

Athletic Trainers Pump up Care in Orthopedics Clinic

By Tyler Smith

The words “athletic trainer” might conjure images of hard-core sports enthusiasts of the professional or weekend warrior variety, sweating through rehab regimens to get their joints in shape so they can hit the fields or the slopes once more.

The picture is not untrue, but it is incomplete. In the wider world, certified athletic trainers (ATCs) can help people recovering from orthopedic procedures get back to no-less-important activities, like gardening, walking the dog, or wrestling with the kids.

“Not all athletes wear jerseys,” said Dan Ruedeman, an ATC at University of Colorado Hospital’s Orthopedics Clinic.



Dan Ruedeman, a certified athletic trainer with the Orthopedics Clinic at UCH, and Laura Nelson, practice manager, have helped to shift some responsibilities from physicians. The result: improved workflow.

Ruedeman and his fellow ATCs at the Orthopedics Clinic and the CU Sports Medicine Clinic in Denver use their expertise in musculoskeletal anatomy to focus on rehabilitating patients from a wide variety of orthopedic injuries and procedures and helping them to prevent reinjury. But they play a much broader role as “physician extenders” who perform a wide variety of tasks to ease providers’ workloads. These include removing sutures, applying casts, ordering tests, explaining and demonstrating exercise

programs, answering patients’ questions, documenting the electronic health record, printing out after-visit summaries, and more.

The goal: free up time for physicians to see more patients and apply their skills to the clinical issues they are trained to treat. That’s especially vital in the high-volume Sports Medicine and Orthopedics clinics.

“We allow the physician to complete the visit and move on to the next patient,” said Ruedeman, who focuses primarily on patients with traumatic orthopedic injuries. “That avoids slowing down the clinic and will decrease the wait times for patients. And we’re another go-to person if the physician is not available.”

New twist. The physician-extender role for ATCs is relatively new at the Orthopedics Clinic – Ruedeman came on in October, joining Robyn Etzel, who began in the fall of 2014 providing physicians with support for hip preservation patients – but it’s worked successfully for several years at the Sports Medicine Clinic, which employs four full-time and two flex ATCs, said Laura Nelson, practice manager for the Orthopedics Clinic.

Nelson and Ruedeman also saw ATCs work successfully in the role of physician extenders during their time at the Steadman Clinic in Vail, where both worked before coming to UCH. Ruedeman received his sports medicine fellowship training at Steadman, which he called the “gold standard in developing athletic trainers as physician extenders.” The program is intended for trainers with a desire to continue their education and move beyond the traditional role of working with high school or college athletic programs and take on broader responsibilities in a private clinic or hospital setting, he said.

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The concept has paid off in the Orthopedics Clinic, which in a matter of months has increased dramatically the number of patients that physicians see. Before the ATCs began their new roles, a physician typically saw 15 patients in a clinic day; now the number is regularly 25, Nelson said. By minimizing bottlenecks and inefficiencies, the clinic has also significantly increased provider and staff satisfaction, she noted.

Meanwhile, as the clinic moves patients more efficiently, it has begun to decrease patient wait times for available appointments, Nelson said. And as patient flow improves, so does cash flow.

For example, Ruedeman noted that a post-operative clinic visit is generally included in the global fee for a patient's orthopedic procedure. When he or another ATC handles a post-op visit, the physician is free to move on to a new patient, a boost for both workflow and revenue.

Top of their game. It also makes financial sense for physicians to focus their time and energy on clinical care – and for ATCs and other staff to “work at the top of their scope,” using all the skills they were trained to use, said Michael Torpey, director of orthopedics for UCH.

“It's expensive to have physicians doing what others working at the top of their scope could do,” he said. But Torpey stressed that the decision to use ATCs as extenders was based on more than financial considerations. Providers and staff are most satisfied when their skills are maximized, he said.

“When people work at the top of their scope, they have a sense of purpose and a sense that they are using the skills of the profession they went into,” he said. “They understand their role on the team and do what is necessary to deliver excellent patient care.”

Torpey said the ATC model has worked so well in the Orthopedics Clinic that the hospital plans to hire four more – enough to support all of the orthopedic subspecialties. One is slated to start at the end of March, while the openings for the three other slots have been posted.

The new ATCs will play a pivotal role as the Orthopedics stands to gain additional clinical space and capacity with the [move of the Spine/Rehabilitation Clinic](#) – now on the fourth floor of the

▼Anschutz Outpatient Pavilion with Orthopedics – to the now-vacant first-floor space formerly occupied by the Emergency Department.

“The addition of ATCs as physician extenders has been a transformation for the clinic,” Nelson said. “As we grow, we want them to continue to be an asset to Orthopedics.”

March is National Athletic Training Month. For more information, visit the [National Athletic Trainers' Association Website](#).