers' Association.

## **30 SECONDS**

Everyone knows that "Big Time" athletes are well cared for when it comes to injuries. But your kids ... who's taking care of them? Pro teams and most universities have certified athletic trainers on staff, but that's often not true at high schools where ATCs are needed to help kids prevent, treat and rehabilitate injuries. The National Athletic Trainers' Association ... keeping your kids healthy! Contact a certified athletic trainer in your area for more information.



# Sample News Release

## How to Use the Sample:

- (1) Fill in the underlined areas with appropriate information.
- (2) Be sure the contact person can respond well to questions.
- (3) Retype on your letterhead with large margins on the front side only.
- (4) If your release goes to two pages, type "-more-" centered at the bottom of the page, and at the end of the release, center and type "###".



## N E W S   R E L E A S E

### FOR IMMEDIATE RELEASE

**DATE:**

**CONTACT:**

**PHONE:**

### FIRST-EVER NATIONAL ATHLETIC TRAINING MONTH SET FOR MARCH 2001 IN (YOUR STATE)

(Your City/State) — Certified athletic trainers in Florida and across the nation will celebrate National Athletic Training Month by hosting a variety of events to increase public awareness of the importance of athletic training throughout the month of March.

The Athletic Trainers' Association of Florida will celebrate this first-time event by sponsoring a free Health and Fitness Fair on (insert date, time and place here). This event will showcase all aspects of the athletic training profession and will include free testing of body fat, flexibility, blood pressure and more. Athletic trainers will also be on hand to answer any questions and to provide tips on injury prevention, hydration and sport safety. Other businesses and organizations have been invited to have a booth related to health and safety. There will be games and prizes for children and adults, as well as food and drinks. Several local celebrities who are familiar with the benefits of athletic training have been invited to attend.

The National Athletic Trainers' Association (NATA), which currently serves more than 26,000 members — including nearly 20,000 certified athletic trainers — has taken the necessary steps to present this first-ever event.

Public Relations Committee Chair Jerry Koloskie, MS, ATC, made a formal announcement of the event at the NATA's 2000 annual convention in July. Koloskie is the senior associate athletics director and former head athletic trainer at the University of Nevada-Las Vegas.

"The focus for National Athletic Training Month is to promote the profession," Koloskie said. "The month has been devised to help the public fully understand the role of certified athletic trainers and the important service they provide at all levels of competition and physical activity."

The American Medical Association recognizes athletic training as an allied health care profession, and its practitioners are the leading experts in health care for athletes and those engaged in physical activity.

For more information on National Athletic Training Month events in Florida call (insert local contact phone number here). For information on events nationwide contact the NATA at (214) 637-6282 or visit the NATA website at [www.nata.org](http://www.nata.org).

###



# Proclamation

## Getting Cooperation

- Phone your local mayor or governor's office.
- Explain to the secretary that you are trying to get a proclamation for National Athletic Training Month.
- Emphasize the importance of the promotion.
- Stress the importance of the athletic training profession.
- Explain how many people's lives are affected by athletic training.
- Send the secretary a copy of a proclamation (example listed below) you want the official to use, along with a cover letter confirming your conversation and re-emphasizing your promotion.
- Always thank the official in writing for granting or considering your request.

Note: The NATA office will be working on a proclamation on a national level.

## Sample Proclamation

### PROCLAMATION FOR NATIONAL ATHLETIC TRAINING MONTH

Whereas, quality health care is vital for individuals involved in physical activity; and Whereas, certified athletic trainers (ATCs) have a long history of providing quality health care for athletes and those engaged in physical activity based on specific tasks, knowledge and skills acquired through their nationally regulated educational processes; and Whereas, certified athletic trainers provide:

- Prevention of injuries
- Recognition, evaluation and immediate care
- Rehabilitation
- Health care administration
- Education and guidance; and

Whereas, athletic training was recognized by the American Medical Association in 1990 as an allied health care profession; and Whereas, more than 20,000 certified athletic trainers nationwide are employed in the following settings:

- Professional Sports
- Colleges and Universities
- High Schools
- Clinics and hospitals
- Corporate and industrial settings; and

Whereas, leading organizations concerned with athletic training and health care have joined together in a common desire to raise public awareness of the importance of the athletic training profession and to emphasize the importance of quality health care for athletes and those engaged in physical activity within the aforementioned settings and;

Whereas, such an effort will improve health care for athletes and those engaged in physical activity and promote ATCs as allied health professionals.

