
A Research On Sports Medicine And Athletic Trainers

The aim of this paper is an overview of the different parts and requirements that are needed to have a well working and functional athletic training room. This will include the history of athletic training rooms, what an ATC and NATA is, what they do, as well as the requirements that NATA has placed for a well working athletic training room, and more. It will be described the different jobs and people employed in the athletic training room and what they each are in charge of. It will also go over what Lawndale's training room consists of and how it looks. The training room will be compared to the athletic training rooms of both high schools and colleges. This paper will also cover HIPPA, what it is, the privacy of athletes, and what factors take away from the athlete's privacy, as well as how those factors can be reduced.

Athletic trainers and sports medicine can first be found all the way back to the ancient Greeks, around the 5th century. They were introduced when the Olympics were first starting to take place and some form of caretaker, usually a physician, was needed for each olympiad/competitor. Then, around the late 19th century, the need for a medical caretaker was being more recognized. The first athletic trainer was hired by Harvard in October of 1881. This was the time when football was beginning to be more popular in America and as a college sport. According to Briotix Health, President Roosevelt was planning on forbidding the playing of football in college due to the high number of deaths and serious injuries resulting from participation in the game. Because of this some colleges began to hire people with responsibilities that athletic trainers have today, before this the injuries from sports were treated between teammates and coaches. The first meeting for sports medicine took place in Germany in 1912, this was to talk about creating the International Association of Medico-Sportive in order to give medical care to athletes mostly in the olympics. The International congress of sports medicine was created in 1928 to prevent sports related injuries and in 1950 the first meeting in Kansas City resulted in the creation of NATA, 3 associations followed, these included the American College of Sports Medicine (ACSM) in 1954, the American Orthopedic Society for Sports Medicine (AOSSM) in 1972, and lastly the American Medical Society for Sports Medicine (AMSSM) in 1991. Then finally in 1992 Sports Medicine got recognized as a subspecialty according to to the American Board of Emergency Medicine. Today NATA is responsible for setting guidelines and requirements for people who work and are employed in the sports medicine field. An athletic trainer or (ATC) works with athletes, doctors, and other people in the medical field and their job consists of preventing injuries, providing immediate or emergent care as well as to help give a diagnosis, and when an athlete is injured they help them recover, usually from broken/fractured bones and/or other minor or more serious injuries, they will also help other athletes prevent injury, and other times they will also provide certain diets that consists of all the foods needed in order for an athlete's bodies to stay healthy while they

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participate in their sport. In my sports medicine facility I would also employ an orthopedic surgeon, an orthopedic surgeon would perform surgery on an athlete usually only if other non-surgical methods for recovery didn't work or if it's the best option. There would also be a physical therapist who would be in charge of helping an athlete recover after a physical injury, they will provide a treatment plan and track progress, they will also help with the physical exercises.

There are 17 requirements in total that NATA has stated are needed or required of an athletic training room, the guidelines are as follows, a specific place for evaluations or exams like a physician evaluation which should be private, 100sq.ft. in order to start an athletic training program, the training room should have a certain space designated for exercise and equipment for rehabilitation, there should also be a space for taping, examining, modalities, and wound care. The room should also include office space, there should be a way to supervise the athletes in the athletic training room as well as a secured space separated from the training room where there will be consumable athletic training supplies which should be in a room with a minimum of 50 sq. ft. Telephone access/potential for access is also a requirement, the room should also comply with ADA standards or be easily accessible to people with disabilities. The furniture in the room like desks, cabinets, drawers, etc., should come from surplus of the school/extras from the school. There must be outside access and good ventilation and heating systems or good HVAC. It should also include easy access for both girls and boys as well as access to cold, hot, and drain water, and electrical outlets and available CFI protection. There should be divided office space available that has supervision of athletes in the athletic training room. Lastly the school administration should be willing to commit to better improve the athletic training room in upcoming or future years. These are the 17 requirements stated by NATA for an Athletic Health Care Facility. Lawndale's Athletic training room is a small space, smaller than a classroom, it has two treatment tables or beds against the right side of the wall, there are shelves on two sides of the walls, and a cardinal is painted on the wall of the Athletic training room. Lawndale's Athletic training room differs from those of other highschoools and colleges in areas like space, for example our training room has one room, while other schools have multiple rooms each for different purposes, others employ many healthcare professionals, our athletic training facility has only one athletic trainer, our room has little to no training equipment while other schools have rooms of just equipment and a place to exercise, there are also places for therapeutic equipment like pools. Our Athletic training room could be improved by being moved to a bigger space which should include private rooms for things like exams/evaluations and offices, there should also be more equipment and space for recovery which can all be supervised, I also think water should be more easily accessible, many other things should be added like more treatment tables and space where athletes can be treated more privately. I think by adding these things the training room can be greatly improved and become more functional.

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HIPAA stands for Health Insurance Portability and Accountability Act of 1996, it contains 5 sections, but overall HIPAA are national standards and regulations that protect a patient's medical records and their other information regarding their health. It states how, when, and under what circumstances someone's health records can be used and released. This act should also be applied to athletes who should have a right to privacy as well, an invasion of privacy shouldn't be justifiable just because they're an athlete, they should simply deserve it just because they're a patient under medical care, nowhere in HIPAA does it say that the act doesn't apply to athletes. Although what has been said above is true, privacy for athletes has been found to be a challenge due to the fact that many athletes are often in the spotlight which unfortunately for them means that as soon as they become injured it is almost instantly revealed to the public. This can mostly be blamed on social media, for example if you were at a baseball stadium and a player broke their arm, people would most likely post about it, and just like that the world would know. To keep this from happening, the sports medicine team could make sure to keep off of social media while treating athletes as well as making sure to enforce privacy like closing curtains and keeping minimal exposure of the injured athlete.

Overall, Athletic Training and Sports Medicine originated from Ancient Greece, without this era, these two roles would have probably taken a lot longer to be introduced into the world or possibly never have been created. NATA has set many guidelines and regulations over the years, they have helped with issues like privacy, safety, and functionality of athletic training rooms and have set guidelines to what it takes to be employed in the field of sports medicine. HIPAA has also helped with the issue of privacy, regulating the use of patient's health information and keeping it safe and from public view. In conclusion Sports Medicine and Athletic Trainers have been around for a long time helping athletes recover from injury and prevent further injury.

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