

AGENDA ITEM 4

REVIEW AND DISCUSSION OF ASSEMBLY BILL 1510 (DABABNEH) RELATING TO ATHLETIC TRAINERS AND RECOMMENDED POSITION

The following are attached for review:

- Highlights of March 24, 2017, teleconference special ad hoc committee meeting
- Assembly Bill 1510 (Dababneh)
- Memo from Legal counsel re: suggested edits to AB 1510
- Staff notes re: AB 1510 and OT language comparison
- Examples of language pertaining to hiring an Executive Officer
- CBOT discipline language
- AT scopes of practice (FL, IL, NY, OH, PA, TX)
- AT Practice Act for Arizona
- AT Practice Act for New York (*pending NY bill with significant changes to AT Practice Act to be emailed once received from CATA*)
- AT Practice Act for Texas
- AT Practice Act for Washington
- OT Practice Act
- PT Practice Act
- Athletic Training Education Competencies
- Executive Summary from Board of Certification (BOC) Practice Analysis



CALIFORNIA BOARD OF OCCUPATIONAL THERAPY

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TELECONFERENCE AD HOC COMMITTEE SPECIAL MEETING HIGHLIGHTS

Friday, March 24, 2017

Chairperson Teresa Davies called the meeting to order at 3:07 pm and referred to the Bagley Keene Open Meeting Act and its requirement establishing a finding of necessity to hold a special meeting and waiving the usual ten-day notice requirement to hold a meeting.

Finding of necessity established.

Committee Chair Teresa Davies asked that each committee member identify any points or concerns that they would like included in that day's discussion.

Denise Miller recalled that the purpose of that Ad Hoc committee meeting was to review and look at the scope of practice of the Athletic Trainers. Ms. Miller asked if the other committee members had the same recollection.

Sharon Pavlovich recalled that scope of practice was the most pressing concern however there were additional concerns regarding regulations, licensure and discipline.

Ada Boone Hoerl asked for clarification regarding the implications of pursuing this issue as they pertain to the Board and the profession?

Remy Chu stated his concern was public safety due to the broad scope of the language.

Legal Counsel Ileana Butu stated her concern regarding the lack of language regarding hiring staff for the committee.

Committee Chair Teresa Davies shared that this is a review of the actual bill as presented. The goal of the committee is to identify areas of the bill where there is overlap or concern, articulate the concerns and draft said concerns to present to the full Board.

Ms. Davies asked that the committee conduct a section by section review of the proposed language of AB 1510. Ms. Davies felt that discussion of scope would surface during each section.

Page 1 of AB 1510

There were no concerns submitted.

Page 2 of AB 1510

Section 1

There were no concerns submitted

Section 2

2697.1 – Address role delineation. What are the established definitions of the practitioners? Are there other practitioners included in this definition with different levels of education?

2697.2 – Address the configuration of the committee. The suggestion was to have 2 occupational therapy practitioners represented on the committee, more than one public member to ensure adequate oversight and model the committee more like the Board of OT regarding appointments.

2697.3 (a)(1) – Recommendation to add language that reflects that regulations must be adopted pursuant to the Administrative Procedures Act.

2697.3 (b) – Recommendation to have section (b) stricken to stay in line with the Board of Occupational Therapy's language.

Page 3 of AB 1510

Section 2 cont.

2697.4 (a) – Clarification needed regarding the entry level degree requirement and grandfathering.

Clarification needed as to whether simulation and passing of Clinical Integration Proficiencies (CIP) would satisfy the requirement of treating an in person patient.

Recommendation to add Business and Professions code (B&P) 480, language regarding denial, good standing and addiction (standard language).

Concern regarding grandfathered practitioners being required to obtain a background check.

2697.5 – Concern raised regarding the language that states “the committee shall issue an athletic training license to an applicant who did not graduate from an accredited athletic training education program.”

Recommendation to add Business and Professions code (B&P) 480, language regarding denial, good standing and addiction (standard language).

2697.5 (c) – Clarification needed regarding what a “certification agency” means.

The Ad Hoc committee did not finish review of the entire bill; members agreed to participate in a second committee meeting scheduled for April 3, 2017, at 10:00 am.



AB-1510 Athletic trainers. (2017-2018)

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CALIFORNIA LEGISLATURE— 2017-2018 REGULAR SESSION

ASSEMBLY BILL

No. 1510

Introduced by Assembly Member Dababneh

February 17, 2017

An act to add and repeal Chapter 5.8 (commencing with Section 2697) of Division 2 of the Business and Professions Code, relating to athletic trainers.

LEGISLATIVE COUNSEL'S DIGEST

AB 1510, as introduced, Dababneh. Athletic trainers.

Existing law provides for the regulation of various professions and vocations, including those of an athlete agent.

This bill would enact the Athletic Training Practice Act, which would, after a determination is made that sufficient funds have been received to pay initial costs of this bill, provide for the licensure and regulation of athletic trainers, as defined. The bill would, after that determination, establish the Athletic Trainer Licensing Committee within the California Board of Occupational Therapy to implement these provisions, including issuing and renewing athletic training licenses and imposing disciplinary action. Under the bill, the committee would be comprised of 7 members, to be appointed to 4-year terms, except as specified. Commencing 6 months after the committee is established by this bill, the bill would prohibit a person from practicing as an athletic trainer or using certain titles without a license issued by the committee, except as specified. The bill would prohibit, except in specified cases for a specified period, a person from using the title "athletic trainer," unless the person is licensed by the committee. The bill would specify the requirements for licensure, including education, examination, and the payment of a license application fee established by the committee. The bill would define the practice of athletic training and prescribe supervision requirements on athletic trainers.

The bill would also establish the Athletic Trainers' Fund for the deposit of license application and renewal fees, and would make those fees available to the committee for the purpose of implementing these provisions upon appropriation by the Legislature. The bill would authorize the Director of Consumer Affairs to seek and receive donations from the California Athletic Trainers Association for purposes of obtaining funds for the startup costs of implementing the act. The bill would require the director to determine that sufficient funds for that purpose have been obtained and to provide notice to the Legislature, the Governor, and on the department's Internet Web site of the determination, as specified. This bill would repeal these provisions on January 1, 2025.

Vote: majority Appropriation: no Fiscal Committee: yes Local Program: no

THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS:

SECTION 1. The Legislature finds and declares the following:

(a) California is one of only two states that does not currently regulate the practice of athletic training. This lack of regulation creates the risk that individuals who have lost or are unable to obtain licensure in another state will come to California to practice, thereby putting the public in danger and degrading the standards of the profession as a whole.

(b) There is a pressing and immediate need to regulate the profession of athletic training in order to protect the public health, safety, and welfare. This need is particularly important because athletic trainers often work with schoolage children.

(c) There is also a pressing and immediate need to regulate the profession of athletic training because the absence of regulation puts California businesses, colleges, universities, and other organizations at risk of liability solely because of the unlicensed status of athletic trainers in the state.

SEC. 2. Chapter 5.8 (commencing with Section 2697) is added to Division 2 of the Business and Professions Code, to read:

CHAPTER 5.8. Athletic Trainers
Article 1. Administration

2697. This chapter shall be known, and may be cited, as the Athletic Training Practice Act.

2697.1. For the purposes of this chapter, the following definitions apply:

(a) "Athletic trainer" means a person who meets the requirements of this chapter, is licensed by the committee, and practices under the direction of a licensed physician or surgeon.

(b) "Board" means the California Board of Occupational Therapy.

(c) "Committee" means the Athletic Trainer Licensing Committee.

(d) "Director" means the Director of Consumer Affairs.

2697.2. (a) There is established the Athletic Trainer Licensing Committee within the California Board of Occupational Therapy. The committee shall consist of seven members.

(b) The seven committee members shall include the following:

(1) Four licensed athletic trainers. Initially, the committee shall include four athletic trainers who have graduated from a professional degree program described in subdivision (a) of Section 2697.5 prior to approval by the committee and who will satisfy the remainder of the licensure requirements, including submission of an application, described in Section 2697.5 as soon as it is practically possible.

(2) One public member.

(3) One physician and surgeon licensed by the Medical Board of California or one osteopathic physician and surgeon licensed by the Osteopathic Medical Board of California.

(4) One occupational therapist licensed by the board.

(c) Subject to confirmation by the Senate, the Governor shall appoint two of the licensed athletic trainers, the public member, the physician and surgeon or osteopathic physician and surgeon, and the licensed occupational therapist. The Senate Committee on Rules and the Speaker of the Assembly shall each appoint a licensed athletic trainer.

(d) (1) All appointments are for a term of four years and shall expire on June 30 of the year in which the term expires. Vacancies shall be filled for any unexpired term.

(2) Notwithstanding paragraph (1), for initial appointments to the committee, the public member appointed by the Governor and two of the athletic trainers shall serve terms of two years, and the remaining members shall

serve terms of four years.

(e) Each member of the committee shall receive per diem and expenses as provided in Section 103.

2697.3. (a) (1) The committee shall adopt, repeal, and amend regulations as may be necessary to enable it to administer this chapter. All regulations shall be in accordance with this chapter.

(2) Before adopting regulations, the committee may consult the professional standards issued by the National Athletic Trainers Association, the Board of Certification, Inc., the Commission on Accreditation of Athletic Training Education, or any other nationally recognized professional athletic training organization.

(b) The committee shall approve programs for the education and training of athletic trainers.

(c) The committee shall investigate each applicant, before a license is issued, in order to determine whether the applicant meets the qualifications required by this chapter.

(d) Protection of the public shall be the highest priority for the committee in exercising its licensing, regulatory, and disciplinary functions. Whenever the protection of the public is inconsistent with other interests sought to be promoted, the protection of the public shall be paramount.

2697.4. Except as otherwise provided in this chapter, the committee shall issue an athletic training license to an applicant who meets all of the following requirements:

(a) Has submitted an application developed by the committee that includes evidence that the applicant has graduated from a professional degree program in athletic training accredited by the Commission on Accreditation of Athletic Training Education, or its predecessors or successors, and approved by the committee, at an accredited postsecondary institution or institutions approved by the committee. The professional degree program shall consist of didactic, clinical, and research experiences in athletic training using critical thinking and weighing of evidence.

(b) Has passed an athletic training certification examination offered by the Board of Certification, Inc., its predecessors or successors, or another nationally accredited athletic trainer certification agency approved and recognized by the committee.

(c) Possesses a certificate in Cardio Pulmonary Resuscitation (CPR) and Automated External Defibrillator (AED) for professional rescuers and health care providers from a certification body, approved by the committee, that adheres to the most current international guidelines for cardiopulmonary resuscitation and emergency cardiac care.

(d) Has paid the application fee established by the committee.

2697.5. Notwithstanding Section 2697.4, the committee shall issue an athletic training license to an applicant who did not graduate from an accredited athletic training education program described in subdivision (a) of Section 2697.4, but who received athletic training via an internship, if the applicant meets all of the following requirements:

(a) Furnishes evidence satisfactory to the committee of completion of a degree at an accredited postsecondary institution that included instruction in basic sciences related to, and on the practice of, athletic training.

(b) Passes the examination described in subdivision (b) of Section 2697.4.

(c) Completes at least 1,500 hours of clinical experience under an athletic trainer certified by a certification agency described in subdivision (b) of Section 2697.4.

(d) Possesses a certificate in CPR and AED for professional rescuers and health care providers from a certification body, approved by the committee, that adheres to the most current international guidelines for cardiopulmonary resuscitation and emergency cardiac care.

(e) Has paid the application fee established by the committee.

2697.6. A license issued by the committee pursuant to Section 2697.4 or 2697.5 is valid for two years and thereafter is subject to the renewal requirements described in Sections 2697.7 and 2697.8.

2697.7. The committee shall establish license application and renewal fees in an amount sufficient to cover the reasonable regulatory costs of administering this chapter.

2697.8. The committee shall renew a license if an applicant meets all of the following requirements:

(a) Pays the renewal fee as established by the committee.

(b) Submits proof of all of the following:

(1) Satisfactory completion of continuing education, as determined by the committee.

(2) Current athletic training certification from a certification body approved by the committee, including, but not limited to, the Board of Certification, Inc., or its predecessors or successors.

(3) Current certification described in subdivision (c) of Section 2697.4.

2697.9. (a) The committee may deny a license or the renewal of a license for an applicant or licensee who is described by any of the following:

(1) Does not meet the requirements of this chapter.

(2) Has had an athletic training license, certification, or registration revoked or suspended by an accredited organization, state, or territory.

(3) Has been convicted of a felony or any other crime that substantially relates to the functions or duties of an athletic trainer.

(4) Has committed unprofessional conduct, as described in subdivision (b).

(b) The committee may order any of the following actions relative to an athletic training license after a hearing for unprofessional conduct, which includes, but is not limited to, a violation of this chapter, any regulation adopted by the committee pursuant to this chapter, and revocation or suspension of an athletic training license, certification, or registration by an accredited organization, state, or territory:

(1) Issuance of the athletic training license subject to terms and conditions.

(2) Suspension or revocation of the athletic training license.

(3) Imposition of probationary conditions upon the athletic training license.

Article 2. Athletic Training

2697.10. (a) A person shall not engage in the practice of athletic training unless licensed pursuant to this chapter.

(b) A person shall not use the title "athletic trainer," "licensed athletic trainer," "certified athletic trainer," "athletic trainer certified," "a.t.," "a.t.l.," "c.a.t.," "a.t.c.," or any other variation of these terms, or any other similar terms indicating that the person is an athletic trainer unless that person is licensed pursuant to this chapter.

(c) Notwithstanding subdivisions (a) and (b), a person who practiced athletic training in California for a period of 20 consecutive years prior to July 1, 2018, and is not eligible on that date for an athletic training license may engage in the practice of athletic training and use the title "athletic trainer" without being licensed by the committee, upon registration with the committee. However, on and after January 1, 2021, a person shall not engage in the practice of athletic training or use the title "athletic trainer" unless he or she is licensed by the committee pursuant to this chapter.

