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**Making Cents of the Future: Succeeding at the Business of Athletic Training**

by

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1 **Abstract:**

2 **Context:** The recent settlement between the NATA (National Athletic Trainers  
3 Association) and APTA (American Physical Therapy Association) as well as on-going  
4 healthcare reform will create unique future opportunities for individuals entering the  
5 athletic training profession. However, maximizing these opportunities will require  
6 business savvy and skills beyond the scope of entry-level practice. The purpose of this  
7 study was to explore the business knowledge that will be essential to the success of the  
8 athletic trainer in today's health care environment.

9 **Design:** Qualitative

10 **Setting:** Focus groups convened at 2009 NATA Annual Meeting and Clinical Symposia

11 **Participants:** Eight entrepreneurs in athletic training who have advanced the  
12 profession through various business endeavors ranging from inventing products to  
13 running a business to applying athletic training in new environments (public safety,  
14 tactical medicine, etc.)

15 **Main Outcome Measures:** Data was transcribed from digital recordings into themes  
16 using an interpretive coding technique. A model was derived to conceptualize the  
17 interrelationships between thematic categories.

18 **Results:** Themes emerged emphasizing three basic categories, Present, Future and  
19 Recommendations. Under the Present category two themes emerged: Foundational  
20 Attributes of Health Care Professionals and Necessities of the Athletic Training Clinical  
21 Setting. Under the Future category, two themes emerged: Value Enhancing Skills and  
22 Enhancing Administrative and Managerial Practice. A third category titled  
23 Recommendations contained several potential strategies for the continual evolution of  
24 the profession.

25 **Conclusions:** Although recent efforts by the NATA and ongoing healthcare reform  
26 have opened the door to potentially lucrative future opportunities, the current paradigm  
27 for athletic trainer preparation is insufficient with respect to reimbursement. Specifically,  
28 athletic trainers require more intentional preparation in business concepts (business  
29 plans, mission statements, etc.) and skills (billing, documentation) in order to best take  
30 advantage of opportunities afforded by these efforts.

31 **Key Words:** Entrepreneur, Revenue, Skill Set

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1 More than ever, health care providers are being challenged to demonstrate value  
2 in an era of health care reform and seemingly a shrinking bottom line. In a time of  
3 change, services provided by the Athletic Trainer (AT) and their role as the gatekeeper  
4 while practicing interdisciplinary health care for life and sport serve as an example to  
5 other health care providers of how to best navigate increasingly choppy seas. Put  
6 simply, the athletic trainer is an example of how to be well positioned for the ever  
7 evolving climate that is health care. The importance of the business aspect of health  
8 care continues to grow in stature.<sup>1, 2, 3, 4</sup>

9 Although respected and well-versed, the AT is still somewhat behind the curve of  
10 the paradigm shift in terms of general business savvy and the profit-driven mindset.  
11 Many ATs are not prepared for expanding marketplace opportunities or the kinds of  
12 thinking associated with revenues and market share. Because traditional settings such  
13 as high schools, collegiate, and professional teams have not required monetary  
14 reimbursement for services rendered, the AT has been historically socialized to provide  
15 care at no cost to the athlete or patient in the traditional setting when compared to  
16 similar services rendered in physical therapy and sports medicine clinics which are  
17 usually reimbursable. Successful reimbursement for services, on all levels, is a highly  
18 variable venture often based on the perceived quality of services by insurers and  
19 quantitative differences as borne out by comparison of outcomes data.

20 Physical Therapist (PT) education programs provide their students with business  
21 administration concepts necessary to be successful and to thrive in the changing  
22 marketplace. PT educators reinforce that teaching and learning business skills is not  
23 just a luxury, but rather a necessity for successful practice.<sup>5</sup>

1           The recent settlement between the NATA (National Athletic Trainers'  
2 Association) and APTA (American Physical Therapy Association) has clarified the  
3 position of the AT in providing physical medicine and rehabilitation in various workplace  
4 settings.<sup>6</sup> The NATA and the APTA both acknowledge that current physical medicine  
5 and rehabilitation reimbursement codes such as manual therapy are not exclusive to  
6 any one particular health care profession. This settlement should further expand  
7 opportunities for the AT to practice in the evolving dynamic that is health care.

