MARKETING PERCEPTIONS OF ATHLETIC TRAINING AND ATHLETIC THERAPIST PROFESSIONS IN THE NORTHEASTERN UNITED STATES.  
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The profession of athletic training has seen tremendous growth in areas outside the traditional athletic setting and the educational needs of the public has a direct correlation with this growth. The industrial, military, clinical and hospital settings are just a few areas where this profession has seen tremendous growth. Purpose of this study was to identify the public perception regarding the roles and responsibilities of an athletic healthcare professional. 30-question descriptive survey was developed based on the NATABOC’s Role Delineation Study. Twelve ATC’s from various settings and educational backgrounds were used to determine inter-rater reliability, content and construct validity of the survey instrument. IRB approval was obtained. Frequencies and percentages were calculated on SPSS 11.0. Data was collected at 5 state parks located in Connecticut, Massachusetts and Rhode Island. Participants were asked questions pertaining to various roles, responsibilities and qualifications of an athletic trainer as defined by the Role Delineation Study. For each question, participants were provided the following four options: (a) Athletic Trainer (ATer), (b) Athletic Therapist (ATist), (c) Both Athletic Trainer and Athletic Therapist, and (d) Neither Athletic Trainer nor Athletic Therapist. Demographics: 608 participants (male:171, female:437), average age 30.62 years, 237 received a Bachelor Degree or higher, 194 knew an ATist in the U.S., and 304 knew an ATC in the U.S. Data that supported ATer’s were: Develops strength, power and endurance programs (ATer 53%, ATist 5%, Both 39), Provides emergency care (ATer 32%, ATist 22%, Both 32%), and Develops cardiovascular programs (ATer 43%, ATist 15%, Both 37%). Data that supported ATist’s were: Evaluates orthopedic injuries (ATist 54%, ATer 10%, Both 24%), Counsels individuals through injury and refers (ATist 52%, ATer 10%, Both 34%), Applies therapeutic modalities (ATist 54%, ATer 13%, Both 30%), Works under the direction of a physician (ATist 55%, ATer 8%, Both 23%), Applies joint mobilizations (ATist 41%, ATer 15%, Both 22%), Is recognized as a healthcare professional by the AMA (ATist 48%, ATer 5%, Both 35%), Applies therapeutic massage (ATist 55%, ATer 11%, Both 31%), fits assisted devices (ATist 52%, ATer 8%, Both 18%). Data supporting both professions: Applies bracing, taping and strapping, obtained a 4-year college degree, flexibility training, ergonomics, sport specific mechanics, splinting a fracture, and public safety education. Data supporting neither profession: evaluating dermatological conditions and educating on pharmaceutical medications. In conclusion, this data demonstrates the public’s misperception of the role and responsibilities of an athletic trainer among athletic healthcare professionals.

Key words: athletic therapist, ATC, job responsibilities, professional title