



SECONDARY SCHOOL VALUE MODEL

Created through a collaboration of
the NATA Secondary School Athletic Trainers' Committee
& the NATA Committee on Revenue

PREFACE

A special thank you is extended to the NATA volunteer members who created the materials and devoted countless hours on this project over the past years.

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A continued thank you to the hard working athletic trainers of the Secondary School Athletic Trainers' Committee, the Committee on Revenue and the Committee on Practice Advancement who volunteered countless hours in the formation of this document.

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INTRODUCTION

This Secondary School Value Model (SSVM) is the result of a collaborative effort between the Committee on Revenue (COR), Committee on Professional Advancement, Secondary School Athletic Trainers' Committee (SSATC) and the Secondary School Value Model Workgroup.

Within the athletic training profession, regardless of setting, it is critical that athletic trainers be able to quantify and articulate their worth and value. The concepts of “worth” and “value” may be difficult to grasp for many athletic trainers. The Secondary School Value Model was developed to educate both athletic trainers and consumers of athletic training services – especially within the secondary school setting. It is the expectation that as the profession continues to grow in stature, this Value Model will be considered a living document, adapting to economic challenges and public perception.

This SSVM will serve as a global overview of other, more detailed tools within the SSATC Toolbox. The SSATC's *Position Proposal Guide (PPG)* and *Position Improvement Guide (PIG)* are used to help create additional opportunities, positions and/or value within the secondary school setting and to provide improved athletic health care to secondary school-aged student athletes. While these resources are tools to improve salaries and benefits within the secondary school, it is imperative that you first understand the worth of services you are providing and how to set values to those services.

OVERVIEW

There are several key terms that all athletic trainers need to know, understand and implement in their daily practices throughout their careers. Unfortunately business terms are sometimes intimidating, forgotten or not a top priority. While it is not necessary that all athletic trainers know how to run a business, it is imperative that they understand four basic terms and their impact on daily practice.

The terminology below will help secondary school athletic trainers build a basic foundation of business knowledge. This will be especially important with the evolving health care spectrum that will influence consumers, schools and communities.

Terminology

1. **Worth** – Monetary cost of a service
2. **Value** – The extent to which a service's worth is perceived
3. **Revenue** – Compensation associated (directly or indirectly) with providing service
4. **Reimbursement** – Payment for providing an athletic training service

PURPOSE

The purpose of the Secondary School Value Model is to:

- Quantify, articulate, provide outcomes and objectively demonstrate why athletic trainers are vital health care service providers.
- Educate athletic trainers on the importance of putting a worth to their services by outlining regional and national industry norms for service.
- Educate athletic trainers on the importance of building a positive perception in the value of their services within the community once there is a “worth” attached to those services.
- Provide resources for athletic trainers in the secondary school setting that will outline worth of services, value assessments and opportunities for growth.
- Provide the basic principles with which secondary school athletic trainers can quantify and articulate their value within their schools and communities.
- Provide a presentation template to help secondary school ATs educate administrators, schools, communities, outreach program personnel and parents on the worth and value of athletic trainers in this setting.
- Provide an educational resource for Athletic Training Education Programs (ATPs) to give athletic training students a better understanding of their worth and value as ATs and health care providers

- Demonstrate a need for outcomes and evidence-based practice in the secondary school setting that will ultimately provide standards of care, revenue and reimbursement within health care.

I. **Understanding Basics of Worth Through Best Practices**

Having solid monetary “worth of services” is necessary in setting the basic standards of payment. Once there is an understanding of the “going rate” for service within the industry, then discussing contracts, hours within the contracts and services being provided will lead to an understanding of the “typical payment” associated with these services.

While most schools will not pay \$93,600 (\$45/hr/FTE) per year for an AT, understanding worth will give the athletic trainer an edge in negotiating a salary above \$30,000 (\$11.54/hr/FTE). We are then helping to build the school's perceptions of AT service, which will help schools determine the “value” they are willing to place on, and subsequently pay for, such services.

a. **Setting the “Worth” Standards – See local health care billing averages to acquire hourly rates for event medical coverage**

1. National average for services varies across the country.

The athletic trainer is the greatest resource when it comes to promoting their services as a professional. These outlined categories, along with the best practices outlined in this document, will help the athletic trainer create a position that meets the needs of the AT and their school, provides quality health care for student athletes and gives you an understanding of how to prove worth and eventually assign value to their services.

b. **Services – “Not for Free”**

As a profession the AT needs to take a stand on the importance of service and the value the AT brings to consumers. It is imperative that the athletic trainer respects their knowledge and educational certifications and abide by individual's state licensure/registration standards. Therefore, it is also necessary that the AT assign worth to our services and the value athletic trainers bring to individuals, schools, communities and businesses.

