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**Athletic Trainer Confidence in the Management of Abdominal Injuries and GI Conditions**

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**OBJECTIVE**

Inadequate evidence, position statements, clinical practice and post-surgical guidelines challenge athletic trainers’ capabilities to provide care for abdominal injuries and GI conditions. The primary objective of this study is to assess athletic trainers’ confidence in the management and treatment of abdominal injuries and GI conditions compared to musculoskeletal injuries.

**STUDY DESIGN**

An online cross-sectional survey randomly distributed to 1000 potential participants using the NATA Research Survey Service.

**PARTICIPANTS**

Forty-four certified athletic trainers (mean age 39.26 ± 11.73 years), representing various NATA districts and practice settings finished the survey (response rate: ~5%).

**INTERVENTION**

Survey items were adapted from studies that evaluated confidence in the management of injuries/conditions and from athletic training educational competencies. Survey items included demographic data, confidence (5-point Likert scale) in education and clinical skills, knowledge obtainment, and need for resources pertaining to the care of musculoskeletal injuries, abdominal injuries, and GI conditions.

**MAIN OUTCOME MEASURES**

Descriptive statistics were calculated for each survey item. Descriptive statistics were used to evaluate athletic trainers’ consensus on a need for more resources. A Friedman non-parametric one-way repeated-measures ANOVA was used to evaluate the difference in confidence items between abdominal injuries, GI conditions, and musculoskeletal injuries (within subjects factor). Dependent variables included confidence levels in education and clinical skills. Chi-square ($\chi^2$) tests of independence were used to evaluate the influence of descriptive characteristics on confidence levels (for abdominal injuries and GI conditions). Alpha level was set at 0.05 for all analyses.

**RESULTS**

There were significant differences in confidence in education ($\chi^2(2) = 52.619, p < 0.001$), ability to design therapeutic interventions ($\chi^2(2) = 52.619, p < 0.001$), and ability to make RTP decisions ($\chi^2(2) = 48.549, p < 0.001$). Confidence for abdominal injuries and GI conditions was lower than musculoskeletal injuries (median rank difference = 1.0 to 2.0 points). The same was observed for conditions that require surgery for confidence in education ($\chi^2(2) = 59.210, p < 0.001$), ability to design therapeutic interventions ($\chi^2(2) = 48.982, p < 0.001$), and ability to make RTP decisions ($\chi^2(2) = 57.796, p < 0.001$; median rank difference = 2.0 points). Most agreed or strongly agreed that there is a need for more knowledge in education programs (70.5%), resources and continuing education (79.5%), and guidelines (81.8%) for abdominal injuries and GI conditions.

**CONCLUSIONS**

Compared to traditional musculoskeletal injuries, athletic trainers display significantly lower levels of confidence in their education, ability to design therapeutic interventions, and ability to make RTP decisions for abdominal injuries and GI conditions. There is a need for further studies, resources, and standard guidelines on this topic to better support athletic trainers’ confidence and to provide athletes with better recovery outcomes.

**KEY WORDS**: Abdominal injuries, GI conditions, Athletic training, Confidence, Rehabilitation
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