

# The Evolution and Value of the Athletic Trainer in the Physician Practice

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**Morristown, NJ**



# OBJECTIVES

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## **Program Objectives:**

1. Describe the evolving role and responsibilities of athletic trainers in physician practice settings.
2. Analyze current research and statistics highlighting the impact and effectiveness of ATs and their direct impact on patient care.
3. Discuss the educational pathways, certifications, and residency programs that support ATs in these roles.
4. Examine the benefits and challenges of integrating ATs into non-traditional settings, including compliance and scope-of-practice considerations.

# INTRODUCTION

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- Today, many physicians are choosing to hire Athletic Trainers as part of their clinical office staff
- It is a trend that continues to grow due the increasing awareness of the skill set that Athletic Trainers can bring to the practice
- “While orthopedists and other sports medicine specialists have an understanding of the AT’s education and skills, other mainstream health care providers may not know or understand the role an AT can play on the health care team. If ATs are to be primary contributors in the traditional health care world, **it is necessary to educate other medical professionals about the capabilities of ATs.** This understanding could benefit the physician, the other health care team members, and most importantly, the patient.”

# HISTORY

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- **1970's** – Temple University/U Penn
- **1980's** – University of Wisconsin
- Into the early 2000's, more conferences and presentations were being geared to demonstrate the value of the **AT as a "physician extender"**
- **Physician Extender** = a term that describes any individual who could help a physician with clinical responsibilities (AT, PA, NP, RN, PT, etc.)
- The trend caused some individuals to start identifying themselves more as "physician extenders" or "mid-level providers" and not who they were as athletic trainers



- Greene J. Athletic Trainers in an Orthopedic Practice. *Athletic Therapy Today*. 2004; 9(5):56-57.
- NATA Committee on Practice Advancement. Athletic Trainers and the elimination of the Physician Extender Classification. 2013; 1-3.

## ELIMINATION OF THE TERM "PHYSICIAN EXTENDER"

- Many health care organizations are not only using the term "physician extender", but some are requiring their employees to hold or attain additional credentials (such as OTC, OPA-C) to practice in their settings (**when ATC is more than enough!**)
- The public and organizations need to recognize the scope of practice of the athletic trainer, defined by their regulatory body and state practice act
- Around 2013, NATA COPA members, subject matter experts within the physician practice setting and the Inter-Agency Terminology Workgroup **made an official recommendation to transition away from the term "physician extender" with gradual elimination of it** – yet we still hear it frequently



## TEAMWORK

As athletic trainers, we are accustomed to working with teams, they just look a little different depending on the setting.

Traditional Team	Physician Practice Team
Athletic Trainer	Athletic Trainer
Team Physician	Physician & Office Team*
Athletes	Patient
Athlete's parents or caretaker	Patient's parents/children or caretaker
School Nurse	School nurse/team athletic trainers
Coach	Physical therapist
School Counselors	Specialist referrals
Teachers	*Support Office Team (office manager, front desk, surgical schedulers, billing/authorization specialists)
Refs/officials	*Clinical Office Team (CMA, RN, NP, PA, radiology techs, radiologists, OR staff, residents/fellows)

# TYPES OF PATIENTS FOR THE AT IN PHYSICIAN PRACTICE

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Physician Practice – Types of Patient
Athletes and Physically active individuals
Musculoskeletal/Orthopedic
Surgical
Primary Care Sports Medicine
Neurology/Concussion
Trauma/Limb Restoration
Oncology
Pain Management
MVA/WC Patients
Chiropractic
Urgent Care

Skill	ATC	PA-C	APN	RN	CMA
Take H&P	Yes	Yes	Yes	Yes	No
Perform Orthopedic Assessment	Yes	Yes	Yes	No	No
1st/2nd Assist in OR	Yes*	Yes	No	No	No
Remove Sutures	Yes	Yes	Yes	Yes	Maybe
Provide HEP	Yes	No	No	No	No
Return Clinical Phone Calls	Yes	Yes	Yes	Yes	No
Post-op Phone Follow-up	Yes	Yes	Yes	Yes	Yes
Post-op Follow-up Visit	Yes	Yes	Yes	Yes	No
Casting/Brace Fitting	Yes	Maybe	Maybe	No	Maybe
Draw Blood	No*	Yes	Yes	Yes	Maybe
Draw up Injection/Prep for Procedure	Yes	Yes	Yes	Yes	Yes
Give Injection	No	Yes	Yes	Yes	No
*State Dependent. Additional certs may be needed.					