Remember, services that have no worth to someone, are of no value. Each time an AT agrees to “give away” services, whether in coverage, skills, knowledge or hours, it becomes more difficult to show a true value of expertise.

c. **Overtime – Time and a Half; “Not for Free”**

Most workers are classified as either exempt or non-exempt, depending on their salary and the type of work they do. The federal Fair Labor Standards Act (FLSA) requires that, in addition to paying at least the minimum wage, employers also must pay overtime to employees who work more than 40 hours in a given workweek, unless they meet certain exceptions. To complicate matters further, many states have wage and hour laws that may have more requirements than the FLSA. Employers must make sure they abide by both federal and state wage and hours laws to avoid legal trouble

Definition of non-exempt employee

Most employees are entitled to overtime pay under the Fair Labor Standards Act. These workers are considered non-exempt. Employers must pay them one-and-a-half times their regular rate of pay when they work more than 40 hours in a week.

The biggest problem most employers have with non-exempt employees is miscalculating how much overtime workers are owed.

Definition of exempt employee

The Fair Labor Standards Act contains dozens of exemptions under which specific categories of employers and employees are exempted from overtime requirements. The most common are exemptions for administrative, executive, and professional employees; computer professionals; and

outside sales employees. There is also a lesser known exemption for certain retail or service organizations. The primary advantages of classifying employees as exempt are that you don't have to track their hours or pay them overtime, no matter how many hours they work.

Obviously, this is an appealing scenario for employers. However, exemptions from the overtime requirements of the FLSA are just that — exceptions to the rule. They are very narrowly construed, and the employer will always bear the burden of proving that employees have been correctly classified as exempt.

Excerpted from *HR Guide to Employment Law: A Practical Compliance Reference*, which covers 14 topics, including overtime

d. Contracts – How to Write and Stay Within Contract Specifics

Best Practices

Refer to the *Position Improvement Guide*, Chapter 5 – *Understanding Contracts and Negotiations*.

Outlining each service provided to the school will bring a better understanding of the hours needed to offer the elite services necessary to keep the school's young athletes safe. It will also allow the school to determine how to pay for these services. For example, if an athletic trainer is providing morning rehab to students/athletes, it may be an opportunity for the school to look at ways to collect reimbursement on that service line. This will help you continue to show the worth of your position and, eventually, demonstrate more value.

- Outline each service provided
 - Rehabilitation
 - Assessment
 - Injury prevention
 - Treatment
 - Education
 - Game preparation
 - Event/practice coverage
 - Administration work – weekly, monthly, seasonal trends, etc.
 - Teaching classes
 - Oversight of student club
 - Performance enhancement training
 - Off-season conditioning
- Put a worth to each service – check industry standards if you are unsure
- CPT codes most often used by Athletic Trainers for billing services:
<http://www.nata.org/sites/default/files/RehabCodes.pdf>

e. Documentation – Logs, Statistics

Refer to the *Position Improvement Guide*, Chapter 12 – *Improving Policies/Procedures in your Athletic Training Program*.

Implementing basic documentation and tracking standards to outline athletes, volumes, treatments, seasons, sports and budgets will allow for a better understanding of daily, monthly, seasonal and annual services that are being provided. Once those statistics are available, putting a worth to the individual service is easier and allows for specific and global worth.

Best Practices

There are many programs, devices and web-based services that can allow for efficient documentation processes and standards. Whether using programs or manual data collection, it is imperative that all records meet standards set by your overseeing physician. Clean, detailed are the most efficient data to assign a “worth of services” to.

- Daily sign-in sheets
- Injury evaluations
- Communication logs

- Treatment logs
- Hours worked
- Hydration logs
- Weight logs
- Daily injury notes
- Coaches' notes
- Parents' notes
- Nurses' notes

f. Outcomes – Telling the Story

Health care is an outcomes-driven market. Consumers will continue to drive the need for outcomes data to explain why they value a service.

Athletic trainers have not only an obligation, but an opportunity to tell the story of the efficiency in their services, care and outcomes. Comprehensive documentation and statistics are necessary in telling that story.

Secondary school outcomes will be encompassed in areas that provide the most value to the school and community: decreased absenteeism, decreased lost game days, increased participation in school, decreased parental concerns and increased student/athlete plan compliance, just to name a few.

Showing the data and outcomes of athletic training services creates an opportunity for others to better understand the scope of health care provided by ATs, which will lead to “value added” services.

g. Industry Standards – Service, Worth & Opportunities

Refer to the *Position Improvement Guide (Appendix B)* for more details on actual worth standards. This is a document that is housed separately in the SSATC Toolbox on the NATA website, as it is continually evolving.

