

# Teamwork Makes the Dream Work

Optimizing Performance through Interprofessional Collaboration Among Athletic Trainers, Physical Therapist, and Other Members of the Healthcare Team

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## OBJECTIVES



- Describe the scope of practice for an Athletic Trainer and Physical Therapist
  - Variety of roles they can serve within a health care team.
- Identify ways that Athletic Trainers are utilized to extend the reach of a clinic and provide proper direction of care.
- Examine how Athletic Trainers and Physical Therapists work to help bridge the gap between patients and providers.

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**NOW OPEN at the REC PLEX!**



## Disclosures

Site Supervisor, Physical Therapist, and Head Athletic Trainer at the Rec Plex.  
*I have no financial relationships to disclose.*

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Intro  
Athletic Trainer  
Seth Light  
MSA, LAT, ATC

I have no financial relationships to disclose.

KOHAWKS  
DES MOINES UNIVERSITY

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### Educational Requirements & Competencies

- Undergraduate Requirements
  - Basic & Applied Sciences
  - Professional Content
  - Clinical Experience
- Graduate School
  - Masters in Athletic Training
- ATC credential via BOC
- Continuing Education

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### Role of Athletic Trainer

- Athletic trainers collaborate with physicians to optimize patient activity, participation in athletics, work and life.
- Injury prevention
- Initial examination
- Diagnosis, referral, treatment, and rehabilitation
- Minimize subsequent complications

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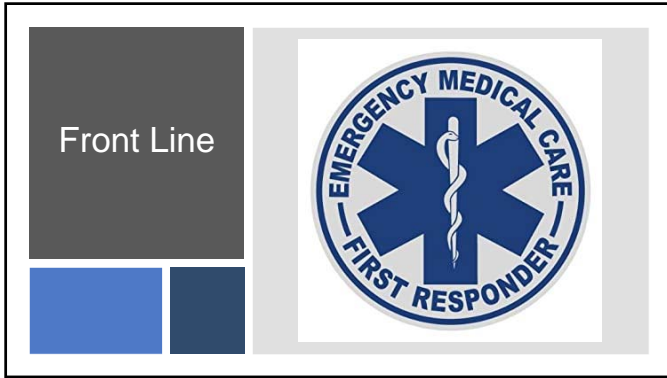
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## Clinical Efficiency

	Clinical Role	Results
<ul style="list-style-type: none"> <li>Vitals &amp; history</li> <li>Musculoskeletal exam</li> <li>Ordering imaging &amp; labs</li> <li>Plan treatment</li> <li>Documentation</li> </ul>	<ul style="list-style-type: none"> <li>Increase of 3 patients per day</li> <li>Decreased physician time</li> <li>AT present 24.8 min</li> <li>Without AT 24.5 min</li> </ul>	

	MA Time (min)	AT Time (min)	Physician Time (min)	Overall Time (min)
<b>Orthopedic</b>				
AT with physician	N/A	12.9	11.9	24.8
Physician with MA	5.5	N/A	19	24.5
<b>General Medicine</b>				
AT with physician	N/A	10.7	9.7	20.4
Physician with MA	5.5	N/A	13.3	18.8
<b>Overall</b>				
AT with physician	N/A	12.2	10.7	22.9
Physician with MA	5.5	N/A	16.1	21.6

Pecha et al, 2017

Medical Professionals	No. Patients Seen per Clinic Day	Time Documenting (min)	No. Charts Left to Dictate
AT with physician	24.2	28.5	7
Physician with MA	21.2	66	21