**ATHLETIC TRAINER  
SKILL SET  
VS.  
OTHER HEALTH  
CARE PROFESSIONS**

New Jersey, like most states, require a certified Athletic Trainer to practice under the direction of a physician. In the clinical setting, these standing orders are referred to as a Collaborative Practice Agreement, in which the Athletic Trainer and Collaborating Physician agree to comply with roles and responsibilities set forth by the New Jersey Athletic Training Practice Act.

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## **STANDING ORDERS/ COLLABORATIVE PRACTICE AGREEMENT**

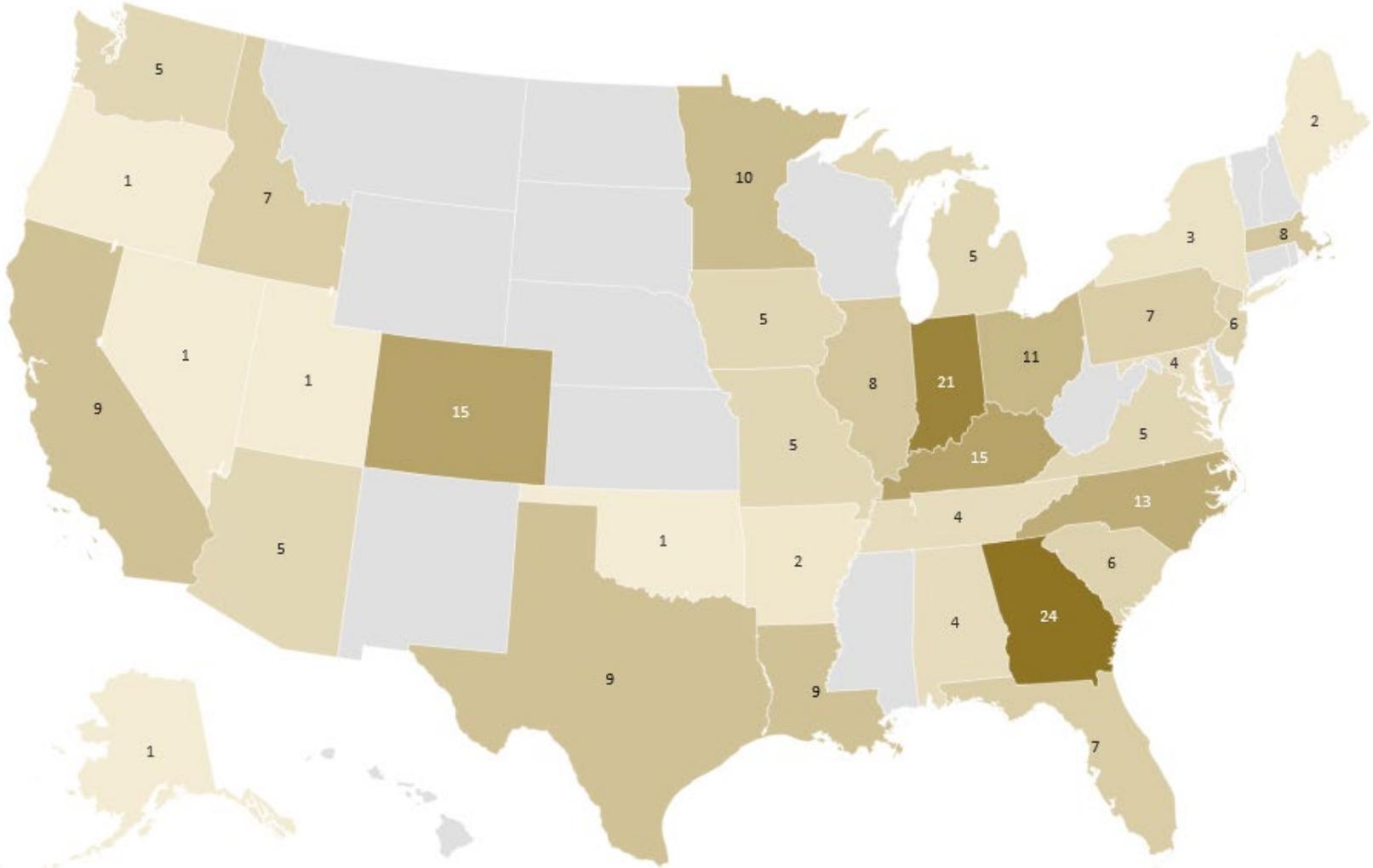
# STATISTICS

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- According to most recent NATA numbers, 1864 athletic trainers have identified the physician practice as their primary place of employment
- ATPPS (Athletic Trainers in the Physician Practice Society) is an organization that serves to advocate for ATPP by providing education, resources and backing for its members
- NATA and ATPPS (along with other alternate setting societies) have initiated communication on improved collaboration and support for ATs in those settings

