As the United States health care market continues to consolidate, health systems and medical offices alike are actively restructuring their practices to meet the demands of managed care.

In response to these dramatic changes in the delivery of health care, both small practices and large networks are now actively searching for cost-effective options to simultaneously maintain or increase profitability as well as maintain the quality of care they offer to patients, employers, insurance carriers, case managers or other medical providers.

One cost-effective option to address these goals may be the addition of a certified athletic trainer as a physician extender on the practice’s care management team.

Typically the term “physician extender” (PE) is a catchall phrase used to refer most often to physician’s assistants, nurse practitioners, nurse mid-wives and other allied health professionals. PEs have been involved in the delivery of health care for many years in one facet or another.

Though each type of physician extender has a different scope of practice, all can be of great benefit to the physicians that utilize them.

Prior to the changes brought about by managed care, physician practices generally found few solid economic reasons to hire PEs. Now with the emphasis switching toward cost control, managed care has focused the attention of industry, academia and third-party payers on the roles of PEs in both private practices and managed care settings.

Certified athletic trainers can function as physician extenders, especially in the occupational and industrial medical facility settings. This might also include an orthopedic clinic that treats primarily work-related injuries. ATCs are well versed in functioning as a team player, and these practice settings present excellent opportunities to become involved in yet another element of patient care.

Certified athletic trainers have been involved in different clinical settings for years, functioning in many ways as physician extenders in the sports medicine market. Diverse training, communications skills, philosophies and adaptability make the ATC a natural fit for working as a physician extender in this not-so-traditional setting of occupational and industrial medicine.

Marketing

To say that it is important for the ATC in this setting to develop a marketing plan tailored for his/her specific occupational services is an understatement. It is an absolute priority to establish and maintain contact with employers, insurance carriers/third party administrators, case managers, vocational rehab professionals and other health care providers.

Before this is even attempted, the program has to be well defined, and a thorough knowledge of that program must be in place.

After you develop a thorough knowledge of your product, then you can focus on targeting specific clients. Although many people might think it’s unnecessary, any clinic that treats injured workers and is serious about growth needs a strong marketing director to develop relationships with potential and existing customers.

The experience of that marketing professional should be the same as the goals set by the facility. A well-rounded individual who understands worker’s compensation laws and has the ability to seek out and develop new relationships is vital.

Patient volume in the health care industry is about developing relationships with the individuals who decide where health care dollars are spent. One way to develop these relationships is to give lectures for interested insurance companies or employers.
Professional societies of claims adjusters, case managers, insurance nurses, safety managers and rehab professionals are all great target audiences to deliver talks and begin to nurture relationships that will lead to growth opportunities. It is not high-pressure sales but more a case of doing what you say you are going to do in your relationship-building efforts.

Case Management

Case management can be defined as a collaborative process that assesses, plans, implements, coordinates, monitors and evaluates options and services to meet a patient's health needs through communications and available resources in order to promote quality, cost-effective outcomes. Good case management starts at the time a new work-related injury patient is encountered by the physician and is carried out until case resolution has been achieved.

An ATC employed in this setting can provide in-house case management by coordinating and implementing the care to be given by the physician. Typically the case manager is the person most familiar with the entire scope of each individual case.

A patient with a work-related injury has often been seen by a number of different specialists and may have undergone several diagnostic studies in the course of treatment. The more settings in which a patient is treated, the more likely he/she will fall between the cracks in the system.

Good case management prevents this by maintaining close contact with all involved parties to prevent fragmentation of the health care being delivered.

Throughout a particular claim, the ATC case manager maintains close and frequent contact with all providers, the employer, the claims adjuster and other case managers so all parties are aware of the worker's progress – or, in some instances, lack of progress. It is all about keeping all the players on the same page in the management of a case.

The ATC is accustomed to interacting with physicians, which leads to better collaboration, planning and outcomes that benefit all who may be involved on an individual case.

Scheduling

Scheduling could be looked at as a part of case management. It is an integral part of a smooth running occupational medicine facility.

The ATC in this instance could be the person designated to schedule patients for diagnostic procedures, consultations with other physicians, therapy, etc. This not only helps a patient get to the right place at the right time, but more importantly keeps patient care on a schedule.

It also provides the ATC yet another opportunity to interact with key players and payers who must either be informed or give approval to proceed with the next step in the patient care.

Industrial Athlete Program

Very few individuals would deny that sports medicine is the most successful method for getting people back to work quickly and safely following injury. This model was developed to keep those highly paid athletes in top-notch shape and to allow for a speedy return to activity.

It should also be noted that this model is dependent upon a team approach best implemented by an ATC. It utilizes a combination of medical disciplines (physicians, certified athletic trainers and other providers) that works where no one individual could and is by far the most effective method.