2697.11. (a) The practice of athletic training includes all of the following:

(1) Risk management and injury or illness prevention.

(2) The clinical evaluation and assessment of an injury sustained or exacerbated while participating in physical activity.

(3) The immediate care of an injury sustained or exacerbated while participating in physical activity or a condition exacerbated while participating in physical activity.

(4) The rehabilitation and reconditioning from an injury or an illness sustained or exacerbated while participating in physical activity.

(b) The practice of athletic training does not include grade 5 spinal manipulations.

(c) An athletic trainer shall refer a patient to an appropriate licensed health care provider when the treatment or management of the injury or condition does not fall within the practice of athletic training.

(d) An athletic trainer shall not provide, offer to provide, or represent that he or she is qualified to provide any treatment that he or she is not qualified to perform by his or her education, training, or experience, or that he or she is otherwise prohibited by law from performing.

(e) (1) For purposes of this section, "injury" means an injury sustained as a result of, or exacerbated by, participation in athletics or physical activity for which the athletic trainer has had formal training during his or her professional education program or advanced postprofessional study and falls within the practice of athletic training.

(2) For purposes of this section, "condition" means a condition acutely exacerbated while participating in athletics or physical activity for which the athletic trainer has had formal training during his or her professional education program or advanced postprofessional study and falls within the practice of athletic training.

2697.12. (a) An athletic trainer shall render treatment within his or her scope of practice under the direction of a physician and surgeon licensed by the Medical Board of California or an osteopathic physician and surgeon licensed by the Osteopathic Medical Board of California. This direction shall be provided by verbal or written order by the directing physician and surgeon or osteopathic physician and surgeon or by athletic training treatment plans or protocols established by the physician and surgeon or osteopathic physician and surgeon.

(b) Notwithstanding any other law, and consistent with this chapter, the committee may establish other alternative mechanisms for the adequate direction of an athletic trainer.

2697.13. The requirements of this chapter do not apply to the following:

(a) An athletic trainer licensed, certified, or registered in another state or country who is in California temporarily, traveling with a team or organization, to engage in the practice of athletic training for, among other things, an athletic or sporting event.

(b) An athletic trainer licensed, certified, or registered in another state who is invited by a sponsoring organization, such as the United States Olympic Committee, to temporarily provide athletic training services under his or her state's scope of practice for athletic training.

(c) A student enrolled in an athletic training education program, while participating in educational activities during the course of his or her educational rotations under the supervision and guidance of an athletic trainer licensed under this chapter, a physician and surgeon licensed by the Medical Board of California, an osteopathic physician and surgeon licensed by the Osteopathic Medical Board of California, or other licensed health care provider.

(d) A member or employee of the United States Armed Forces, licensed, certified, or registered in another state, as part of his or her temporary federal deployment or employment in California for a limited time.

2697.14. This chapter does not limit, impair, or otherwise apply to the practice of any person licensed and regulated under any other chapter of Division 2 (commencing with Section 500).

2697.15. This chapter does not require new or additional third-party reimbursement for services rendered by an individual licensed under this chapter.

Article 3. Athletic Trainers' Fund

2697.16. The Athletic Trainers' Fund is hereby established. All fees collected pursuant to this chapter shall be paid into the fund. These fees shall be available to the committee, upon appropriation by the Legislature, for the regulatory purpose of implementing this chapter.

2697.17. (a) Notwithstanding any other law, including Section 11005 of the Government Code, the Director of Consumer Affairs may seek and receive funds from the California Athletic Trainers Association for the initial costs

of implementing this chapter.

(b) Articles 1 (commencing with Section 2697) and 2 (commencing with Section 2697.10) shall not become operative unless the director determines, on or before January 1, 2019, that sufficient funds to pay for the initial costs of this chapter have been received from the California Athletic Trainers Association, or some other source of funding, and the funds are deposited in the Athletic Trainers' Fund, in which case Article 1 shall become operative on the first January 1 or July 1, whichever occurs first, immediately following this determination. Article 2 shall become operative on the first January 1 or July 1, whichever occurs first, immediately following the operative date of Article 1. If the director finds that sufficient funds are not available by January 1, 2019, the director shall reexamine the funding status by June 30 of each subsequent year until either the director determines that sufficient funds have been received and deposited or until January 1, 2021, whichever occurs first.

(c) The director shall provide written notification to the Legislature and the Governor when the determination described in subdivision (b) has been made, and shall concurrently post a notice on the Department of Consumer Affairs Internet Web site that the determination has been made.

(d) A failure of the director to comply with subdivision (c) shall not affect the validity of a determination made pursuant to subdivision (b).

2697.18. This chapter shall remain in effect only until January 1, 2025, and as of that date is repealed.



MEMORANDUM

DATE	March 23, 2017
TO	Board of Occupational Therapy and Ad Hoc Committee
FROM	Legal Affairs Division Department of Consumer Affairs
SUBJECT	Assembly Bill 1510 -- Athletic Trainers (Dababneh, 2017-2018)

Background

At the Board of Occupational Therapy's (Board) March 9, 2017 meeting, the Board members discussed proposed legislation regarding the licensure and regulation of athletic trainers, Assembly Bill 1510 (AB 1510). This bill would enact the Athletic Training Practice Act and establish the Athletic Trainer Licensing Committee (Committee) within the Board. Per the Board's request, I have compiled topics for discussion relating to the current draft of AB 1510 for the Ad Hoc Committee and Board to consider.

****Please note that any issue noted as "missing" is not necessarily required.** This list is intended to point out possible legal issues and deficiencies for the Board and Ad Hoc Committee's consideration.**

Issues to Consider (By Topic)

1. Committee:

a. **Powers and duties?** See OT Practice Act - B&P 2570.20.

b. **Jurisdiction?** See OT Practice Act – B&P 2570.30.

2. Executive Officer: The current draft of AB 1510 is silent regarding the Committee's authority to hire an executive officer. Please note that Business & Professions Code, section 107 allows boards to appoint an executive officer pursuant to subdivision (e) of Section 4 of Article VII of the California Constitution.

a. See OT Practice Act: B&P 2570.21

3. Staff: AB 1510 is silent regarding the Committee's authority to hire other officers and employees. Business and Professions Code section 154 requires boards to receive approval of the appointing power for any and all matters relating to employment, tenure

or discipline of employees. Per Business and Professions Code section 23.6, the "appointing power" is the Director of the Department of Consumer Affairs, unless otherwise defined.

a. OT Practice Act: 2570.21

4. Regulations

a. Section 2697.3 authorizes the adoption of regulations, but fails to specify that they must be adopted pursuant to the Administrative Procedure Act; recommended addition.

5. Licensure

a. Application for licensure / requirement for license: unclear

- i. Missing: The applicant is in good standing (or similar – not disciplined in another state, for example), and has not committed acts or crimes constituting grounds for denial of a license under Section 480 of the B&P Code; recommended addition.
- ii. Missing: The applicant at the time of application is age 18 or over, not addicted to alcohol or any controlled substance.
- iii. See B&P 2570.6(a) and (f), OT Practice Act

b. Issuance of license on probation is not addressed.

c. Renewal

- i. Needs language regarding the renewal process. For example, see B&P 2570.10(a), which states that licenses shall be subject to renewal as prescribed by the Board. This concept incorporates timeliness, renewal application, etc.

d. Applicant not engaged in practice for 5 years not addressed.

e. Out-of-state applicants / reciprocity not addressed.

f. Exemptions to licensure

- i. Section 2697.10(c) provides an exemption to the licensure requirement, but requires "registration with the committee." What is the registration?
- ii. Section 2697.13: other exemptions to licensure requirement.

g. Whether violation of the licensing requirement criminal act / misdemeanor not addressed.

- i. Consider adding to Section 2697.10.
- ii. See OT Practice Act: 2570.23

6. License Discipline

a. What are the grounds for discipline?

- i. Per Section 2697.9(b), limited to "unprofessional conduct."

b. Suspension, revocation, or probation

- i. Per Section 2697.9(b), limited to "unprofessional conduct."

c. Petitions for reinstatement or modification of penalty not addressed.

d. Administrative hearings:

- i. Section 2697.9(b) references discipline "after a hearing" but fails to specify that the hearing must be pursuant to the Administrative Procedure Act; recommended addition.

e. Must discipline and/or licensee information be posted online?

- i. See Business and Professions Code section 27, which requires certain specified entities to provide on the internet information regarding the status of every license issued by that entity. Consider requesting the Commission be added to this statute.

7. Fees: missing

- a. Fingerprinting fee
- b. Initial license fee
- c. Other?

8. Definitions:

- a. Requirement in Sections 2697.1(a) and 2697.12(a) that the licensee practice "under the direction of a licensed physician and surgeon" is unclear. Must this be in writing? What are the requirements?
- b. Section 2697.12(a): The direction from the physician/surgeon shall be provided by "verbal" or written order. "Verbal" orders are difficult to enforce.
- c. Section 2697.12(b): "The committee may establish other alternative mechanisms for the adequate direction of an athletic trainer." Vague.
- d. How do you know if someone is violating the licensure requirement? What does practicing without a license look like?
- e. Does this license regulate personal fitness trainers? Does this need to be clarified?
- f. Are other definitions or clarifications to existing definitions needed?

9. Scope of Practice: Sections 2697.11, 2697.12

- a. Board members expressed concern regarding lack of clarity.

10. Athletic Trainers' Fund: Recommend re-phrasing. No mention of using funds for Committee's expenses and otherwise administer chapter. See OT Practice Act - B&P 2570.22.

11. Recommend adding the Commission to Business and Professions Code sections:

- a. 101, Composition of the Department of Consumer Affairs;
- b. 144, Fingerprinting (adding to § 144 makes § 144.5 applicable to the Commission, which is the goal here)

DOREATHEA JOHNSON
Deputy Director, Legal Affairs

/signature on file/

By ILEANA BUTU
Attorney

cc: Heather Martin, Executive Officer, Board of Occupational Therapy

ATHLETIC TRAINER AB 1510

AT 2697.8 renewal does not incorporate a requirement for the licensee to provide a certification statement regarding whether he or she has been convicted of a crime or disciplined by a public agency. (Could be done in regulation but it appears it would be better to have it incorporated in this section. Makes reference the Board can deny a renewal from a crime, but what's the mechanism that the licensee is required to disclose a conviction

ORIGINAL

of license and renewal. Not sure how denial of a renewal would work. Section 28 that lists acts and offenses that would constitute grounds for disciplinary action. In particular the AT bill does not have language contained in 2570.28(e) that the record of the conviction shall be conclusive evidence thereof AT should use

2580.28(e). Typically DCA Boards list a number of acts and offenses that would constitute grounds for discipline for ATs (unprofessional conduct, incompetence, negligence, gross negligence, giving or making a false statement in connection with an application...) AT bill should strike reference to renewal and replaced with discipline of a license, and list various acts that would be grounds for disciplinary action.

AT 2697.9 does not have language that would allow the Board to take other action, in its discretion, in disciplinary matters (similar to CBOT 2570.27)

AT 2697.9 Has no language about use, possession, abuse of controlled substances or alcohol like would be grounds for disciplinary action (similar to OT 2570.29)

AT 2698.9 Has no language about sexual misconduct with a client being grounds for discipline (similar to OT 2570.28(i)).

CALIFORNIA BOARD OF OCCUPATIONAL THERAPY COMPARISONS

OT 2570.3 Would it be wise to incorporate language that is similar language in AT bill. Something along the lines nothing in this Chapter shall be construed as authority for an Athletic Trainer to practice as an Occupational Therapist. (Seems to be pretty clear, but if Athletic Trainers are under the CBOT it might be wise to incorporate this language)

OT 2570.11 Does AT Committee have a need for an inactive license. A Continuing Education requirement is incorporated in the renewal requirements. Would appear they would need this.

OT 2570.15 -- Do Athletic Trainers need a provision for education and training gained outside the United States?

OT 2570.16 -- late/delinquent renewal fee, limited permit fee(?), other fees?.

OT 2570.185 -- Do ATs document treatment plan and summary of treatment provided?

OT 2570.19 Do not see language in the AT bill the Board 'shall administer, coordinate and enforce this chapter'

OT 2570.19 No specific mentions to the number of meetings required and where (2570.19(g), no mention board members can be removed by appointing authority for neglect of duty or unprofessional conduct

OT 2570.30 No mention the Committee would retain jurisdiction to investigate and take disciplinary action if a license is expired or suspended.

OT 2570.31 No mention when license is suspended the holder may not practice.

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“EXTRAS TO CONSIDER AT A LATER DATE”

OT 2570.8-Limited Permits. Does the profession have a need for Limited Permits. (Is there a significant amount of time between completion of a program and being able to sit for the exam. How does the profession handle this situation now?)

OT 2570.8 For the purpose of verifying a license issued under the chapter a person may rely on the licensure information posted on the Board’s Internet Website. (Not imperative, but would be assistance to AT Committee)

OT 2570.17 – Do ATs need retired license status?

Examples of language pertaining to hiring an Executive Officer, Administrative Personnel

107.

Pursuant to subdivision (e) of Section 4 of Article VII of the California Constitution, each board may appoint a person exempt from civil service and may fix his or her salary, with the approval of the Department of Human Resources pursuant to Section 19825 of the Government Code, who shall be designated as an executive officer unless the licensing act of the particular board designates the person as a registrar.

(Amended by Stats. 2012, Ch. 665, Sec. 1. Effective January 1, 2013.)

154.

Any and all matters relating to employment, tenure or discipline of employees of any board, agency or commission, shall be initiated by said board, agency or commission, but all such actions shall, before reference to the State Personnel Board, receive the approval of the appointing power.

