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Original Research

Current Knowledge, Attitudes, and Practices of Certified Athletic Trainers Regarding Recognition and Treatment of Exertional Heat Stroke

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Abstract

Context: Previous research has indicated that despite awareness of the current literature on the recommended prevention and care of exertional heat stroke (EHS), certified athletic trainers (ATs) acknowledge failure to follow those recommendations.

Objective: To investigate the current knowledge, attitudes, and practices of ATs regarding the recognition and treatment of EHS.

Design: Cross-sectional study.

Setting: Online survey.

Patients or Other Participants: We obtained a random sample of e-mail addresses for 1000 high school and collegiate ATs and contacted these individuals with invitations to participate. A total of 498 usable responses were received, for a 25% response rate.

Main Outcome Measure(s): The survey instrument evaluated ATs' knowledge and actual practice regarding EHS and included 29 closed-ended Likert scale questions (1 = *strongly disagree*, 7 = *strongly agree*), 2 closed-ended questions rated on a Likert scale (1 = *lowest value*, 9 = *greatest value*), 8 open-ended questions, and 7 demographic questions. We focused on the open-ended and demographic questions.

Results: Although most ATs (77.1%) have read the current National Athletic Trainers' Association position statement on heat illness, only 18.6% used rectal thermometers to assess core body temperature to recognize EHS, and 49.7%

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used cold-water immersion to treat EHS. Athletic trainers perceived rectal thermometers as the most valid temperature assessment device when compared with other assessment devices ($P \leq .05$), but they used oral thermometers as the primary assessment tool (49.1%). They identified cold-water immersion as the best cooling method ($P \leq .05$), even though they used other means to cool a majority of the time (50.3%).

Conclusions: The ATs surveyed have sound knowledge of the correct means of EHS recognition and treatment. However, a significant portion of these ATs reported using temperature assessment devices that are invalid with athletes exercising in the heat. Furthermore, they reported using cooling treatment methods that have inferior cooling rates.

Keywords: cooling methods, temperature assessment, evidence-based medicine, heat illnesses, whole-body cooling

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