II. Showing Worth and Value with Best Practices

Secondary school ATs provide comprehensive athletic health care services, not just “coverage” at athletic events and practices. Furthermore, it is imperative that all athletic trainers have an understanding of the worth of their services. What do others across the country do to demonstrate their adherence to best practices? What do ATs charge for the services that are provided to student athletes in the athletic training facility? What is the comparable worth of the services provided at school throughout the year if the students had to go off campus to receive the same services? These are important questions to ask each month, semester, season and year. Knowing others' services, best practices and rates will allow you to understand where your rates compare and then how to change your worth and value.

You, the athletic trainer, are the greatest resource when it comes to promoting your services as a professional. These outlined categories, along with the accompanying *Best Practices*, are a complimentary resource to help you create a position that meets both your and your school's needs and standards, provides quality health care for student athletes and gives you an understanding of how to prove worth and eventually assign value to your services.

III. Best Practices for Showing Worth of the Secondary School Athletic Trainer

a. RISK MITIGATION

i. Injury Prevention and Care Policies

Participating in any activity carries a risk. Although rare, sudden death can occur in youth sports. Having qualified medical personnel such as athletic trainers onsite allows for immediate response if a life-threatening situation arises, and can facilitate swift and immediate treatment to help prevent sudden death from occurring.

Athletic trainers are able to take the lead in working cooperatively with coaching staffs, administrators and other school district staff to minimize the risk of injuries to student athletes,

coaches and community spectators to ensure all possible steps are taken to keep them safe. The AT's primary focus is on the needs of the student athlete. The secondary school athletic trainer must consistently monitor students, facilities, activities and daily procedures to ensure that any injury that can be preventable injury is avoided.

Best Practices: Establish policies and procedures to prevent injuries and to provide care for student athletes, coaches and community members as appropriate. When injuries occur, provide care with consideration for all populations.

- Create, sign and implement Standard Operating Procedures (SOP) with the team and/or school physician, outlining duties of an athletic trainer at that school. This should include:
 - Concussion (SOP)
 - Hydration
 - Heat acclimatization
 - Skin infections
 - Bloodborne pathogens
 - Lightning
 - Performance enhancing substances

- Develop, practice and implement a facility Standard Policy and Procedure manual.
- Create, practice and implement a venue-specific Emergency Action Plan.
- Educate coaches, athletes, administrators and parents on injury prevention, standards of care, return to play protocols, etc.
- Design and help implement strength and conditioning programs.
- Create, implement and provide education and ongoing health screenings.
- Create and implement an environmental safety monitoring program that addresses both indoor and outdoor facility and environmental factors.
- Provide functional movement assessments.
- Identify and assess of pre-existing conditions.
- Offer mental health counseling (within the AT's scope of practice) and referral.
- Provide nutritional counseling and referral.
- Create safe facilities.
- Offer first aid and CPR training for coaching staff.
- Create and implement policies and procedures that address protective equipment selection, fitting and use.
- Create policy and procedures for dealing with infection control.
- Develop policies for recognizing specific health-related concerns involving minors and their parents/guardians.

ii. Medical Referral

Athletic trainers are the main communicators of student athletes' health care needs in the secondary school setting. They are also able to identify student athletes who require medical referrals. These students may need to be appropriately referred based on multiple factors, including parent/guardian preference and health insurance requirements.

Developing a Medical Advisory Board for your school brings a multi-dimensional approach to the care of student athletes and provides another opportunity to demonstrate your worth. The board can include specialists in the areas of dentistry, medicine, orthopedic injuries and cardiology a few. It can provide opportunities for relationship development between health care providers and families, students and coaches prior to the occurrence of an injury.

Best Practices: Be able to appropriately identify student athletes in need of medical referral by understanding each individual's unique health care needs.

- Create and develop a school-approved medical advisory board to give guidance on all health care concerns within the school-based population.

- Create an appropriate medical referral system with consideration to include but not be limited to, the parent/guardian's desires and the athlete's personal health insurance requirements.
- Review epidemiologic and current evidence-based research to foster clinical decision-making.
- Facilitate pre-participation physical exams.
- Facilitate communication and proper documentation of medical and other allied health care providers' instructions.
- Work cooperatively with the school nurse to identify student athlete health issues.
- Work with school nurse to refer student injuries to proper specialist.

iii. Practice and Competition Management

Appropriate practice and competition management is one of the most critical risk mitigation techniques an athletic trainer can provide to a school or district. The secondary school AT is uniquely positioned in the health care field to provide the best practice and competition management for a school's athletics program.

Best Practices: Minimize risk by constantly evaluating the student athlete's medical needs, environment and facilities, as well as events in and around practice and competition where student athletes are present, to promote a safe environment.

