Making Progress on the Evidence-Based Medicine Front

The current issue of the NATA News highlights the “Top 11 in 2011,”¹ and number 8 was the launching of the Evidence-Based Practice in Athletic Training Web-Based Course by the NATA Executive Committee for Education. The purpose of those online modules is to provide athletic trainers with a structured resource that discusses various essential concepts and components associated with the evidence-based practice process.

With health care costs soaring and a shortage of qualified health professionals available to provide quality service, I still don’t quite understand the reluctance by some in our profession to grasp the concept of evidence-based medicine (EBM). Seven years ago, I served as an editor of a special issue of Athletic Therapy Today and wrote the following introduction:

Traditionally, athletic therapists have been reluctant to embrace evidence-based medicine in their clinical practice and have instead opted for what they have always done out of convenience and comfort. The time has come to gain a better understanding of the process and how the practice can work for you, especially in these times of health care reform and treatment accountability. Some would argue that this issue is perhaps the most important one facing the sports health-care profession and if accepted as standard will set the profession on a journey of unprecedented advancement in the years to come.

As clinicians we must begin to ask the tough questions about evaluation techniques, rehabilitation protocols, treatment interventions, and prevention initiatives and base their use and implementation on reliable and valid evidence instead of nonexperimental and often anecdotal support. Relying on the latter type of evidence can lead to false-positive conclusions of the effectiveness of such practices and might even place the patient at risk. Issues of validity pervade everyday life, where they become a prominent aid to decision-making and the analysis of consequent actions. Evidence-based practice has pioneered the validation of clinical practice and in constructing its model has drawn heavily on the empirical paradigm of science. Regardless of your clinical environment, I think it is safe to suggest that if you do not know why you are doing it—you shouldn’t be doing it!²

Are we making progress in educating athletic trainers and other health care professionals about EBM? I think the answer to that question is yes; however, prog-
ress is slow. But perhaps like a fine wine, time is of no essence? Signs of progress include the development of columns, or even issues, in peer-reviewed sports medicine journals devoted to EBM in hopes of creating a better understanding by clinicians about how EBM can influence clinical practice.

Also of note, the latest release of the Athletic Training Education Competencies by the Professional Education Council of the National Athletic Trainers’ Association includes content devoted to EBM. Specifically, the book states:

A new content area was added to provide students with the basic knowledge and skills related to Evidence-Based Practice (EBP). The importance of using EBP concepts and principles to improve patient outcomes is being emphasized throughout the health care system and is reflected within this new content area. This important change now requires athletic training educators to make EBM part of their curricula so the next generations of athletic training professionals will make EBM a mainstay in their clinical practice.

Finally, we are seeing EBM concepts infiltrating educational textbooks written for students and health care professionals. Contemporary textbooks written in three major areas of clinical practice—prevention, treatment, and assessment—now include evidence to either support or refute the use of certain interventions, therapeutic techniques, and assessment tests. This has worked well for my students as they constantly ponder the “why” questions: “Why does that treatment work?” “Why are you using that assessment test?” “Why are you implementing that prevention skill?” I honestly believe that having such a skill set that involves even a basic understanding of EBM will provide students with a competitive advantage in the marketplace and can only work to enhance their future employability.

Am I beginning to see a shift in attitudes toward EBM in our future athletic training professionals? I believe we are. Every other year, I teach a graduate-level course entitled “Evidence-Based Sports Medicine” to newly certified athletic trainers in our graduate sports medicine concentration. Concepts once foreign to athletic training students are being talked about and practiced on a daily basis, so this latest generation of athletic trainers can, at the very least, “talk the talk.”

“Walking the walk” may take a bit more time.

I have also noticed EBM growing in favor among our clinical staff, who are always thirsty for the latest evidence to support clinical interventions. The next step is to get them onboard with conducting clinical trials in the athletic training room environment; however, I acknowledge that it is important to move one step at a time.

My hat is off to athletic training EBM pioneers, including Eric Sauers, Sara Brown, Bonnie Van Lunen, Craig Denegar, Jennie Hootman, and Todd Evans (and many others), who have devoted a significant part of their careers to keeping this aspect of professional practice alive and well. I can’t wait to speak to the progress we’ve made in another 7 years!

REFERENCES


The author has no financial or proprietary interest in the materials presented herein. doi:10.3928/19425864-20120224-01