

Pinky Newell Address  
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Thank you President Hauth and the EATA Board for this honor. As I looked at the list of individuals who have delivered this address in the past, I saw the names of mentors, colleagues, and numerous NATA Hall of Famers. I never imagined I would be here, presenting to you. I am humbled and honored.

While I never had the honor of meeting Pinky Newell, I have always felt personally indebted to him. He believed passionately in certification for our profession. He gave Lindsay McLean the task of developing our certification exam and pushed us to engage in continuing education not too long after we started certification. I had the privilege and responsibility of following Lindsay McLean and Paul Grace with the Board of Certification; serving on the board and as the chief staff officer for 22 years.

I am a bit of an amateur history buff, especially when it comes to the AT profession.. I like to dig in. I'm curious to find out WHY leaders made the decisions they did, what was in their minds? When I took the job with the BOC in 1997 I spent a month in the library reading all the NATA board minutes in the back issues of the Journal. I focused on the discussions about certification, continuing education, etc. In our early years, there was a stenographer in the meetings who created a verbatim transcript of the discussions, which as a former CEO is very scary. But these were our leaders talking in sometimes uncensored terms. It was an interesting history lesson to say the least. To date myself, I read them on microfiche – today they can be found at [www.athletictraininghistory.com](http://www.athletictraininghistory.com).

When I joined the profession as a student in 1977, Frank George was the 2<sup>nd</sup> President of the NATA. Lindsay McLean was the chair of the Certification Committee and 500 candidates took the exam that year. State licensure was a strategic priority for the NATA and there were 45 professional programs at the undergraduate level.

Today, Tory Lindly is the 14<sup>th</sup> NATA President, last year the BOC tested over 3800 new candidates, California is the only state without AT regulation, yet, and there are 153 professional degree programs at the master's level and 10 accredited residencies - educating and training future AT specialists.

As I prepared for this talk, I reread the 1984 keynote address Mr. Newell gave to NATA members in Nashville. It was his last speech to the profession, he died later that year. He provided an overview of the accomplishments the NATA had in its first 35 years; growth in members, certification, accredited education programs, state regulation, research and the importance of maintaining our relationship with physicians. Physicians were our first advocates in so many of our fights to be recognized as a new healthcare profession in our early years and they continue to be among our strongest advocates. These accomplishments are the cornerstone of our profession.

In his keynote Mr. Newell said “On a day-to-day basis, the changes in our association in the future will come if we exercise the kind of wisdom, prolonged effort, and patience that go with looking ahead to what the profession of the association will be in 10 years or even 35 years from now. We must work diligently and honestly for what many of us may not live to see.”

The 1980’s saw successes in state regulation – the 1990’s and 2000’s were decades of continued growth and regulatory success; when I started at the BOC in 1997 there were 12,000 Certified ATs. So here we are, 35 years later and there are over 50,000 certified ATs. I believe Pinky Newell would be proud of the prolonged effort, the wisdom our leaders. I am a product of the efforts of Pinky Newell and our other leaders and I am very grateful.

This afternoon, I want to share a few thoughts about some challenges I think ATs, healthcare, the NATA and the profession may face in the next 10 years. First, I believe the Strategic Alliance, in the 2010’s, positioned us for a great decade to come.

The demographics of our country are undergoing dramatic changes and the demographics of our profession and the NATA are changing, some might say finally! The change in the level of our professional degree from undergraduate to graduate will change the age demographics of the profession. It is hypothesized that we will NOT see the loss of certified professionals after 10 years of practice that we’ve been tracking the past 15 years. This positive change will be critical to the continued growth of the profession. We can’t afford the brain drain we’ve had in the past.

I believe our greatest challenge with this growth will be maintaining our core culture: the close-knit community of professionals, who know each other, who value each other, who put their patients first, who have always treated the whole patient using a bio, psycho, social, and spiritual model. Professionals that understand how to work and lead as a member of the healthcare team. These changes will be difficult for some. But we must embrace the opportunities that come with diversity and work together to overcoming any challenges. ATs are family and I hope that we don’t lose that as we continue to grow. One other challenge will be openness to a new AT profession.

“I believe that we as a profession are being naive in not recognizing that specialization is here. We have fought hard for qualification; it is essential that we qualify ourselves for any position or career we wish to pursue.” These are not my words, but the words of Pinky Newell in 1984. He was referring not only to ATs developing advanced knowledge and expertise, but also to the APTA’s creation of their sports medicine section specialization that was being developed in the 80’s. But his words are important for us today. We all need to recognize that AT has evolved to the point where we are now formalizing the recognition of specialties.

Today, 40% of the more than 48,000 NATA members work with secondary and collegiate patients. I believe this coming decade will see major changes for ATs working with this patient population. The ATs who have or will work with these patients, need a specialized set of knowledge and skill. They are working almost exclusively with a pediatric population. I believe that they will soon have access to a specialty certification that will validate their AT expertise with this patient population. In addition, many other ATs who have specialized and

advanced training and skill will have the opportunity to validate their knowledge and skill with a specialty credential if they so choose; whether its pediatrics, emergency and emergent care, orthopedics or some specialty yet to be created. I am happy that the Strategic Alliance has identified this as a strategic priority.