To effect the purposes of Division 1 of this code and each agency of the department, employment of all personnel shall be in accord with Article XXIV of the Constitution, the law and rules and regulations of the State Personnel Board. Each board, agency or commission, shall select its employees from a list of eligibles obtained by the appointing power from the State Personnel Board. The person selected by the board, agency or commission to fill any position or vacancy shall thereafter be reported by the board, agency or commission, to the appointing power.

(Amended by Stats. 1945, Ch. 1276.)

2570.21. (Occupational Therapy)

Subject to Sections 107 and 154, the board may employ an executive officer and other officers and employees

(Added by Stats. 2000, Ch. 697, Sec. 3. Effective January 1, 2001.)

2531.75. (Speech Language)

(a) The board may appoint a person exempt from civil service who shall be designated as an executive officer and who shall exercise the powers and perform the duties delegated by the board and vested in him or her by this chapter.

(b) This section shall remain in effect only until January 1, 2018, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2018, deletes or extends that date.

(Amended by Stats. 2013, Ch. 516, Sec. 8. Effective January 1, 2014. Repealed as of January 1, 2018, by its own provisions.)

2607.5. (Physical Therapy)

(a) The board may employ an executive officer exempt from the provisions of the State Civil Service Act (Part 2 (commencing with Section 18500) of Division 5 of Title 2 of the Government Code) and may also employ investigators, legal counsel, physical therapist consultants, and other assistance as it may deem necessary to carry out this chapter. The board may fix the compensation to be paid for services and may incur other expenses as it may deem necessary. Investigators employed by the board shall be provided special training in investigating physical therapy practice activities.

(b) The Attorney General shall act as legal counsel for the board for any judicial and administrative proceedings and his or her services shall be a charge against it.

(c) This section shall remain in effect only until January 1, 2018, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2018, deletes or extends that date.

(Amended by Stats. 2013, Ch. 389, Sec. 12. Effective January 1, 2014. Repealed as of January 1, 2018, by its own provisions.)

CBOT Discipline Language

BPC 2570.27.

(a) The board may discipline a licensee by any or a combination of the following methods:

- (1) Placing the license on probation with terms and conditions.
- (2) Suspending the license and the right to practice occupational therapy for a period not to exceed one year.
- (3) Revoking the license.
- (4) Suspending or staying the disciplinary order, or portions of it, with or without conditions.
- (5) Taking other action as the board, in its discretion, deems proper.

(b) The board may issue an initial license on probation, with specific terms and conditions, to any applicant who has violated any provision of this chapter or the regulations adopted pursuant to it, but who has met all other requirements for licensure.
(Added by Stats. 2002, Ch. 1079, Sec. 6. Effective September 29, 2002.)

BPC 570.28.

The board may deny or discipline a licensee for any of the following:

(a) Unprofessional conduct, including, but not limited to, the following:

- (1) Incompetence or gross negligence in carrying out usual occupational therapy functions.
 - (2) Repeated similar negligent acts in carrying out usual occupational therapy functions.
 - (3) A conviction of practicing medicine without a license in violation of Chapter 5 (commencing with Section 2000), in which event a certified copy of the record of conviction shall be conclusive evidence thereof.
 - (4) The use of advertising relating to occupational therapy which violates Section 17500.
 - (5) Denial of licensure, revocation, suspension, restriction, or any other disciplinary action against a licensee by another state or territory of the United States, by any other government agency, or by another California health care professional licensing board. A certified copy of the decision, order, or judgment shall be conclusive evidence thereof.
- (b) Procuring a license by fraud, misrepresentation, or mistake.
- (c) Violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate, any provision or term of this chapter or any regulation adopted pursuant to this chapter.
- (d) Making or giving any false statement or information in connection with the application for issuance or renewal of a license.
- (e) Conviction of a crime or of any offense substantially related to the qualifications, functions, or duties of a licensee, in which event the record of the conviction shall be conclusive evidence thereof.

- (f) Impersonating an applicant or acting as proxy for an applicant in any examination required under this chapter for the issuance of a license.
- (g) Impersonating a licensed practitioner, or permitting or allowing another unlicensed person to use a license.
- (h) Committing any fraudulent, dishonest, or corrupt act that is substantially related to the qualifications, functions, or duties of a licensee.
- (i) Committing any act punishable as a sexually related crime, if that act is substantially related to the qualifications, functions, or duties of a licensee, in which event a certified copy of the record of conviction shall be conclusive evidence thereof.
- (j) Using excessive force upon or mistreating or abusing any patient. For the purposes of this subdivision, "excessive force" means force clearly in excess of that which would normally be applied in similar clinical circumstances.
- (k) Falsifying or making grossly incorrect, grossly inconsistent, or unintelligible entries in a patient or hospital record or any other record.
- (l) Changing the prescription of a physician and surgeon or falsifying verbal or written orders for treatment or a diagnostic regime received, whether or not that action resulted in actual patient harm.
- (m) Failing to maintain confidentiality of patient medical information, except as disclosure is otherwise permitted or required by law.
- (n) Delegating to an unlicensed employee or person a service that requires the knowledge, skills, abilities, or judgment of a licensee.
- (o) Committing any act that would be grounds for denial of a license under Section 480.
- (p) Except for good cause, the knowing failure to protect patients by failing to follow infection control guidelines of the board, thereby risking transmission of infectious diseases from licensee to patient, from patient to patient, or from patient to licensee.
- (1) In administering this subdivision, the board shall consider referencing the standards, regulations, and guidelines of the State Department of Public Health developed pursuant to Section 1250.11 of the Health and Safety Code and the standards, guidelines, and regulations pursuant to the California Occupational Safety and Health Act of 1973 (Part 1 (commencing with Section 63001) of Division 5 of the Labor Code) for preventing the transmission of HIV, hepatitis B, and other blood-borne pathogens in health care settings. As necessary to encourage appropriate consistency in the implementation of this subdivision, the board shall consult with the Medical Board of California, the Board of Podiatric Medicine, the Dental Board of California, the Board of Registered Nursing, and the Board of Vocational Nursing and Psychiatric Technicians.
- (2) The board shall seek to ensure that licensees are informed of their responsibility to minimize the risk of transmission of infectious diseases from health care provider to patient, from patient to patient, and from patient to health care provider, and are informed of the most recent scientifically recognized safeguards for minimizing the risks of transmission.

(Amended by Stats. 2009, Ch. 307, Sec. 26. Effective January 1, 2010.)

BPC 2570.29.

In addition to other acts constituting unprofessional conduct within the meaning of this chapter, it is unprofessional conduct for a person licensed under this chapter to do any of the following:

(a) Obtain or possess in violation of law, or prescribe, or, except as directed by a licensed physician and surgeon, dentist, optometrist, or podiatrist, to administer to himself or herself, or furnish or administer to another, any controlled substance as defined in Division 10 (commencing with Section 11000) of the Health and Safety Code or any dangerous drug or dangerous device as defined in Section 4022.

(b) Use to an extent or in a manner dangerous or injurious to himself or herself, to any other person, or to the public, or that impairs his or her ability to conduct with safety to the public the practice authorized by his or her license, of any of the following:

(1) A controlled substance as defined in Division 10 (commencing with Section 11000) of the Health and Safety Code.

(2) A dangerous drug or dangerous device as defined in Section 4022.

(3) Alcoholic beverages.

(c) Be convicted of a criminal offense involving the prescription, consumption, or self-administration of any of the substances described in subdivisions (a) and (b) of this section, or the possession of, or falsification of a record pertaining to, the substances described in subdivision (a) of this section, in which event the record of the conviction is conclusive evidence thereof.

(d) Be committed or confined by a court of competent jurisdiction for intemperate use of any of the substances described in subdivisions (a) and (b) of this section, in which event the court order of commitment or confinement is prima facie evidence of the commitment or confinement.

(e) Falsify, or make grossly incorrect, grossly inconsistent, or unintelligible entries in any hospital or patient record, or any other record, pertaining to the substances described in subdivision (a) of this section.

(Added by Stats. 2002, Ch. 1079, Sec. 8. Effective September 29, 2002.)

AT Scopes (FL, IL, NY, OH, OR, PA, TX)

FLORIDA

468.701 Definitions.--As used in this part, the term:

- (1) "Athlete" means a person who participates in an athletic activity.
- (2) "Athletic activity" means the participation in an activity, conducted by an educational institution, a professional athletic organization, or an amateur athletic organization, involving exercises, sports, games, or recreation requiring any of the physical attributes of strength, agility, flexibility, range of motion, speed, and stamina.
- (3) "Athletic injury" means an injury sustained which affects the athlete's ability to participate or perform in athletic activity.
- (4) "Athletic trainer" means a person licensed under this part.
- (5) "Athletic training" means the recognition, prevention, and treatment of athletic injuries.
- (6) "Board" means the Board of Athletic Training.
- (7) "Department" means the Department of Health.
- (8) "Direct supervision" means the physical presence of the supervisor on the premises so that the supervisor is immediately available to the trainee when needed.
- (9) "Supervision" means the easy availability of the supervisor to the athletic trainer, which includes the ability to communicate by telecommunications.

ILLINOIS

(225 ILCS 5/3) (from Ch. 111, par. 7603)

(Section scheduled to be repealed on January 1, 2026)

Sec. 3. Definitions. As used in this Act:

- (1) "Department" means the Department of Financial and Professional Regulation.
- (2) "Secretary" means the Secretary of Financial and Professional Regulation.
- (3) "Board" means the Illinois Board of Athletic Trainers appointed by the Secretary.
- (4) "Licensed athletic trainer" means a person licensed to practice athletic training as defined in this Act and with the specific qualifications set forth in Section 9 of this Act who, upon the direction of his or her team physician or consulting physician, carries out the practice of prevention/emergency care or physical reconditioning of injuries incurred by athletes participating in an athletic program conducted by an educational institution, professional athletic organization, or sanctioned amateur athletic organization employing the athletic trainer; or a person who, under the direction of a physician, carries out comparable functions for a health organization-based extramural program of athletic training services for athletes. Specific duties of the athletic trainer include but are not limited to:
 - A. Supervision of the selection, fitting, and maintenance of protective equipment;
 - B. Provision of assistance to the coaching staff in the development and implementation of conditioning programs;
 - C. Counseling of athletes on nutrition and hygiene;
 - D. Supervision of athletic training facility and inspection of playing facilities;
 - E. Selection and maintenance of athletic training equipment and supplies;
 - F. Instruction and supervision of student trainer staff;
 - G. Coordination with a team physician to provide:
 - (i) pre-competition physical exam and health history updates,

- (ii) game coverage or phone access to a physician
 - (ii) game coverage or phone access to a physician or paramedic,
 - (iii) follow-up injury care,
 - (iv) reconditioning programs, and
 - (v) assistance on all matters pertaining to the health and well-being of athletes.
- H. Provision of on-site injury care and evaluation as well as appropriate transportation, follow-up treatment and rehabilitation as necessary for all injuries sustained by athletes in the program;
- I. With a physician, determination of when an athlete may safely return to full participation post-injury; and
- J. Maintenance of complete and accurate records of all athletic injuries and treatments rendered.

To carry out these functions the athletic trainer is authorized to utilize modalities, including, but not limited to, heat, light, sound, cold, electricity, exercise, or mechanical devices related to care and reconditioning.

NEW YORK

§8351. Definition.

As used in this article "athletic trainer" means any person who is duly certified in accordance with this article to perform athletic training under the supervision of a physician and limits his or her practice to secondary schools, institutions of postsecondary education, professional athletic organizations, or a person who, under the supervision of a physician, carries out comparable functions on orthopedic athletic injuries, excluding spinal cord injuries, in a health care organization. Supervision of an athletic trainer by a physician shall be continuous but shall not be construed as requiring the physical presence of the supervising physician at the time and place where such services are performed.

The scope of work described herein shall not be construed as authorizing the reconditioning of neurologic injuries, conditions or disease.

§8352. Definition of practice of athletic training.

The practice of the profession of athletic training is defined as the application of principles, methods and procedures for managing athletic injuries, which shall include the preconditioning, conditioning and reconditioning of an individual who has suffered an athletic injury through the use of appropriate preventative and supportive devices, under the supervision of a physician and recognizing illness and referring to the appropriate medical professional with implementation of treatment pursuant to physician's orders. Athletic training includes instruction to coaches, athletes, parents, medical personnel and communities in the area of care and prevention of athletic injuries.

The scope of work described herein shall not be construed as authorizing the reconditioning of neurologic injuries, conditions or disease.

OHIO

[ATHLETIC TRAINERS SECTION]

4755.60 Definitions. As used in sections 4755.60 to 4755.65 and 4755.99 of the Revised Code:

(A) "Athletic training" means the practice of prevention, recognition, and assessment of an athletic injury and the complete management, treatment, disposition, and reconditioning of

acute athletic injuries upon the referral of an individual authorized under Chapter 4731. of the Revised Code to practice medicine and surgery, osteopathic medicine and surgery, or podiatry, a dentist licensed under Chapter 4715. of the Revised Code, a physical therapist licensed under this chapter, or a chiropractor licensed under Chapter 4734. of the Revised Code. Athletic training includes the administration of topical drugs that have been prescribed by a licensed health care professional authorized to prescribe drugs, as defined in section 4729.01 of the Revised Code. Athletic training also includes the organization and administration of educational programs and athletic facilities, and the education of and consulting with the public as it pertains to athletic training.

(B) "Athletic trainer" means a person who meets the qualifications of this chapter for licensure and who is employed by an educational institution, professional or amateur organization, athletic facility, or health care facility to practice athletic training.

(C) "The national athletic trainers association, inc." means the national professional organization of athletic trainers that provides direction and leadership for quality athletic training practice, education, and research.

