

# WELL DONE OR MEDIUM RARE?

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A TEMPERATURE CHECK ON RISK REDUCTION,  
WELLNESS, AND HEALTH LITERACY IN ATHLETIC TRAINING

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# Learning Objectives

**01**

Critically evaluate current athletic training practices specific to injury and illness risk reduction, athlete wellness, and health literacy to identify areas where shifts from reactive care to proactive interventions are available

**02**

Describe key population health principles and explore opportunities for integration into the design and implementation of proactive, preventive interventions in athletic healthcare

**03**

Apply behavior change theories and models to enhance the effectiveness of education and health promotion strategies across diverse athletic populations

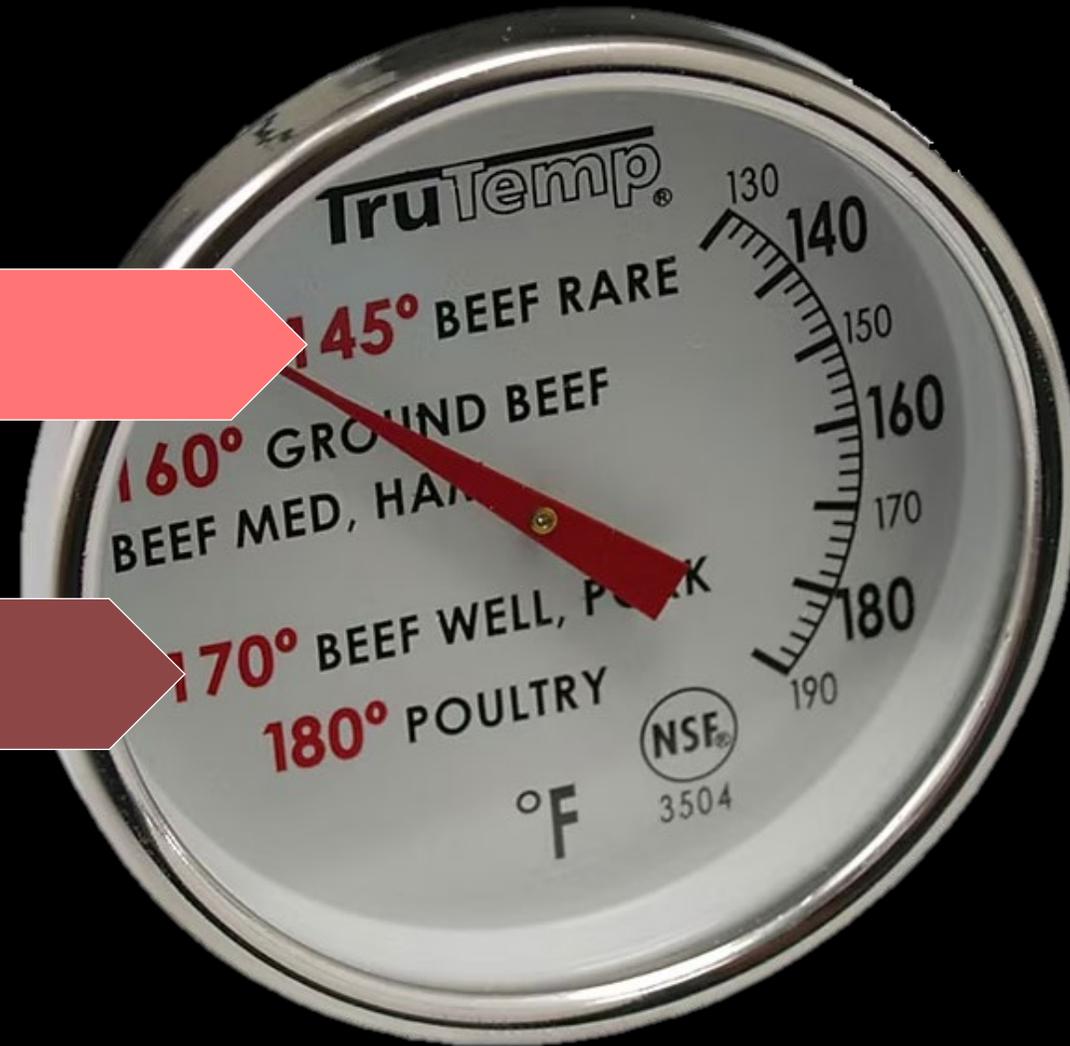


Medium Rare

Reactive | Episodic | Unmeasured

Well Done

Proactive | Integrated | Intentional



# Domain 1: Risk Reduction, Wellness, and Health Literacy



## Content Outline for Practice Analysis, 8th Edition

EFFECTIVE:

ATHLETIC TRAINER EXAM – MARCH 2023

RECERTIFICATION ACTIVITIES - JANUARY 2024

## Domain I: Risk Reduction, Wellness and Health Literacy

### DESCRIPTION

Promoting healthy lifestyle behaviors with effective education and communication to enhance wellness and minimize the risk of injury and illness

### SUMMARY

The Practice Analysis Task Force reviewed published literature pertaining to the Risk Reduction, Wellness and Health Literacy domain. The summary of this literature follows.

Risk reduction, often synonymous with risk management, is one of the most important domains of the athletic training profession. It can be defined as “activities to prevent, ameliorate, treat, and/or reduce injury-related disability and death.”<sup>3</sup> Reducing risk of injury reduces morbidity and cost, and increases the quality of life. It requires general subject knowledge (e.g., anatomy, exercise physiology, biomechanics, health) and specific workplace knowledge (e.g., sport requirements, equipment fitting, OSHA regulations, environmental considerations). In the risk reduction process risks are identified, interventions or plans are implemented, results are reviewed, and the plan is further revised.<sup>67</sup>

Athletic Trainers are able to identify and understand intrinsic (i.e., patient history, demographics, education level) and extrinsic (i.e., environmental, social, sport specific) factors that are relevant to the client, patient, or population. While some risk factors are static or unchangeable, other factors may be within the patient’s or client’s ability to change, such as diet or exercise. Athletic Trainers use knowledge of the intrinsic and extrinsic factors to reduce risk.

Using evidence-based medicine, metrics, and research is important to all domains of athletic training practice; especially Risk Reduction, Wellness and Health Literacy. Athletic Trainers use epidemiological studies to identify the prevalence of an injury or disease within a population or group, and clinical outcome studies to identify effective and safe interventions that address identified deficiencies. Athletic Trainers must be proficient in using national and local information and data sources in order to better serve their patients and the public. Athletic Trainers also utilize questionnaires, pre-participation exams, and databases to help identify risk factors and identify trends and use research and position/consensus

# Domain 1: Risk Reduction, Wellness, and Health Literacy

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# Domain 1: Risk Reduction, Wellness, and Health Literacy

TASK	DESCRIPTION
0101	Identify risk factors by administering assessment, pre-participation examination and other screening instruments, and reviewing individual and group history and surveillance data.
0102	Implement plans to aid in risk reduction in accordance with evidence-based practice and applicable guidelines.
0103	Promote health literacy by educating patients and other stakeholders in order to improve their capacity to obtain, process, and understand basic health information needed to make appropriate health decisions.
0104	Optimize wellness (e.g., social, emotional, spiritual, environmental, occupational, intellectual, physical) for individuals and groups.
0105	Facilitate individual and group safety by monitoring and responding to environmental conditions (e.g., weather, surfaces, and work setting).

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BOC TASK	WELL DONE	MEDIUM RARE
Identify risk factors...	Proactive risk factor identification	Reactive risk factor association
Implement plans to aid in risk reduction...	Deliver clear, personalized plans	Share generic tips or advice
Promote health literacy...	Integrate care into daily routines	Address care when time allows
Optimize wellness...	Build athlete engagement / ownership	Rely on athlete compliance
Facilitate individual and group safety...	Establish a culture to strengthen safety	Follow policies without auditing

What percentage of time did you spend performing activities as an athletic trainer in your primary employment setting during a typical work week over the past year within each of the five athletic training practice domains?

