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Athletic trainers valuable resource

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Licensed athletic trainers are a luxury at most area high schools.

Most of the bigger schools have them and they're the first responders when an athlete is injured.

I talked with seven area athletes who suffered season-ending anterior cruciate ligament injuries for a pair of stories last week. In most of those cases, an athletic trainer was the first to treat.

Keith Eggleston, an AT with Rockwood, emailed last Thursday and pointed out that ATs are generally overlooked in the treatment process.

Eggleston, who supervises Rockwood's ATs, was working a game where one of the girls I wrote about tore an ACL.

"I saw her knee buckle and pretty much knew what to expect before I even touched it," Eggleston said. "I briefly assessed the injury on the court to rule out a fracture or vascular injury, then assessed her again a few minutes later more thoroughly in the school's training room."

The injury happened on a Friday. Eggleston followed up with the athlete over the weekend.

"It saved the athlete from going to the (emergency room) or urgent care," he said. "Saving them money wasn't my goal in this case, it was to save them unnecessary time in our healthcare system by going to the wrong place."

He was the only care provider for three days until the athlete visited an orthopedic surgeon.

"My initial assessment was extremely valuable because I saw her in the golden hour of evaluation – before pain and swelling set in to limit the effectiveness and accuracy of medical evaluation of the injury," Eggleston said.

He met with the athlete the morning following the injury at the school to begin the rehab process.

"She was instructed on appropriate range of motion, methods to retain strength, appropriate walking with crutches, and modalities to keep down pain and swelling," he said.

The surgeon later noted that the athlete's pain and swelling was not excessive, likely because of the immediate and appropriate care given by Eggleston.

Eggleston's care started within 30 seconds of the injury and will continue as long as needed, he said.

"My care is every day as needed with no insurance restrictions or cost issues," Eggleston said. "And I think that needs to be part of the equation when considering something like an ACL injury. (Physical therapists) are extremely valuable and I take no issue with it, but just wish to point out that your exclusion of athletic training care in the overall care of ACL injuries is a fairly large omission."

Eggleston said that ATs' role in the medical field can be misunderstood and often mistakenly associated with personal trainers or fitness trainers.

"I constantly look for opportunities to educate the public on who we are and what we do," Eggleston said. "Rockwood's trainers will work with 10 to 30 injured athletes per day at the schools we cover. We treat more athletes in a day or two than most doctors or PTs see in their clinics in a week. And we see the full spectrum of conditions – anything that can happen to an athlete can walk into our training room."