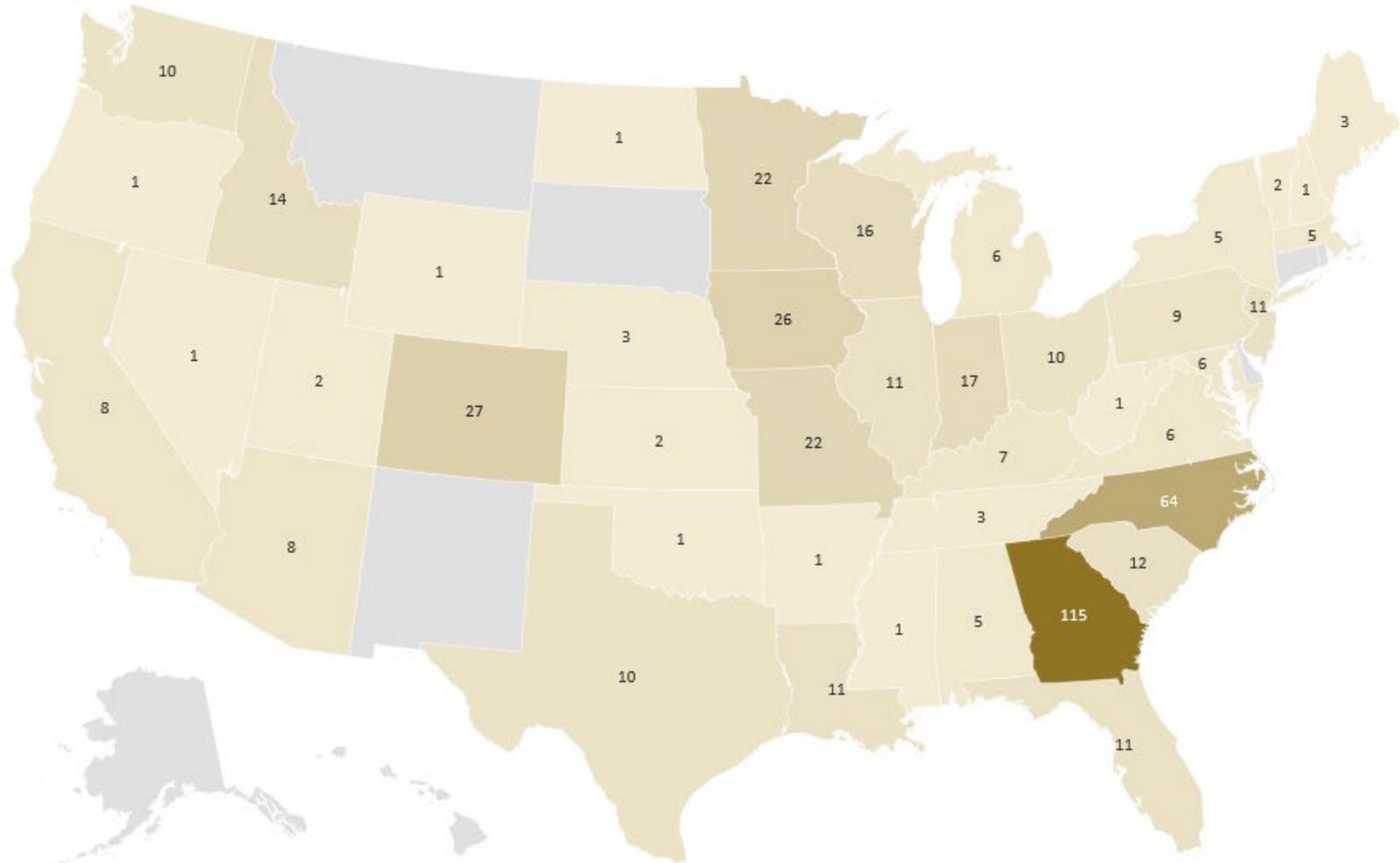


# 2025 ATPPS CONFERENCE ATTENDEE MAP



Representation at the 2025 ATPPS Annual Conference in Louisville, KY.  
6 attendees were from New Jersey.

# CURRENT ATPPS MEMBER MAP



Current ATPPS membership numbers across the country.  
There are 11 members from New Jersey.  
(as of the 2025 Annual Conference – February 22, 2025)

## CURRENT RESEARCH – VALUE OF THE ATPP



Athletic Trainers in the  
Physician Practice Society

- ATs have shown to improve patient throughput between 15% to 30%
- ATs have shown that the impact on patient satisfaction is similar to that of an orthopedic resident. Overall patient satisfaction scores were 9.1 on a 10-point scale
- ATs improve clinical efficiency and physician satisfaction. In a 2017 study, physicians saw 3 more patients per day (15 more per week) on average after the addition of a clinical AT
- ATs impact on physician productivity:
  - Increased patients per day, shorter patient wait times, reduced charting and documentation burden, enhanced workflow in high volume practices

- Hajart A, Pecha F, Hasty M, Burfeind S, Greene J. The Financial Impact of an Athletic Trainer Working as a Physician Extender in Orthopedic Practice . *JMPM*. 2014;29(4): 250-254.\*
- Pecha F, Bahnmaier L, Hasty M, Greene J. Physician Satisfaction With Residency-Trained Athletic Trainers as Physician Extenders. *IATT*. 2014: 19 (2): 1-3.
