Advancing Patient Care: Everyone Wins

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In this issue of the *Journal*, 2 papers are devoted to the assessment of treatment outcomes. The first, "Using Disablement Models and Clinical Outcomes Assessment to Enable Evidence-Based Athletic Training Practice, Part I: Disablement Models," addresses the theoretic foundations on which contemporary outcomes assessments are built. The second, "Using Disablement Models and Clinical Outcomes Assessment to Enable Evidence-Based Athletic Training Practice, Part II: Clinical Outcomes Assessment," describes the links between disablement models and outcomes assessment. The authors discuss the need for and development of instruments used to capture the effects of injury, illness, and treatment responses from the patient's perspective. In the accompanying commentary, the links between evidence-based athletic training practice and outcomes assessment are further highlighted. This discussion is followed by a series of recommendations that the authors believe are necessary for the further development of athletic training and recognition of the field as a health care profession.

I applaud all the authors of these papers for their hard work and contributions to the *Journal* and the profession. I agree wholeheartedly with the recommendations they make, and I believe these papers are "must reading" for all those concerned about the future of the athletic training profession. Outcomes assessment and evidence-based practice are complex and multifaceted issues. Certainly athletic training is not alone in its struggles to embrace a paradigm of evidence-based medicine, described by Akai[1(p731)] as "equal in enormity to the human genome project." There are political, educational, and research implications of a paradigm of evidence-based practice. What is sometimes overlooked when the implications of evidence-based athletic training are discussed is the fundamental need for this new paradigm.

As pointed out by Snyder and colleagues, clinician-generated assessments cannot capture the full effects of injury or treatment on the patient's life. Without a full evaluation of the effects of injury, illness, and treatments on impairments and functional and performance limitations, as well as on the patient's quality of life, a true critical appraisal of health care interventions is not possible. Capturing this information is challenging and is an evolving science. However, these efforts focus on what really matters in health care: the experience of the patient.

We are in an era that requires more from clinicians than simply believing that what they are doing or recommending is what is best for the patient. To the greatest extent possible, the clinician should be able to offer evidence that the recommendations made and the interventions provided are the most likely to achieve the outcomes the patient desires. Thus, as we collectively ponder the continuing evolution of evidence-based athletic training and the implications for educational programming, status as a profession, and governmental recognition, let us not forget the genesis behind the dominant paradigm shift in health care over the past 20 years: the need to apply what we learn through research to improve patient care. When the needs of and care for the patient come first, the collective effort in developing a strong foundation for the practice of evidence-based athletic training is easily recognized as time and money well spent. Moreover, recognizing athletic trainers as important members of a massive and interconnected health care team brings with it the obligation that they practice to the fullest extent of their training. By placing the patient first, everyone wins.

REFERENCE

1. Akai M. Evidence-based medicine in orthopedic practice. *J Orthop Sci*. 2002;7(6):731–742.

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