- Make, document and track appropriate return-to-play decisions.
- Provide medical management of practices and competitions.
- Use communication and interpersonal skills to create trust between student athletes, coaches, administrators, parents, athletic training staff and other medical professionals.
- Continually evaluate facilities and situations to promote a safe environment.
- Utilize existing policies and procedures to maintain and consistently evaluate their effectiveness to ensure a safe environment for all athletic activities.

iv. Ancillary Risk Management Strategies

Not all risk management strategies involve the athletic trainer being in a particular place at a specific time. Some involve forward-thinking and recognition of potential problems before they occur. Athletic trainers are unique because they are able to recognize potential problems and initiate a plan of action to ensure that the problem does not occur.

Best Practices: Minimize risk by being innovative and attempting to change existing thoughts, rules and accepted practices that are not beneficial to the student athlete.

- Develop knowledge of and recommendations for institutional risk management policies and procedures – including liability insurance.
- Identify and demonstrate strategies to decrease risk and increase compliance with policies.
- Provide recommendations for sport rule changes.
- Possess knowledge of and recommendations for institutional and governing body drug testing.

b. MEDICAL SERVICES

i. Care Coordinator

Athletic trainers are asked by the many populations that they serve for referrals to other medical professionals for services. This creates a network of health care providers who students, staff and associated personnel can rely on. Because ATs are skilled at coordinating medical care in addition to providing it, they are a valuable resource to the patients under their care. Working directly with their appointed medical advisory board may be one way to show worth of services.

Best Practices: Understanding standard fees vs. contracted fees

Facilitate:

- Appointments and referrals

- Nutritional counseling
- Mental health
- Psychological counseling
- Grief counseling
- Family relations
- Academic testing
- Group counseling
- Catastrophic event counseling
- Dental services
- Vision screening
- Glasses/contacts
- Cardiac screening
- Massage services
- Chiropractic services
- Long-term concussion treatment
- Vestibular rehabilitation
- Neuropsychological counseling

ii. Injury Evaluation, Treatment, Rehabilitation and Reconditioning

Within the secondary school community, the athletic trainer is often seen as the primary health care provider. In today's secondary schools, athletic trainers are approached by active student athletes, out-of-season student athletes, coaches, faculty, regular students and club sport athletes for all conditions from acute injuries to sore throats. The athletic trainer is unique in that he/she can be helpful in the secondary school setting to treat the diverse patient population effectively.

Performing services during the school day (during the athlete's gym class, study hall, etc.) allows for decreased absenteeism, increased compliance, as well as family "buy in," resulting in fewer absences and added family convenience. This is a measurable way to demonstrate worth of your services.

Best Practices: Tracking encounters, showing money saved, improved class attendance, keeping injury care in-house, which in turn will decrease absenteeism, increasing compliance, etc. Compare cost via CPT codes on a traditional Medicare Fee Schedule. Show improved class attendance by tracking injury care "in-house."

- Documentation of population served, utilizing the same documentation standards for all patient sectors:
 - Active student athlete
 - Faculty/staff members and family
 - Club sport athletes
 - Intramural participant
 - Physical education student
- Documentation should include:
 - Injury evaluation
 - Number of evaluations per month/season/school year
 - Time loss vs non-time loss
- Economic impact on parents and employers
- Value as perceived by parents, student, administrators, coaches
- Data analysis of on campus cost as compared to local health care providers.
- Worth of services provided for injury rehabilitation and reconditioning on campus.
- Value of providing injury rehabilitation and reconditioning on campus.

iii. Injury and Crisis Management

In secondary schools the athletic trainer and school nurse should work together to provide a continuum of health care services for the student population. Athletic trainers need to take an active role in helping during episodes of campus-wide health matters, such as MRSA, influenza or

meningitis. Many athletic trainers serve on school safety or risk management committees and can sometimes be seen as the primary health care provider in secondary schools that do not have a "traditional" school nurse. Being the only health care provider for students after school hours, including weekends and holidays, athletic trainers need to have a full working knowledge of all crisis management strategies and should provide input on how to decrease potential risks.

