Athletic Training in Dance Medicine and Science

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The field of athletic training has long been misunderstood. It is time to take another look at the robust competence possessed by certified athletic trainers and bring to an end the confusion that often misconstrues the legal and practical capabilities and tested skill set of this profession. A clear understanding of athletic trainers is particularly important now as the orthopaedic sub-specialty of dance medicine and science continues to grow and relies more and more on the international community of dancers, teachers, choreographers, scientists, healthcare providers, and others to develop and share vital knowledge toward the ultimate goal of supporting optimum health and wellness among dancers. This special issue of the Journal of Dance Medicine & Science provides readers a fresh perspective on the field of athletic training and insight into the role of the athletic trainer as a present member on the world stage of dance medicine and science.

Much like dance as a profession, modern day athletic training can be traced to ancient Greek civilizations; with the birth of organized sport came the need for sport-specific healthcare

practitioners to prevent and care for injuries.1,2 The establishment of university athletics in the United States during the late 1800s brought about the early stages of athletic training as we know it today. The field continued to evolve: the National Athletic Trainers' Association (NATA) was officially formed in 1950 with the purpose of establishing professional standards for athletic trainers, and its subsequent alliance with the National Collegiate Athletic Association provided a means to measure, in a valid and standardized way, the number and rate of athletic injuries in order to better protect athletes from sustaining injury (an initiative begun by the US Centers for Disease Control in the early 1900s). Today, athletic trainers play a major role in the health care of athletes and physically active people around the world, as further evidenced by the charter membership of the NATA in the World Federation on Athletic Training and Therapy (WFATT), a coalition of national organizations whose mission is to promote the highest quality of healthcare and functional activity for active populations worldwide.3

Despite the depth and integrity of

this rich professional heritage, there continues to be a lack of understanding both in the United States and abroad of the athletic trainer's role as an allied healthcare professional. According to O*Net OnLine, a consortium funded by the U.S. Department of Labor, athletic training, chiropractic, physical therapy, dietetics, and nutrition are allied healthcare occupations that fall into the Job Zone 5—occupations involving extensive preparation.4 The preparation to become a certified or licensed athletic trainer includes completion of a Bachelor's or Master's degree from an accredited athletic training educational program that meets the strict educational standards of the Commission on Accreditation of Athletic Training Education. These programs require a minimum two-year competency-based curriculum in classroom and clinical settings with a variety of populations along a continuum of care. Upon completing educational requirements, students take a national certification exam designed to assess their ability to resolve cases similar to those they might encounter in practice. To ensure professional growth, athletic trainers are required to obtain 75 hours of medically related continuing education credits every three years; additionally, they must maintain health professional emergency cardiac care certification annually.

Historically, the athletic training profession has been concerned

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