NOW, THEREFORE, I (name) the (title) of (city/state) do hereby proclaim the month of March as National Athletic Training Month in (insert city/county or state here). I urge all people of (city/county/state) to learn more about the importance of athletic training.

Signed: \_\_\_\_\_ (Mayor/Governor)

# Promotional Ideas

*The following activities/projects are suggestions for enhancing public awareness during National Athletic Training Month 2001. Many of these ideas have been successfully tried in various NATA districts across the country. Use these opportunities to distribute information about athletic training and NATA/state associations, or to simply talk with the public about the profession.*

Distribute and use promotional items (shirts, hats, notepads, etc.) with the National Athletic Training Month logo.

Ask legislators about having a booth at the statehouse. The booth could be set up for a basketball shootout between representatives and senators or for a complimentary health screening given by ATCs. Use this opportunity to distribute information about athletic training and NATA/state associations.

Set up a booth during a college or high school game (high school ATCs to staff booth at college game and college ATCs to staff booth at high school game). ATCs might host taping/ace-wrapping contests, or give a tour of the athletic training facilities to attendees.

Professional/college/university/high school administrators recognize their ATC staff during a game/event or place an ad in a game program describing the work of an ATC.

Arrange to have messages posted on scoreboard during events or ask local banks and other businesses to run a message on their electronic signs or marquees.

ATCs answer telephones for fund raising groups on TV (example: Public Broadcasting Service) in exchange for five minutes of airtime every hour to highlight a local ATC or the athletic training profession.

Arrange to have public service announcements running on local or school campus TV or radio. The PSA topic might be "Sports Health Tips from your ATC."

Write an article for the local newspaper on injury prevention.

Have brochures printed for summer/fall sports practices entitled "Beat the Heat." Brochures may be presented by the ATCs of an institution and/or sponsored by a state association.

ATCs publicize and distribute certificates of appreciation to all related personnel who assist the ATC's total function. This listing may include all team physicians, strength and flexibility personnel, nutritionists, student managers, interns, student health services, nursing corps, equipment managers, sport psychologists, counselors, etc.

Sponsor a continuing education opportunity for high school coaches.

Give a presentation to a local civic organization, school board, middle or high school parent council groups, allied health organizations, etc. A suggested topic might be "Parents and the ATC."

Arrange to have an ATC conduct a 15-minute weekly "call-in" radio presentation to ask and have answered pertinent questions regarding sports health, prevention, and treatment of athletic injuries.

Recruit the athletics department (or another sponsor) to purchase and provide catchy T-shirts for all athletes to wear during National Athletic Training Month. The shirts may read: "Certified Athletic Trainers ... They Care For Us."

ATCs volunteer to provide coverage of an event such as Special Olympics or a charitable fundraiser such as American Diabetes Association Bikeathon.

Set up a display that would provide information about the athletic training profession at a local library, school, or other community center.

Ask your governor to proclaim March as National Athletic Training Month.

Give away a cake or ice cream at a halftime event in honor of National Athletic Training Month.

Display banners, posters, signs announcing National Athletic Training Month in schools, clinics, industrial/corporate sites, etc.

Name an individual an honorary athletic trainer of the game and invite him or her to stand on the sidelines.

Invite reporters to spend time in the athletic training room. Ask them to publish their observations about the role of an ATC during National Athletic Training Month.

Produce a program for a cable TV channel to feature local ATCs and their roles.

Sponsor a "Why I Want to be an ATC" or a "My Favorite ATC is" essay contest for students, and invite the winner to stand on the sidelines of an event.

Send flyers to parents, patients, etc. announcing National Athletic Training Month. Invite them to planned events.

Design a web page announcing or highlighting events for National Athletic Training Month.



## Promotional items available:

### **SHIRTS** (available in medium, large and x-large)

\* White T-shirt: 100% heavy-weight cotton, 2-color screened — \$12 (includes shipping)

\* White golf shirt: 100% cotton pique, 2-color embroidered — \$28 (includes shipping)

**To order, contact Above and Beyond Incentives:** (800) 281-4329, ext. 330 or [ideas@incentives.com](mailto:ideas@incentives.com).