Best Practices

- Develop and utilization of an Emergency Action Plan (EAP)
- Design and implementation of venue-specific EAPs for athletic facilities and population.
- Consultation on public health concerns such as:
 - Skin infections related to athletics
 - Influenza
 - MRSA
 - Hydration
 - Performance enhancing supplements
- Development of infectious disease policies and procedures for athletic population.
- Triage of simultaneously-occurring emergency injuries.

iv. Team Physician Services

Forty-eight states have regulation(s) in place which shape the parameters of the athletic training profession. Oftentimes athletes require medical procedures that are beyond the scope of an athletic trainer. In these situations, the athletic trainer coordinates referral of athletes to outside physician/physicians, including orthopedists, surgeons, general medicine physicians and others. Often, the athletic trainer is responsible for cultivating these relationships and ensuring that team physicians provide timely, effective, and efficient medical care to the students, staff, and associated personnel. Without these relationships and resources cultivated by the athletic trainer, the student athlete and others may not receive the same quality of care. These relationships with local physicians will allow better access to physicians and, at the same time, will help reduce wait times for appointments, eliminate unnecessary visits reduce missed class time, etc.

v. Diagnostic Testing

In many cases, athletic trainers can utilize their evaluation and communication skills to prevent unnecessary diagnostic testing. When diagnostic tests are necessary, aligning school districts and athletic departments with outside medical providers can prove beneficial. This can be accomplished either with informal, mutually beneficial agreements or legally binding contracts to provide services. In such instances, athletic trainers can become a large part of, or in some case the exclusive school representative for, the negotiations. This creates an atmosphere of teamwork that is mutually beneficial for both athletes and the medical professionals, further strengthening the sense of community that is so important in the secondary school setting.

Best Practices

- Referring for radiologic services
- Creating weekend/non-business hour service availability
- Facilitating STAT readings
- Working with imaging companies for a contract rate for MRI/x-ray
- Referring to appropriate labs for blood screening
- Develop school wide drug/alcohol testing

vi. Exclusive Medical Provider Contracts - Another Way to look at this Position.

In an opportunity to demonstrate worth and value, communicating with local companies, businesses and providers to bid for the appropriate services with the appropriate worth becomes necessary for future healthcare providers. Challenging them to not "give away" services is also important while trying to show worth and value to the athletic training position.

Health care providers benefit schools in many ways. Developing relationships with outside medical providers and bringing them into the school to showcase their fields allows for more consistency of care, access to specialty services as well as opportunities for the school to potentially receive reimbursement for services. Examples include:

- Local hospital
- Orthopedic services
- Emergency services (Local EMS, EDs)
- Physical therapy/rehabilitation clinics

vii. Injury Prevention Programs

Athletic trainers in secondary schools develop injury prevention programs tailored to many different medical conditions for the populations that they serve. In these efforts, the athletic trainer plays an essential role, as it is his/her duty to keeping athletes healthy and on the field, which enables these athletes to have a higher quality of life and academic experience by limiting doctor visits, surgeries and associated medical costs. Prevention is a key area where the secondary school athletic trainer contributes to the well being of the student, the athletic department, and the school.

Best Practices

- Educate students, staff, and parents about injury prevention
- Facilitate strength and conditioning programs in partnership with (if available) a qualified strength coach. Rehabilitation programs would be directed and supervised by the AT.
- Ensure safety equipment fitting, maintenance and education
- Provide information about dental protection (mouth guards; custom, boil & bite)
- Perform preventative taping and/or bracing
- Fit helmets and related protective equipment and padding (football shoulder pads, lacrosse equipment, hockey, etc.)
- Ensure all athletes undergo a comprehensive medical screening/PPE prior to the first practice
- Create cardiac screening protocols
- Offer orthopedic and movement screening
- Functional analysis
- Develop ACL prevention programs
- Perform body composition testing
- Perform Concussion Baseline Neurocognitive testing
 - BESS / SAC
- Create and implement programs for heat illness prevention
- Oversee weight management programs/certifications
- Develop and oversee infectious disease prevention protocol
- Facility safety review
- Educate coaches/parents/athletes/others through safety education programs
- Provide CPR/AED/First Aid training
- Develop concussion education programs
- Offer steroid and PED education
- Create and implement Injury prevention strategies

viii. Organizational / Administrative Duties

Organization/administrative concepts and strategies are the backbone for assigning worth and value to what a secondary school athletic trainer completes on a daily basis. These duties may include:

- Manage injury records for all athletes (Electronic Medical Records System Management (EMR))
- Manage professional credential and ensure it remains current
- Complete professional development activities to expand knowledge base and earn continuing education units, which are essential to maintaining the AT's professional credential

- Understand the Board of Certification and its requirements for ongoing certification
- Understand your state Athletic Training Practice Act and its requirements for ongoing compliance
- Know and educate players/coaches about a sport's rules and regulations, established by the state's athletics governing body
- Oversee pre-participation exams (PPE)
- Ensure positive sports medicine team relations and communications
- Manage the athletics program's Health and Liability Insurance
- Develop a venue-specific Emergency Action Plan (EAP); train and practice with individuals named in the plan
- Ensure quality control measures are established and in place for the AT room, supplies, equipment, etc.
- Oversee substance abuse education and state/district drug testing programs
- Ensure HIPPA/FERPA compliance

ix. Injury Records

Within the secondary school environment, the athletic trainer is the individual best suited to recognize injury trends. Proper record keeping will assist in justifying suggested changes in training, practicing, and warm up, or even competition techniques for individual sport programs. Proper documentation of records will justify the treatments provided, needs for equipment, needs for change, and even needs for compliance.