8           In order to more fully embrace the new marketplace similar to those underway in  
9 other allied health professions, more advanced level education will be necessary to  
10 prepare the AT for these ventures. A discussion forum about business courses in  
11 athletic training from the NATA Think Tank webpage in December 2008 elicited several  
12 comments in concurrence with the idea that ATs need preparation for the new realities  
13 of managed health care that many are facing in their practice settings.<sup>7</sup> In advanced  
14 practice nursing for example, emphasis has traditionally been placed on the number of  
15 patients seen. Changing realities have made it necessary for nurse practitioners to  
16 refocus on the how many patients are billed, for how much, and the type of service they  
17 receive.<sup>8</sup> The purpose of this study was to explore the business knowledge that is  
18 essential to the success of athletic trainers in today's health care environment as it  
19 relates to AT clinical practice.

## 20 **Methods**

21           Twenty-one entrepreneurs in athletic training were solicited to participate. They  
22 were selected for inclusion based on meeting at least two of three criteria: 1) active in  
23 the profession for at least 10 years, 2) active at the national, district or state-level with  
24 respect to contributions to reimbursement and/or entrepreneurial endeavors, and 3)

1 recommended by someone meeting the inclusion criteria. While the final groups  
2 represented varied educational levels (Bachelor's through Doctorate) and varied  
3 geographical locales, all shared vast experience in entrepreneurial endeavors and  
4 learning business outside the classroom.

5         They were solicited to participate in one of two focus groups at the 2009 NATA  
6 annual meeting and clinical symposia. Thirteen agreed to participate initially, but five  
7 either cancelled or did not show. Each participant was allowed to select a time slot  
8 (group) that fit with their schedule. These professionals had varied business  
9 experiences and represented a number of emerging practice settings such as public  
10 safety, hospital administration, tactical medicine, private clinic ownership, and an  
11 inventor. Four of the study participants were presenters at the 2009 NATA meeting  
12 speaking on topics related to reimbursement, and two served on NATA committees that  
13 focus on emerging and non-traditional settings.

14         The research design for this study was approved by the IRB of the lead author's  
15 institution and granted exempt status. It was funded in part by an internal faculty  
16 development grant. Invitations to participate were sent via e-mail and outlined the  
17 purpose of study, which was to better understand the business acumen necessary for  
18 successful athletic training practice in the evolving health care climate. In return for  
19 participation, Participants were provided lunch at the focus group meeting and a \$50 gift  
20 card at a local restaurant in San Antonio, Texas where the annual conference was  
21 being held. Informed consent for participation was attained consistent with standard  
22 IRB guidelines.

1 A set of 13 open-ended stem questions were devised, reviewed, and edited by  
2 the research team. The questions were then reviewed and revised based on feedback  
3 from a professional colleague (See Figure 1 for the list of stem questions used for the  
4 study). Her expertise was sought due to her stature in the profession, entrepreneurial  
5 background, and contributions to legislative efforts. Her recent work to arrive at a  
6 settlement with the APTA further validates her multiple roles in enhancing  
7 reimbursement for athletic trainers.

8 Two 90 minute sessions were conducted, and both were captured on digital  
9 recorders. The research team possessed a background in research, publishing, and  
10 specific preparation in qualitative research. A member read each question and gave  
11 each participant an opportunity to respond. Prompts were used as needed to clarify  
12 questions and keep participants on task. Questions continued until the participants  
13 failed to provide additional perspectives. After completion of the sessions, recordings  
14 were transcribed and analyzed independently using SPSS text analysis 3.0. An  
15 interpretive coding approach was employed to derive themes from data once saturation  
16 was achieved.<sup>5</sup> The coding process for this study involved taking each comment and  
17 developing categories into themes using pattern analysis and assigned labels to capture  
18 their meanings. All participants were allowed to review the article for accuracy and  
19 ensure congruency.

## 20 **Results**

21 Several themes emerged from the data which represented the key points  
22 expressed by the focus group participants. These themes were then categorized into  
23 three general concepts and titled Present, Future and Recommendations. Under the  
24 category titled Present, two themes became clear, 1) Foundational Attributes of the

1 Health Care Provider, and 2) Necessities of Athletic Training in Clinical Practice. Under  
2 the Future category, the themes that emerged were 1) Value Enhancing Skills and 2)  
3 Enhancing Administrative and Managerial Practice. A third category titled  
4 Recommendations contained several potential strategies for the continual evolution of  
5 the AT profession to meet the ever changing environment that is health care. (See  
6 Figure 2 for a conceptual model of the qualitative data).

