**Introduction**

The longstanding relationship between Athletic Trainers (ATC) and team physicians has given birth to a new position, utilizing the intensive musculoskeletal education of Athletic Trainers within the clinic setting. Athletic Trainers have increasingly been filling the role of Physician Extender (PE) within sports medicine and primary care orthopaedic facilities. It is under the direct supervision of a physician that a physician extender is able to complete many of the subsidiary tasks (Storch 2007). Within this setting Athletic Trainers employ their musculoskeletal skills to substantially add to Physician productivity. In a previous case study evaluating the clinic revenue, the use of athletic trainers or therapists as physician extenders demonstrated improved patient satisfaction, enhanced cost savings and increased revenue generation (Finkam 2002).

As a physician extender, daily clinic responsibilities include but are not limited to taking patient histories, evaluating injuries, demonstrating exercise and rehabilitation activities, assisting with diagnostic testing, casting, brace fitting, orthotics and gait training. At the University of Wisconsin Hospital, athletic trainers have been fulfilling the PE role for several years. A self-study revealed that by employing athletic trainers in their sports medicine clinic, the orthopedists and primary care physicians saw more patients, 15-30% and 10-20% respectively (Trampf 2004). Essentially, physicians are enabled to increase their patient interaction time and the amount of patients they see because the athletic trainer can provide many of the ancillary services.

Currently, there is limited literature substantiating the effectiveness of athletic trainers as physician extenders. It is with that notion that there is a definitive need for more studies that can provide objective findings to further support the use of athletic trainers as physician extenders. A patient satisfaction and time perception survey presents as an easily producible study to demonstrate an athletic trainer’s value within the clinic setting. Previous research looking at patient satisfaction with perceived and total wait time in an emergency room department has demonstrated an inverse relationship between the two variables (Thompson DA et al 1996, Lin CT et al 2001). Ultimately it is important to many healthcare professionals to provide an environment that raises patient satisfaction. Additionally, the use of athletic trainers as physician extenders is still not fully understood by those within the sports medicine and general orthopeadic disciplines; thereby creating a need for continuing education on the subject. In a recent study of Orthopeadic Surgeon’s perceptions of athletic trainers’ qualifications, only 78.6 % of the surveyed Orthopeadic Surgeons correctly identified athletic trainers’ professional abilities (Storch 2007). Accurate perception could directly be correlated with those Physicians whom had served as a team physician (Storch 2007). At this time, it is necessary for the growth of the profession, to continue producing research that confirms the benefit of the athletic trainer within the physician extender role.

**Purpose**

To determine the impact of Athletic Trainers as Physician Extenders in patient perception of time spent with a Physician and satisfaction of patient education in their musculoskeletal injury.

**Design**

**Participants**

Participants will include adult male and female new patients presenting with an orthopaedic problem to an Orthopaedic Sports Medicine Center. New patients will be categorized as patients that have never been to this facility or patients, who are presenting with a new, different injury then they have presented with during a previous visit.

**Survey Instrument**

The survey to be implored in the study consists of two replicated sets of questions assessing the patient’s perception of time spent with the respective healthcare provider and their satisfaction of patient education. The questionnaire demonstrates six Likert-items which evaluate the Patient’s level of agreement or disagreement with a statement. Two of the remaining questions openly ask the patient to provide an estimated time in relation to interaction with each respective healthcare provider.

All new patients reporting to the Orthopaedic clinic were asked to complete the survey at the end of their visit. There will be no patient identifiers on the survey.

**Data Collection**

Each new patient visit will be timed by a research assistant. In addition to total time of visit, separate recordings for time of Patient-Athletic Trainer contact and Patient-Physician contact will also be monitored. Times will be recorded at several instances: once the patient is roomed, when the athletic trainer enters and leaves the room for evaluation, when the Physician enters and leaves the room for consultation, when the Athletic Trainer re-enters the room and after completion of the patient’s visit. Each time will be recorded on a separate piece of paper which will then be attached to the completed survey at the end of the visit. There will be no patient identifiers on the sheets for future reference.

Each new patient will complete the survey by agreement or disagreement of the statements. The data will be collected to assess the Patient’s perception of time spent with a Physician and their satisfaction of the musculoskeletal education.

**Analysis**

Data for actual and perceived time spent with the respective healthcare provider were complied according to an ordered scale of 7 response categories: 0 to 4, 5 to 14, 15 to 24, 25 to 34, 35 to 44, 45 to 54, and 55 or more