As we move into a society of accountable care organization, evidence based medicine, and outcomes driven care, it is imperative that athletic trainers set, review and react to these documentation standards and records.

Best Practices

- Be aware of risk management strategies and standards
- Practice evidence-based medicine
- Ensure positive sports medicine team relations and communications
- Establish athlete support group communications that include parents, coaches and school nurse
- Develop, utilize and annually evaluate/update appropriate standing orders
- Ensure compliance with state medical and educational regulations
- Utilize injury records for injury surveillance to identify:
 - Injury trends
 - Drills and techniques with increased risk
 - Risk related facilities
 - Proven outcomes

x. Research Credential Maintenance

The secondary school athletic trainer must maintain current certifications and licenses (as dictated by state practice acts) and display their professional credentials. Also, in many instances, the secondary school athletic trainer will coordinate training for individual coaches' health, safety and sportsmanship certifications to meet state standards and requirements.

Best Practices

- Maintain current athletic trainer(s) license/certification to allow practice according to state law.
- Offer First aid/CPR training for athletics department staff.
- Provide education on topics such as concussion awareness and heat illness for parents, coaches and athletes, per state and national guidelines.
- Provide additional health and safety education for parents, coaches and athletes as determined by national, state and/or local governing bodies.

xi. PPE/Medical History

The secondary school athletic trainer helps ensure the continued health of the student athlete. This is accomplished by:

- Verifying all medical clearance paperwork is in compliance with state and local standards;
- Performing a thorough review of each athlete's medical history; and
- Documenting new injuries or illnesses that the athlete's report.

Once reviewed, documentation and implementation of programs/processes to rectify concerns is necessary and demonstrates the importance of preventative measures for everyone's health care needs. This will be tracked via documentation that should include medical history, general medical and orthopedic assessment. The athlete should also have concussion baseline testing prior to practice/competition, according to state law.

Best Practices

- Mitigate risk
- Comply with state and/or national (NFHS) athletic/activity association requirements.
- Comply with professional standards
- Identify predisposition for injuries/illnesses, which could lead to athletic and educational time-loss.
- Identify pre-existing unidentified injuries/illnesses (asthma, previous injuries, etc.).
- Manage and comply with HIPPA/FERPA regulations.
- Conduct neurocognitive baseline testing
- Complete hydration testing and wrestling weight certification

xii. Sports Medicine Team Relations

The secondary school athletic trainer is qualified to facilitate the health care of the student athlete. With the cooperation of the student athlete's parent/guardian, the AT can positively impact the student's health care outcomes and help decrease absenteeism. Decreased absenteeism will have a positive effect on student academic achievement in and out of the classroom. Along with absenteeism, these relationships can reduce the athlete's parent/guardian time loss at work by providing appropriate health care within the athletic training facility, thus eliminating unnecessary physician visits.

Best Practices

- Determine and validate staffing needs to administration.
- Determine and validate present student athlete standard of care during school vs. after school activities.
- Create job descriptions for sports medicine team members, showing worth, value and outcomes standards.
- Supervise sports medicine team members according to organizational chart.
- Establish and maintain relationships with physicians and other medical/allied health providers and their office staffs.
- Establish standing orders or treatment protocols, in conjunction with supervising physician(s), to meet professional standards or state practice act standards.
- Coordinate on-campus physician clinics and/or event coverage.
- Triage student athlete and faculty/staff injuries/illnesses to determine if patient needs referral to a physician, which reduces unnecessary patient load in physicians' offices and unnecessary medical expenses for athletics department and parents.
- Work with administration to limit student absences by assisting with health care scheduling to minimize time loss.
- Work with parents in scheduling student athlete (and faculty/staff) appointments for physician evaluation, laboratory and imaging studies.
- Work with physicians to determine appropriate (per state law) on-campus clinical procedures (suturing, IV fluids, rapid flu testing, etc.); these procedures could reduce athletic department medical expenses.
- Work with medical providers within the scope of both FERPA and HIPAA.

xiii. Emergency Action Plans (EAPs)

The secondary school athletic trainer shall serve as the liaison between the athletics department, school administration and local governmental authorities to set protocols for medical emergency management. The athletic trainer will ensure that every member of the athletics department staff understands how every conceivable medical emergency will be addressed.

