

Thank you Jack, and thank you to John, the EATA Board of Directors, and all of my colleagues and friends in the EATA. I would like to extend a special thank you to my step-daughter, Lauren, who came out to support me tonight. This recognition is especially meaningful for me, because 35 years ago, when I sat in the audience of my very first EATA meeting awards ceremony at Grossinger's, I marveled at the dedication, talent, and unselfishness of those who were recognized that day. Back then, I never believed that I ever would be recognized in a similar way, but I always hoped that someday, I could give back even half of what those who were honored had given.

Much has changed in the last 35 years in the world, in healthcare, and in our profession, but the one thing that has remained constant for all those years, is that when we have faced those changes and the adversities that came with those challenges with a strong and united front... when we have drawn upon the expertise and gifts of our members and have positioned ourselves on the "high-ground", we have weathered those challenges and come out better, stronger, and ultimately advanced ourselves and our profession to the heights that we now enjoy. We were, and have always been, stronger and risen to greater heights, when we work and grow together. Together, we're not just clinicians, educators, and researchers who just happen to be in the same profession; WE ALL are Athletic Trainers, first, foremost, and always! Our greatest work, our greatest successes, and our future lies in our strengths and our cohesiveness as a profession.

Often times, when we are in the midst of making decisions about where we go and what we should do, we often look to what others have done to give us ideas, to prevent us from making the same mistakes, and to keep us moving forward without taking three steps back. We often have examined how other professions do things, gain recognition, or manage themselves, and we can learn a great deal of "good" from those observations... we also must pay very close attention to what has splintered many of our sister professions.... that has caused them to lose sight of what made them powerful, what gave them notoriety, and what gave them credibility... and my fear is that we too are beginning to move down those same ebbing paths.

Let me share with you a few examplesMany of our sister professions no longer meet as a group, but rather only in specialty sections, creating silos of activity and group-think that stifles advancement and narrows opportunities for creative thought and the broader perspective. In recent years, we have begun to move that way ourselves with the creation of specialized conferences and sections at our professional meetings.... While these activities are often necessitated by the shear growth in our numbers, our ever-growing diversity of interests and talents, and our desire to delve much deeper into new and exciting areas of practice, we also should use those opportunities to identify ways to make that depth of practice a key component of advanced practice and education, and still not have it negatively influence our entry-level, core practice-unifying construct. In my opinion, we need to bind and strengthen, not divide and separate. We need to continue to try to bring diverse groups within our profession together often, and in respectful and stimulating situations that will continue to help us to advance our practice. Professional meetings, like this one, and the social activities that go along with them help us to stay connected and to communicate across practice settings and across generations....and all of those are so very important for our future.

.....Many of our sister professions also have found a sense of independence in their practice and in their function that has been codified by an increasing depth of education and research, but that also has resulted in a sense of entitlement and autonomy that is not consistent with the “new and improved” inter-professional education and collaborative practice culture that is reappearing in healthcare and health care education. I don’t believe that we have traveled too far down this path yet, and I hope that we never do. The physician-AT relationship has been and continues to be the cornerstone of our practice, and is the keystone for our future. We have been blessed to have staunch physician advocates, like Dr. Michael Cordas, Dr. David Moyer, Dr. Joseph Torg, and the physicians speaking and being honored at this meeting who have been willing to educate us, stand beside us on the sidelines and in the clinic, and consider us partners in their practices and their advancement of the care of our athletes and patients. These partnerships have strengthened us, given us stability and credibility, and continue to be the relationships that will sustain our practice. We are blessed to have these forever friends of Athletic

Training. We need to continue to recognize and foster these relationships, not just for self-gain, but also for the gains that will impact our patients and athletes.

We also should consider getting our future health care partners “while they’re young”, during their training, reaching out to pre-medical/pre-health, as well as medical and health professional schools to do some teaching, share our knowledge and skills, and basically, put ourselves in a position to demonstrate, early in their medical and professional training, our expertise in sports medicine and our value. This is one of the reasons why we need to exploit, in the most positive way, the relationships and teaching opportunities like these to show them what competent, bright, and highly skilled ATs look like and can do, in hopes that they will remember and come to value those experiences and qualities when they begin their own practices and are in a position to work collegially with ATs. I encourage you, that if you get this type of opportunity to interact, educate, and/or train students of other medical or health professions, that you not only take those opportunities, but once there, we need to “blow their socks off” with our presentation, knowledge, expertise, and skills. Give them an experience to remember and value in the future. This will be important for you, as an individual, and for our profession.