(D) "Athletic injury" means any injury sustained by an individual that affects the individual's participation or performance in sports, games, recreation, exercise, or other activity that requires physical strength, agility, flexibility, speed, stamina, or range of motion. Effective 4/10/01

OREGON

Example of language of other state regulatory agency scope of practice for Athletic Trainers

Scope of Practice (Oregon)

The scope of practice of athletic training by a registered athletic trainer shall consist of the following:

- (1) The education, instruction, application and monitoring of facts and circumstances required to protect the athlete from athletic injury, including but not limited to:
 - (a) The identification, through physical examinations or screening processes, of conditions that may pose a risk of injury, illness or disease to an athlete.
 - (b) The supervision and maintenance of athletic equipment to assure safety.
- (2) The recognition, evaluation and care of injuries and illness occurring during athletic events or in the practice for athletic events including but not limited to the following;
 - (a) Performance of strength testing using mechanical devices or other standard techniques;
 - (b) Application of tape, braces and protective devices to prevent or treat injury;
 - (c) Administration of standard techniques of first aid;
 - (d) Use of emergency care equipment to aid the injured athlete by facilitating safe transportation to an appropriate medical facility;
 - (e) Determination of the level of functional capacity of an injured athlete in order to establish the extent of an injury; and
 - (f) Determination of the level of functional capacity of an injured or ill athlete to participate.
- (3) The gathering and accurate recording of all information required in the assessment of athletic injuries.
- (4) The development and implementation of an appropriate course of rehabilitation or reconditioning by the use of therapeutic modalities, including but not limited to: water, cold, heat, electrical, mechanical and acoustical devices, massage, manual techniques, gait training exercise, and physical capacity functional programs which are determined to be needed to facilitate recovery, restore athletic function or performance;

- (5) Dispensation of non-prescription medication and application of topical non-prescription medication;
- (6) The determination and implementation of a plan for appropriate health care administration.
- (7) Referral of an athlete to appropriate health care provider as needed.
- (8) Organization of a medical care service delivery system for athletes when needed.
- (9) Establishment of plans to manage an athlete's medical emergencies;
- (10) The education or providing of athletic training guidance to athletes for the purpose of facilitating recovery, function and performance of the athlete.

PENNSYLVANIA

§ 18.502. Definitions

The following words and terms, when used in this subchapter, have the following meanings, unless the context clearly indicates otherwise:

Approved athletic training education programs - An athletic training education program that is accredited by a Board-approved Nationally recognized accrediting agency.

Athletic training services -The management and provision of care of injuries to a physically active person, with the direction of a licensed physician.

(i) The term includes the rendering of emergency care, development of injury prevention programs and providing appropriate preventative and supportive devices for the physically active person.

(ii) The term also includes the assessment, management, treatment, rehabilitation and reconditioning of the physically active person whose conditions are within the professional preparation and education of a licensed athletic trainer.

(iii) The term also includes the use of modalities such as: mechanical stimulation, heat, cold, light, air, water, electricity, sound, massage and the use of therapeutic exercise, reconditioning exercise and fitness programs.

(iv) The term does not include surgery, invasive procedures or prescription of any medication or controlled substance.

BOC - The Board of Certification, Inc., a National credentialing organization for athletic trainers.

Direction - Supervision over the actions of a licensed athletic trainer by means of referral by prescription to treat conditions for a physically active person from a licensed physician, dentist or podiatrist or written protocol approved by a supervising physician, except that the physical presence of the supervising physician, dentist or podiatrist is not required if the supervising physician, dentist or podiatrist is readily available for consultation by direct communication, radio, telephone, facsimile, telecommunications or by other electronic means.

Licensed athletic trainer - A person who is licensed to perform athletic training services by the Board or the State Board of Osteopathic Medicine.

Physically active person - An individual who participates in organized, individual or team sports, athletic games or recreational sports activities.

Referral - An order from a licensed physician, dentist or podiatrist to a licensed athletic trainer for athletic training services. An order may be written or oral, except that an oral order must be reduced to writing within 72 hours of issuance.

Standing written prescription - A portion of the written protocol or a separate document from a

supervising physician, which includes an order to treat approved individuals in accordance with the protocol.

Written protocol - A written agreement or other document developed in conjunction with one or more supervising physicians, which identifies and is signed by the supervising physician and the licensed athletic trainer, and describes the manner and frequency in which the licensed athletic trainer regularly communicates with the supervising physician and includes standard operating procedures, developed in agreement with the supervising physician and licensed athletic trainer, that the licensed athletic trainer follows when not directly supervised onsite by the supervising physician.

TEXAS

SUBCHAPTER A. GENERAL PROVISIONS

Sec. 451.001. Definitions.

In this chapter:

- (1) "Athletic injury" means an injury sustained by a person as a result of the person's participation in an organized sport or sport-related exercise or activity, including interscholastic, intercollegiate, intramural, semiprofessional, and professional sports activities.
- (2) "Athletic trainer" means a person who practices athletic training, is licensed by the department, and may use the initials "LAT," "LATC," and "AT" to designate the person as an athletic trainer. The terms "sports trainer" and "licensed athletic trainer" are equivalent to "athletic trainer."
- (3) "Athletic training" means the form of health care that includes the practice of preventing, recognizing, assessing, managing, treating, disposing of, and reconditioning athletic injuries under the direction of a physician licensed in this state or another qualified, licensed health professional who is authorized to refer for health care services within the scope of the person's license.
- (4) "Board" means the Advisory Board of Athletic Trainers.
- (5) "Commission" means the Texas Commission of Licensing and Regulation.
- (6) "Department" means the Texas Department of Licensing and Regulation.
- (7) "Executive director" means the executive director of the department.

ARIZONA Statutes

• Chapter 41 ATHLETIC TRAINERS

32-4101. Definitions

In this chapter, unless the context otherwise requires:

1. "Athletic illness" means an illness that arises from, or a manifestation of an illness that occurs as a result of, a person's participation in or preparation for games or sports or participation in recreational activities or physical fitness activities.
2. "Athletic injury" means an injury sustained by a person as a result of that person's participation in or preparation for games or sports or participation in recreational activities or physical fitness activities, or any injury sustained by a person that is of the type that occurs during participation in or preparation for games or sports or participation in recreational activities or physical fitness activities, regardless of the circumstances under which the injury was sustained.
3. "Athletic trainer" means a person who is licensed pursuant to this chapter.
4. "Athletic training" includes the following performed under the direction of a licensed physician and for which the athletic trainer has received appropriate education and training as prescribed by the board:
 - (a) The prevention, recognition, examination, evaluation, rehabilitation and management of athletic injuries.
 - (b) The prevention, evaluation, immediate care and monitoring of athletic illnesses.
 - (c) The referral of a person receiving athletic training services to appropriate health care professionals, as necessary.
 - (d) The use of heat, cold, water, light, sound, electricity, passive or active exercise, massage, mechanical devices or any other therapeutic modality to prevent, treat, rehabilitate or recondition athletic injuries.
 - (e) The planning, administration, evaluation, and modification of methods for prevention and risk management of athletic injuries and athletic illnesses.
 - (f) Education and counseling related to all aspects of the practice of athletic training.
 - (g) The use of topical pharmacological agents in conjunction with the administration of therapeutic modalities and pursuant to a prescription issued pursuant to the laws of this state and for which an athletic trainer has received appropriate education and training.
5. "Athletic training student" means a student who is currently enrolled in an athletic training education program that is accredited by an accrediting agency recognized by the board.

6. "Board" means the board of athletic training.

7. "Direct supervision" means that the supervising athletic trainer is present in the facility or on the campus where athletic training students are performing services, is immediately available to assist the person being supervised in the services being performed and maintains continued involvement in appropriate aspects of the services being performed.

8. "Direction of a licensed physician" means direction as prescribed by the board by rule pursuant to section 32-4103.

9. "Licensed physician" means a person who is licensed pursuant to chapter 13 or 17 of this title.

10. "Restricted license" means a license on which the board places restrictions or conditions, or both, as to the scope of practice, place of practice, supervision of practice, duration of license status or type or condition of a person to whom the licensee may provide services.

32-4102. Board; membership; duties; immunity

A. The board of athletic training is established consisting of the following members appointed by the governor:

1. Three athletic trainers who are residents of this state, possess an unrestricted license to practice athletic training in this state and have been practicing in this state for at least five years immediately preceding their appointment. The governor may make these appointments from a list of names submitted by a statewide athletic training association or any other group or person. The initial three appointees are not required to be licensed pursuant to this chapter at the time of selection but shall meet all of the qualifications for licensure as prescribed by this chapter.

2. Two public members who are residents of this state and who are not affiliated with and do not have any financial interest in any health care profession but who have an interest in consumer rights.

B. Board members serve staggered five year terms that begin and end on the third Monday in January. Board members shall not serve for more than two successive five year terms or for more than ten consecutive years.

C. If requested by the board, the governor may remove a board member for misconduct, incompetence or neglect of duty.

D. Board members are eligible for reimbursement of expenses pursuant to title 38, chapter 4, article 2 to cover necessary expenses for attending each board meeting or for representing the board in an official board approved activity.

E. A board member who acts within the scope of board duties, without malice and in the reasonable belief that the person's action is warranted by law is not subject to civil liability.

32-4103. Board; powers and duties; direction of athletic trainers; continuing education requirements; civil immunity

A. The board shall administer and enforce this chapter and shall:

1. Evaluate the qualifications of applicants for licensure.
 2. Designate the national examination that it requires applicants to pass.
 3. Issue licenses to persons who meet the requirements of this chapter.
 4. Establish requirements pertaining to the ratio between supervising athletic trainers and athletic training students.
 5. Regulate the practice of athletic training by interpreting and enforcing this chapter.
 6. Establish requirements for assessing the continuing competence of licensees.
 7. Adopt and revise rules to enforce this chapter.
 8. Meet at least once each quarter in compliance with the open meeting requirements of title 38, chapter 3, article 3.1 and keep an official record of these meetings.
 9. At its first regular meeting after the start of each calendar year, elect officers from among its members and as necessary to accomplish board business.
 10. Provide for the timely orientation and training of new professional and public appointees to the board regarding board licensing and disciplinary procedures, this chapter, board rules and board procedures.
 11. Maintain a current list of all licensees. This list shall include the licensee's name, current business and residential addresses, telephone numbers and license number.
 12. Enter into contracts for services necessary to enforce this chapter.
 13. Publish, at least annually, final disciplinary actions taken against a licensee.
 14. Publish, at least annually, board rulings, opinions and interpretations of statutes or rules.
 15. Not later than December 31 of each year, submit a written report of its actions and proceedings to the governor.
- B. The board shall adopt rules to prescribe the direction of athletic trainers by a licensed physician, including recommendations, guidelines and instructions as to standard protocols to be followed in the general, day-to-day activities in which athletic trainers engage. These rules shall require that postathletic injury or athletic illness treatment direction be provided by the person's treating physician or, if applicable, by the team physician for the institution or organization that employs the athletic trainer. If appropriate, athletic trainers may also seek direction as to the treatment of an athletic injury or athletic illness from any health care provider who is involved in that person's treatment and who is not licensed pursuant to this chapter but who is licensed pursuant to this title.
- C. The board shall adopt rules to prescribe the appropriate education and training for services that are proper to be performed by an athletic trainer.

D. The board may:

1. Adopt rules to prescribe continuing education requirements for licensure renewal, including a rule to allow the board to waive continuing education requirements for reasons of extreme hardship.
2. Appoint advisory committees to assist it in the performance of its duties. An advisory committee member appointed pursuant to this paragraph is not eligible to receive compensation but is eligible for reimbursement of expenses pursuant to title 38, chapter 4, article 2.
3. Report any violations of this chapter or rules adopted pursuant to this chapter to a county attorney, the attorney general, a federal agency or a state or national organization, as appropriate.

E. A physician who, without compensation, provides direction to an athletic trainer that consists of recommendations, guidelines and instructions as to standard protocols to be followed in the general day-to-day activities in which athletic trainers engage is not subject to civil liability for providing that direction if the physician is not guilty of gross negligence or intentional misconduct in providing that direction.

32-4104. Executive director; personnel

A. The executive director of the board of occupational therapy examiners shall also serve as the executive director of the board of athletic training. Both boards shall jointly select the executive director.

B. The board of athletic training shall select staff to serve its board or shall direct the executive director to select these staff members.

32-4105. Athletic training fund

A. The athletic training fund is established. The board shall administer the fund. Pursuant to sections 35-146 and 35-147, the board shall deposit ten per cent of all monies from whatever source that come into the possession of the board in the state general fund and deposit the remaining ninety per cent in the athletic training fund.

B. Monies deposited in the athletic training fund are subject to section 35-143.01.

Article 2: Licensure

32-4121. Persons and activities not required to be licensed

This chapter does not apply to:

1. A health care professional who is licensed pursuant to this title and who practices within the scope of that person's license if that person does not claim to be an athletic trainer or a provider of athletic training services.
2. A person who is pursuing a course of study leading to a degree as an athletic trainer in a professional education program approved by the board if that person is satisfying supervised clinical education requirements related to the person's athletic training education while under the direct supervision of a licensed athletic trainer.

3. An athletic trainer who is practicing in the United States armed services, United States public health service or United States veterans administration pursuant to federal regulations for state licensure of health care providers.

4. An athletic trainer who resides and is employed in another jurisdiction and who possesses the required licensure, certification or registration necessary to practice athletic training under the laws of the jurisdiction in which the athletic trainer is employed if that person is performing athletic training in this state in connection with teaching or participating in an educational seminar or is providing athletic training services in this state to persons of a bona fide professional, intercollegiate, interscholastic or amateur sports organization by which the athletic trainer is employed, for not more than one hundred twenty days in any twelve month period.

