

2008 Physical Activity Guidelines for Americans: An Opportunity for Athletic Trainers

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On October 7, 2008, the US Department of Health and Human Services released new federal government recommendations for physical activity. The *2008 Physical Activity Guidelines for Americans*¹ are based on the most up-to-date scientific evidence regarding the health benefits of a physically active lifestyle.² These *Guidelines* are unique in that they are the first federal policy for physical activity that directly and proactively addresses safety during physical activity as a major topic. Chapter 6, “Safe and Active,” specifically addresses how Americans can be safely physically active by

- Choosing appropriate activities
- Gradually increasing activity levels over time
- Protecting themselves, including
 - Using the appropriate equipment/gear
 - Looking for safer environments
 - Following the rules and policies of the sport or activity
 - Making sensible choices about when and how to be active

The *Guidelines* provide an excellent opportunity for the athletic training profession to “showcase” our talents to help individuals of all ages become and stay physically active. We athletic trainers (ATs) have the training and knowledge to counsel individuals regarding activities with the lowest rates of injury and to inform those choosing activities with a relatively high injury risk about how to lower their risk. We can help to develop and monitor graduated physical activity plans that lessen the risk of injury and other adverse events for a variety of individuals, including sedentary persons, high-level athletes, and those recovering from musculoskeletal conditions.

Athletic trainers are the only allied health practitioners specifically trained in injury prevention interventions for the physically active population and, therefore, play a crucial role in helping children and adults protect themselves from activity-related adverse events. On a daily basis, ATs contribute to safe physical activity by making sure protective equipment and gear are appropriate for the activity and properly fitted and used (eg, helmets, mouth guards), seeking out and monitoring safe environments (eg, instituting and practicing severe-weather protocols), knowing and enforcing the rules and policies of the sport or activity (eg, preseason football heat acclimatization policy), and advising about safe initiation of and return to physical activity (eg, sport-specific functional testing during post-injury rehabilitation).

Coaches, parents, and athletes who have had access to ATs understand our value; trying to showcase our talents to these folks will be “preaching to the choir.” However, the greater community—whether it be a neighborhood, a school district, a county, a metropolitan area, or a state—does not understand who we are, what we do, or the value of our services. The Department of Health and Human Services will be promoting the *Guidelines* through national and local partnerships with a wide variety of constituents, including health care provider professional organizations, sports and recreation groups, fitness facilities, and governmental agencies. The athletic training profession can benefit from the launch of this report, because it is an opportunity to show how our profession contributes to injury prevention and control. The new *Guidelines* can do much to promote our profession in the eyes of the public.

Specific examples of how ATs can help promote safe and healthful physical activity at the community level include the following:

- Serving on planning boards for community-based organizations to share best practices
- Participating in community programs such as health fairs and safety audits
- Supporting campaigns that affect activity-related safety policies and legislation
- Volunteering as potential speakers for civic groups, youth sports organizations, school districts, and other groups
- Testifying on policies and procedures to improve safety at school board meetings, county or city administrative functions, and state legislature sessions
- Supporting and promoting safety-related legislation
- Participating in and supporting research efforts that inform activity-related safety

In addition, the NATA Web site (<http://www.nata.org>) has a multitude of resources that ATs and communities can use to help promote and maintain safe environments for physical activity, including the official NATA position statements (on lightning safety, exertional heat illnesses, and emergency planning in athletics, among others), policy documents (automated external defibrillators, appropriate medical care of high school and collegiate athletes), and a variety of other issue briefs.

We still lack a critical mass of scientific evidence to support many injury prevention strategies currently used in athletic training. For example, we lack evidence that ATs in high school settings actually improve safety by lowering

reinjury rates or save money spent on insurance claims. In addition, uptake of interventions is low, even when we have strong evidence of their effectiveness, and interventions known to be ineffective continue to be used. For instance, ankle braces have been shown to reduce ankle sprain reinjury rates by approximately 50%,³ yet we lack information on barriers to the uptake and use of this effective intervention among the physically active population. The Centers for Disease Control and Prevention Injury Center has demonstrated the effectiveness of breakaway bases in the baseball⁴ and neuromuscular and proprioceptive training in soccer players,⁵ but they are infrequently used by the public. Future researchers need to evaluate the effectiveness of injury prevention strategies and address the reasons for and barriers to dissemination of known effective interventions within the physically active community. The athletic training community can assist the efforts to both promote health and safety in physical activity and to advance the science in these areas to improve these activities for future generations.

DISCLAIMER

The findings and conclusions in this editorial are those of the author and do not necessarily represent the official

position of the Centers for Disease Control and Prevention.

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