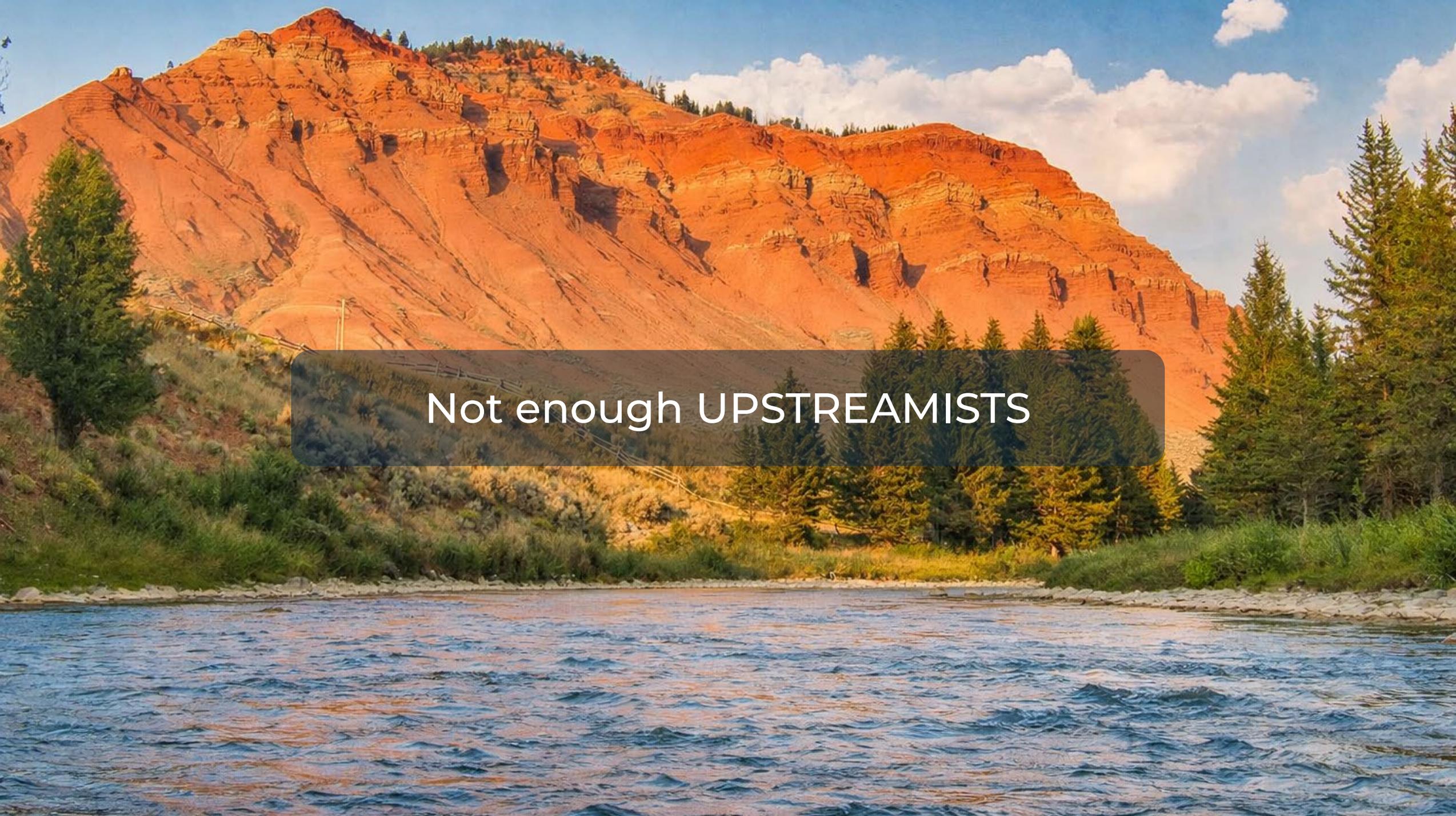
Domain 1: Risk Reduction, Wellness, and Health Literacy	___ %	9 %
Domain 2: Assessment, Evaluation, and Diagnosis	___ %	26 %
Domain 3: Critical Incident Management	___ %	4 %
Domain 4: Therapeutic Intervention	___ %	43 %
Domain 5: Health Care Administration and Professional Responsibility	___ %	18 %