32-4122. Qualifications for licensure

An applicant for a license as an athletic trainer shall:

1. Be of good moral character. To determine if a person is of good moral character, the board may consider if the person has been convicted of a felony or a misdemeanor involving moral turpitude.
2. Have successfully completed the application process.
3. Possess a minimum of a baccalaureate degree from an accredited institution with coursework and supervised clinical experience as required and approved by the board.
4. Have passed a national examination approved by the board within one year before the date of application or currently possess certification as an athletic trainer from a nationally recognized board of certification.
5. Pay the application fee prescribed in section 32-4126.

32-4123. Application; statement of deficiencies; hearing

- A. An applicant for licensure shall file a completed application as required by the board. The applicant shall include application and examination fees as prescribed in section 32-4126.
- B. The board may return an application with a statement of deficiencies. On request of an applicant who disagrees with the statement, the board shall hold a hearing pursuant to title 41, chapter 6.

32-4124. License renewal; changes of name or address

- A. Except as provided in section 32-4301, a license issued pursuant to this chapter is subject to renewal each year and expires unless renewed.
- B. The executive director shall send a renewal application to each licensee at least sixty days before expiration of the license.
- C. Each licensee is responsible for reporting to the board a name change and changes in business and home addresses within thirty days after any change.

32-4125. Reinstatement of license

A. The board may reinstate a lapsed license on payment of a renewal fee and a reinstatement fee and proof that the applicant has met all requirements for continuing competency established by the board.

B. If a person's license has lapsed for more than three consecutive years, that person shall reapply for a license and pay all applicable fees. The person shall also demonstrate to the board's satisfaction competency in the practice of athletic training or shall serve an internship under a restricted license or take remedial courses as determined by the board, or both, at the board's discretion. The board may also require the applicant to take an examination.

32-4126. Fees

A. The board shall establish and collect nonrefundable fees that do not exceed the following:

1. For an application for an original license, three hundred fifty dollars.
2. For a certificate of renewal of a license, two hundred fifty dollars.
3. For an application for reinstatement of a license, three hundred fifty dollars.
4. For each duplicate license, fifty dollars.
5. For copying records, documents, letters, minutes, applications and files, twenty-five cents a page.

B. The board shall charge additional fees for services not required to be provided by this chapter but that the board determines are necessary and appropriate to carry out this chapter. The fees shall not exceed the actual cost of providing these services.

32-4127. Temporary licenses

A. The executive director may issue a temporary license to a person who meets all of the following requirements:

1. Submits a completed application.
2. Submits the application fee for licensure pursuant to this chapter.
3. Submits proof satisfactory to the board of current certification by a nationally recognized board of certification.
4. Submits a readable fingerprint card pursuant to section 32-4128.

B. A temporary license:

1. Is valid for not more than ninety days.
2. Shall not be renewed.

3. Is void on the issuance or denial of an original license.

C. The board may revoke a temporary license for a violation of this chapter. The board shall hold a hearing at the request of a person whose temporary license is revoked by the board.

D. The board may adopt rules to carry out this section.

32-4128. Fingerprinting

A. An applicant for original licensure, license renewal, license reinstatement or temporary licensure pursuant to this chapter who has not previously done so must submit a full set of fingerprints to the board at the applicant's or licensee's expense for the purpose of obtaining a state and federal criminal records check pursuant to section 41-1750 and Public Law 92-544. The department of public safety may exchange this fingerprint data with the federal bureau of investigation.

B. If the applicant or licensee has an unexpired clearance card issued by the department of public safety, the applicant or licensee may submit a copy of that document instead of submitting fingerprints.

C. Each applicant for license renewal or reinstatement shall submit a new set of fingerprints every five years after the initial fingerprint submission required in subsection A of this section.

D. On expiration of the clearance card issued by the department of public safety, an applicant must submit either a copy of the applicant's new clearance card or a set of fingerprints.

E. If the board does not have any evidence or reasonable suspicion that the applicant has a criminal history and the applicant otherwise satisfies the requirements of section 32-4122, the board may issue a license or a temporary license before it receives the results of a criminal records check.

F. The board shall suspend the license or temporary license of a person who submits an unreadable set of fingerprints and who does not submit a new readable set of fingerprints within twenty days after the board notifies the person of that fact.

G. This section does not affect the board's authority to otherwise issue, deny, cancel, terminate, suspend or revoke a license or a temporary license.

Article 3: Regulation

32-4151. Lawful practice

A. An athletic trainer shall refer a person with an athletic injury or athletic illness to one or more appropriate health care practitioners if the athletic trainer has reasonable cause to believe symptoms or conditions are present that require services beyond the scope of practice of athletic training or if athletic training is contraindicated.

B. An athletic trainer shall adhere to the recognized standards and ethics of the athletic training profession and as further established by rule.

C. This chapter does not authorize an athletic trainer to practice any other profession regulated under this title and does not expand the scope of practice of any health care provider who is not licensed pursuant to this chapter but who is licensed pursuant to this title.

D. This chapter does not authorize an athletic trainer to treat an athletic illness at any time other than during a person's participation in or preparation for games or sports or participation in recreational activities or physical fitness activities.

32-4152. Use of titles; restrictions; violation; classification

A. An athletic trainer shall use the letters "AT" or the title "athletic trainer", or both, in connection with the athletic trainer's name or place of business to denote licensure under this chapter.

B. A person or business entity or its employees, agents or representatives shall not use in connection with that person's name or the name or activity of the business the words "athletic training" or "athletic trainer", the letters "AT/L", "L/AT", "ATC/L", "L/ATC", "A.T.", "AT", "L.A.T." or "A.T.L." or any other words, abbreviations or insignia indicating or implying directly or indirectly that athletic training is provided or supplied unless the services are provided by an athletic trainer licensed pursuant to this chapter. A person or entity that violates this subsection is guilty of a class 1 misdemeanor.

32-4153. Grounds for disciplinary action

The following are grounds for disciplinary action:

1. Practicing athletic training in violation of this chapter or rules adopted pursuant to this chapter.
2. Practicing or offering to practice beyond the scope of the practice of athletic training.
3. Obtaining or attempting to obtain a license by fraud or misrepresentation.
4. Engaging in the performance of substandard care by an athletic trainer due to a deliberate or negligent act or failure to act, regardless of whether actual injury to the person cared for is established.
5. Failing to provide direct supervision in accordance with this chapter and rules adopted pursuant to this chapter.
6. Committing any felony or a misdemeanor involving moral turpitude. A conviction by a court of competent jurisdiction is conclusive evidence of the commission of the crime.
7. Practicing as an athletic trainer if the licensee's physical or mental abilities are impaired by the use of alcohol or any other substance that interferes with the ability to safely practice athletic training.
8. Having had a license or certificate revoked or suspended or any other disciplinary action taken or an application for licensure or certification refused, revoked or suspended by the proper authorities of another state, territory or country.
9. Engaging in sexual misconduct. For the purpose of this paragraph, "sexual misconduct" includes:

(a) Engaging in or soliciting sexual relationships, whether consensual or nonconsensual, while a provider relationship exists.

(b) Making sexual advances, requesting sexual favors or engaging in other verbal conduct or physical contact of a sexual nature with a person treated by the athletic trainer.

(c) Intentionally viewing a completely or partially disrobed patient in the course of treatment if the viewing is not related to treatment under current practice standards.

10. Failing to adhere to the recognized standards and ethics of the athletic training profession.

11. Making misleading, deceptive, untrue or fraudulent representations in violation of this chapter.

12. Charging unreasonable or fraudulent fees for services performed or not performed.

13. Having been adjudged mentally incompetent by a court of competent jurisdiction.

14. Aiding or abetting a person who is not licensed in this state and who directly or indirectly performs activities requiring a license.

15. Failing to report to the board any act or omission of a licensee or applicant or any other person who violates this chapter.

16. Interfering with an investigation or disciplinary proceeding by wilful misrepresentation of facts or by the use of threats or harassment against any person to prevent that person from providing evidence in a disciplinary proceeding or any legal action.

17. Failing to maintain confidentiality without prior written consent of the individual treated or unless otherwise required by law.

18. Failing to maintain adequate records regarding treatment. For the purposes of this paragraph, "adequate records" means legible records that contain at a minimum a determination of the nature of the injury and the referral and treatment required, the treatment plan, the treatment record, a final summary on conclusion of treatment and sufficient information to identify the person treated.

19. Promoting an unnecessary device, treatment or service for the financial gain of the athletic trainer or of a third party.

20. Providing unwarranted treatment or treatment beyond the point of reasonable benefit.

21. Providing athletic training services that are in any way linked to the financial gain of a referral source.

22. Violating this chapter, board rules or a written order of the board.

32-4154. Investigative powers; emergency action; hearing officers

A. To enforce this chapter the board may:

1. Receive complaints filed against licensees and conduct a timely investigation.
 2. Conduct an investigation at any time and on its own initiative without receipt of a written complaint if the board has reason to believe that there may be a violation of this chapter.
 3. Issue subpoenas to compel the attendance of any witness or the production of any documentation relative to a case.
 4. Take emergency action ordering the summary suspension of a license or the restriction of the licensee's practice pending proceedings by the board.
 5. Appoint hearing officers authorized to conduct hearings. Hearing officers shall prepare and submit to the board findings of fact, conclusions of law and an order that shall be reviewed and voted on by the board.
 6. Require a licensee to be examined to determine the licensee's mental, physical or professional competence.
- B. If the board finds that the information received in a complaint or an investigation is not of sufficient seriousness to merit direct action against the licensee, it may take either of the following actions:
1. Dismiss the complaint if the board believes the information or complaint is without merit.
 2. Forward a confidential advisory letter to the licensee.
- C. The board shall notify a licensee of a complaint and the nature of the complaint within ninety days after receiving the complaint.
- D. Any person may submit a complaint regarding any licensee or other person potentially in violation of this chapter.
- E. The board shall keep confidential all information relating to the receipt and investigation of complaints filed against licensees and others until the information becomes public record or as required by law.

32-4155. Informal interviews; hearings

- A. The board may request an informal interview with a licensee or any nonlicensed person in order to further its investigation or to resolve a complaint.
- B. If at an informal interview the board finds a violation of this chapter has occurred that constitutes grounds for disciplinary action, it may take any disciplinary actions prescribed in section 32-4156, paragraph 1, 2 or 3.
- C. If the results of an informal interview indicate that suspension or revocation of a license or the imposition of a civil penalty may be in order, the board shall notify the subject of the investigation of the time and place for a hearing pursuant to subsection D of this section.

D. In lieu of or in addition to an informal interview as provided in subsection A of this section, the board may serve on a licensee a summons and complaint setting forth the grounds for disciplinary action and notice of a hearing to be held before the board at least thirty days after the date of the notice. The notice shall state the time and place of the hearing.

E. A person appearing before the board may be represented by counsel.

F. The hearing officer shall administer oaths to all witnesses, shall keep a record of all oral testimony submitted at the hearing and shall keep the original or a copy of all other evidence submitted. The hearing officer may waive the rules of evidence.

G. A motion for rehearing or review of the board's decision in a disciplinary action shall be filed within fifteen days after service of notice of the decision. The board shall conduct a rehearing or review pursuant to board rules.

H. The service of a summons and complaint and the service of a subpoena shall be as provided for service in civil cases.

I. If a person disobeys a subpoena, the board may petition the superior court for an order requiring appearance or the production of documents.

32-4156. Disciplinary actions; penalties

On proof that a licensee has violated any grounds prescribed in section 32-4153, the board may take the following disciplinary actions singly or in combination:

1. Issue a decree of censure.
2. Prescribe a licensee's scope of practice, place of practice or supervision of practice, the duration of a license or the type or condition of persons cared for by a licensee. The board may require a licensee to report regularly to the board on matters related to the grounds for the restricted license.
3. Suspend a license for a period prescribed by the board.
4. Revoke a license.
5. Refuse to issue or renew a license.
6. Impose a civil penalty of at least two hundred fifty dollars but not more than ten thousand dollars for each violation of this chapter. In addition the board may assess and collect the reasonable costs incurred in a disciplinary hearing when action is taken against a person's license.
7. Accept the voluntary surrender of a license.

32-4157. Unlawful practice; classification; civil penalties; injunctive relief

A. It is unlawful for any person to practice or in any manner to claim to practice athletic training unless that person is licensed pursuant to this chapter. A person who engages in an activity requiring a license pursuant to this chapter or who uses any word, title or representation in violation

of section 32-4152 that implies that the person is licensed to engage in the practice of athletic training is guilty of a class 1 misdemeanor.

B. The board may investigate any person to the extent necessary to determine if the person is engaged in the unlawful practice of athletic training. If an investigation indicates that a person may be practicing athletic training unlawfully, the board shall inform the person of the alleged violation. The board may refer the matter for prosecution regardless of whether the person ceases the unlawful practice of athletic training.

C. The board, through the appropriate county attorney or the office of the attorney general, may apply for injunctive relief in any court of competent jurisdiction or enjoin any person from committing any act in violation of this chapter. Injunctive proceedings are in addition to all penalties and other remedies prescribed in this chapter.

D. A person who aids or requires another person to directly or indirectly violate this chapter or board rules, who permits a license to be used by another person or who acts with the intent to violate this chapter or board rules is subject to a civil penalty of not more than one thousand dollars for each violation and not more than five thousand dollars for each subsequent violation. The board shall hold a hearing before it imposes this penalty.

E. All monies the board collects from civil penalties pursuant to this chapter shall be deposited, pursuant to sections 35-146 and 35-147, in the state general fund.

32-4158. Reporting violations; immunity

A. A person, licensee, corporation, educational institution, athletic organization or health care facility and state or local governmental agencies shall report to the board any conviction, determination or finding that a licensee has committed an act that constitutes grounds for disciplinary action pursuant to section 32-4153.

B. A person is immune from civil liability, whether direct or derivative, for providing information in good faith to the board pursuant to subsection A of this section.

C. The board shall not disclose the identity of a person who provides information unless this information is essential to proceedings conducted pursuant to sections 32-4154 and 32-4155 or unless required by a court.