7

### 8 **Foundational Attributes of Health Care Providers**

9 It is incumbent that health care professionals, including athletic trainers, are  
10 clinically competent in order to be positioned for continued success in the evolving  
11 health care future. Every medical and allied health profession have a myriad of  
12 credentialing, licensure, and practice guidelines intended to ensure that this is indeed  
13 the case. New business skills and ways to increase profits may sound intriguing, but  
14 one cannot be successful as a clinician without good foundational knowledge and skills.  
15 Learning good clinical decision-making is a deliberate process that involves didactic  
16 competency and clinical proficiency. This idea was shared by many of the participants  
17 in the group and expressed in at least a couple of different ways. In several instances it  
18 was stated as being able to recognize the big picture by developing a holistic approach  
19 when it comes to athletic injury and illness care. This ultimately speaks to the essence  
20 of evidence-based medicine.

21 A good clinician must be able to take available evidence and apply that evidence  
22 to individual patient encounters that lead to successful clinical and quality of life  
23 outcomes. Considering the other variables about the patient such as their emotional

1 state and life circumstances are examples of the recurring theme that emerged after  
2 data was saturated and themes derived.

3         Several participants believed that the current mechanisms for teaching students  
4 about business administration concepts were not in touch with realities faced. One  
5 suggested that more be done in the area organizational and administration  
6 competencies. Although learning how to do a budget is important, he felt more  
7 emphasis needed to be placed on the broader issues, especially when it comes to  
8 understanding the future of athletic training from a profit point of view. Other  
9 participants expressed this general consensus as well. They held that new learning  
10 could be accomplished by continuing to focus on developing good critical thinking skills  
11 for the AT.

### 12 **Necessities of Athletic Trainers in Clinical Settings**

13         A general sense of concern regarding preparedness of new graduates to be  
14 successful in reimbursement settings was evident in both focus group meetings. In  
15 other words, several participants shared they had personally observed some  
16 shortcoming in recent graduates. Participant 8, for example, referenced his personal  
17 experience as a student and proposed that many new graduates have limited exposure  
18 to what he called real world events on the field. Similarly, other participants expressed  
19 student supervision as a concern in terms of the current educational standards, which  
20 among some precipitate a lack of independence and handholding within athletic training  
21 education programs. One participant surmised that perhaps the pendulum has swung  
22 too far in the opposite direction in terms of the preparation of athletic training students—  
23 from autonomous to overly dependent. While it was not the intent of the project to  
24 assess the efficacy of current educational preparation it is certainly important to



1 understand what the needs of reimbursement settings are so that professionals may be  
2 prepared appropriately. Entry-level education cannot possibly prepare every student for  
3 every situation. As these needs continue to evolve it is possible to surmise that future  
4 professionals will require preparation beyond the entry-level degree.

5 The concept of time management and efficiency was cited as an important  
6 foundational quality for AT to continue to develop and demonstrate, especially in today's  
7 health care environment. Participant 3 put it this way,

8 ATCs have to be efficient. Not wasting time, not wasting  
9 the patient's time, not wasting the physician's time,  
10 anything like that with extraneous things.

11 In the focus group occurring on the previous day, one of the Participants had this to  
12 regarding efficiency,

13 If they are they walking abnormally, and its consistent with  
14 with a positive anterior drawer for an ACL tear,  
15 You have to say, what do you need? What do need to  
16 do to make your life efficient? Because when people get  
17 out into the real world, you don't have time to do what you  
18 need. You need to do what is going to give me the most  
19 information as quickly as possible with, you know, the  
20 greatest sensitivity and specificity and let's move along.  
21 Because, everybody here at this table understands that  
22 it's revenue in and control the cost.

1           Some of the participants had been Approved Clinical Instructors and Program  
2 Directors and some of them not, but regardless of background, the majority of ATs in  
3 this study cited experience as an important factor.

4           I think the thing they [new grads] lack is experience. And I said  
5 before we got started that I just did a thing at district 5  
6 and students come up to me and the biggest thing is they  
7 don't get the experience, even as seniors. The head  
8 athletic trainer goes out on the football field and makes  
9 the assessment of the knee. The student stands there,  
10 or sits there with a water bottle and goes off and when  
11 they come into the clinic, they don't know how to do  
12 the tests.