AT, athletic trainer; MA, medical assistant  
Pecha et al, 2017

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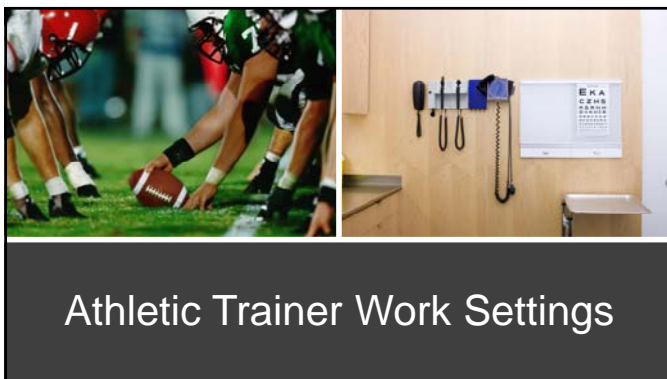
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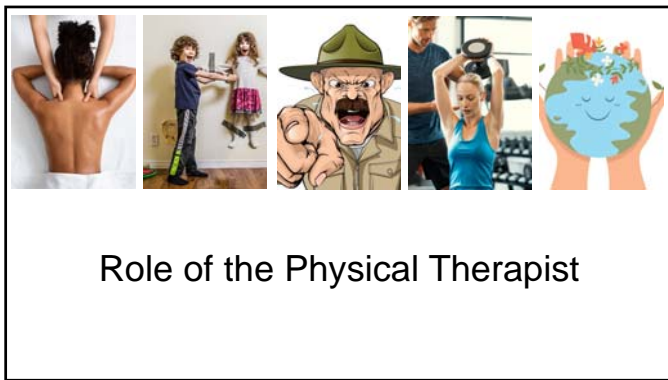
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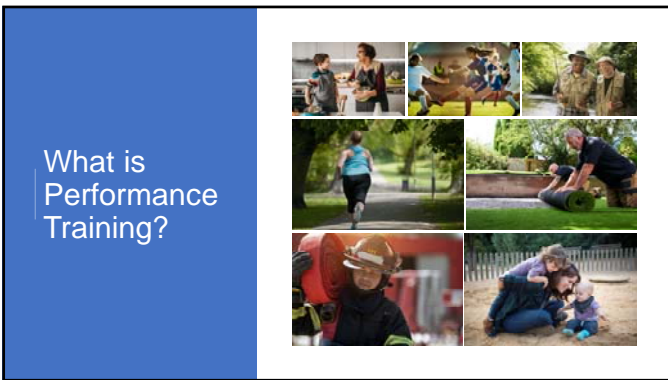
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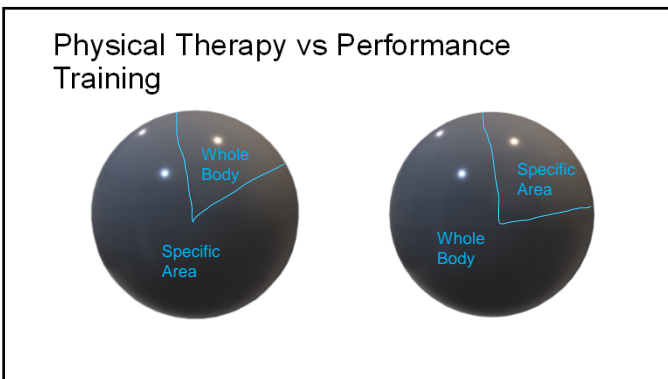
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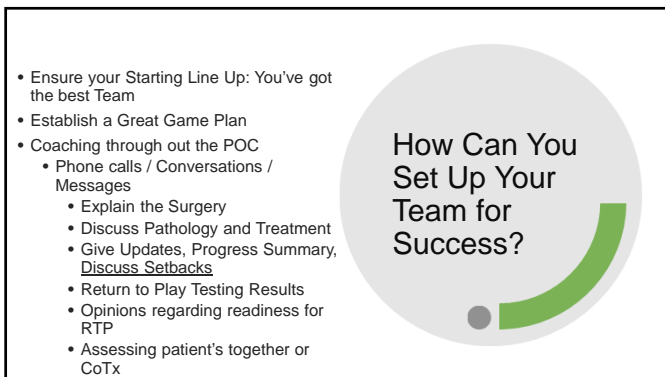
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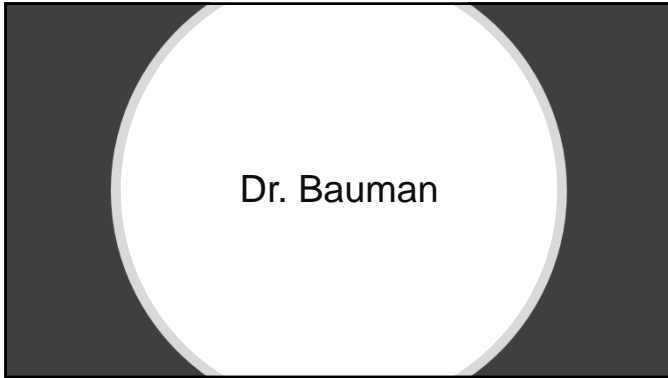
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### Interdisciplinary Approach

January 6, 2020

#### Association of Time Since Injury to the First Clinic Visit With Recovery Following Concussion

Anthony P. Kontos, PhD<sup>1,2</sup>, Kendra Jorgensen-Hogben, PhD<sup>1,3</sup>, Alicia M. Tibbitts, PhD<sup>1,2,4,5,6</sup>

[Author Affiliations](#) | [Article Information](#)

JAMA Neurol. 2020;70(4):431-440. doi:10.1001/jamaneurol.2019.4932

**Table 4. Factors Significantly Associated With Recovery Time Groups, per Logistic Regression<sup>a</sup>**

Constant	Adjusted Odds Ratio	P Value
Late initiation of clinical care	5.8 (1.9-17.6)	.002
Visual motion sensitivity symptoms over clinical cutoff	4.5 (1.1-18.0)	.04

<sup>a</sup> The recovery time groups were those with 30 days or less or more than 30 days to recovery; the total group was 122 individuals.

