



# STAYING IN THE GAME

Athletic trainers make an impact in campus recreation

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**H**igh school students have quite a lot to consider when deciding on a college experience. Aligning location, course offerings and degree plans have long been a part of this process; but the campus's extracurricular offerings are increasingly becoming a factor in a student's decision, and universities are trying to capitalize on this desire to attract future students. The NCAA estimates that nearly 8 million students participate in high school athletics, but only 480,000 compete in NCAA intercollegiate athletics across three divisions.<sup>1</sup> Only 6 percent of high school students participating in athletics go on to collegiate sports.<sup>1</sup> That leaves millions of students who still have the desire to participate in a sport, competition and healthy lifestyles without a space to do so.

To accommodate this large student interest, millions of dollars are being poured into the construction and management of top-of-the-line student wellness facilities across the nation's college campuses. In addition to exceptional facilities, campus recreation departments are striving to offer innovative and diverse programming to attract students, encourage physical and mental well-being and increase physical activity. These programs include aquatics, outdoor recreation, group exercise, personal training, competitive sport clubs and intramural (IM) sports. Due to the risk of injury while participating in these programs, campus recreation programs have identified and increased the presence of athletic trainers and athletic training services.

The National Intramural and Recreational Sports Association (NIRSA) does not maintain an accounting of the total number of collegiate recreation programs or track data related to athletic training in this setting, but NIRSA does have an institutional database where member institutions are able to upload annual data. Based on data collected in 2016, 98 percent of participating institutions (n=293) indicated having an IM program and 81 percent reported a sport club program.<sup>2</sup> While 293 is a relatively small sample size compared to NIRSA membership data, this number is extremely valuable in determining the need for athletic training services in this setting.

The volume of students participating in these programs illustrates a tremendous gap between participation and available health care. The University of South Carolina (UofSC), a

large public-research institution with a total enrollment of approximately 35,000, has utilized athletic trainers in the campus recreation setting for more than a decade and has grown its AT program to five ATs, prior to the COVID-19 pandemic: one full-time outreach AT and four graduate assistant ATs. UofSC's campus recreation department currently offers 57 sport clubs and, during the 2019 fall semester, rosters comprised of 2,669 unique athletes. It is important to note that not all clubs need or utilize AT services, but the AT staff provides weekly on-site care to 500 sport club athletes. Further, intramural sports generate 5,692 unique IM athletes playing in over 2,900 games annually. To compare, the UofSC athletics department currently has 24 ATs – 14 full-time ATs and 10 graduate assistant ATs – to provide care to just under 600 intercollegiate athletes, including cheerleading.

The University of Richmond is a small private liberal arts school with an undergraduate enrollment of approximately 3,100 students. Currently, it has one full-time and one part-time AT to provide care to more than 30 sport clubs comprising 630 athletes. For the 2018-19 school year, they documented 80 injury evaluations and more than 900 treatments for their sport club athletes. Due to staffing constraints, 95 percent of the care provided is directed to meet the needs of sport club athletes. There are still more than 900 unique intramural participants that would benefit from athletic training services. While the data provided from both UofSC and the University of Richmond are pre-pandemic, they both serve as examples of the needs for health care, regardless of the size of the institution. Both the UofSC and the University of Richmond athletic training staffs have been reduced as a result of the impact of COVID-19 on college campuses.

Regardless of whether it is intercollegiate athletics, sport clubs or intramural sports, sport participation can result in injury. The injuries that occur among NCAA athletes are the same injuries occurring in sport club and IM participants.<sup>3,4</sup> Unfortunately, there is little

epidemiological data relative to injury rates in campus recreation, but the few studies that do exist highlight an incredible need for additional research to be conducted in this setting.<sup>3</sup>

It is reasonable to assume that campus recreation athletic training programs might not require the same number of ATs a comparably sized athletic department might. Shorter seasons, decreased practice and game volumes, limited travel and the university academic calendar limit the rec AT involvement versus their varsity counterparts. To meet these needs, campus rec departments are seeking creative ways to fund and hire ATs on their campuses. Some campus recreation departments directly hire ATs using student fees, while other schools use an outreach model, obtaining care through their community hospital or another community partnership. Other universities may partner with their student health services, ROTC, band/dance programs to fund a dual-role athletic trainer or perhaps even use funds allocated by the student government association. There can be multiple stakeholders in the employment of ATs in this setting, which can bring unique opportunities for increased salaries and positions as well as challenges that athletic trainers in this setting need to be prepared to manage.