Not enough time

Not enough training

Not enough of a priority



Not enough UPSTREAMISTS

## Athletic Training Services During Daily Patient Encounters: A Report From the Athletic Training Practice-Based Research Network

Kenneth C. Lam, ScD, ATC\*; Alison R. Snyder Valier, PhD, ATC\*†; Barton E. Anderson, DHSc, ATC\*; Tamara C. Valovich McLeod, PhD, ATC, FNATA\*†

\*Department of Interdisciplinary Health Sciences and †School of Osteopathic Medicine in Arizona, A.T. Still University, Mesa

**Context:** Athletic training services such as taping, wrapping, and stretching are common during routine care but rarely captured in traditional patient documentation. These clinical data are vital when determining appropriate medical coverage and demonstrating the value and worth of athletic trainers (ATs).

**Objective:** To analyze clinical data from daily encounter forms within the Athletic Training Practice-Based Research Network (AT-PBRN).

**Design:** Descriptive study.

**Setting:** Secondary school athletic training clinics.

**Patients or Other Participants:** Adolescent patients ( $n = 4888$ ; age =  $16.3 \pm 1.4$  years) seeking care from ATs.

**Main Outcome Measure(s):** We used Web-based electronic medical records from December 1, 2009, to July 1, 2015, to obtain patient characteristics via deidentified data. Descriptive data regarding practice characteristics from patient encounter forms were analyzed and reported as percentages and frequencies.

**Results:** A total of 36 245 patient encounters (mean =  $7.5 \pm 11.6$  encounters per patient) were recorded. Football, basket-

ball, soccer, track, and volleyball accounted for 85.1% of all encounters. Most encounters were for preventive services (48.8%,  $n = 22\,329$ ), followed by care for a current injury (37.2%,  $n = 17\,027$ ) and care for a new injury (13.9%,  $n = 6368$ ). Of the preventive encounters, taping (52.7%) was the most common service provided, followed by ice- or hot-pack application (25.4%) and treatment (9.6%). Taping (28.7%) was also the most common service for current injuries, followed by treatment (26.7%) and ice- or hot-pack application (26.2%).

**Conclusions:** Our findings highlight the unique role of ATs as health care providers who provide substantial preventive services to their patients. Further, these results represent one of the first attempts to describe athletic training services related to nontime-loss injuries, emphasizing the significant role that ATs play in the health care of secondary school athletes. These findings should help clinicians and administrators make more informed decisions regarding appropriate medical coverage.

**Key Words:** appropriate medical coverage, secondary schools, nontime-loss injuries

# Athletic Training Services During Daily Patient Encounters: A Report From the Athletic Training Practice-Based Research Network

Kenneth C. Lam, ScD, ATC\*; Alison R. Snyder Valier, PhD, ATC\*†; Barton E.

## Key Points

- Secondary school athletic trainers spend a considerable amount of time providing preventive services and managing nontime-loss injuries.
- To facilitate discussions related to appropriate medical coverage for secondary school athletes, athletic trainers should continue to characterize all aspects of clinical practice, including the effectiveness of interventions and the health outcomes of patient care.

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## Athletic Training Services During Daily Practice

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36,245 patient encounters  
22,329 preventive encounters

22,329 encounters x 52.7%  
11,767 taping encounters = 32.5%

22,329 encounters x 25.4%  
5,672 ice/heat encounters = 15.6%

# UPSTREAM OPPORTUNITIES IN ATHLETIC TRAINING

## Population-Level Strategies

Use registries, screenings, and aggregate data to guide team-wide initiatives.

## System-Based Prevention

Implement proactive workflows that reduce avoidable injuries and illnesses.

## Health Behavior Coaching

Guide athletes and families in making health-positive choices outside the training room.

## Health Literacy Integration

Embed education strategies that improve athletes' understanding of injury, illness, and wellness.

## Season Planning

Align clinical touchpoints with athlete workload, travel, and growth phases.

## Environmental Design

Shape spaces and routines to promote hydration, sleep, nutrition, and recovery.



