The NATA, in conjunction with multiple medical and allied health organizations, produced the *Consensus Statement on Appropriate Medical Care for Secondary School-Age Athletes*. It states that the athletic health care team in the secondary school setting should have a designated athletic health care provider who is educated and qualified to do the following:

- Determine the individual's readiness to participate.
- Promote safe and appropriate practice, competition, and treatment facilities.
- Advise on the selection, fit, function, and maintenance of athletic equipment.
- Develop and implement a comprehensive emergency action plan.
- Establish protocols regarding environmental conditions.
- Develop injury and illness prevention strategies.
- Provide for on-site recognition, evaluation, and immediate treatment of injury and illness, with appropriate referrals.
- Facilitate rehabilitation and reconditioning.
- Provide for psychological consultation and referral.
- Provide scientifically sound nutritional counseling and education.
- Participate in the development and implementation of a comprehensive athletic health care administrative system (e.g., personal health information, policies and procedures, insurance, referrals).

These duties for the secondary school athletic trainer outlined above may indeed be aspirational. The provision of athletic training care in the secondary school has received limited scholarly attention. To better understand the characteristics of the practices of athletic trainers in this setting, the NATA commissioned the NATA National Sports Safety in Secondary Schools Benchmark (N4SB) Study to determine, on a state-by-state basis, the access that secondary school student-athletes have to athletic training services and what those services entail. Access to athletic training services is seen as a critical factor for delivering adequate injury prevention and medical care to student-athletes, thereby promoting sport safety.

Key findings from this benchmark study include:

- The secondary school athletic trainer is a relatively young, early- to mid-stage provider, working alone, and typically supervised by a non-health care provider (e.g., athletic director).
- Approximately one third of respondents had either no athletic training budget or a budget of less than $2000, which may not be appropriate to facilitate adequate patient care.
- Practice characteristics vary, with most secondary school athletic trainers performing evaluations on site all of the time, but with a much smaller percentage providing treatments or rehabilitation services all of the time.

This latter point is a key consideration. The secondary school athletic trainer must be seen as an independent provider with a scope of practice that extends beyond only injury evaluation and coverage of practices and events but someone who can provide for the health care needs of the secondary school athlete by working across all the athletic training domains. Figure 5-1 highlights other key findings from the N4SB Study. Recently, a research team from the University of Connecticut (UConn) conducted another benchmark study with a very straightforward purpose: to