Best practices

- Work with appropriate sports medicine team, secondary school personnel and public safety agencies to create and implement venue-specific EAPs.
- Coordinate regular reviews and training of EAPs.
- Ensure compliance with Professional Standards (National Federation of State High School Associations and State Licensure).
- Mitigate risk.
- Coordinate EMS event coverage.
- Verify appropriate EMS access in new facility designs.

xiv. Insurance

The secondary school athletic trainer is in a unique position to serve as a liaison between individual physician and hospital billing departments. The AT can serve as an advocate for the injured student athlete relative to the possible financial hardships associated with athletic injuries.

Best Practices

- Advise athletic administrators and business staff on topics related to appropriate athletics insurance coverage.
- Monitor utilization of athletic department insurance benefits.
- Work with providers to utilize practice methods that can decrease expenses.
- Assist with procurement of discount arrangements with outside medical/allied health services providers.
- Assist and/or manage filing of insurance claims.
- Serve as the initial point of contact with each school's catastrophic insurance plan.

xv. Quality Control

The secondary school athletic trainer has a responsibility to ensure that each student athlete receives the best possible quality of care. This may include continuing education, implementation of new injury protocols relative to evidence-based research or working to implement academic modifications as injuries may dictate.

Best Practices:

- Continually assess, together with other sports medicine team members, whether care being provided meets current standards utilizing evidence-based practice guidelines when available.
- Evaluate clinical results of other sports medicine team members.
- Ensure sports medicine team is following appropriate professional standards/position statements relevant to the provision of quality care.
- Work with administrators to implement injury protocols for conditions that have effects in the class room setting. (i.e. concussion protocols that may necessitate 504 accommodations).
- Work with counselors to address psychosocial needs of the student athletes.

xvi. Drug Testing

The secondary school athletic trainer is in the unique position of not judging a student athlete. If a drug testing program is instituted the athletic trainer, as a licensed health care professional, is the most logical choice to oversee the program.

Best Practices:

- Assist in creation of drug testing policy.
- Coordinate drug testing program with testing agency/compliance office.
- Serve as point of contact for school's drug testing program.

c. **COST CONTAINMENT**

i. **Insurance Premiums**

Best Practices:

- Tracking Insurance claims and following up with student athletes
- Maintain EAPs with a bi-annual review with pertinent staff, monthly facility inspection for hazards.

Keeping the school district's liability insurance premiums low by having standard prevention protocols in place will allow greater justification for AT services provided by the school. Field inspections and having a proper emergency action plan in place (with periodic review) are recommended prevention and safety protocols. Also, carrying secondary insurance for students vs. primary will aid the school district in cost containment.

ii. **Staffing and Workload Management**

Athletic trainers often try to shoulder the world and be all to and do all for everyone. At the secondary school level it is common to have only one AT and he/she may not be full-time. Allowing others to assume tasks not clearly medical can allow more time for the medical aspects of athletic training.

Best Practices: Track every encounter on paper to clarify workload; be aware of instances where your workload negatively impacted a student (they were made to seek services off-campus that you are capable of providing if time allowed, you were not there to handle an acute incident due to game coverage, etc.).

- Be vocal about successes with return to play, etc. so "outsiders" see the benefits provided by your services.
- Provide data and statistics to administrators at the end of the academic year.
- Present data in terms of teacher to student ratio; that is a language administrators and school board members understand.
- Utilize student aides/team managers, as much as permitted by law, to relieve your time of mundane tasks (water and ice delivery to practices, etc.)

iii. **Budget Management**

Utilize academic programs in the school, such as vocational classes like woodworking or art classes to assist with upgrades and repairs. Seek parental involvement to tap unknown skills and increase support for your program.

Best Practices:

- Cut expenses wherever possible.
- Utilize a bid process to ensure you're getting the best deal. (Many high schools require bid process only when item is greater than \$10,000.)
- Seek competitive pricing from companies when bidding on entire athletic training budget for consumable and capital goods.
- Apply school districts tax exemption status
- Make/repair equipment as opposed to purchasing from manufacturer.
- Utilize maintenance staff and tech education programs for "In house" repairs and renovations.
- Foster relationship with outside resources
- Seek funding from booster clubs, physician groups and/or other civic organizations, who typically donate money for the purchase of capital goods in the athletic training room, which services a large percentage of the student athletes rather than those in one particular sport.

iv. Fundraising

Athletic trainers at the secondary school level may be more limited as to what is acceptable by their school district, but thinking of non-traditional avenues for revenue and supplies can reap big rewards. Make contact with local professional sports teams and post-secondary institutions for donations of equipment and supplies they are replacing (coolers, etc.), ask for a percentage of gate and concession revenues be apportioned to athletic training as a support to all teams, ask for parental help in running fundraisers dedicated to the athletic training program.

