Perceptions Among Athletic Trainers’ Education in Treating Athletes with Attention Deficit Hyperactivity and Autism Disorders

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Perceptions Among Athletic Trainers’ Education in Treating Athletes with Attention Deficit Hyperactivity and Autism Disorders

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OBJECTIVE
The purpose of this study was to investigate the education and preparedness of athletic trainers when caring for athletes with Attention Deficit Hyperactivity Disorder (ADHD) and or Autism Spectrum Disorder (ASD).

DESIGN AND SETTING
This was a descriptive research survey study that investigated athletic trainers at one Division III college athletic conference and three OHSAA conferences. Independent variable: level of education subjects had on ADHD and ASD. Dependent variable; subjects’ preparedness in providing care to athletes with the listed disorders.

PARTICIPANTS
47 surveys distributed, return rate of 44% (N=21). 18.1% (n=3.8) subjects had additional education on ADHD, 14.28% (n=2.9) ASD.

INTERVENTION
19 questions were on the survey instrument. Questions 1-6 determined athletic trainers’ perception of education on ADHD, Questions 7-12 established athletics trainers’ perception of education on Autism, questions 13-19 determined demographics. Face validity was verified by faculty members, content validity was established. Quantitative descriptive statistics (frequency counts/percentages), T-tests were used. Data was analyzed using SPSS. Alpha level; a priori= 0.05.

MAIN OUTCOME MEASUREMENTS
19 questions were on the survey instrument. Likert scale was used. Multiple-choice, open-ended questions were used.

RESULTS
A statistically significant difference (t16=0.95, p=0.18) was found in participant’s responses of how well-equipped certified athletic trainers and 57.1% (n=12) athletic trainers no longer certified 28.5% (n=6) feel in treating athletes with ADHD. There was a statistically significant difference (t14=1.87, p=0.04) between athletic trainers with a bachelor’s 33% (n=7) and graduate degree 42% (n=9) on perceptions of preparedness to treat athletes with ASD. 14.3% (n=2) of ASD education came from college coursework and 9.5% (n=2) graduate coursework. An average of 18.1% (n=3.8) of participants had education specific to ADHD in comparison to 14.28% (n=2.9) for ASD. The difference between athletic trainers with a bachelor’s 33% (n=7) and graduate degree 42% (n=9) in perceptions of preparedness to treat athletes with ADHD was not significant (t14=1.06, p=0.15). 23.8% (n=5) of ADHD education came from college coursework, 14.3% (n=3) came from graduate coursework.

CONCLUSIONS
The results of this survey did show that athletic trainers have more education about ADHD compared to ASD. It was evident that overall, athletic trainers felt better equipped to provide care to athletes with ADHD compared to ASD. It did show, however, that athletic trainers who had a graduate degree felt more prepared to treat athletes with ASD, despite not showing significant results for the question when ADHD was the listed disorder. This suggests there should be more research in regard to athletic trainers’ education on these disorders.
KEY WORDS: ADHD, ASD, Athletic Trainers, Education, Preparedness
REFERENCES