

PHYSICAL DISABILITIES IN ATHLETIC TRAINING EDUCATION (149 pp.)

Co-Directors of Dissertation: Stephen B. Thomas, Ph.D.  
Mark Kretovics, Ph.D.

Athletic Training Education Programs (ATEP) have considerable common ground with other health care education programs including selective admission, curricular issues related to clinical education, and technical standards established to delineate the cognitive and physical attributes considered central to health care education. The purpose of this study was to gain an understanding of ATEP directors' perceptions of selected issues related to athletic training students with disabilities, emphasizing reasonable accommodations for students with physical disabilities, and to compare these perceptions to those of Student Disability Service (SDS) directors.

In this exploratory study, questionnaires were sent to ATEP and SDS directors at 325 institutions with accredited ATEPs. Of 650 surveys, 33.5% (n = 212) were returned with usable data (41% among ATEP directors). A Kudner-Richardson 20 indicated moderate to high inter-item reliability (.44 - .85) for dichotomous variables associated with the instrument. Differences between groups were identified through t tests, chi-square and phi coefficients. A standard multiple regression analysis identified a statistically significant relationship between demographic variables and the intermediary index. The professional role of the respondent was the only demographic factor to demonstrate a significant effect for this index.

Overall, ATEP directors were more likely to agree to accommodations for sensory organ impairments than for mobility, motor skill, or health related impairments.

Significant differences were identified between ATEP and SDS respondents for disability specific accommodation when these were limited to clinical education experiences ( $p < .05$ ). ATEP and SDS directors were equally likely to approve accommodations for clinical education assignments; however, SDS directors were more likely to provide accommodations for clinical skills ( $p = .03$ ), and intermediaries ( $p < .001$ ) than ATEP directors were.

ATEP directors differ from SDS directors regarding perceptions of reasonable accommodations, yet the two groups must work closely together to develop reasonable accommodations for students with disabilities. Therefore, ATEP directors would be well served by carefully considering the essential requirements of their respective programs and improving their knowledge of ADA requirements to arrive at reasonable accommodations that neither violate ADA nor compromise the integrity of their academic programs.