

Athletic Training: Time for a Name Change?

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ABSTRACT: It seems inappropriate to continue to use the name athletic training, because it does not clearly suggest the tasks of the profession. Historically, athletic training has been associated with conditioning and maintaining high physical efficiency in athletes. In the late nineteenth century, the athletic trainer's role still was regarded as limited to the conditioning of athletes; however, as indicated by a 1990 role delineation study, athletic training should be characterized as a paramedical profession, concerned with the care, treatment, and prevention of athletic injuries. As the field continues to evolve and earn respect as a legitimate scholarly pursuit, it must adopt a name which will be accepted and understood by both the public and the academic community.

All too familiar to athletic trainers is the frustration encountered in answering the simple question, "What is your profession?" Commonly, people do not understand what athletic training is by name alone. It becomes necessary to educate the inquirer about the various roles and functions of the athletic trainer. Even those once familiar with athletic training continue to associate it primarily with tape and ice. Aware of this, many athletic trainers respond initially with the general term, sports medicine, then develop and describe the concept of athletic training.

Athletic training professionals should consider whether the name of the profession is accurate and appropriate. To aid in this consideration, I shall discuss the history of the name, its current status and usage, the need to question the name, and the conceptual development of an alternate name for the profession. This activity is not unlike the name-change discussions that parent departments of physical education have been having during this entire century. Obviously, then, this is not a simple task.

HISTORY OF ATHLETIC TRAINING AS A NAME

The athletic training profession has had an interesting evolution. O'Shea (7) comments that athletic training had its beginning with primitive man. Archaeological evidence, sug-

gesting the possible presence of an athletic trainer, was found on a vase (ca. 1600 B.C.) discovered on the Mediterranean island of Crete. Appearing on the vase were boxers with close-fitting helmets, padded hands, and forearm guards. These are the earliest known protective devices.

Athletic training became more identifiable in ancient Greece and then Rome (1, 2, 7). Athletics were an important part of the life of the Greeks. Athletes were assisted by trainers called *paidotribai* ("boy-rubbers"), *aleiptes* ("anointers"), and *gymnastes*. The *gymnastes* came into existence in Athenian society to train athletes in sports skills and techniques, and to teach them the basic knowledge needed to keep the body in good condition (e.g., anatomy, physiology, and nutrition). Thus, the *gymnaste* closely resembles the modern coach, or the European equivalent, "trainer." Later, the medical *gymnastai* appeared and were concerned with conditioning the athlete and maintaining high physical efficiency; they made use of hot baths, massage, pain-relieving drugs, and other measures. The greatest of all the Greek trainers was said to be Herodicus of Megara, who was considered a physician, as well as a trainer. Herodicus was also the teacher of Hippocrates, the "father of modern medicine."

The professional trainer continued to develop after the conquest of Greece by the Roman Empire. At that time, Claudius Galen (ca. 130-200 A.D.), considered to be the first athletic trainer and team physician, advised athletes to exercise in the gymnasium as a means of recovering from ills and weaknesses (7). In considering this history, it appears that the modern definitions of "athletic" and "trainer" more closely resemble the concept of the ancient *gymnastes* (teachers of sport skills and techniques, "training masters," and today's coaches), rather than the *gymnastai* (specialists in the medical aspects of training); however, it was the latter which spawned the athletic training profession.

From the time of Galen until the nineteenth century, literature dealing with the athletic trainer is almost completely nonexistent (7). The profession began developing some prominence in the United States with the establishment of intercollegiate and interscholastic athletics in the late nineteenth century (2, 7). A notable athletic trainer during that time was S. E. Bilik, who later became a sports physician. Considered by many to be the father of modern athletic training, Bilik (4) analyzed athletic training as divisible into the following three branches:

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Conditioning—Preparation of the aspiring youth for the intense muscular and neural exertions which are incidental to competitive athletics; development to the highest possible degree of strength, endurance, vitality, and resistance to injuries; and, finally, the progressive building-up of the heart, lungs, and the other vital organs to meet the strenuous demands upon them.

Diagnosis and Treatment of Athletic Injuries—Practical and efficient application of the principles of first aid and minor surgery. The athletic trainer's treatment of injuries is more drastic than a physician's, because the former deals with vigorous youth possessing great powers of recuperation, while the latter treats actual invalids.

Specialized Training—Development of the specific neuromuscular coordinations essential to the attainment of proficiency in a chosen field of athletic endeavor. No man is born an athlete. (4)

Bilik comments that the athletic trainer's primary responsibility is limited to getting athletes "into condition" and keeping them "in condition" throughout the season. Once again, this role now lies more with the modern-day coach. Well into the twentieth century, then, the role of athletic trainers followed that of the ancient *gymnastes*, including the conditioning of athletes. Since the adoption of the name athletic training, however, there have been major changes in the field.