- Pecha F, Omdal R, Ruben Koen S and Wick J. Athletic Trainer's Role in Improving Efficiency in Primary Care Settings. *JMPM*. 2017:1-4.
- Bruning P. The Value of Athletic Trainers in the Orthopedic Clinic. PowerPoint presented at: AOSSM Annual Meeting; July 10, 2025; Nashville, TN.

# CURRENT RESEARCH – SATISFACTION FOR THE AT IN PHYSICIAN PRACTICE

- 2025 study – 11 participants recruited through LinkedIn Flyer
- **PROS:**
  - Better work life balance, support for PTO
  - More predictable schedule, minimal weekends
  - Less stress
  - Ability to treat patients of all ages and conditions, from pediatrics to geriatrics with:
    - Different socioeconomic settings
    - Varying long term health conditions including but not limited to cardiovascular, endocrine, neuro, obesity, osteoarthritis, etc.
  - Expanded skill set (QR, radiology, splint/brace application, suture removal, etc.)
- **CONS:**
  - Administrative tasks – authorizations, paperwork, phone calls, inventory, cleaning – “a skill set of having to work with insurance and authorization ... is kind of the hardest part of our job”
  - Some personalities harder to work with, every physician has different preferences and protocols
  - Limited opportunity for upward growth/mobility at times



Gullo A, Harris N, Welch Bacon C. Athletic Trainers' Motivations for and Satisfaction with Transition to the Physician Practice Setting. *Athl Train Educ J.* 2025; 21(2):74-81.