# TOOLS OF THE UPSTREAMIST

POPULATION HEALTH THINKING

# WHAT IS POPULATION HEALTH IN ATHLETIC TRAINING?

Defining a Systems-Level Perspective on Athlete Health

Pillar

Athletic Training Example

Data-Driven Decisions

Use injury surveillance, screenings, and shared EHRs to identify trends

Equity & Access

Ensure support for all athletes, not just starters or high-performers

Prevention First

Design workflows that reduce preventable illness, injury, and overload

Systems Thinking

Coordinate with stakeholders to optimize the environment



# TOOLS OF THE UPSTREAMIST

POPULATION HEALTH THINKING

BEHAVIOR CHANGE MODELS

# TURNING INSIGHTS TO ACTION

Model	Key Concept	Example in Athletic Context
Transtheoretical Model	Athletes move through readiness stages	A player not ready to address poor sleep habits may need awareness, not a full sleep protocol
COM-B Model	Behavior results from capability, opportunity, and motivation	Poor hydration may stem from lack of access (opportunity), not knowledge
Health Belief Model	Behavior influenced by perceived threat + belief in a proposed action	An athlete won't adopt recovery habits unless they believe the risk of injury is real

# BUILDING BEHAVIOR-INFORMED STRATEGIES IN ATHLETIC TRAINING

## Strategy

## Behavior Science Insight

## Applied Example

### Ask–Offer–Ask

Patients learn better when given autonomy and invited into the process

“Would it be okay if I shared what we’ve seen in athletes who...”

### Framing Small Wins

Motivation builds through early, visible success

“Let’s focus just on improving post-practice hydration this week.”

### Timing Matters

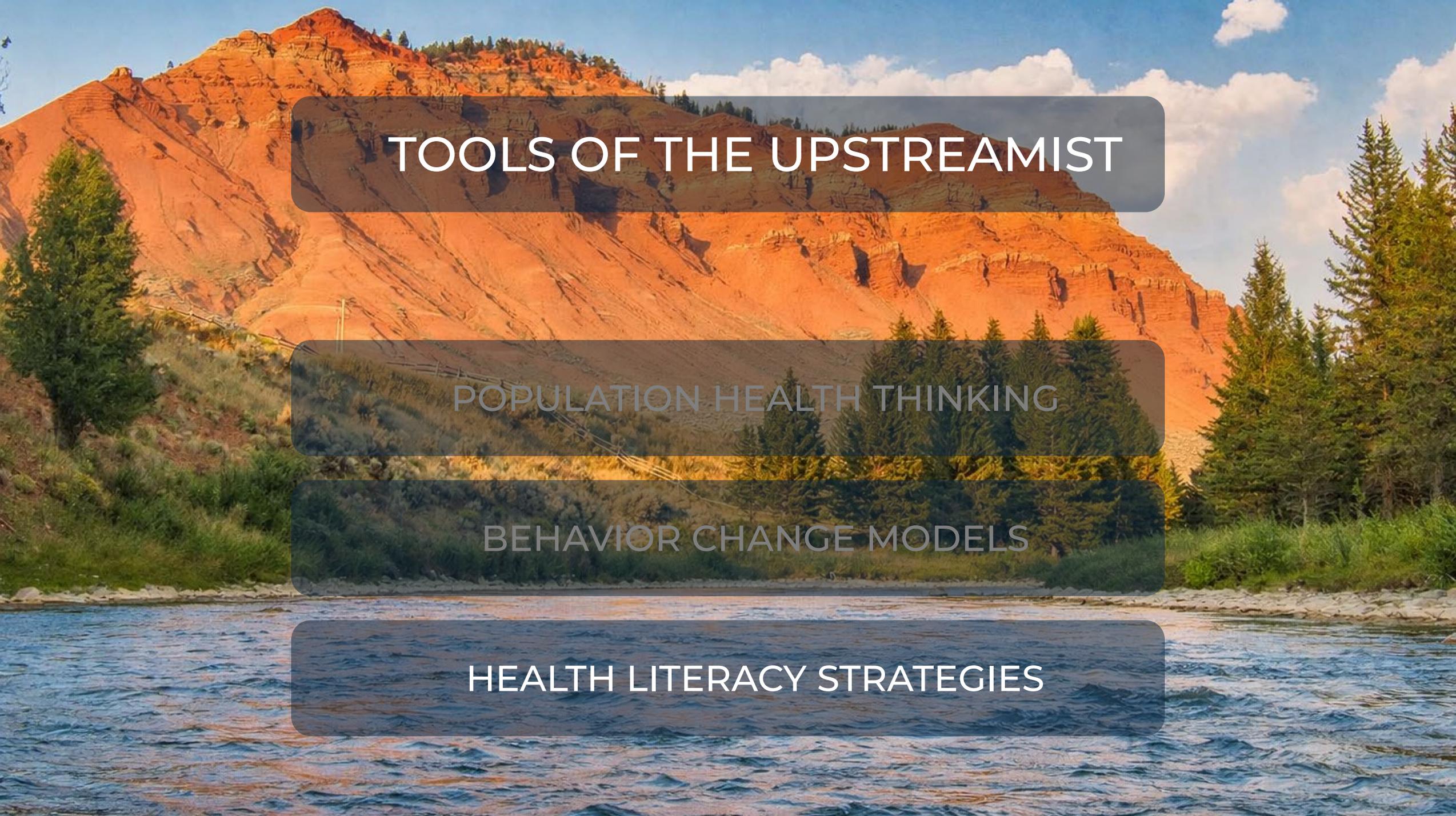
Readiness varies. Interventions should match stage