CURRENT STATUS OF THE TITLE

Today the profession can be viewed according to a 1990 role delineation study (5). This study indicates the percentage of responsibility in six major performance domains (Table 1). The study seems to de-emphasize the athletic trainer's responsibility in the conditioning of athletes, and includes no responsibilities for teaching sports skills and techniques. The profession is clearly more concerned with the health care needs of athletes. In the summer of 1990, the American Medical Association recognized athletic training as an allied health profession. It seems inappropriate to continue to use the name athletic training, because it does not clearly suggest the tasks described in Table 1. A name which more clearly denotes the nature of our profession (i.e., an allied health care field) is needed.

Early in the modern development of the athletic training

Table 1. Major performance domains in the athletic training profession

Domain	Frequency (%)
Recognition and evaluation	21
Management/Treatment and disposition	21
Rehabilitation	19
Prevention	18
Organization and administration	12
Education and counseling	9

profession, the NATA Board of Directors chose to retain the current professional name, athletic training, and the practitioner's title, athletic trainer. They emphasized that the title should never be abbreviated and that both terms should always be included; however, according to Mark Smaha, NATA president, there is no official, definitive position paper on the issue (personal communication, 15 April, 1989).

NEED TO QUESTION THE NAME

The need to question the name of the athletic training profession is readily apparent, because it can be both confusing and misleading. The modern athletic trainer does not train athletes, but is an allied health professional, practicing under the supervision of a physician, with the care, treatment, and prevention of athletic injuries as primary objectives. The current title, however, does not suggest this modern paramedical focus. Further, as a profession matures, it must develop from a trade into an applied academic discipline with research as one of its objectives. Osternig (8) presents the following three functional categories of a mature profession:

1. Practice, i.e., the application of a particular skill
2. Education, i.e., the formulation and transmission of a particular body of knowledge
3. Research, i.e., the systematic examination and testing of a particular discipline's methods and principles

It is doubtful that athletic training will be perceived as a legitimate field of study as long as neither word reflects an academic pursuit. Until a professional title is understood by the public and respected by those in higher education, the progress of the profession will be hindered.

ALTERNATIVE NAME

The athletic training profession should align itself with sports medicine. Many people have already adopted this umbrella term, which connotes both study and clinical application.

[Sports medicine is] the study of the physiological, biomechanical, psychosocial, and pathological phenomena associated with exercise and athletics and the clinical application of the knowledge gained from this study to the improvement and maintenance of functional capacities for physical labor, exercise, and athletics and to the prevention and treatment of disease and injuries related to exercise and athletics (6).

As suggested by Arnheim (2), "sports therapy/sports therapist" could replace "athletic training/athletic trainer." These terms are already frequently used in the literature, although the connotation of "therapy" would need to be broadened to include prevention, as well as care and rehabilitation. It is the prevention of athletic injuries, after all, that distinguishes athletic training from any other sports-related profession.

The field of sports medicine is established and respected, and because sports therapy is an apt description, this term would be more readily understood by others, and would

strongly suggest a paramedical profession. The study of sport is recognized as being of academic interest (e.g., sport history, sport psychology, sport philosophy). "Sport," then, is apparently more appropriate than "athletic" in gaining recognition of the profession as an academic discipline. Interestingly, our colleagues in the American Physical Therapy Association (APTA) have already established a sports physical therapy division within their organization; however, not only is there an important difference in that name, but its emphases and applications differ as well. Sports physical therapy is primarily concerned with the rehabilitation of sports injuries and is not usually practiced in the sports setting (i.e., during practices and games).

It can be argued from a traditionalist point of view that until the terms athletic training and athletic trainer are used regularly and appropriately, the profession will not be recognized or respected. According to Aten (3), who argued for the use of current terminology, physical therapists in the 1960s were referring to themselves as "physical medicine specialists." Later, the simpler term "physical therapist" gained acceptance. A critical difference between the stories of the two professions is that the title "physical therapy" is both accurate and descriptive, whereas "athletic training" is not. The problem for the athletic trainer is magnified as other professionals choose to refer to themselves as trainers (e.g., personal exercise trainers). Although it may be further argued that the traditional terminology is already entrenched in the NATA, including its printed materials and public relations efforts, it is not established either in the minds of the general public or in the academic arena.

Now is the time to develop a title that will not hinder the rapid progress of this field. The title needs to be consistent with modern definitions and to reflect the major performance domains of the profession. A description of the field of study should be placed in the appropriate dictionaries. Athletic trainers are not suffering from an identity crisis; we know who we are and what we do. It can be argued, however, that our profession suffers from a "name crisis."

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