32-4159. Substance abuse recovery program

In lieu of a disciplinary proceeding prescribed by this article, the board may permit a licensee to actively participate in a board approved substance abuse recovery program if:

1. The board has evidence that the licensee is an impaired professional.
2. The licensee has not been convicted of a felony relating to a controlled substance in any court of law.
3. The licensee enters into a written agreement with the board for a restricted license and complies with all of the terms of the agreement, including making satisfactory progress in the program and adhering to any limitation on the licensee's practice imposed by the board to protect the public. If a

licensee does not enter into such an agreement the board shall immediately begin an investigation and disciplinary proceeding.

4. As part of the agreement established between the licensee and the board, the licensee signs a waiver allowing the substance abuse program to release information to the board if the licensee does not comply with the requirements of this section or is unable to practice with reasonable skill or safety.

32-4160. Public, confidential and privileged information; exception; display of license

A. The public has the right of access to the following information:

1. A list that includes each licensee's place of practice, license number, date of license expiration, status of license and whether the licensee has been subject to a complaint or disciplinary action by the board.

2. A list of official actions taken by the board.

B. The home addresses and home telephone numbers of licensees are not public records and shall be kept confidential by the board.

C. Information pertaining to the relationship between the licensee and a person treated by the licensee is confidential and shall not be communicated to a third party who is not involved in that person's care without that person's prior written consent. If the person is a minor, the person's parent or guardian must also give written consent to these communications.

D. The licensee shall divulge to the board information it requires in connection with any investigation, public hearing or proceeding.

E. The privilege described in subsection C does not extend to cases in which the licensee has a duty to report information as required by law.

F. Each licensee shall display a copy of the licensee's license or current renewal verification in a location accessible to public view at the licensee's place of practice.

32-4161. Judicial review

Board decisions are subject to judicial review pursuant to title 12, chapter 7, article 6.

NEW YORK – OFFICE OF PROFESSIONS

Article 162, Athletic Training

§8350. Introduction.

This article applies to the profession of athletic training. The general provisions of all professions contained in article one hundred thirty of this chapter shall apply to this article.

§8351. Definition.

As used in this article "athletic trainer" means any person who is duly certified in accordance with this article to perform athletic training under the supervision of a physician and limits his or her practice to secondary schools, institutions of postsecondary education, professional athletic organizations, or a person who, under the supervision of a physician, carries out comparable functions on orthopedic athletic injuries, excluding spinal cord injuries, in a health care organization. Supervision of an athletic trainer by a physician shall be continuous but shall not be construed as requiring the physical presence of the supervising physician at the time and place where such services are performed.

The scope of work described herein shall not be construed as authorizing the reconditioning of neurologic injuries, conditions or disease.

§8352. Definition of practice of athletic training.

The practice of the profession of athletic training is defined as the application of principles, methods and procedures for managing athletic injuries, which shall include the preconditioning, conditioning and reconditioning of an individual who has suffered an athletic injury through the use of appropriate preventative and supportive devices, under the supervision of a physician and recognizing illness and referring to the appropriate medical professional with implementation of treatment pursuant to physician`s orders. Athletic training includes instruction to coaches, athletes, parents, medical personnel and communities in the area of care and prevention of athletic injuries.

The scope of work described herein shall not be construed as authorizing the reconditioning of neurologic injuries, conditions or disease.

§8353. Use of the title "certified athletic trainer".

Only a person certified or otherwise authorized under this article shall use the title "certified athletic trainer".

§8354. State committee for athletic trainers.

A state committee for athletic trainers shall be appointed by the board of regents, upon the recommendation of the commissioner and shall assist on matters of certification and professional conduct in accordance with section six thousand five hundred eight of this title. The committee shall consist of five members who are athletic trainers certified in this state. The committee shall assist the state board for medicine in athletic training matters. Nominations and terms of office of the members of the state committee for athletic trainers shall conform to the corresponding provisions relating thereto for state boards under article one hundred thirty of this chapter. Notwithstanding the foregoing, the members of the first committee need not be certified prior to their appointment to the committee.

§8355. Requirements and procedure for professional certification.

For certification as a certified athletic trainer under this article, an applicant shall fulfill the following requirements:

1. Application: file an application with the department;
 2. Education: have received an education including a bachelor's, its equivalent or higher degree in accordance with the commissioner's regulations;
 3. Experience: have experience in accordance with the commissioner's regulations;
 4. Examination: pass an examination in accordance with the commissioner's regulations;
 5. Age: be at least twenty-one years of age; and
 6. Fees: pay a fee for an initial certificate of one hundred dollars to the department; and a fee of fifty dollars for each triennial registration period.
-

§8356. Special provisions.

A person shall be certified without examination provided that, within three years from the effective date of regulations implementing the provisions of this article, the individual:

1. files an application and pays the appropriate fees to the department; and
2. meets the requirements of subdivisions two and five of section eight thousand three hundred fifty-five of this article and who in addition:
 - a. has been actively engaged in the profession of athletic training for a minimum of four years during the seven years immediately preceding the effective date of this article; or
 - b. is certified by a United States certifying body acceptable to the department.

§8357. Non-liability of certified athletic trainers for first aid or emergency treatment.

Notwithstanding any inconsistent provision of any general, special or local law, any certified athletic trainer who voluntarily and without the expectation of monetary compensation renders first aid or emergency treatment at the scene of an accident or other emergency, outside a hospital, doctor's office or any other place having proper and necessary athletic training equipment, to a person who is unconscious, ill or injured, shall not be liable for damages for injuries alleged to have been sustained by such person or for damages for the death of such person alleged to have occurred by reason of an act or omission in the rendering of such first aid or emergency treatment unless it is established that such injuries were or such death was caused by gross negligence on the part of such athletic trainer. Nothing in this section shall be deemed or construed to relieve a certified athletic trainer from liability for damages for injuries or death caused by an act or omission on the part of an athletic trainer while rendering professional services in the normal and ordinary course of his or her practice.

§8358. Separability.

If any section of this article, or part thereof, shall be adjudged by any court of competent jurisdiction to be invalid, such judgment shall not affect, impair or invalidate the remainder of any other section or part thereof.

Athletic Trainers
Occupations Code
Title 3. Health Professions
Chapter 451
Administered by the Texas Department of Licensing and Regulation
(Effective September 1, 2015)

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SUBCHAPTER A. GENERAL PROVISIONS

Sec. 451.001. Definitions.

In this chapter:

- (1) "Athletic injury" means an injury sustained by a person as a result of the person's participation in an organized sport or sport-related exercise or activity, including interscholastic, intercollegiate, intramural, semiprofessional, and professional sports activities.
- (2) "Athletic trainer" means a person who practices athletic training, is licensed by the department, and may use the initials "LAT," "LATC," and "AT" to designate the person as an athletic trainer. The terms "sports trainer" and "licensed athletic trainer" are equivalent to "athletic trainer."
- (3) "Athletic training" means the form of health care that includes the practice of preventing, recognizing, assessing, managing, treating, disposing of, and reconditioning athletic injuries under the direction of a physician licensed in this state or another qualified, licensed health professional who is authorized to refer for health care services within the scope of the person's license.
- (4) "Board" means the Advisory Board of Athletic Trainers.
- (5) "Commission" means the Texas Commission of Licensing and Regulation.
- (6) "Department" means the Texas Department of Licensing and Regulation.
- (7) "Executive director" means the executive director of the department.

Sec. 451.002. Interpretation; Practice of Medicine.

This chapter does not authorize the practice of medicine by a person not licensed by the Texas Medical Board.

Sec. 451.003. Applicability.

This chapter does not apply to:

- (1) a physician licensed by the Texas Medical Board;
- (2) a dentist, licensed under the laws of this state, engaged in the practice of dentistry;
- (3) a licensed optometrist or therapeutic optometrist engaged in the practice of optometry or therapeutic optometry as defined by statute;
- (4) an occupational therapist engaged in the practice of occupational therapy;
- (5) a nurse engaged in the practice of nursing;
- (6) a licensed podiatrist engaged in the practice of podiatry as defined by statute;
- (7) a physical therapist engaged in the practice of physical therapy;
- (8) a registered massage therapist engaged in the practice of massage therapy;

- (9) a commissioned or contract physician, physical therapist, or physical therapist assistant in the United States Army, Navy, Air Force, or Public Health Service; or
- (10) an athletic trainer who does not live in this state, who is licensed, registered, or certified by an authority recognized by the department, and who provides athletic training in this state for a period determined by the department.

SUBCHAPTER B. ADVISORY BOARD OF ATHLETIC TRAINERS

Sec. 451.051. Board; Membership.

- (b) The board consists of five members appointed by the presiding officer of the commission with the approval of the commission as follows:
 - (1) three members who are athletic trainers; and
 - (2) two members who represent the public.
- (c) Each member of the board must be a citizen of the United States and a resident of this state for the five years preceding appointment.
- (d) Appointments to the board shall be made without regard to the race, color, disability, sex, religion, age, or national origin of the appointee.

Sec. 451.0521. Duties of Board.

The board shall provide advice and recommendations to the department on technical matters relevant to the administration of this chapter.

Sec. 451.053. Terms; Vacancy.

- (a) Board members serve staggered six-year terms with the terms of one or two members expiring on January 31 of each odd-numbered year.
- (b) If a vacancy occurs on the board, the presiding officer of the commission, with the commission's approval, shall appoint a replacement who meets the qualifications for the vacant position to serve for the unexpired portion of the term.

Sec. 451.055. Presiding Officer.

The presiding officer of the commission shall designate a member of the board to serve as the presiding officer of the board for a one-year term. The presiding officer of the board may vote on any matter before the board.

Sec. 451.056. Meetings.

The board shall meet at the call of the presiding officer of the commission or the executive director.

SUBCHAPTER C. POWERS AND DUTIES

Sec. 451.101. General Powers and Duties.

- (a) The executive director shall administer and enforce this chapter.
- (a-1) The department shall:
 - (1) adopt an official seal;
 - (2) prescribe the application form for a license applicant;
 - (3) prescribe a suitable form for a license certificate;
 - (4) prepare and conduct an examination for license applicants;
 - (5) maintain a complete record of all licensed athletic trainers; and
 - (6) annually prepare a roster showing the names and addresses of all licensed athletic trainers.
- (a-2) The department shall make a copy of the roster available to any person requesting it on payment of a fee established by the department in an amount sufficient to cover the cost of the roster.

Sec. 451.110. Confidentiality of Complaint and Disciplinary Information.

- (h) All information and materials subpoenaed or compiled by the department in connection with a complaint and investigation are confidential and not subject to disclosure under Chapter 552, Government Code, and not subject to disclosure, discovery, subpoena, or other means of legal compulsion for their release to anyone other than the department or its employees or agents involved in discipline of the holder of a license, except that this information may be disclosed to:
 - (1) persons involved with the department in a disciplinary action against the holder of a license;
 - (2) athletic trainer licensing or disciplinary boards in other jurisdictions;
 - (3) peer assistance programs approved by the commission under Chapter 467, Health and Safety Code;
 - (4) law enforcement agencies; and
 - (5) persons engaged in bona fide research, if all individual-identifying information has been deleted.
- (i) The filing of formal charges by the department against a holder of a license, the nature of those charges, disciplinary proceedings of the department, commission, or executive director, and final disciplinary actions, including warnings and reprimands, by the department, commission, or executive director are not confidential and are subject to disclosure in accordance with Chapter 552, Government Code.

SUBCHAPTER D. LICENSE REQUIREMENTS

Sec. 451.151. License Required.

A person may not hold the person out as an athletic trainer or perform any activity of an athletic trainer unless the person holds a license under this chapter.

Sec. 451.152. License Application.

An applicant for an athletic trainer license must submit to the department:

- (1) an application in the manner and on a form prescribed by the executive director; and
- (2) the required examination fee.

Sec. 451.153. Applicant Qualifications.

(a) An applicant for an athletic trainer license must:

- (1) have met the athletic training curriculum requirements of a college or university approved by the commission and give proof of graduation;
- (2) hold a degree or certificate in physical therapy and have completed:
 - (A) a basic athletic training course from an accredited college or university; and
 - (B) an apprenticeship described by Subsection (b); or
- (3) have a degree in corrective therapy with at least a minor in physical education or health that includes a basic athletic training course and meet the apprenticeship requirement or any other requirement established by the commission.

(b) The apprenticeship required to be completed by an applicant consists of 720 hours completed in two years under the direct supervision of a licensed athletic trainer acceptable to the department. Actual working hours include a minimum of 20 hours a week during each fall semester.

Sec. 451.154. Out-of-State License Applicants.

(a) An out-of-state applicant must:

- (1) satisfy the requirements under Section 451.153; and
- (2) submit proof of active engagement as an athletic trainer in this state as described by Subsection (b).

(b) A person is actively engaged as an athletic trainer if the person:

- (1) is employed on a salary basis by an educational institution for the institution's school year or by a professional or other bona fide athletic organization for the athletic organization's season; and
- (2) performs the duties of athletic trainer as the major responsibility of that employment.

Sec. 451.156. Requirements for License Issuance.

An applicant for an athletic trainer license is entitled to receive the license if the applicant:

- (1) satisfies the requirements of Section 451.153 or 451.154;

- (2) passes the examination required by the department;
- (3) pays the required license fee; and
- (4) has not committed an act that constitutes grounds for refusal of a license under Section 451.251.

Sec. 451.157. Temporary License.

- (a) The department may issue a temporary license to an applicant if the applicant satisfies:
 - (1) the requirements of Section 451.153 or 451.154; and
 - (2) any other requirement established by the commission.
- (b) The commission by rule shall prescribe the time during which a temporary license is valid.

SUBCHAPTER E. LICENSE RENEWAL

Sec. 451.201. License Expiration; Renewal.