.....Taking this concept one step further, Athletic Trainers have always been involved in inter-professional/ collaborative practice with physicians and other health care providers. The sports medicine team is not a fantasy sport team, but rather a real and important reason why we have provided and continue to provide the highest quality of care for our athletes and our patients. Now is OUR opportunity to shine in these “new” collaborative practice environments and inter-professional education situations. We need to take our experiences of being “team players” and use the language of medicine and our unique abilities to communicate with patients and medical providers to be leaders in this “new and emerging” health care initiative. We also need to take those inter-professional experiences and begin to investigate their successes and ultimate impact on health and care provided to our patients..... and then we need to publish and share it with the rest of our healthcare colleagues. Without sharing those outcomes, we cannot fully evaluate the effectiveness of those relationships and/or the impact on our practice.

.....Continuing on the topic of research and publication, we all know that the volume of knowledge and information in medicine and in athletic training has exploded in the last 20-30 years, making it almost impossible to remain current in every aspect of our broad and ever-deepening scope of practice....and you'll notice that I said depth and not breadth.... And we are not alone in this conundrum of exploding knowledge bases. I have heard speakers in our profession, over the years, question whether we really know who we are and they question, "why we are trying to be something that we are not". I would have to respectfully disagree with my esteemed colleagues on this conclusion. I think we know exactly who we are, but we have a very difficult time explaining it, and secondly, we have a difficult time capturing the diversity and complexity of what that AT scope of practice now entails. This does not make it wrong, but rather, I would offer, just confusing. First, I believe that we need to do a better job of being able to explain who we are and what we do. The NATA has initiated some excellent, high-profile public relation initiatives related to concussions and the need for athletic trainers in schools. These initiatives have opened the door for us all; each and every one of us now have been provided with a vehicle that will allow us to go beyond those content limits of concussions or prevention of heat illness to tell the public more about who we are, what we can do, which in turn, will allow them to infer how good, how effective we are, thereby enhancing our perceived value to the public.....and dare I suggest, our value for reimbursement and value for increases in fee for our services. We all need to do a better job of capitalizing on those entrees in our own backyards, to meet with parents, community officials, and health care leaders, to show them that they can access those great resources that an AT can provide each and every day. Then, once we get the public to understand who we are and what we can offer, we insert the value of those services and skills, and demand a reasonable income that is commensurate with our cost of living and the amount of time and energy we commit to their patients' care. If we do not ask, do not stand up for ourselves, no one else will. Stand up....we're definitely worth it.

.....Now, I don't want to get too far away of my final point of the night which is research and evidence-based practice. Yes, this initiative began in medicine some 15-20 years ago, but recently it has gained greater emphasis and importance – Evidence Based Practice. Most of our sister professions who have

followed the example provided by the physicians, to embrace the importance of EBP in an effort to improve the quality of care for our patients. I would have to agree that EBP is important to not only our patient's quality of care, but also to our professional growth and acceptance as health care players. Even though the BOC is now requiring all of us to earn CEUs in EBP, many of us have been using the available evidence for years, perhaps without even knowing it. Now, we just must get better at accessing, creating, and using that research. Unfortunately, the problem has always been, and continues to be that there was/is very little evidence available and most of it has been produced by other disciplines who do not investigate our population of patients.

This is changing, but research takes time and funding, both of which are in very short supply in AT. We need to continue to use the available sources of information out there to continue to ensure that we are providing the most efficient and valid method of care possible. We also should continue to support and encourage those who have the aptitude, time, and/or desire to produce it. We also should try to remember that, while considered the lowest level of evidence, expert opinion and experience are still important sources of evidence. One of the things that we need to be sure to never overlook is the expertise and experience of our AT colleagues, because again, it has always been our hallmark to be able to reach out to any AT in the country and now, in the world, to ask their opinions, to solicit their assistance, to discuss healthcare matters that impact our patients. We should never be totally driven by the statistics or the available evidence without also using our good clinical judgment, experiences, abilities to draw on other's expertise, and our own common sense - traits that have always been at the core of our practice – to make the best decisions for our patients. We need to embrace the new advancements while also still keeping our core values and successful practices in place. EBP is and will continue to be part of our future as health care professionals. Let's embrace it and get on with it.

.....Ladies and gentlemen, I am honored that you have taken the time to listen to me this evening, and I hope that I have done Mr. William "Pinky" Newell's legacy as a visionary some justice tonight through my remarks. As I began this speech tonight, let me now end. We are not "just" clinicians, researchers, and educators....WE ALL ARE Athletic Trainers – first, foremost, and always united by our common history,

training, education, and most importantly, our value systems. Embrace it, put it out there for others to see and help others to learn to appreciate us. We are valuable multi-skilled health care professionals who have a diversified skill set. It is time now for everyone else to learn about us, allow us to practice to a level commensurate with our abilities, education and value and then pay accordingly. Thank you.