Include credit card information, daytime phone number, and shipping address, as well as the shirt size. You will be contacted by phone to confirm receipt of your order.

### **BANNER**

A 3' x 8', two-color vinyl banner is also available for \$150. To order, contact the NATA public relations department at (800) 879-6282, or [ellen@nata.org](mailto:ellen@nata.org).

## Publicity Tips

- **Determine your target audience.**
- **Compile a "Who's Who" in your local media.**
- **Establish personal contacts with your local media.**
- **Study your media contacts.**
- **Tailor sample news release to fit your organization and scheduled promotions.**
- **Send news releases to local media at least two weeks prior to event.**
- **Learn media deadlines and ask if they will run your public service announcements.**
- **Handle all media calls in a timely manner and answer all questions accurately.**
- **Use National Athletic Training Month logo for promotional materials (check [www.nata.org](http://www.nata.org) for information).**
- **Learn as much about publicity as you can.**

## PUBLIC RELATIONS UPDATE

# Committee Prepares Contests; Athletic Training Month Nears

By Jerry Koloskie, MS, ATC  
*Special Contributor*

The Public Relations Committee is working on several fronts simultaneously to help improve the recognition and understanding of the profession.

Several of those initiatives, however, require tandem effort between the committee and members.

## National Athletic Training Month

In March, the country will celebrate the first National Athletic Training Month, developed specifically to improve the public image of the certified athletic trainer.

A booklet inserted in the October *NATA News* describes different activities that can be arranged to celebrate the occasion. In addition, the pamphlet offers sample proclamations and sample publicity plans upon which to build.

While these ideas are intended to give members a starting point, it is imperative that the NATA membership initiate Athletic Training Month events on the local level, as well as state and district levels. Tailor celebrations to the specific community in order to achieve the best results. Don't wait for others to make the first

move – become an active partner in the efforts to improve the profession.

## Annual PR Contest

The committee has issued a call for entries for the third annual NATA Public Relations Contest.

The contest honors the most effective PR work done by NATA districts, states or individuals. The winner will be recognized at the NATA annual meeting in June and will receive a gift certificate for NATA logo merchandise.

The public relations activity being entered must have taken place between Jan. 1, 2000, and Dec. 31, 2000.

The activity must have been developed and implemented by one or more ATCs or by someone working under the direction of an ATC. The work also must reflect the NATA key messages.

Nominations must include the entrants' names, titles, addresses, telephone and fax numbers, email addresses and the title of the entry.

In addition, entrants should explain the goal of the PR project, including the target audience.

Evidence of the project's success (i.e. news clippings, statistics, testimonials) should be included as well.

The nomination deadline is April 15.

Nomination forms are required and can be obtained by calling Ellen Satlof at (800) 879-6282, ext. 159.

Send nominations, along with samples of completed materials, to:

**NATA PR Contest**  
2952 Stemmons Freeway  
Dallas, TX 75247

## Media Awards

In addition, the NATA PR Committee has created an award to be presented at the National Sportscasters and Sportswriters Association Hall of Fame banquet.

The NATA/Joe Garagiola Excellence in Sports Medicine Reporting Award will go to the sportscaster and sportswriter who, through the written or electronic media, best promotes an athletic health care issue or athletic health care provider in a positive manner.

Members are urged to submit nominations by Feb. 15.

For details, contact Ellen Satlof at (800) 879-6282, ext 159. ■

Jerry Koloskie, MS, ATC



## PUBLIC RELATIONS UPDATE

# Athletic Training Month Aims For Nationwide Recognition

*It's here – the inaugural National Athletic Training Month kicks off March 1, and the NATA Public Relations Committee urges members to take part in this important event.*

**By Jerry Koloskie,  
MS, ATC  
Special Contributor**

The stage is set for the first-ever National Athletic Training Month in March, and the Public Relations Committee is expecting a successful debut.

This nationwide recognition of the profession offers members an opportunity to highlight athletic training in their communities. It's the perfect chance for grass-roots progress in educating the public about the role and importance of ATCs.

The PR Committee began laying the groundwork for Athletic Training Month last year, responding to widespread requests for such an event.