Best Practices: Be creative and utilize all resources approved by administration. Potential sources:

- Booster Clubs
- Physician groups
- Service clubs
- Rotary, Lions, etc.
- On campus advertising
- Brochures
- Venue advertising
- Billboards
- Scoreboards
- Equipment
- Local professional teams
- Monetary donations
- Donations for equipment and supplies
- Donations for staff development
- Donations for student professional development
- Service donations
- EMS standby coverage for events
- Custom mouthguards and brace fitting
- Computer neurocognitive testing license fee
- Computer neurocognitive testing support
- Physician and/or other medical services provided without expense or contracted with a nominal retainer.
- Injury tracking systems
- Grants
- Foundations
- Technology Grants
- National retailers and companies

d. ACADEMIC SUCCESS

i. Student Academic Success

In the secondary school community, the athletic trainer fills a unique, unbiased role. His/her primary focus is on the needs of the student athlete. The secondary school athletic trainer may be the only person who provides a non-judgmental environment for some student athlete. In many cases the athletic trainer may be the first to alert administrators and coaches to potential problems that individuals or teams may be facing.

Best practices:

- Recognize potential problems and issues inhibiting student-athlete learning.
 - Trouble in classes
 - Concerns with teachers
 - Learning disabilities
- Liaise with and refer to campus services: guidance counselors, tutors, behavioral experts, etc.
- Be an impartial observer whose job is not based on win/loss records. Student athletes seek ATs out for advice beyond injury management and rehabilitation.

- Assess potential risks to academic progression/retention.

ii. Life Skills

Many secondary school ATs will have repeated, daily contact with students. In most cases, these athletic trainers may be providing a rare stable adult presence for the students. Students will often confide in these ATs due to the trustful relationship that has been forged. Many states mandate the school employees notify administrators if the employee has information of sexual, mental or physical abuse of an individual student.

Best Practices:

- Serve as a mentor, role model and instructor on healthy lifestyle choices.
- Recognize and communicate potential problems and topics related to life skills.
- Offer guidance on communication issues (dating, family, friends and team dynamics).
- Provide conflict resolution assistance.
- Give advice on dating/relationship problems.
- Offer input on higher education/work decisions.
- Provide strategies for general health care and well-being.
- Encourage life balance by offering strategies for time management, stress management and dealing with life challenges/tragedies.
- Encourage loyalty/commitment.
- Address peer pressure topics, such as drinking, bullying/hazing, etc.
- Explain the possible negative consequences from social media,
- Connect athlete to campus services for specific matters like sexual, mental or emotional abuse: guidance counselors, administration, teachers
- Refer for care of non-sport related conditions that can impact play, personal health and continued academic engagement.
 - Depression
 - Eating disorders
 - Self-mutilation
- Self-disclosed or test-revealed substance use/abuse issues
- Relationship between student-athlete and AT relies on personal interaction and continued interaction much like that of an academic advisor.

iii. Conditions Affecting Learning

Athletic trainers frequently have access to medically and academically relevant information. As a result, the athletic trainer is uniquely positioned to bridge the gap between the athletic and academic realms within the school community, facilitating collaboration and communication between medical and school professionals.

Best practices:

- ADHD
- Liaise and follow-up with MD and school services.
- Assess the impact of prescribed medication's side effects on athletic participation and academic success.
- Explain the impact of illegal drug use/alcohol abuse/smoking on athletic participation and academic success.
- Minimize absences by providing a full complement of rehabilitation and evaluation services after school so the student does not need to leave during the school day.
- Collaborate with teachers, counselors and administrators to support students with concussions by promoting effective cognitive rest.

iv. Counseling

Athletic trainers provide a safe environment in which student athletes feel that their well-being is primary to the AT's interests. This confidence allows the athlete to confide in the athletic trainer regarding subjects other than just injuries related to their sport. Because of the medical background

of ATs, athletes will seek counsel from athletic trainers on all types of topics related to the body and/or health. In addition, AT's are often viewed by athletes as parental figures. Consequently, athletes will often confide in ATs about personal problems and/or questions. As a school official, and oftentimes a teacher, athletes will also go to athletic trainers seeking academic help and/or advice.

Best practices:

- Mentor as a non-peer, non-coach, non-parent resource with insight in human growth and development.
- Recognize potential problems and concerns such as:
 - Relationship matters (dating, roommates, family, friends)
 - Eating disorders
 - Psychological/Emotional problems
 - Sport Psychology
 - Performance issues
 - Injury related topics
 - Grief management
 - Crisis management
- Refer to coaching staff as appropriate.
- Refer to campus and other professional services when necessary.