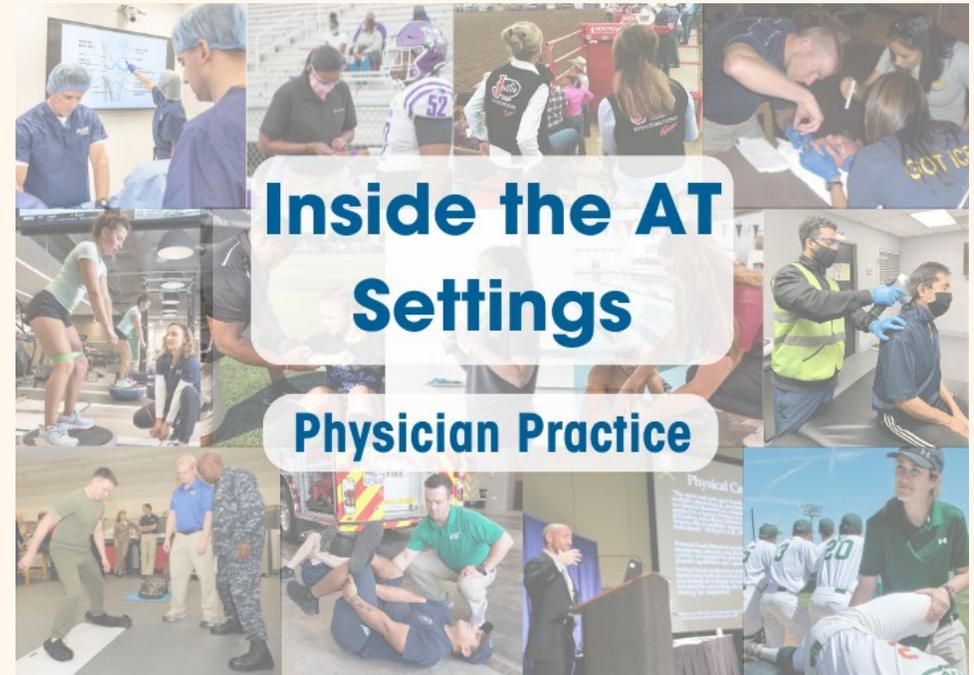
## INTERESTED IN THE PHYSICIAN PRACTICE?

- **Commission on Accreditation of Athletic Training Education (CAATE)**
  - **Website:** Comprehensive List of Residency & Fellowship Programs (accredited & seeking)
- **Athletic Trainers in the Physician Practice Society (ATPPS) – Membership Benefits:**
  - Resources to share with providers, administrators (articles, infographics)
  - Job Board
  - Membership directory/forum
  - Annual Conference/hands on labs
  - Monthly lectures
- **The Association for Athletic Training Education (AATE)**
  - AT Each Moment Website

**INTERESTED IN THE  
PHYSICIAN PRACTICE?**

## **FOR STUDENTS**

- Immersive settings for Masters Students
- Summer Internship Opportunities
- Investigate shadowing opportunities



# RESIDENCY & FELLOWSHIP PROGRAMS, OR OPPORTUNITIES, CREDENTIALS, ACCREDITATION

## RESIDENCY AND FELLOWSHIP PROGRAMS

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Athletic Training Residencies and Fellowships are post-professional programs with structured mentoring and educational advancements to develop specialization and clinical training in a variety of subspecialties. The goal of these programs is to create a specific skill set for the Athletic Trainer to successfully practice as an advanced health care professional in various clinical settings.

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Residencies and Fellowships train athletic trainers to be specialists in any of the following domains: Orthopedics, Rehabilitation, Pediatrics, Behavioral Health, Primary Care, Prevention and Wellness, Urgent and Emergent Care, or Performance Enhancement. Majority of programs are in Orthopedics or Rehabilitation.

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Most residency programs offer 12 months of training and mentorship working directly with physicians, specialty providers, and other professional health care staff in clinics, operating room, rehab offices, and many additional health care spaces.