Let's talk about employment opportunities and entrepreneurship. Did you know that in 2019, Secondary Schools saw the first decrease in sports participation in 30 years? The National Federation of State High School Associations reported a 6.5% decrease in Football participation from the peak in 2010. California saw an 11% decrease over the period from 2010-2017. While the decreased participation in football in California could be attributed to the concern about concussions and the long-term health effects, we need to look to the rise of specialization and student participation in club sports. This trend is seen as a key influence in the decreased participation levels.

While we continue our association's more than 50-year push to have AT access for all secondary school athletes, are we missing a market? I'm just curious. Are we ready for the effect the decreased participation could have on our colleagues, on staffing plans, for our current and potential future employers? I don't bring this up to be a doomsayer, but if we know these changes are happening we need to be talking about mitigating the risk of these changes, for the profession and for individual members.

And my concerns about changes in participation are not limited to secondary schools. College athletics is big business. I don't think many in this room would disagree. According to a 2014 NCAA report only 24 FBS athletic departments operate in the black. Again, not likely to be a surprise to anyone in the room. As colleges and universities choose to cut or downsize their athletic programs for financial or Title IX reasons, will we see an increase in the number of intramural and club sports as a result? Are ATs positioned within college and university healthcare services to provide care to this population? Is this an underutilized employment opportunity, one with a chance for enhanced work-life balance? I'm just curious.

We are in an age of entrepreneurship and I have always seen the NATA as an incubator – a place where new ideas can be brought forward, discussed and perhaps launched. I applaud the NATA Board and the Go4Ellis team who continue to create avenues for PRN AT services. We need to help our fellow members and support our leaders when they take these types of calculated risks. We also need to be understanding and accept that some failure is acceptable, in fact necessary, to grow. This is how we stay fresh and relevant.

But the NATA can't be the only group taking action. Leaders, whether at the national, district or state level, have to make strategic decisions about where they spend resources, staff and volunteer time and money. We need to support colleagues who want to try something new and when we have colleagues who may venture outside of the NATA structure to try something, for whatever reason, we should consider embracing them more quickly, like Ken Kopke who opened the door for ATs in the industrial setting, or Mary Kirkland who created a place for ATs with NASA or Diana Settles who has worked tirelessly for the past 23 years and now the US Military appreciates the value of having ATs working with our troops. This summer 66 new AT positions were created in the military.

Please don't label these entrepreneurs as rebels or disloyal members. In the corporate world these are the risk takers who create markets, create opportunities and increase interest. Some sell their ideas or companies they create to someone else, at a profit. They are job creators! They can be important partners in our future. So long as these colleagues are working in collaboration with a physician, in compliance with the relevant state practice acts and the BOC Standards of Professional Practice we should learn more about what they're doing before we criticize them for "drifting from or abandoning our historical AT roots." Watts Wacker, futurist and business coach said, "our biggest competitor is our own view of our business." I totally agree.

I believe ATs must embrace the concept of artificial intelligence in healthcare and become proficient in the creation and use of data and new devices in the management and treatment of our patients. Wearable technologies like the Apple watch, Fitbits, the Whoop strap, etc. were a \$24B dollar market in 2019 - by 2025 Forbes predicts the market value of wearables to be \$54B dollar - that's a 125% increase in 6 years. Many of you are integrating the data from wearables in your injury prediction and prevention programs or you're working with your strength and conditioning staff to develop better physical training programs. How many of you have patients that wear Athos compression shorts or leggings that provide data on muscle use, function, fatigue. Are you using this data to help them? Do you know how this could improve your management of your patients and enhance their overall wellness and return to optimal functioning if you had this data? I'm just curious. Are you using this data? Others who are using the data are pushing ATs out. Push back, be informed, develop your skill in this area.

Artificial Intelligence or AI is all around us and we need to understand it from a clinician's perspective. AI has many applications in healthcare - voice assisted dictation for EHRs, using AI to inform the development of practice patterns, concussion treatment based on AI data, wearable devices using AI to assist the retraining use gamification and telemedicine to name just a few.

Technology will bring about rapid changes in what and how we practice. For example, handheld digital ultrasounds are being integrated into emergency, military and telemedicine. I believe this tool and many others will be in our AT clinics in the next 5 years. Use of tools such as this will allow us to transmit an image to our medical directors and expedite the care for our patients.

Some of our colleagues will push back on integrating this or other changes into our practice – let's keep the patient in mind and remember to work with our medical directors and be open to the use of new technologies. While it might not be appropriate for your practice, don't push back on new ideas that could benefit other colleagues and their AT practice.

I believe the ART of what we do as ATs is one of our greatest strengths. Machines can't take the place of the need for the AT clinician's ability to provide the human interaction and focus on the wellness of the WHOLE patient. However, we all must increase our competency in the areas of epidemiology and embrace the use of data and new tools in our practice to maintain our relevance in the changing healthcare environment. Our capability to consume data and then relate the information into the management and education of our patients will set us apart from many of our colleagues.

I challenge you to remember and celebrate our past - keep one foot in our history and the things that drew you to the profession. But keep your mind and your imagination, outside the "box" as you know it today, to help our profession grow. Embrace entrepreneurship. I know I am preaching to the choir tonight, but we all need to be active members of our professional organization to help create the future for everyone, but don't wait for an organization to create YOUR future - Create the future you want.

Be curious. Curiosity will make you a better clinician, a more valuable colleague and a light for the future of our profession.