### 13 **Value Enhancing Skills**

14 Enhancing value was a theme that emerged from both focus groups. The concept of  
15 value demonstration is a broad one and can be accomplished by health care  
16 professionals in any number of ways. This may include saving money, making money,  
17 or both for one's employer. Activities such as learning new skills, clinical techniques, or  
18 attaining better business acumen are all central to enhancing value. Looking to the  
19 future, several participants shared that in order to prepare students (and current ATs)  
20 for success in the future will require addressing areas such as business plans, mission  
21 statements and marketing strategies. Participant 7 said,

22           A business plan is a working document about your  
23 business. It changes and modifies but it is essentially

1 the basis for how you operate your business...  
2 It's a living document where there are certain variables  
3 that you cannot control, like hiring somebody, you cannot  
4 control who walks in door with what type of insurance or  
5 how many visits they are going to have ... those factors are  
6 variable but vital.

7 Participant 4 said that administrators such as hospital presidents expect to see well  
8 developed business plans. He stated that they are critical for knowing about projections  
9 and revenue. But equally important was having a clear mission statement and goals for  
10 running a successful business. According to Participant 5, mission statements and  
11 goals assist in marketing one's role in the organization. He said,

12 These things get put out so everyone knows that  
13 these are our goals and that I am going to do them.  
14 It gets published it gets put out there.

15 In essence, documents such as business plans and mission and goal statements help  
16 to establish the tone for a business and shapes how resources are allocated.

17 Three of the participants each representing different practice settings referenced  
18 the importance of marketing. Participant 3 said,

19 I do primarily a lot of our marketing through the  
20 community for our outreach program as well as  
21 to physicians and promoting that aspect of it.  
22 As well as internally promoting our athletic  
23 training to the hospitals to be utilized in other

1 settings, such as occupational health,  
2 emergency department and other areas. A lot of it  
3 being done to show a value added, return on investment  
4 for the athletic trainers being there where in our state  
5 we are not directly billable out of our rehab clinics, but we  
6 are directly billing for our services in the high school on a fee  
7 for services basis and it some of the other rules that we do.

8 Additionally, participant 4 communicated that a large part of her work involves  
9 coordinating with the worker's compensation physicians and marketing to them. She  
10 spoke of meeting with office managers at the physician's office and meeting with third  
11 party administrators and risk management professionals on a monthly basis. She  
12 stated that these marketing responsibilities constitute approximately 30% of her work  
13 time compared with clinical responsibilities.

14 Generally speaking, medical business theory concepts like number of patient  
15 visits, patient cancellations, referrals and revenues have not been part of the mindset  
16 for the majority of ATs, but in the changing world, it will be according to the participants.  
17 Many of the ATs in our focus group declared that they learned these skills on the job,  
18 with no mentoring or educational preparation. They learned by doing and asking  
19 questions. It was not taught to them. In fact, many of the participants believed that their  
20 understanding of how business organizations operate was critical for their success.

21 Participant 8 stated it this way,

22 I think most of us, I think most of us in here,  
23 and I think most students now get into athletic training

1 because they want to help somebody. And that's fine, that's  
2 great. But nobody's going to help them keep their job or to  
3 get a job. So, in order to maintain that salary, you have to have  
4 patients coming in and you have to have revenue coming. And if  
5 you can't keep bringing the patient's in, then you're not going to  
6 have a position for very long whether it's at a high school, or clinical  
7 outreach, or even where I am. I am daily competing with physical  
8 therapists. I am an employee of the department, but the employees are  
9 not required to come to me care. So I get the injury reports, I  
10 call them because if I don't see them injured there [on site]. When I call  
11 them, I say hi, how are you doing? Did you go to the ER? Did you get and  
12 x-ray? Then I say, you need to see a specialist, and I ask who are you  
13 going to go see? Then they come see me. And then a lot of times I'll send  
14 information to the physician.

### 15 **Enhancing Administrative and Managerial Practice**

16 From the focus group meetings, one can glean that the AT profession is  
17 changing rapidly, and that the preparation of ATs will need to be different than from the  
18 past. Participant 3 suggests that in the future students must have a solid understanding  
19 that they will need to show a profit for their position and demonstrate value for services  
20 rendered. To illustrate his point, he used an example of a custom ACL brace.