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The educational standards of residency programs are evaluated by the Commission on Accreditation of Athletic Training Education (CAATE) and follow Accreditation Council for Graduate Medical Education (ACGME) guidelines.

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There are currently 18 CAATE Accredited Athletic Training Residency programs in the United States with 9 other programs seeking accreditation.

# ATHLETIC TRAINER SKILLSET (ENTRY LEVEL VS. RESIDENCY TRAINED)

## ENTRY LEVEL

- GAIT ANALYSIS
- NEUROCOGNITIVE TESTING
- GAIT TRAINING
- SPORTS OUTREACH COVERAGE
- COMMUNITY EVENTS/EDUCATION
- REVIEW PROVIDER SCHEDULES
- SCHEDULE F/U TESTS AND PROCEDURES
- SCRIBING/DOCUMENTING OFFICE NOTES
- PHYSICAL EXAM/SPECIAL TESTS
- PATIENT EMAILS
- TAKE VITALS
- ROOM PATIENTS
- ORDER RADIOGRAPHS
- CRUTCH TRAINING/FITTING
- DME/BRACING
- EMR
- HOME EXERCISE PROGRAM INSTRUCTION
- PATIENT PHONE CALLS
- OBTAIN PATIENT HISTORY
- PATIENT EDUCATION

## RESIDENCY TRAINED (ENTRY LEVEL +)

- SURGERY ASSIST
- OR SETUP
- REVIEW RADIOGRAPHS WITH PATIENTS
- CLINIC NOTE DICTATION
- UNDERSTANDING OF COMORBIDITIES
- PRE-OPERATIVE EDUCATION
- INSURANCE/PEER TO PEER REVIEWS
- INITIAL POST-OPERATIVE VISIT
- PREPARE FOR IN OFFICE PROCEDURES
- APPLY OR REMOVE CASTS/SPLINTS
- PRESENT TO ATTENDING PHYSICIAN/FELLOW

ATPPS. Infographic: The Physician Practice: What is the skillset of the Athletic Trainer? Accessed from: <https://atpps.org/publications-research-and-documents/introductory-materials>; cited March 23, 2019.



# CURRENT RESEARCH – AATE RESEARCH DATABASE

## RESIDENCY & FELLOWSHIP SURVEY 2022

- 79% completed a R/F in orthopedics
- 78% were somewhat or extremely satisfied with their current job
- 65.5% were somewhat or extremely satisfied with their compensation
- 57% in the physician practice setting
- Only 15% of positions required completion of a R/F as a qualification although potential for higher earnings and more leadership roles/specialty duties are provided for R/F graduates (e.g. OR assist)

# CLINICAL SKILLS

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## **Durable Medical Equipment**

Post-operative, protective/support bracing, crutch fitting, operations and management training



## **Custom Casting & Splinting**

Fabrication, application, 3D printing technology

# CLINICAL SKILLS

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**Phlebotomy**



**Suturing Techniques**

# CLINICAL SKILLS



**Diagnostic Ultrasound**



**Operating Room**

Etiquette, sterile technique/scrubbing,  
surgical assist, graft preparation

# ADDITIONAL CERTIFICATIONS/TRAINING

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- **BSC-O (Orthopedic Specialty Certification)**

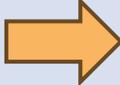
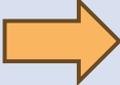
- BOC Website outlines qualifications, FAQs, exam prep tools.
- 2 pathways –1. residency-trained or 2. non-residency trained OR non-accredited residency-trained
- "This is the only board-certified orthopedic specialty for Athletic Trainers with advanced knowledge, skills and experience in orthopedics. It's a major step on a pathway toward improved working conditions, compensation, advancement and respect in the health care community. For Athletic Trainers, this means a viable, long-term career filled with opportunities to distinguish themselves in the delivery of patient care and earning recognition and respect for the experience, focus and skills they demonstrate."