- (a) A license issued under Section 451.156 expires on the second anniversary of the date of issuance and may be renewed biennially.

SUBCHAPTER F. DISCIPLINARY PROCEDURES

Sec. 451.251. Grounds for Denial of License or Disciplinary Action.

- (a) The commission or executive director may refuse to issue a license to an applicant and shall reprimand a license holder or suspend, revoke, or refuse to renew a person's license if the person:
 - (1) has been convicted of a misdemeanor involving moral turpitude or a felony;
 - (2) obtained the license by fraud or deceit;
 - (3) violated or conspired to violate this chapter or a rule adopted under this chapter; or
 - (4) provided services outside the scope of practice of athletic training.
- (b) For the purposes of Subsection (a)(1), the record of conviction is conclusive evidence of conviction.

SUBCHAPTER G. PENALTIES

Sec. 451.301. Criminal Penalty.

- (a) A person commits an offense if the person violates this chapter.
- (b) An offense under this section is a misdemeanor punishable by a fine of not less than \$25 or more than \$200.

SUBCHAPTER H. ADMINISTRATIVE PENALTY

Sec. 451.351. Amount of Administrative Penalty.

- (c) The amount of an administrative penalty imposed for a violation of this chapter or a rule adopted or order issued under this chapter may not exceed \$500 for each violation, and each day a violation continues or occurs is a separate violation for purposes of imposing a penalty. The total amount of the penalty assessed for a violation continuing or occurring on separate days under this subsection may not exceed \$2,500.
- (d) The amount shall be based on:
 - (1) the seriousness of the violation, including the nature, circumstances, extent, and gravity of the violation;
 - (2) the threat to health or safety caused by the violation;
 - (3) the history of previous violations;
 - (4) the amount necessary to deter a future violation;
 - (5) whether the violator demonstrated good faith, including, when applicable, whether the violator made good faith efforts to correct the violation; and
 - (6) any other matter that justice may require.

STATE OF WASHINGTON

Chapter 18.250 RCW ATHLETIC TRAINERS

18.250.005

Purpose.

It is the purpose of this chapter to provide for the licensure of persons offering athletic training services to the public and to ensure standards of competence and professional conduct on the part of athletic trainers.

[2007 c 253 § 1.]

18.250.010

Definitions. (*Effective until July 1, 2017.*)

The definitions in this section apply throughout this chapter unless the context clearly requires otherwise.

(1) "Athlete" means a person who participates in exercise, recreation, sport, or games requiring physical strength, range-of-motion, flexibility, body awareness and control, speed, stamina, or agility, and the exercise, recreation, sports, or games are of a type conducted in association with an educational institution or professional, amateur, or recreational sports club or organization.

(2) "Athletic injury" means an injury or condition sustained by an athlete that affects the person's participation or performance in exercise, recreation, sport, or games and the injury or condition is within the professional preparation and education of an athletic trainer.

(3) "Athletic trainer" means a person who is licensed under this chapter. An athletic trainer can practice athletic training through the consultation, referral, or guidelines of a licensed health care provider working within their scope of practice.

(4)(a) "Athletic training" means the application of the following principles and methods as provided by a licensed athletic trainer:

(i) Risk management and prevention of athletic injuries through preactivity screening and evaluation, educational programs, physical conditioning and reconditioning programs, application of commercial products, use of protective equipment, promotion of healthy behaviors, and reduction of environmental risks;

(ii) Recognition, evaluation, and assessment of athletic injuries by obtaining a history of the athletic injury, inspection and palpation of the injured part and associated structures, and performance of specific testing techniques related to stability and function to determine the extent of an injury;

(iii) Immediate care of athletic injuries, including emergency medical situations through the application of first-aid and emergency procedures and techniques for nonlife-threatening or life-threatening athletic injuries;

(iv) Treatment, rehabilitation, and reconditioning of athletic injuries through the application of physical agents and modalities, therapeutic activities and exercise, standard reassessment techniques and procedures, commercial products, and educational programs, in accordance with guidelines established with a licensed health care provider as provided in RCW 18.250.070;

(v) Treatment, rehabilitation, and reconditioning of work-related injuries through the application of physical agents and modalities, therapeutic activities and exercise, standard reassessment techniques and procedures, commercial products, and educational programs, under the direct supervision of and in accordance with a plan of care for an individual worker established by a provider authorized to provide physical medicine and rehabilitation services for injured workers; and

(vi) Referral of an athlete to an appropriately licensed health care provider if the athletic injury requires further definitive care or the injury or condition is outside an athletic trainer's scope of practice, in accordance with RCW 18.250.070.

(b) "Athletic training" does not include:

(i) The use of spinal adjustment or manipulative mobilization of the spine and its immediate articulations;

(ii) Orthotic or prosthetic services with the exception of evaluation, measurement, fitting, and adjustment of temporary, prefabricated or direct-formed orthosis as defined in chapter 18.200 RCW;

(iii) The practice of occupational therapy as defined in chapter 18.59 RCW;

(iv) The practice of East Asian medicine as defined in chapter 18.06 RCW;

(v) Any medical diagnosis; and

(vi) Prescribing legend drugs or controlled substances, or surgery.

(5) "Committee" means the athletic training advisory committee.

(6) "Department" means the department of health.

(7) "Licensed health care provider" means a physician, physician assistant, osteopathic physician, osteopathic physician assistant, advanced registered nurse practitioner, naturopath, physical therapist, chiropractor, dentist, massage practitioner, acupuncturist, occupational therapist, or podiatric physician and surgeon.

(8) "Secretary" means the secretary of health or the secretary's designee.

[2014 c 194 § 1; 2007 c 253 § 2.]

18.250.010

Definitions. (Effective July 1, 2017.)

The definitions in this section apply throughout this chapter unless the context clearly requires otherwise.

(1) "Athlete" means a person who participates in exercise, recreation, sport, or games requiring physical strength, range-of-motion, flexibility, body awareness and control, speed, stamina, or agility, and the exercise, recreation, sports, or games are of a type conducted in association with an educational institution or professional, amateur, or recreational sports club or organization.

(2) "Athletic injury" means an injury or condition sustained by an athlete that affects the person's participation or performance in exercise, recreation, sport, or games and the injury or condition is within the professional preparation and education of an athletic trainer.

(3) "Athletic trainer" means a person who is licensed under this chapter. An athletic trainer can practice athletic training through the consultation, referral, or guidelines of a licensed health care provider working within their scope of practice.

(4)(a) "Athletic training" means the application of the following principles and methods as provided by a licensed athletic trainer:

(i) Risk management and prevention of athletic injuries through preactivity screening and evaluation, educational programs, physical conditioning and reconditioning programs, application of commercial products, use of protective equipment, promotion of healthy behaviors, and reduction of environmental risks;

(ii) Recognition, evaluation, and assessment of athletic injuries by obtaining a history of the athletic injury, inspection and palpation of the injured part and associated structures, and performance of specific testing techniques related to stability and function to determine the extent of an injury;

(iii) Immediate care of athletic injuries, including emergency medical situations through the application of first-aid and emergency procedures and techniques for nonlife-threatening or life-threatening athletic injuries;

(iv) Treatment, rehabilitation, and reconditioning of athletic injuries through the application of physical agents and modalities, therapeutic activities and exercise, standard reassessment techniques and procedures, commercial products, and educational programs, in accordance with guidelines established with a licensed health care provider as provided in RCW 18.250.070;

(v) Treatment, rehabilitation, and reconditioning of work-related injuries through the application of physical agents and modalities, therapeutic activities and exercise, standard reassessment techniques and procedures, commercial products, and educational programs, under the direct supervision of and in accordance with a plan of care for an individual worker established by a provider authorized to provide physical medicine and rehabilitation services for injured workers; and

(vi) Referral of an athlete to an appropriately licensed health care provider if the athletic injury requires further definitive care or the injury or condition is outside an athletic trainer's scope of practice, in accordance with RCW 18.250.070.

(b) "Athletic training" does not include:

(i) The use of spinal adjustment or manipulative mobilization of the spine and its immediate articulations;

(ii) Orthotic or prosthetic services with the exception of evaluation, measurement, fitting, and adjustment of temporary, prefabricated or direct-formed orthosis as defined in chapter 18.200 RCW;

(iii) The practice of occupational therapy as defined in chapter 18.59 RCW;

(iv) The practice of East Asian medicine as defined in chapter 18.06 RCW;

(v) Any medical diagnosis; and

(vi) Prescribing legend drugs or controlled substances, or surgery.

(5) "Committee" means the athletic training advisory committee.

(6) "Department" means the department of health.

(7) "Licensed health care provider" means a physician, physician assistant, osteopathic physician, osteopathic physician assistant, advanced registered nurse practitioner, naturopath, physical therapist, chiropractor, dentist, massage therapist, acupuncturist, occupational therapist, or podiatric physician and surgeon.

(8) "Secretary" means the secretary of health or the secretary's designee.
[2016 c 41 § 22; 2014 c 194 § 1; 2007 c 253 § 2.]

NOTES:

Effective date—2016 c 41: See note following RCW 18.108.010.

18.250.020

Secretary's authority—Application of uniform disciplinary act.

- (1) In addition to any other authority provided by law, the secretary may:
- (a) Adopt rules, in accordance with chapter 34.05 RCW, necessary to implement this chapter;
 - (b) Establish all license, examination, and renewal fees in accordance with RCW 43.70.250;
 - (c) Establish forms and procedures necessary to administer this chapter;
 - (d) Establish administrative procedures, administrative requirements, and fees in accordance with RCW 43.70.250 and 43.70.280. All fees collected under this section must be credited to the health professions account as required under RCW 43.70.320;
 - (e) Develop and administer, or approve, or both, examinations to applicants for a license under this chapter;
 - (f) Establish continuing education requirements by rule;
 - (g) Issue a license to any applicant who has met the education, training, and examination requirements for licensure and deny a license to applicants who do not meet the minimum qualifications for licensure. However, denial of licenses based on unprofessional conduct or impaired practice is governed by the uniform disciplinary act, chapter 18.130 RCW;
 - (h) In consultation with the committee, approve examinations prepared or administered by private testing agencies or organizations for use by an applicant in meeting the licensing requirements under RCW 18.250.060;
 - (i) Determine which states have credentialing requirements substantially equivalent to those of this state, and issue licenses to individuals credentialed in those states that have successfully fulfilled the requirements of RCW 18.250.080;
 - (j) Hire clerical, administrative, and investigative staff as needed to implement and administer this chapter;
 - (k) Maintain the official department record of all applicants and licensees; and
 - (l) Establish requirements and procedures for an inactive license.
- (2) The uniform disciplinary act, chapter 18.130 RCW, governs unlicensed practice, the issuance and denial of licenses, and the discipline of licensees under this chapter.
[2014 c 194 § 2; 2007 c 253 § 3.]

18.250.030

Athletic training advisory committee.

(1) The athletic training advisory committee is formed to further the purposes of this chapter.

(2) The committee consists of five members. Four members of the committee must be athletic trainers licensed under this chapter and residing in this state, must have not less than five years' experience in the practice of athletic training, and must be actively engaged in practice within two years of appointment. The fifth member must be appointed from the public at large, and have an interest in the rights of consumers of health services.

(3) The committee may provide advice on matters specifically identified and requested by the secretary, such as applications for licenses.

(4) The committee may be requested by the secretary to approve an examination required for licensure under this chapter.

(5) The committee, at the request of the secretary, may recommend rules in accordance with the administrative procedure act, chapter 34.05 RCW, relating to standards for appropriateness of athletic training care.

(6) The committee must meet during the year as necessary to provide advice to the secretary. The committee may elect a chair and a vice chair. A majority of the members currently serving constitute a quorum.

(7) Each member of the committee must be reimbursed for travel expenses as authorized in RCW 43.03.050 and 43.03.060. In addition, members of the committee must be compensated in accordance with RCW 43.03.240 when engaged in the authorized business of the committee.

(8) The secretary, members of the committee, or individuals acting on their behalf are immune from suit in any action, civil or criminal, based on any credentialing or disciplinary proceedings or other official acts performed in the course of their duties.

[2007 c 253 § 4.]

18.250.040

License required.

It is unlawful for any person to practice or offer to practice as an athletic trainer, or to represent themselves or other persons to be legally able to provide services as an athletic trainer, unless the person is licensed under the provisions of this chapter.

[2007 c 253 § 5.]

18.250.050

Limitations of chapter.

Nothing in this chapter may prohibit, restrict, or require licensure of:

(1) Any person licensed, certified, or registered in this state and performing services within the authorized scope of practice;

(2) The practice by an individual employed by the government of the United States as an athletic trainer while engaged in the performance of duties prescribed by the laws of the United States;

(3) Any person pursuing a supervised course of study in an accredited athletic training educational program, if the person is designated by a title that clearly indicates a student or trainee status;

(4) An athletic trainer from another state for purposes of continuing education, consulting, or performing athletic training services while accompanying his or her group, individual, or representatives into Washington state on a temporary basis for no more than ninety days in a calendar year;

(5) Any elementary, secondary, or postsecondary school teacher, educator, coach, or authorized volunteer who does not represent themselves to the public as an athletic trainer; or

(6) A personal trainer employed by an athletic club or fitness center.

[2007 c 253 § 6.]

18.250.060

Applicant requirements.

An applicant for an athletic trainer license must:

(1) Have received a bachelor's or advanced degree from an accredited four-year college or university that meets the academic standards of athletic training, accepted by the secretary, as advised by the committee;

(2) Have successfully completed an examination administered or approved by the secretary, in consultation with the committee; and

(3) Submit an application on forms prescribed by the secretary and pay the licensure fee required under this chapter.

[2007 c 253 § 7.]

18.250.070

Treatment, rehabilitation, and reconditioning—Referral to licensed health care provider.