21 Hypothetically speaking, he posed a question to group as if they were working in a  
22 traditional setting by asking: "How much is custom ACL brace?" How much would you  
23 say?" He answered his question, emphatically stating,

24 They have no clue. They have no clue what an insurance

1           company pays for a custom ACL brace. Or what an  
2           orthopedic company charges? It can be anywhere from \$900  
3           to \$1500. They just see them come off the shelf and go on. What's  
4           the ICD 9 code for an ACL? What's the code for an ACL off the  
5           shelf and/or custom? They don't know. And the other thing I think,  
6           is that, even in a lot of the people who are at this table is they  
7           understand that ICD 9 codes actually help them track things better  
8           over time. I mean, I sat down with [Participant 4] a couple of years  
9           ago, and I suggested, or came to, you know, track it by ICD 9 code  
10          or track by CPT code, because that's what the insurance industry  
11          understands.

12           The profit driven mindset is part of enhancing practice. This was also apparent in  
13          several related concepts supporting this theme such as grant writing and fundraising.

14          Participant 1 said,

15                 Hospitals have funds that are just sitting there,  
16                 looking to be donated for different things. So, if people  
17                 could get information about how to go about finding  
18                 sources for funding, they're there. It's just, you have to  
19                 go actively seek it. Nobody's going to come to you with it.  
20                 You have to go it."

21          Although grant writing, as an educational objective, is not usually taught as part of the  
22          educational programs for the AT, this Participant's comment supports the potential new

1 mindset for the AT. In addition to grant writing, Participant 8 expressed that  
2 documentation should be an area that needs to be addressed in the future. He said,  
3 I don't think we do a very good job of, from my standpoint, of  
4 documentation, whether it be in the [athletic] training room or  
5 wherever it is. When need to give a better education about CPT  
6 coding and ICD 9 codes and the fact that you don't, you document  
7 for two reasons, to cover your own ass and to get paid. It's really  
8 what it comes down to. You need to set up and be able to document  
9 for those two reasons. Make sure you have the information there,  
10 so if anything ever comes back, you're covered and if you are  
11 submitting that to someone to get paid, whatever it is that they want to  
12 see; the progression, the status, the objective goals, whatever they are,  
13 that they are in that documentation. I mean that's really what it comes  
14 down to. And the fact that you don't have to document 15 different  
15 special tests for the knee, you just have to state something quickly on  
16 there that you had a positive test of some type and that's why you're  
17 continuing down this road.

18 And participant 6 had this to say in regards to evolving clinical practice for the AT,  
19 It would be great if you can measure the quality of  
20 life of the person who comes in the first time and what  
21 they feel at discharge or a even a year later and say,  
22 I've affected your quality of life. And do a shoulder score  
23 or something like that. And I think in a high school  
24 setting, that would be a fabulous thing to do, is look at

1           how an ATC affects the quality of life for their individuals  
2           and then look at the non-athletes, varsity athletes. They have a  
3           totally different outlook. Let's teach to our logo [Health Care for Life  
4           and Sport].

## 5   **Recommendations**

6           Traditionally, national, district and state-level meetings have served as the  
7   primary source of continuing education units (CEUs) for the AT, and each year the  
8   NATA and countless volunteers do an outstanding job coordinating the event.  
9   Nevertheless, the panel of experts interviewed for this study raised some important  
10   questions. One Participant put it this way,

11           What educational opportunities are at the national  
12           meeting this year for an [business] administrator or for  
13           any sort of business administration? We've got a lot of  
14           stuff, for sort of, the young professional already looking  
15           at going into this, these are some ways that you can do it.  
16           But, we don't talk about some bigger issues you're seeing  
17           everyday, those number crunching issues that you're  
18           seeing everyday. And I'm not sure what that educational  
19           program looks like, but they're not getting that here [at the  
20           annual meeting in San Antonio].

21           Put slightly differently in the focus group on the proceeding day, participant 3  
22   moved the conversation more towards the educational preparation in the future. He  
23   believed the ATs approach to athletic practices should be different,



1 The practice approach needs to be different.  
2 Our practice approach as athletic trainers,  
3 right now, is to make sure they have water out there  
4 and if somebody gets hurt, goes down. But we don't  
5 look at preventative stuff. And I think that's a  
6 different way to look at practices. I think we, I could  
7 never work a practice right now. It would drive me  
8 pretty crazy. I would go nuts. But if I went down to, to use  
9 an example is I went down and saw the strength coach  
10 at a nearby university. Well, he's got a laptop. He's got a  
11 video on this thing. And so he'll walk through his weight room  
12 and he'll videotape people as they lift. Right then he'll put it on,  
13 turn around and show them what they did and he's got some stuff  
14 on there that he has exactly the way they should be doing it. Well  
15 why don't we do that? Why don't we go into that preventative  
16 stuff? And he goes right through his weight room and he's,  
17 he's working all the time and he's... It's a good skill set. I mean,  
18 it's really cool and we should be able to do that.