BOC. Website: Steps to Become Orthopedic Specialty Certified. Accessed from: [BOC - Orthopedic Specialty \(bocatc.org\)](https://www.bocatc.org); cited March 3, 2023.

# ADDITIONAL CERTIFICATIONS/TRAINING

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- **Orthopaedic Technologist Certification (OTC)**  **OTC Surgery Certified (OT-SC)**
  - Scope of practice is clearly outlined
  - Cast/splint application and removal
  - Traction
  - Surgical first 1st/2nd assist and surgical preparation
  - Ambulatory device and brace fitting
- **Orthopedic Physician Extender (OPE-C)**  **OPE-surgery certified (OPE-SC)**
  - Ortho exam and diagnosis
  - Casting, splinting, bracing
  - Surgical considerations
  - Healthcare admin and leadership

\*\*Qualifications include being ATC, take and pass exam.
- **PHLEBOTOMY CERTIFICATION** – collect blood utilizing venipuncture both for laboratory testing and centrifuging (PRP procedures).
- **EKG CERTIFICATION** – relevant to primary care sports medicine settings.

# ATs IN THE OPERATING ROOM

- **NJ Law** regarding Qualified 1st assistants for **MAJOR** surgeries:
  - Resident physicians/other qualified physicians
  - PA-C
  - RNFAs
- **NJ AT State Practice Act** – no verbiage regarding surgical assisting as ATC
- **Organizational determinations:**
  - Administrative + senior leadership approvals
  - Committee/department approvals
  - Legal considerations
  - Credentialing
- Physician advocates for ATs in OR
- Demonstrate value to organization





**Morristown Medical Center**  
ATLANTIC HEALTH SYSTEM  
Privileges Request Form  
**Surgical Orthopedic Technologist**

Applicant: \_\_\_\_\_

Department of Orthopedics

**Delineation of Privileges**

Surgical Orthopedic Technologist (OTC) in Morristown Medical Center will function at all times per New Jersey State Statute, under the assigned supervising physician. **The Chairman of the Department will determine those procedures that may be performed by the Surgical OTC. The privileges and procedures that may be performed by the surgical OTC are delineated in the Scope of Practice below.**

The role of the surgical OTC is to act as a second assist, per Morristown Medical Center guidelines. If the surgical OTC is the only assistant with the physician, they are still to act in a second assist capacity. First assist maneuvers (using drills/saws, bovie for purpose of cutting/ligating, suturing, preparation of graft, fracture reduction, or joint reduction/dislocation) are NOT to be performed under any circumstance.

↓ **APPLICANT CHECK HERE ONLY**

Requested	Surgical Orthopedic Technologist	Recommended Supervised
	<b>Pre-Op (under direct supervision)</b>	
	Assist with room set up including use of sterile techniques	
	Assist with equipment set up	
	Patient transferring/positioning	
	Assist the surgeon with placement of non-sterile and sterile drapes	
	<b>Intra-op (under direct supervision)</b>	
	Sponging	
	Irrigation and suction	
	Retraction and instrument holding	
	Apply electrocautery to clamps or forceps as directed for hemostasis	
	Holding position of extremity	
	Perform limb traction, but cannot perform fracture reduction, joint dislocation or joint reduction	
	Hold arthroscopic scope/camera	
	Maintain anchor position	
	Maintain graft position and tension	
	Cut sutures	
	Assist with placement of steristrips and dressings	
	Assist with application of post operative splint and casts	
	Place sling as directed	
	<b>Post-op (under direct supervision)</b>	
	Assist with breakdown of surgical field	



**Morristown Medical Center**  
ATLANTIC HEALTH SYSTEM  
Privileges Request Form  
**Surgical Orthopedic Technologist**

Applicant: \_\_\_\_\_

Department of Orthopedics

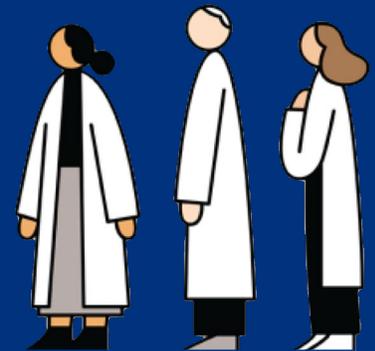
	Facilitate transfer of patient to recovery	
	Assist with post operative instructions and patient care communication after written by physician and/or advance practice provider or as directed by supervising physician	