It should be no surprise to the ATC that occupational health physicians have turned to sports medicine when challenged by employers and insurance companies to get injured workers back into the work force and to curtail worker's compensation costs. Within industry, the term that most accurately describes this concept is the "industrial athlete."

The philosophy behind the industrial athlete is rapid rehabilitation of work-related injuries. This would include acute treatment, work conditioning and injury prevention – all of which can be performed by ATCs using the same methods as in professionals sports.

For the site where injuries are musculoskeletal in nature, implementing an industrial athlete program can have a dramatic effect on worker's compensation costs. This service can be performed at the facility...
where the ATC is employed, although many companies that embrace this idea use certified athletic trainers on-site.

**Job Site Analysis**

An ATC working as a physician extender in an occupational clinic setting may be called upon to do a Job Site Analysis (JSA). The purpose of a JSA is to evaluate postural stresses placed upon an individual's body while performing specific job tasks.

While performing the analysis, the ATC can identify and note incorrect body mechanics and poorly designed work-stations and make recommendations to prevent an injury or re-injury.

As health costs continue to rise, the medical community and the employer have been charged with trying to prevent as many occupation-related injuries as possible. A practical way to accomplish this is to analyze various body positions a worker may use in everyday job tasks.

This analysis is usually done with the use of a video recorder and specialized equipment to gauge weights, measurements, forces, etc. There are courses and systems available from many educational providers who cater to the needs of those working in this setting; such courses can equip the ATC with the necessary knowledge and skills to perform a comprehensive JSA in most office and industrial settings. The JSA is also used in creating job descriptions.

**Post-Offer/Pre-Placement Testing**

Post-Offer/Pre-Placement tests are valuable tools to determine if a potential or new employee possesses the required capacities to perform a job at reasonable standards within the normal risks that accompany a particular occupation. They are also of great assistance in placing individuals with pre-existing conditions or current health problems in positions that are at lower risk of injury as long as an employer can reasonably accommodate the worker.

These tests can identify current health problems that may need an evaluation and treatment in order to maintain a healthier work force.

Testing is performed after a job applicant has completed a pre-placement physical examination. In some cases flexibility is documented prior to testing. Each employer will have its own individual test protocol that is task-specific to the job being sought.

The job applicant then performs a series of functional activities tailored to the company's needs that can include, but are not limited to: stand-up, lift, squat, level lift, weight carry, overhead work, upper extremity strength and back strength.

Testing can be carried out on numerous functional evaluation testing systems that are available through many companies who generally offer training courses when purchasing or using one of their machines.

This type of testing can also be a high revenue generator in the occupational medical and industrial rehab settings.

**Injury Prevention Programs**

Education is the first step in preventing many work-related injuries. A leading cause of work-related injuries is improper body mechanics. The ATC in the occupational clinic setting may be asked to visit a work site to teach injury prevention programs.

In providing effective work injury prevention, the ATC must have a thorough understanding of the job, its physical requirements and the environment in which it is performed. A prior background in Job Site Analysis will pay off, as it helps identify potential hazards that could likely be the cause of musculoskeletal injuries.

By taking into account proper body mechanics and lifting techniques, along with identifying conditions that may compromise proper techniques, a program designed by an ATC will educate workers on the risks of their jobs and the methods used to reduce those risks.

**Acute Care/Rehabilitation/Functional Capacity**

The certified athletic trainer is an expert in acute injury management and rehabilitation, while the FCE may be more familiar to those employed in industrial rehab facilities. The use of modalities and therapeutic exercise has produced results in the occupational/industrial setting that are very similar to those in traditional athletic training.
settings.
Rehab/work conditioning programs designed to simulate specific job skills can be utilized while gradually progressing the injured worker back to his/her regular duty position. An FCE can assist the ATC in determining an objective evaluation of an individual's ability to participate in the activities of daily living and in the workplace.
The FCE is a well-supervised and disciplined test that will determine an injured worker's functional capabilities and help facilitate the return-to-work process.
Results of the FCE can assist the physician in designating a degree of impairment or assessing a return-to-work status.
As third-party reimbursement comes into play in more states, these areas will begin to reach new heights.

**OSHA Outreach Training**
The OSHA Training Institute offers courses to equip individuals with the knowledge and skills to maintain voluntary compliance with OSHA regulations and provide a safe workplace for employees and their co-workers.
An ATC could benefit from these courses by making certain that his/her own facility meets OSHA requirements. Several courses are designed for private sector personnel and present detailed information on how the OSHA Act may be implemented in the workplace. They might also include an introduction to OSHA's general industry standards and an overview of the requirements of the more frequently referenced standards.
By completing one of these courses, the ATC would be able to conduct both a 10- and a 30-hour voluntary compliance course and issue cards to participants confirming course completion.
This is a huge asset to the ATC's employer as well as certain employers for whom the occupational medical facility may provide medical care.