The multitude of injuries athletic trainers treat in the campus recreation setting and on-site care provided can make for busy days and nights. Nighttime and weekend hours make up the vast majority of formal campus recreation programming. Sport club practices and IM games can go as late as 11 p.m. Daytime hours are typically utilized for scheduling referral appointments, evaluations, treatments and rehabilitations, either by appointment or during scheduled walk-in hours.

Navigating university legal systems can be difficult in implementing best practices, especially when considering the number of students participating and the volume of patients seen. This setting does not have the benefit of concrete guidelines issued by the NCAA or state high school leagues to follow. Therefore, ATs in this setting need to be especially well-versed and prepared to



advocate for best practices including concussion management, exertional heat illness and management of cervical spine injuries.

It's clear that the sport club and intramural participation statistics are staggering. More than 770,000 visits are made to their campus recreation facilities by students, faculty and staff at the UofSC. At the University of Richmond, that number is more than 270,000. While this is data from just two institutions, it's easy to infer how critical the need for athletic training services really is and will continue to be. These numbers clearly illustrate the impact these facilities have on their campuses' health systems, and, in turn, reflect the opportunities for appropriate health care in this continually emerging setting.

It is vital to note that while campus recreation is still a factor for students when determining where they will spend their collegiate years, the global pandemic has significantly affected the landscape of higher education in ways that are still being understood. COVID-19 and the subsequent recession has introduced enrollment challenges, financial tensions, budgetary strains and the broad, but overarching, question of what higher education looks like in our country.<sup>5</sup> All university programs have been impacted, and campus recreation is no exception. University campuses shut down and schools had to pivot in order to provide courses online. All other campus programs had to do the same. Some campus recreation programs across the nation were eliminated immediately due to overwhelming budgetary concerns. At universities where programs remained, campus recreation was reimagined, athletic training services included.



Social media provided a unique outlet. At the UofSC, athletic training graduate assistants went to work developing online tutorials based on "Ask an AT" social media submissions. Students submitted their injury concerns through social media and ATs used their feedback to create Instagram and Facebook videos containing general home exercise material. The University of Richmond campus recreation athletic training staff utilized telemedicine, offering their students virtual visits for rehabilitation when appropriate. As always, athletic trainers have adapted.

The reopening of campuses in the fall of 2020 called for even more flexibility from university officials and athletic trainers. Duties of campus recreation ATs shifted drastically, with some taking on unfamiliar roles. Whether taking on ordering personal protective equipment and inventory for their departments, overseeing the daily symptom survey that would allow students access to campus recreation facilities or even spearheading contact tracing efforts for their entire campus, athletic trainers have stepped up.

There have been many changes on campuses, but student athletes still need care. Students are still seeking injury evaluations



and rehabilitation appointments, and these need to be orchestrated in a way that follows new COVID-19 operating guidelines for physical distancing. Online appointment scheduling was implemented at both institutions.

This past fall, sports clubs and IMs looked very different on college campuses around the country. Campus recreation programs that were able to prioritize offerings that would allow students to remain active and encourage social interaction. At UofSC, intramural soccer, basketball and flag football were eliminated due to equipment restrictions and the inability to meet physical distancing requirements. At the University of Richmond, 25 out of the 31 sports club programs remained active even in the presence of significant restrictions. In addition, programs were required to submit a detailed COVID-19 plan approved by the athletic training staff. This plan included detailed contact tracing efforts, cleaning requirements and roster restrictions.

As campus recreation programs follow a phased “return to normal” plan, they are acutely aware of some of the mental health statistics globally affecting the student body due to the broad impact of the pandemic. The Centers for Disease Control and Prevention reported that in June 2020, 40 percent of adults reported struggling with mental health or substance use.<sup>6</sup> The CDC also cited that younger adults and ethnic

minorities experienced disproportionately worse mental health outcomes, increased substance use and elevated suicidal ideation, with serious suicidal ideation most commonly reported by persons age 18 to 24.<sup>6</sup> Universities are trying to combat this with thorough screening tools, enhanced campus and online mental health services, and working to maintain a sense of normalcy, including sports and recreation.

Campus recreation facilities around the country are taking every precaution to remain open for their students to use exercise and social engagement as a mitigation factor. With automated entrance temperature screenings, health attestations, one-way directional procedures, advanced reservation systems, reworked equipment blueprints for space and health care in the form of athletic trainers, campus recreation realizes its importance more than ever for student health and wellness. Athletic trainers continue to play an enormous and even expanded role in this ever-changing landscape by offering immediate health care intervention for students during an incredibly challenging time in their lives.

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