\_\_\_\_\_  
*Surgical OTC print name* Signature Date

\_\_\_\_\_  
*Supervising Physician print name* Signature Date

\_\_\_\_\_  
*Recommended, Department Chairman* Signature Date

# CAATE ACCREDITATION PROCESS



# ACCREDITATION PROCESS



# CAATE

Commission on Accreditation  
of Athletic Training Education

1. Decision to Seek Accreditation – pay associated fees
2. Conduct a self-study of the program to ensure it meets the Standards and Guidelines (CAATE and ACGME)
3. Compile a Self-Study Report
4. Submit a Self-Study Report
5. Peer Review of document and program through Onsite Review
6. Program response to Onsite Review Report
7. Accreditation decision awarded by CAATE council
8. Annual Report
9. Substantive change

\*\*Not all residencies are accredited as they may be still be developing and have not yet gone through rigors of the accreditation process. However, be aware of job postings asking for residents/fellows that do not actually have a residency program.

Reference: CAATE Accreditation website.

Accessed from [CAATE-Accreditation-of-Residency-and-Fellowship-Programs](#)

# CAATE RESIDENCY AND FELLOWSHIP REQUIREMENTS

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- Programs must maintain compliance with all **40 CAATE Accreditation standards** to ensure high quality post-professional education
- Residency Graduation Requirements:
  - **40 clinical practice hours** minimum and a maximum of 80 cumulative clinical practice and educational work hours **per week**.
    - **1664 total** clinical practice hours in the specialty/subspecialty
  - Minimum of **12 consecutive months** in length
  - **500 hours** of **mentored time** within the specialty/subspecialty
  - **260 hours** of planned **didactic education**
  - **Scholarship requirements** – assignments, learning opportunities, case studies, presentations, etc.

# ACGME CORE COMPETENCIES



Accreditation Council for  
Graduate Medical Education

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All educational and clinical learning follows six domains to develop clinical competence essential for advanced training.

- 1. Patient Care:** providing care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.
- 2. Medical Knowledge:** demonstrating knowledge about established and evolving biomedical, clinical, and cognate sciences.
- 3. Interpersonal and Communication Skills:** effectively communicating with patients, families, and other health professionals.
- 4. Systems-Based Practice:** demonstrating an awareness of and responsiveness to the larger context and system of healthcare.
- 5. Practice-Based Learning and Improvement:** involving the investigation and evaluation of their own clinical practice, patient care, appraisal and assimilation of scientific evidence.
- 6. Professionalism:** demonstrating a commitment to carrying out professional responsibilities and an adherence to ethical principles.

# ATLANTIC HEALTH ATHLETIC TRAINING RESIDENCY

- Only organization with AT post-professional Residency programs in NJ
- 2 residency programs:
  - **Orthopedics** – CAATE accredited program with 5 graduates working as clinical ATC's. 1 graduate accepted to PA school
    - Assist ortho providers in clinical and OR realms
    - Funded OTC exam
  - **Pediatrics** – non-accredited, starting in July 2026. Only 2nd Pediatric AT residency program in the country



## INTERESTED IN RESIDENCY AND FELLOWSHIP?

- **Commission on Accreditation of Athletic Training Education (CAATE)**
  - Comprehensive List of Residency & Fellowship Programs (accredited & seeking)
  - [www.caate.net](http://www.caate.net)
- **Atlantic Health Post-Professional Athletic Training Residency**
  - [Atlantic Health AT Residency](#)
  - Starts July 2026
  - Pediatric & Ortho
  - Apply by sending the following to **[ATResidency@atlantichealth.org](mailto:ATResidency@atlantichealth.org)**
    - Resume
    - Cover letter
    - Transcripts
    - BOC card (or exam date)
    - CPR card