What is an Athletic Training?

• Not “trainer”.

• **Athletic trainers** (ATs) are highly qualified, multi-skilled health care professionals who collaborate with physicians to provide preventative services, emergency care, clinical diagnosis, therapeutic intervention and rehabilitation of injuries and medical conditions.

• Currently must work underneath physician’s license.
Where Did We Come From? A History

- National Athletic Trainer’s Association (NATA)
  - Original meeting in 1950 with 200 athletic trainers
  - Over 43,000 members currently
- Board of Certification (BOC)
  - National accrediting body
- Commission on Accreditation of Athletic Training Education
  - Maintains academic standards
  - Sets competencies that must be met by all academic programs

Where is the Profession Going?

- Born out of a “coaching mentality” and profession.
- Post professional education
  - MSAT (shift by 2022)
  - Keeping people in the profession
- Pursuit of medical models in traditional setting.
- Recognition as a medial provider.
Athletic Training Settings

• “Traditional Setting” - Athletics
  • Professional
  • Collegiate
  • High school
    • Unique in we get to see our patients on almost a daily basis

• Up and coming settings
  • Physician Extender (sports medicine clinic, orthopedic clinic)
  • Industrial (Amazon, Delta)
  • Performance Clinics (multi-disciplinary group, ‘on own’)

A “Jack of All Trades” Profession

• Coordinator of medical care in many of the traditional settings

• Athletic Training Domains
  • Prevention
  • Clinical Evaluation and Diagnosis
  • Immediate Care
  • Treatment, Rehabilitation, and Reconditioning
  • Organization and Administration
  • Professional Responsibility

• From first responder to rehabilitation specialist
“A mile wide....”

• Hoping to be “and a couple inches deep.”
• The benefit of a large tool box and its necessity in the profession
  • Available resources (or lack there of)
  • Creativity while traveling
• “Specialists” aren’t the norm in most athletic training settings
• Typical athlete to ATC ratio can range from 1:100 to 1:500+

Interprofessional Collaboration-ATC Perspective

• Value in Collaborating with Chiropractors
  • Skillsets that few (if any) ATCs are proficient at.
  • Familiarity and expertise around the spine and corresponding issues.
  • Specialty soft tissue work and rehabilitation techniques

• Different perspectives on injury
  • Root causes
  • Differential diagnosis
  • Confounding factors
Interprofessional Collaboration: DC Perspective

- Create professional understanding
- DCs: unique professional doctorate portal of entry providers
  - On the outside looking in for many years
- Poorly understood, defined role within health care
- Lack of mainstream integration put many DCs on an island
- Barriers slowly changing
- Professional isolation:
  - Terminology, philosophy, traditional business model
  - Lack of integrated, interdisciplinary training

Interprofessional Collaboration: DC Perspective

- Traditionally: dual role physician and small business owner
- DC authoritarian figure at office, ATCs authority figures in their athletic training rooms
  - Recognize athletic training room is small part of bigger picture
- Disconnect in roles can lead to frustration
  - Failure to understand, appreciate, and communicate roles
Interprofessional Collaboration: DC Perspective

- ATCs may have preconceived notion of stereotypical DC
- You’re on their turf
- Give before you ask
- Know what they are experts at and where you fit in
- You can probably handle some things, but they literally see hundreds, so they can do it much better

Interprofessional Collaboration: DC Perspective

- Check your ego
- Know your role, communication is key
- Be in it for the right reasons
- Build a solid relationship
- It’s a work in progress
- Professions are complementary, go hand in hand
Complimentary Skillsets: DC “vs.” ATC

• DC
  • Acute and chronic spinal and related neurologic issues.
  • Specialized soft tissue and rehabilitation techniques.
  • Joint mobilization/adjustment
  • 1-on-1/individualized care

• ATC
  • Acute management of musculoskeletal injury
  • Concussion Management
  • Efficiency in treatment/care

Case Study: UW-La Crosse Athletic Training

• A brief history of how we got started
• Utilize 2 unique versions of chiropractic care at UWL
  • Wellness: adjustment focused
  • Rehabilitative: comprehensive evaluation and treatment
• Evolution over the past four years
  • Initial: Evaluation, soft tissue work, rehab, adjustment, plan?
  • Current: Evaluation, rehab, adjustment, collaborative plan for care.
How it All Fits Together

• Where do I find an athletic trainer?
  • How to get in contact.
  • How to make the approach.
  • What not to do.
• Collegiate/professional setting: integration with team physician and sports medicine team.
• Checking egos at the door.
• Being willing to share knowledge and utilize each other’s strengths.

8 Principles of Human Movement

YOU ONLY GO TO THE CHIROPRACTOR FOR PAIN RELIEF?!!

YOU MIGHT AS WELL ROB A BANK AND ONLY TAKE THE PENS
#1 Respiratory Pattern
- DIAPHRAGM!
- 360 degrees
- Diaphragm-pelvic floor connection
- Ribs expand laterally
  - Not superiorly
  - Out, not up

#2 Spinal Elongation
- Lengthen spine
  - Growing tall
  - Pulling from top of crown to ceiling
- Elongation is NOT:
  - Excessive motion
  - Flexion/extension at any spinal segments
- Elongation IS:
  - Subtle lengthening of spine in neutral position
#3 Stabilization of the Trunk

- Feet are literal foundations
- Trunk is foundation for movement
  - Proper movement for spine and extremities
- Why “core” strength is so important
- No trunk stability:
  - Putting yourself at risk for injuring other areas
  - Develop compensation
  - Become overworked/overstressed
- Injury symptoms often manifest away from root cause
  - Can occur anywhere from head to toe
- Essential for optimal performance

#4 Centration of Joints

- Each joint needs proper centration
- Ideal point of contact as moving through ROM
- Golf ball on tee
- Protects:
  - Joint itself
  - Surrounding soft tissue (acute or chronic overuse)
- Provides ideal conditions for optimal execution of movement/motor control
- Great example of importance of proper form, posture
#5 Isolated Movement

- Isolate movement in one area separate and distinct from other areas
- Arm abduction
  - Spine motion, upper trap neutral
- Hip flexion
  - Spine, pelvis neutral
- Compensations occur when lack of movement isolation
  - Many common ailments are result
  - One pelvic shift not a big deal, but adds up
#6 Balanced Support

- House foundation
- Support needed for any/all movement
  - Without it, joint centration, other principles not going to occur
- Points of contact of foot
  - 60/40 weight distribution
- Other activities, different support
  - Hand

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#7 Relaxation Through Movement and Breath

- Muscular contraction needed to complete task
- Non-involved areas relaxed, diaphragmatic breath maintained
  - Work/flow balance
- Golf swing
- Complete tension throughout:
  - Very rigid
  - Lack fluidity
- Bruce Lee’s One Inch Punch
#8 Body Awareness

- Conscious and aware of body position in space
- Allows for better control
- Think stability and balance
- Becomes particularly important/more complex when external objects added
  - Barbells
  - Balls, etc

Application

- Seated IAP
- Supine IAP
- 90-90
- Rocking
- Into FP1