Don’t push sleep overhaul during finals week. Start with wind-down habits

### Normalize + Reframe

Reduces stigma, supports buy-in

“Lots of athletes struggle with fueling on busy days. Here’s something that’s helped others.”



# TOOLS OF THE UPSTREAMIST

POPULATION HEALTH THINKING

BEHAVIOR CHANGE MODELS

HEALTH LITERACY STRATEGIES

# TURNING EXPLANATIONS INTO CONNECTIONS

## Principle

## Why It Matters

## Applied Example

Use Plain Language

Reduces confusion and improves action

“You need more sleep” becomes “Aim for 8 hours so your body recovers.”

Focus on Key Messages

Helps avoid overload and clarifies the goal

Stick to 1–2 takeaways per conversation

Visual Reinforcement

Aids memory and bridges language gaps

Use diagrams or athlete-specific visuals when explaining injuries

Teach-Back Method

Confirms understanding and builds trust

“Can you tell me in your own words what you’ll do after practice?”



MAKING INFORMATION STICK

# MAKING INFORMATION STICK

## Scenario

## Strategy

## Why It Works

Early-stage athlete with low readiness

Ask–Offer–Ask or Normalize + Reframe

Builds trust without pressure

Athlete overwhelmed by volume

Focus on Key Messages + Visuals

Simplifies and reinforces retention

Motivated athlete post-injury

Framing Small Wins + Teach-Back

Aligns with high motivation and readiness

Group setting with mixed readiness

Environment cues + peer stories

Models success without isolating



# TOOLS OF THE UPSTREAMIST

POPULATION HEALTH THINKING

BEHAVIOR CHANGE MODELS

HEALTH LITERACY STRATEGIES



THE SHIFT CAN START SMALL

# MAKE THE INVISIBLE VISIBLE

Action

Domain 1 Codes

Look for physical signs

0101

Document what athletes say

0102, 0104

Capture context

0101, 0105

# TRACKING WHAT MATTERS

## What You're Tracking

Awareness

Confidence

Readiness

## Example Question

“Have you ever thought about...?”

“How confident do you feel about...?”

“What would make this easier for you to try?”

## Why It Matters

Shows if a new idea or concern is even on their radar

Reveals their belief in their ability to act on it

Helps you meet them where they are and move them forward

# LET DATA SHAPE THE DIALOGUE

## Action

Ask if an athlete has ever thought about a certain risk  
(awareness)

Ask how confident they are to try a new health habit  
(confidence)

Ask what might make a strategy easier to try  
(readiness)

## Domain 1 Codes

0103

0103

0103, 0104

# EXTEND YOUR IMPACT

Action

Domain 1 Codes

Turn a conversation into a teachable moment

0103

Use visuals, analogies, or models to simplify health concepts

0103

Reinforce messages using peer examples and real stories

0103, 0104



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