After board approval, the committee developed a packet to explain ways to publicize the month and a logo for use in posters, magnets and publications.

In October, Host Communications and the committee produced a PR "starter kit" as an example of how members could begin to promote National Athletic Training Month.

The event-specific pamphlet can be found in the October *NATA News*. This

information, along with the Athletic Training Month logo, can be accessed on-line at [www.nata.org](http://www.nata.org). Click on "Public Relations" to find the material.

Additional promotional items available from NATA headquarters include:

- Athletic Training Month logo magnets and banners;
- Slide presentation for help in speeches;
- Athletic training video that explains the profession;
- Media kits to offer reporters, including fact sheets and brochures about the profession;
- Member PR kits that explain how to contact and effectively communicate with the media, how to give speeches and presentations, etc.;
- PSAs for radio and TV; these can be viewed and heard on-line at [www.nata.org](http://www.nata.org).

### What are the Results?

The PR Committee hopes to obtain thorough feedback regarding National Athletic Training Month.

Local, state and district PR representatives are urged to contact their committee representative or NATA PR Manager Ellen Satlof to report

activities and community reaction.

The committee will use the information to help fine-tune efforts for next year's Athletic Training Month.

To report Athletic Training Month activities and/or suggestions, please send an email to Ellen Satlof at [ellen@nata.org](mailto:ellen@nata.org) or contact the appropriate PR Committee member, found online at [www.nata.org](http://www.nata.org).

### In Other News

While efforts for National Athletic Training Month continue, the PR Committee met in January to plan future projects and check the status of ongoing initiatives.

Results of that meeting, which occurred after press time, will be published in an upcoming edition of the *NATA News*.

Other progress includes a presentation at the Oklahoma Athletic Trainers' Association meeting in January. ■

*Jerry Koloskie is chair of the PR Committee. He can be reached at (702) 895-4033 or [jkoloskie@cmail.nevada.edu](mailto:jkoloskie@cmail.nevada.edu).*

**Jerry Koloskie, MS, ATC**



APPENDIX III

The Survey

# Master's Thesis Survey

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Instructions: To ensure survey validity, please answer questions in the order they are presented. Once you answer a question and move on to the next one, please do not return to any previous questions to change your answers.

**1) Pick one of the following categories which best describes your highest level of organized sports experience:**

- a) Youth sports only — such as Little League Baseball or Pop Warner Football
- b) High school sports
- c) College or professional sports
- d) No organized sports at all

**2) What age group best describes you?**

- a) Younger than 20
- b) 20 to 39 years old
- c) 40 to 59 years old
- d) 60 or older

**3) You're watching a professional football game on TV and you see a player get injured. Who are the medical personnel who run on to the field to take care of him?**

**4) Do you know what the letters "ATC" after a person's name stand for?**

**5) In one or two sentences, how would you best describe what a certified athletic trainer does? If you are not sure, simply state that.**

**6) Have you ever suffered a sports-related injury?**

Yes                  No

**7) Besides a doctor, rank in order whose advice you would seek if you suffered a sports injury, such as a sprained ankle or twisted knee ( 1= most likely, 6=least likely):**

- \_\_\_ nurse
- \_\_\_ chiropractor
- \_\_\_ certified athletic trainer
- \_\_\_ physical therapist
- \_\_\_ athletic coach
- \_\_\_ personal fitness trainer

**8) What level of education do you think is required to become a certified athletic trainer?**

- a) High School only
- b) Two years of college
- c) Four years of college
- d) More than four years of college
- e) A home study course
- f) A "weekend course"
- g) I don't know

**9) Do you agree that it's important to have a certified athletic trainer present at amateur sporting events such as soccer and football games?**

Strongly Agree      Agree      No opinion      Disagree      Strongly disagree

**10) Have you had any direct experience with a certified athletic trainer?**

Yes (if yes, please answer question #11)

No (If no, you're done! Thank you!)



**11) Please rank a certified athletic trainer's effectiveness in the following areas:**

	Excellent	Very good	Fair	Poor	Very poor
a) Injury prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Injury evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Injury treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Injury rehabilitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Protective taping and bracing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

***Thank you for taking the time to complete this survey!***

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