Careers in the health care industry have gained increased attention over the past decade as advances in medicine have taken hold and costs have risen. At the same time, careers in athletic training have consistently emerged as one of the hottest jobs in the United States health care industry. As jobs for athletic trainers become more mainstream, especially in the interscholastic and clinical settings (they’ve always been a mainstay in the collegiate and professional settings), the worth and visibility of athletic trainers as true allied health care professionals has improved.

In June at the National Athletic Trainers’ Association’s (NATA’s) 69th Annual Clinical Symposia and AT Expo, I listened intently as new president Tory Lindley (a past member of the journal’s editorial board) provided the membership with his vision moving forward during his inaugural “State of the Association” address. A core concept in his speech was for athletic trainers to “ElevATE” as we push the profession forward with a consistent message of advocacy, quality health care, and compassion for all. Lindley said, “You are proud of our history and motivated to create a better future. More and more, ATs are moving out from the shadows to be more vocal about your impact and your value in health care. But we can do more. You can do more. Advocacy should start with you. As a profession, we want to take the community and media from a casual acquaintance of the profession, to truly understanding the unparalleled impact we have on work, life, and sport. As we charge forward, you may be thinking, "What else can I do?" I came away from his speech with a renewed passion for our future and excited to begin my own efforts of continued advocacy.

Now for the primary focus of my editorial comments. Why “two steps forward and one step back?” I know this is an old cliché, but it is apropos in this context. Sudden death in sport is always a tragedy and often a primary focus of the media spotlight, albeit short-lived. The sport world mourned the tragic and untimely death of 19-year-old Maryland football player Jordan McNair in June 2018 that occurred as a result of exertional heat stroke on May 29, 2018. Heat stroke in the world of athletic training is a big deal!

Perhaps we owe the improvements in recognition and treatment of heat stroke to the 2001 death of Korey Stringer, a Minnesota Viking lineman whose cause of death was hyperthermia; essentially he burnt up! His death led to the development of the Korey Stringer Institute in 2010, whose mission is to pro-
vide research, education, advocacy, and consultation to maximize performance, optimize safety, and prevent sudden death for the athlete, soldier, and laborer. The institute is led by athletic trainer and health care advocate Dr. Doug Casa.

Most, if not all, athletic trainers know that the treatment of choice for anyone suspected to have heatstroke is full-body immersion in cold water. As an educator, this is a proven and evidence-supported treatment that saves lives. An August 14, 2018 headline in the Baltimore Sun read, “Cold-water immersion is ‘magic elixir’ for heatstroke—and a question in treatment of Maryland’s Jordan McNair.” For more details on this tragic story, I urge you to go on the Internet and scour the multitude of accounts that have been put forth by the media.

At the center of the controversy are those who were closest to the athlete at the time of the incident and those ultimately responsible for his health and safety, including the athletic trainers. As a traditionalist and patriot, I’m a true believer in the American judicial system that one is presumed innocent until proven guilty by a jury of peers. I do not intend to play judge and jury in this matter, but unfortunately in a world where news is shared instantly and moves at lightning speed, the athletic trainers and other staff members in this tragic incident have already been convicted in the court of public opinion. This no doubt directly impacts the profession of athletic training and the more than 44,000 NATA members who practice in the United States and abroad serving the needs of our patients and constituents. I anxiously await the final details to be released in the future, but the early accounts of what transpired do not shed a good light on the actions (or inactions) of the athletic trainers in this particular case. I hope this is not what actually happened in this case because lives and careers will be disrupted and changed forever.

I personally am using this as a “teachable moment” and one that should generate much discussion among my students and colleagues. Additionally, it has created a renewed interest and call for the adoption of the “medical model” for sports health care delivery in the collegiate setting, which interestingly was the focus of the NATA’s 2016 Strategic Issues in Athletic Training Lecture Series. Athletic training blogs and social media sites are buzzing over this topic in the wake of the Maryland football incident, and it is certain to gain the attention of the NATA’s Board of Directors in the future. Until then, it is “two steps forward and one step back!”

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