PUBLIC'S PERCEPTIONS OF ATHLETIC HEALTHCARE PROVIDER BETWEEN EASTERN AND WESTERN UNITED STATES

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Professional nomenclature is a key marketing component to aid in identification and clarification of products and services targeting specific populations. **Objective:** Purpose of this study was to compare two athletic healthcare professional titles and obtain baseline data to help identify the public perception regarding responsibilities of an athletic healthcare professional in the eastern (EUS) and western (WUS) United States. **Design and Settings:** 30-question descriptive survey was developed based on the NATABOC’s Role Delineation Study. Inter-rater reliability, content and construct validity of the survey instrument were established. Data was collected from various state/city recreational facilities in Connecticut, Massachusetts, Rhode Island, Hawaii, and California. Participants were asked questions pertaining to various responsibilities and qualifications of an athletic healthcare professional. No information about either profession was provided. Answers for each question were: (a) Athletic Trainer, (b) Athletic Therapist, (c) Both athletic trainer and therapist, and (d) Neither athletic trainer nor therapist. IRB approval was obtained. **Measurements:** Frequencies and percentages were calculated on SPSS 14.0. **Subjects:** 935 participants (294 males, 641 females), average age 31 years, 65.1% were from EUS and 34.9% were from the WUS. **Results:** Data which the majority of the public identified as responsibilities of an athletic trainer included: Developing strength, power and endurance programs (53.5% EUS, 60.1% WUS) and Developing cardiovascular programs (43.3% EUS, 50.6% WUS). In contrast the following areas were identified as responsibilities for the athletic therapist: Applies bracing and taping (23.9% EUS, 14.9% WUS), Evaluates orthopedic injuries (54.5% EUS, 57.4% WUS), Counsels individuals through injury & refers (51.9% EUS, 52.1% WUS), Applies modalities (50.4% EUS, 56.1% WUS), Applies splints, braces, & immobilization for fractures/dislocations (36.6% EUS, 42.6% WUS), Fits individuals with assistive devices (52.2% EUS, 54.9% WUS), Works under the direction of a physician (55.7% EUS, 58.9% WUS), Applies therapeutic massage (54.7% EUS, 53.7% WUS), Applies joint mobilization (41.3% EUS, 45.1% WUS), Obtained a 4 year college degree (34.3% EUS, 46.9% WUS), Recognized as a healthcare professional by the American Medical Association (48.1% EUS, 60.1% WUS). Both professions were identified for the following responsibilities: Develops flexibility programs (45.3% EUS, 42% WUS), Teaches ergonomic techniques (46.1% EUS, 36.8% WUS), Provides immediate emergency care (32.3% EUS, 33.7% WUS), Educates on sport safety issues (51.2% EUS, 54.6% WUS), Educates individuals on proper sport specific mechanics (56.1% EUS, 55.5% WUS). **Conclusion:** Data reveals several areas of misperception regarding to the roles and responsibilities of an athletic trainer among athletic healthcare professionals.

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