

***Guest Introductions:***

**Name:** Leah Palmer

**Job Title:** Clinical coordinator “physician extender”

**Company:** athletic orthopedic and knee center

**Years in Profession:** 14 years

**Details, awards, anything else you want us to mention:** I have worked as a “physician extender” for almost 10 years.

***Show Intro:*** What’s up y’all and Welcome to the Sports Medicine Broadcast, “AT’s in the surgical setting”

***Topic:*** This week our guest is Leah Palmer...

**Introductions:** I am your host fill in host \_Shawn Ready\_,

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**Tell me your athletic training story:** I had athletic trainers in High School and had two ACL tears and worked with them for both recoveries, so I had some knowledge of the career. When I got to college (University of Florida) I didn't exactly know what I wanted to do, but I loved sports, I thought about physical therapy but didn't want to be stuck inside all day. I basically went through the school directory and saw they had an athletic training program and knew that was for me. As students we covered multiple sports with the GAs. I did an internship before I graduated at Davidson College in North Carolina for a semester and then once I graduated from Florida Davidson kept me on for the second semester as an assistant ATC. I really feel like that is where I grew into the type of athletic trainer I wanted to be. Following Davidson I went to Grad school for my masters in Athletic Training and Kinesiology at Georgia State College in Atlanta and did my assistantship at Emory University. I had a great experience working with the teams there. Once I graduated I moved to Gulf Breeze, Florida and worked at a high school for two and half years. I was then offered a position at the Andrews Orthopedic and Sports Medicine Center with an Orthopedic surgeon to be his "physician extender" and practice coordinator. I worked with him for 7 years assisting in clinic and in surgery. I also assisted in clinic for Dr. James Andrews for about 8 months when he was coming down to the Gulf Breeze location. I then moved to Houston, Texas and have been working as an assistant in clinic and in surgery to an Orthopedic surgeon as well as being the clinical manager for the office clinic. I also run our outreach program which includes providing ATCs to 6 schools and covering Friday night football games for three high schools.

**How did you get in to the clinic manager/Surgical setting:** I was helping out in a clinic a couple of times a week while at the high school. I was offered a position with a non-surgical sports medicine physician but was not ready to give up field work yet. A year later I was offered the opportunity again with the option to assist in surgery as well and I didn't feel I could pass that up again. The surgeon I worked with tutored me while in the OR including instructing me in suturing etc. It took me about two years to really feel comfortable in the position. It is quite a change.

**What are your duties?**

- Patient duties- Scheduling, answering medical questions, ordering and assisting in the scheduling of radiology exams, filling out disability forms/insurance forms, paper work for workers compensation, referring patients to specialist directed by physician, obtaining authorization for exams/appointments/surgeries
- Clinical duties – chart prep, preparing patients to see physician, assist with minor in office procedures, removal of sutures/staples, wound care, DME fitting, cast/splint application, organizing follow up visits, scheduling surgeries, patient education, explanation and description of basic muscular strengthening exercises, drawing injectables, completion of notes as needed, proper and seamless flow of clinical days
- Surgical duties – communication with OR staff in a hospital setting and ambulatory surgical setting, scheduling surgeries, discussing surgical protocol with patients, alerting

medical supply company representatives of cases, assisting physician in surgery, patient positioning, draping, retraction, drilling, handling instruments, wound closure, dressing application, perform other surgical duties as assigned, post-surgical care

- Administrative duties – schedule physician meetings/conferences, record keeping of patient progress notes and outside notes, communication with physical therapy clinics, primary care physicians, and specialists, tracking and ordering DME supplies, reviewing new patient referrals, education of front office staff for physician requirements, maintain and supervise meaningful use dashboard for physicians, supervise proper biohazard and sharps container disposal, communicate with biohazard company.
- Assisting all physicians when needed with a variety of requests.
- Molding orthotics – communication with orthotic company

**What is a typical day/ Week like for you:** We have patients about 2 ½ days out of the week and the other days we are in surgery or attempting to complete administrative duties. Surgery days can be pretty long and busy depending on what is going on. It doesn't end there though. There is still office work to do after surgery and preparing for the next day. We have manager staff meetings and office staff meetings once a week just so we are all on the same page.

**Has the duties that you perform now taken away from your AT skills:** I don't think they have taken away from my AT skills necessarily. I do think my evaluation skills have become much stronger. The only thing I feel that I am missing out on is continued education type modalities and manual treatment. I'm just not able to leave and go to conferences and learn or try any of those techniques. That being said, there are some things that I can take from the clinic to the field that I am so much better at than I would have been had I not worked in a clinic and received that experience.

**What would you recommend for someone trying to go this route:** I think the best thing to do is really try to get to know your team doctors. Observe surgeries, shadow them in clinic if you can, they always need help in clinic and if you are there enough they will get used to you and give you something to do. Offer to help do the small things like bring patients back or walk a patient up to the front. Get to know the staff in the office. Creating that relationship will really help you. It would certainly help if there was already an athletic trainer in that office or if your team physician has worked with athletic trainers before. The more they see you though and understand the depth of your skill level the more they will understand how they can benefit from having an ATC in the clinic. Especially in regards to our evaluation skills. At a talk I went to, the speaker said you had to create a relationship with a physician, and yes I agree with that, but it is just, if not more, as important to create a relationship with that physician's staff, they are the ones that run the clinic.

**How would someone get ahold of you: email would be the best**

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