19 Indeed preparing for the future can sometimes seem like a moving target, and in a lot of  
20 respects it is, but as participant 1 shared with the group, some of the issues in AT never  
21 seem to go away. As he put it,

22 This whole thing might be as simple as what you just said  
23 as far as name crisis. My kids and my wife can't explain

1           what I do. They hear the words athletic trainer, and say what is  
2           that? What do you do? If my wife and kids can't really explain  
3           it, how can expect others to? I sometimes hear things like, oh  
4           he's down at the high school now. He the guy who takes care of  
5           the injuries, works with just the athletes.

6           Putting an emphasis on continuing education, either at the annual meeting event  
7           or via online programming related to new topics such as business skills for the AT  
8           emerged as recommendation strategy for preparing current and future ATs for the  
9           evolving health care dynamic, although some core changes to the education  
10          preparation model were also cited by participants. For example, one former program  
11          director said,

12                 [I prefer] the residency model, which is based on see  
13                 one, do one, teach one, a lot like athletic training used  
14                 to be, the internship model. I also personally believe  
15                 that there are some generational changes with the  
16                 students. I their work ethic is different. I think  
17                 their learning methods are different. They're not  
18                 down and dirty. They're much cleaner. A little more  
19                 spoiled. Spoon-fed throughout their curriculum. Things have  
20                 just changed a little bit in the educational process.

## 21          **Conclusion**

22                 ATs have a distinctive skill set that positions themselves well for a dynamic  
23          health care environment. This was stated over and over by the group of ATs who

1 participated as Participants in this study. What each of the Participants had in common  
2 was that they were pioneers as far as creating opportunities that did not exist, and for  
3 getting into settings in which ATs often did not venture into. Based on the data obtained  
4 for this study, more people will need to be willing to do the same thing, which is to  
5 become entrepreneurs and innovators, especially if AT is to be viewed as legitimate in  
6 the delivery of health care services in the future.

7         Although these data are interesting and informative, these results cannot be  
8 generalized because the very nature of qualitative research is not to generalize.  
9 However, examination of trends revealed by this data provide clear evidence that  
10 athletic trainers must exceed what are currently offered as entry-level skills in order to  
11 be competitive in the reimbursement arena. One leading hypotheses generated from  
12 the study that will hopefully drive future discussions (and research) is that ATs and AT  
13 educators need to begin thinking differently in order to understand the business  
14 practices and new realities that are driving health care in the United States.  
15 Settlements between the NATA and APTA would appear to continue to expand  
16 opportunities for AT. However, many ATs have been prepared primarily for traditional  
17 work settings. Therefore, more efforts will be necessary to prepare future ATs for a  
18 changing health care environment. Perhaps course content in the areas such as  
19 organization and administration that have addressed primarily high school and college  
20 settings will need to address new realities for the AT emerging settings. And student  
21 clinical experiences will need to include more and more opportunities for non-traditional  
22 work settings.

1           The bottom line is AT is in a very unique position to be a key player in the  
2 emerging healthcare reform due to the emphasis placed on prevention, functional return  
3 to activity and aggressive rehabilitation approaches. But in order to do so, there will  
4 need to be a greater focus on cultivating the business acumen necessary to take  
5 advantage of our unique opportunity and to maximize AT skills.

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39 **Figure 1.** Stem interview questions used for the study