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### Interdisciplinary Approach

Int J Psychophysiol. 2018 Oct;132(Pt A):93-98. doi: 10.1016/j.psychoc.2017.08.003. Epub 2017 Aug 14.

#### Kinematic differences during a jump cut maneuver between individuals with and without a concussion history

Andrew P. Lapointe<sup>1</sup>, Luis A. Nolasco<sup>2</sup>, Analia Scomozzi<sup>1</sup>, Eva Andriano<sup>1</sup>, Douglas N. Marletti<sup>3</sup>, Ryan M. Robinson-Cramer<sup>4</sup>, Deanna W. Gates<sup>5</sup>, Steven P. Broglio<sup>6</sup>

PMID: 28818697 DOI: 10.1016/j.psychoc.2017.08.003

J Orthop Sports Phys Ther. 2018 Jul;48(7):533-540. doi: 10.2519/jospt.2018.8053. Epub 2018 May 8.

#### Risk for Lower Extremity Injury After Concussion: A Matched Cohort Study in Soldiers

Joseph E. Kardouni, Tracie L. Shing, Craig J. McKinnon, Dennis E. Scofield, Susan P. Proctor

PMID: 29779302 DOI: 10.2519/jospt.2018.8053

**Varus**  
 Left:  $M_{conc} = -0.5 \pm 1.0^\circ$ ,  $M_{ctrl} = 3.6 \pm 1.0^\circ$   
 Right:  $M_{conc} = -5.1 \pm 1.2^\circ$ ,  
 $M_{ctrl} = 7.8 \pm 1.12^\circ$

**Valgus**  
 Left:  $M_{conc} = 2.5 \pm 1.6^\circ$ ,  $M_{ctrl} = 13.0 \pm 1.1^\circ$   
 Right:  $M_{conc} = 7.7 \pm 1.6^\circ$ ,  $M_{ctrl} = 12.8 \pm 1.1^\circ$

suggestive of increased knee injury

Injury within 2 years = 38% greater.  
 Injury within 15 months = 45% greater

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**Case Study:  
Interdisciplinary Approach  
at the Rec  
Plex**

- 15-year-old male, hockey player
- Competing, headfirst into the dasher board
- PMHX: Bilateral Patellar Tendonitis

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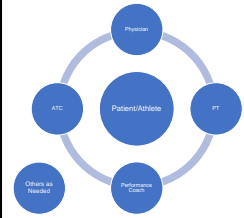
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**Action Steps**



- 1.) On the field assessment by ATC
- 2.) Referral to Physician – Physician Assessment
- 3.) Referral to PT – PT Assessment
- 4.) Return to play gradual progression
- 5.) Integration of Performance Testing/Training

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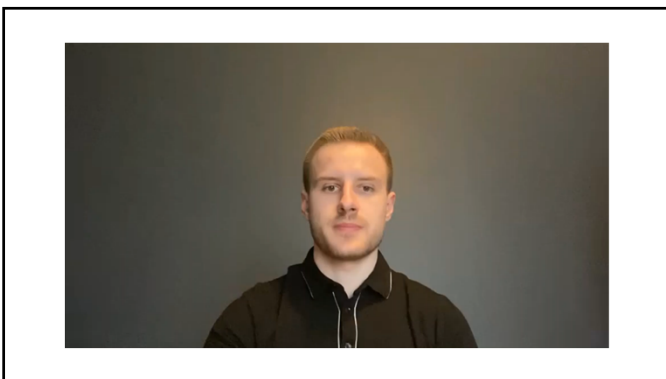
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**Things People are Saying**



I initially went to DMU inspired by their advertisement of run and/or bike analysis.

I limped into the clinic on day 1 struggling from a run injury. Currently, I am gaining strength and rebuilding skills that I lost while hurt, and through the years. The performance class has been a game changer for me as I improve on strength, balance, and flexibility. Something every age needs! I love the facility!

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If you want to go fast, go alone.  
If you want to go far, go together.

--African Proverb



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