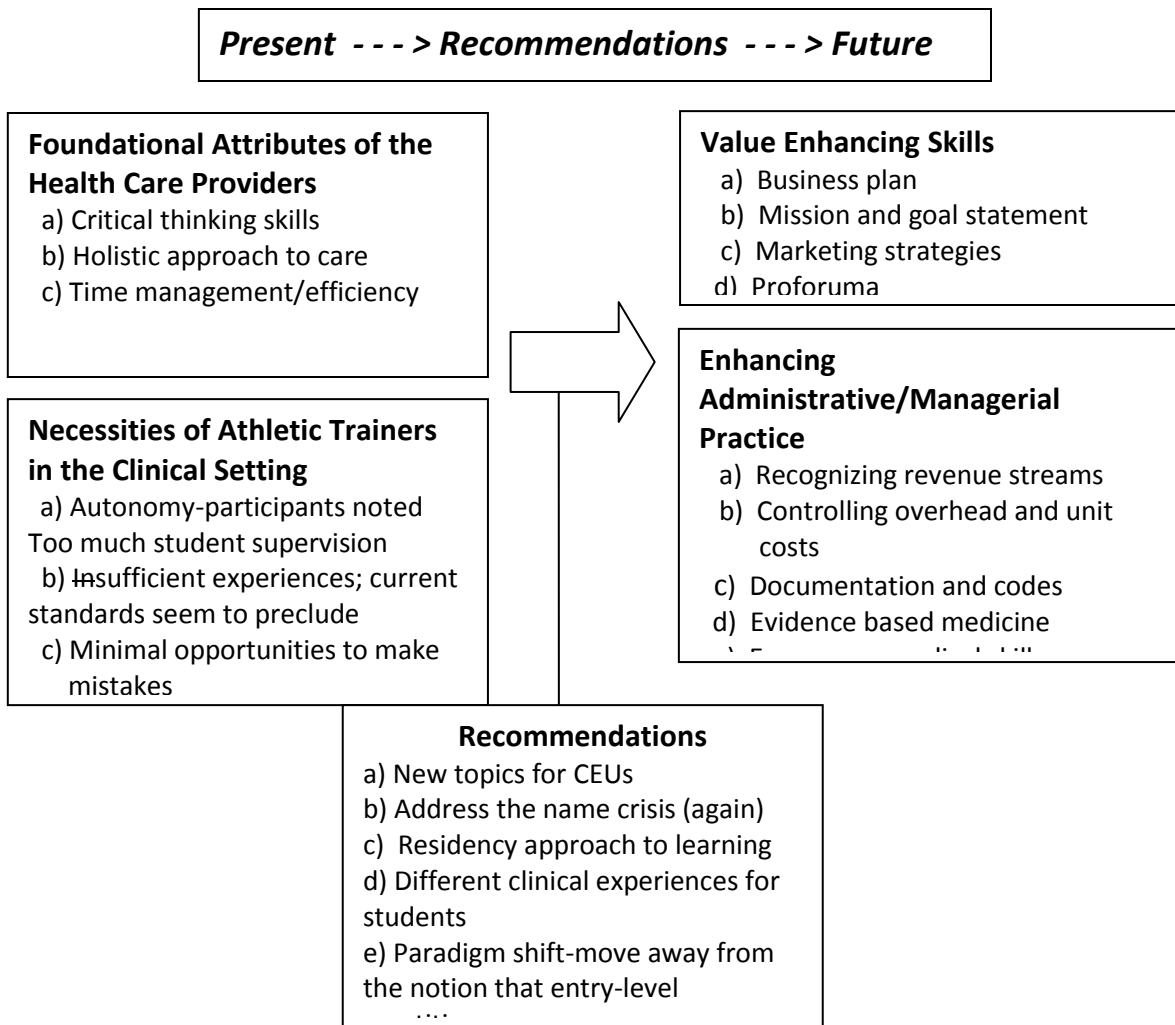
1 **Questions**

- 2 1) What is the nature of your current or previous involvement in the business side of  
3 athletic training?
- 4 2) If at all, how do you see your involvement changing in the future?
- 5 3) What do you feel are the critical skills needed to succeed in the business world of  
6 athletic training?
- 7 4) Where, in your opinion, are athletic trainers most lacking when it comes to the  
8 “business side”?
- 9 5) How important is it to have a working knowledge of CPT coding and billing?  
10 Should the leader/president/etc have expert knowledge about the CPT coding  
11 and billing issues, or can one be successful hiring an expert or employee?
- 12 6) How important is/was/would a business course be to athletic trainers and the  
13 operation of a business? If important, what course(s) would you recommend and  
14 why?
- 15 7) Many financial institutions require business plans to get loans, what specific  
16 advice do have for the development of a business plan, especially in today’s  
17 financial climate?
- 18 8) When starting out in your current setting, what lesson(s) or advice would you  
19 have wished someone would have shared with you?
- 20 9) How can ATC’s more effectively demonstrate value to their superiors?
- 21 10) How/where does the profession of AT most need to change to be better in tune  
22 with today’s business climate?

1 11) Are there any guiding principles or words of wisdom you can share with us about  
 2 being successful?

3

4 **Figure 2.** Conceptual Model of Qualitative Data



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