(1) Except as necessary to provide emergency care of athletic injuries, an athletic trainer shall not provide treatment, rehabilitation, or reconditioning services to any person except as specified in guidelines established with a licensed health care provider who is licensed to perform the services provided in the guidelines.

(2) If there is no improvement in an athlete who has sustained an athletic injury within fifteen days of initiation of treatment, rehabilitation, or reconditioning, the athletic trainer must refer the athlete to a licensed health care provider that is appropriately licensed to assist the athlete.

(3) If an athletic injury requires treatment, rehabilitation, or reconditioning for more than forty-five days, the athletic trainer must consult with, or refer the athlete to a licensed health care provider. The athletic trainer shall document the action taken.
[2007 c 253 § 8.]

18.250.080

Application procedures, requirements, and fees.

Each applicant and license holder must comply with administrative procedures, administrative requirements, and fees under RCW 43.70.250 and 43.70.280. The secretary shall furnish a license to any person who applies and who has qualified under the provisions of this chapter.

[2007 c 253 § 9.]

18.250.090

Practice setting not restricted.

Nothing in this chapter restricts the ability of athletic trainers to work in the practice setting of his or her choice.

[2007 c 253 § 10.]

18.250.100

Health carrier contract with athletic trainer not required.

Nothing in this chapter may be construed to require that a health carrier defined in RCW 48.43.005 contract with a person licensed as an athletic trainer under this chapter.

[2007 c 253 § 11.]

18.250.901

Effective date—2007 c 253.

This act takes effect July 1, 2008.

[2007 c 253 § 16.]

18.250.902

Implementation—2007 c 253.

The secretary of health may take the necessary steps to ensure that this act is implemented on its effective date.

[2007 c 253 § 17.]

OCCUPATIONAL THERAPY PRACTICE ACT

BUSINESS AND PROFESSIONS CODE - BPC

DIVISION 2. HEALING ARTS [500 - 4999.129]

(Division 2 enacted by Stats. 1937, Ch. 399.)

2570.

This chapter may be cited as the Occupational Therapy Practice Act.
(Repealed and added by Stats. 2000, Ch. 697, Sec. 3. Effective January 1, 2001.)

2570.1.

The Legislature finds and declares that the practice of occupational therapy in California affects the public health, safety, and welfare and there is a necessity for that practice to be subject to regulation and control.

(Added by Stats. 2000, Ch. 697, Sec. 3. Effective January 1, 2001.)

2570.2.

As used in this chapter, unless the context requires otherwise:

(a) "Appropriate supervision of an aide" means that the responsible occupational therapist or occupational therapy assistant shall provide direct in-sight supervision when the aide is providing delegated client-related tasks and shall be readily available at all times to provide advice or instruction to the aide. The occupational therapist or occupational therapy assistant is responsible for documenting the client's record concerning the delegated client-related tasks performed by the aide.

(b) "Aide" means an individual who provides supportive services to an occupational therapist and who is trained by an occupational therapist to perform, under appropriate supervision, delegated, selected client and nonclient-related tasks for which the aide has demonstrated competency. An occupational therapist licensed pursuant to this chapter may utilize the services of one aide engaged in patient-related tasks to assist the occupational therapist in his or her practice of occupational therapy.

(c) "Association" means the Occupational Therapy Association of California or a similarly constituted organization representing occupational therapists in this state.

(d) "Board" means the California Board of Occupational Therapy.

(e) "Examination" means an entry level certification examination for occupational therapists and occupational therapy assistants administered by the National Board for Certification in Occupational Therapy or by another nationally recognized credentialing body.

(f) "Good standing" means that the person has a current, valid license to practice occupational therapy or assist in the practice of occupational therapy and has not been disciplined by the recognized professional certifying or standard-setting body within five years prior to application or renewal of the person's license.

(g) "Occupational therapist" means an individual who meets the minimum education requirements specified in Section 2570.6 and is licensed pursuant to the provisions of this chapter and whose license is in good standing as determined by the board to practice

occupational therapy under this chapter. Only the occupational therapist is responsible for the occupational therapy assessment of a client, and the development of an occupational therapy plan of treatment.

(h) "Occupational therapy assistant" means an individual who is licensed pursuant to the provisions of this chapter, who is in good standing as determined by the board, and based thereon, who is qualified to assist in the practice of occupational therapy under this chapter, and who works under the appropriate supervision of a licensed occupational therapist.

(i) "Occupational therapy services" means the services of an occupational therapist or the services of an occupational therapy assistant under the appropriate supervision of an occupational therapist.

(j) "Person" means an individual, partnership, unincorporated organization, or corporation.

(k) "Practice of occupational therapy" means the therapeutic use of purposeful and meaningful goal-directed activities (occupations) which engage the individual's body and mind in meaningful, organized, and self-directed actions that maximize independence, prevent or minimize disability, and maintain health. Occupational therapy services encompass occupational therapy assessment, treatment, education of, and consultation with, individuals who have been referred for occupational therapy services subsequent to diagnosis of disease or disorder (or who are receiving occupational therapy services as part of an Individualized Education Plan (IEP) pursuant to the federal Individuals with Disabilities Education Act (IDEA)). Occupational therapy assessment identifies performance abilities and limitations that are necessary for self-maintenance, learning, work, and other similar meaningful activities. Occupational therapy treatment is focused on developing, improving, or restoring functional daily living skills, compensating for and preventing dysfunction, or minimizing disability. Occupational therapy techniques that are used for treatment involve teaching activities of daily living (excluding speech-language skills); designing or fabricating selective temporary orthotic devices, and applying or training in the use of assistive technology or orthotic and prosthetic devices (excluding gait training). Occupational therapy consultation provides expert advice to enhance function and quality of life. Consultation or treatment may involve modification of tasks or environments to allow an individual to achieve maximum independence. Services are provided individually, in groups, or through social groups.

(l) "Hand therapy" is the art and science of rehabilitation of the hand, wrist, and forearm requiring comprehensive knowledge of the upper extremity and specialized skills in assessment and treatment to prevent dysfunction, restore function, or reverse the advancement of pathology. This definition is not intended to prevent an occupational therapist practicing hand therapy from providing other occupational therapy services authorized under this act in conjunction with hand therapy.

(m) "Physical agent modalities" means techniques that produce a response in soft tissue through the use of light, water, temperature, sound, or electricity. These techniques are used as adjunctive methods in conjunction with, or in immediate preparation for, occupational therapy services.

(Amended by Stats. 2009, Ch. 307, Sec. 12. Effective January 1, 2010.)

2570.3.

(a) No person shall practice occupational therapy or hold himself or herself out as an occupational therapist or as being able to practice occupational therapy, or to render occupational therapy services in this state unless he or she is licensed as an occupational therapist under the provisions of this chapter. No person shall hold himself or herself out as an occupational therapy assistant or work as an occupational therapy assistant under the supervision of an occupational therapist unless he or she is licensed as an occupational therapy assistant under the provisions of this chapter.

(b) Only an individual may be licensed under this chapter.

(c) Nothing in this chapter shall be construed as authorizing an occupational therapist to practice physical therapy, as defined in Section 2620; speech-language pathology or audiology, as defined in Section 2530.2; nursing, as defined in Section 2725; psychology, as defined in Section 2903; or spinal manipulation or other forms of healing, except as authorized by this section.

(d) An occupational therapist may provide advanced practices if the therapist has the knowledge, skill, and ability to do so and has demonstrated to the satisfaction of the board that he or she has met educational training and competency requirements. These advanced practices include the following:

(1) Hand therapy.

(2) The use of physical agent modalities.

(3) Swallowing assessment, evaluation, or intervention.

(e) An occupational therapist providing hand therapy services shall demonstrate to the satisfaction of the board that he or she has completed post professional education and training in all of the following areas:

(1) Anatomy of the upper extremity and how it is altered by pathology.

(2) Histology as it relates to tissue healing and the effects of immobilization and mobilization on connective tissue.

(3) Muscle, sensory, vascular, and connective tissue physiology.

(4) Kinesiology of the upper extremity, such as biomechanical principles of pulleys, intrinsic and extrinsic muscle function, internal forces of muscles, and the effects of external forces.

(5) The effects of temperature and electrical currents on nerve and connective tissue.

(6) Surgical procedures of the upper extremity and their postoperative course.

(f) An occupational therapist using physical agent modalities shall demonstrate to the satisfaction of the board that he or she has completed post professional education and training in all of the following areas:

(1) Anatomy and physiology of muscle, sensory, vascular, and connective tissue in response to the application of physical agent modalities.

(2) Principles of chemistry and physics related to the selected modality.

(3) Physiological, neurophysiological, and electrophysiological changes that occur as a result of the application of a modality.

(4) Guidelines for the preparation of the patient, including education about the process and possible outcomes of treatment.

(5) Safety rules and precautions related to the selected modality.

(6) Methods for documenting immediate and long-term effects of treatment.

(7) Characteristics of the equipment, including safe operation, adjustment, indications of malfunction, and care.

(g) An occupational therapist in the process of achieving the education, training, and competency requirements established by the board for providing hand therapy or using physical agent modalities may practice these techniques under the supervision of an occupational therapist who has already met the requirements established by the board, a physical therapist, or a physician and surgeon.

(h) The board shall develop and adopt regulations regarding the educational training and competency requirements for advanced practices in collaboration with the Speech-Language Pathology and Audiology Board, the Board of Registered Nursing, and the Physical Therapy Board of California.

(i) Nothing in this chapter shall be construed as authorizing an occupational therapist to seek reimbursement for services other than for the practice of occupational therapy as defined in this chapter.

(j) "Supervision of an occupational therapy assistant" means that the responsible occupational therapist shall at all times be responsible for all occupational therapy services provided to the client. The occupational therapist who is responsible for appropriate supervision shall formulate and document in each client's record, with his or her signature, the goals and plan for that client, and shall make sure that the occupational therapy assistant assigned to that client functions under appropriate supervision. As part of the responsible occupational therapist's appropriate supervision, he or she shall conduct at least weekly review and inspection of all aspects of occupational therapy services by the occupational therapy assistant.

(1) The supervising occupational therapist has the continuing responsibility to follow the progress of each patient, provide direct care to the patient, and to assure that the occupational therapy assistant does not function autonomously.

(2) An occupational therapist shall not supervise more occupational therapy assistants, at any one time, than can be appropriately supervised in the opinion of the board. Two occupational therapy assistants shall be the maximum number of occupational therapy assistants supervised by an occupational therapist at any one time, but the board may permit the supervision of a greater number by an occupational therapist if, in the opinion of the board, there would be adequate supervision and the public's health and safety would be served. In no case shall the total number of occupational therapy assistants exceed twice the number of occupational therapists regularly employed by a facility at any one time.

(k) The amendments to subdivisions (d), (e), (f), and (g) relating to advanced practices, that are made by the act adding this subdivision, shall become operative no later than January 1, 2004, or on the date the board adopts regulations pursuant to subdivision (h), whichever first occurs.

(Amended by Stats. 2009, Ch. 307, Sec. 13. Effective January 1, 2010.)

2570.4.

Nothing in this chapter shall be construed as preventing or restricting the practice, services, or activities of any of the following persons:

(a) Any person licensed or otherwise recognized in this state by any other law or regulation when that person is engaged in the profession or occupation for which he or she is licensed or otherwise recognized.

(b) Any person pursuing a supervised course of study leading to a degree or certificate in occupational therapy at an accredited educational program, if the person is designated by a title that clearly indicates his or her status as a student or trainee.

(c) Any person fulfilling the supervised fieldwork experience requirements of subdivision (c) of Section 2570.6, if the experience constitutes a part of the experience necessary to meet the requirement of that provision.

(d) Any person performing occupational therapy services in the state if all of the following apply:

(1) An application for licensure as an occupational therapist or an occupational therapy assistant has been filed with the board pursuant to Section 2570.6 and an application for a license in this state has not been previously denied.

(2) The person possesses a current, active, and nonrestricted license to practice occupational therapy under the laws of another state that the board determines has licensure requirements at least as stringent as the requirements of this chapter.

(3) Occupational therapy services are performed in association with an occupational therapist licensed under this chapter, and for no more than 60 days from the date on which the application for licensure was filed with the board.

(e) Any person employed as an aide subject to the supervision requirements of this section.

(Amended by Stats. 2009, Ch. 307, Sec. 14. Effective January 1, 2010.)

2570.5.

(a) A limited permit may be granted to any person who has completed the education and experience requirements of this chapter.

(b) A person who meets the qualifications to be admitted to the examination for licensure under this chapter and is waiting to take the examination or awaiting the announcement of the results of the examination, according to the application requirements for a limited permit, may practice as an occupational therapist or as an occupational therapy assistant under the direction and appropriate supervision of an occupational therapist duly licensed under this chapter. If that person fails to pass the examination during the initial eligibility period, all privileges under this section shall automatically cease upon due notice to the applicant of that failure and may not be renewed.

(c) A limited permit shall be subject to other requirements set forth in rules adopted by the board.

(Amended by Stats. 2009, Ch. 308, Sec. 28.5. Effective January 1, 2010.)

2570.6.

An applicant applying for a license as an occupational therapist as an occupational therapy assistant shall file with the board a written application provided by the board, showing to the satisfaction of the board that he or she meets all of the following requirements:

(a) That the applicant is in good standing and has not committed acts or crimes constituting grounds for denial of a license under Section 480.

(b) (1) That the applicant has successfully completed the academic requirements of an educational program for occupational therapists or occupational therapy assistants that is approved by the board and accredited by the American Occupational Therapy Association's Accreditation Council for Occupational Therapy Education (ACOTE), or

accredited or approved by the American Occupational Therapy Association's (AOTA) predecessor organization, or approved by AOTA's Career Mobility Program.

(2) The curriculum of an educational program for occupational therapists shall contain the content required by the ACOTE accreditation standards, or as approved by AOTA's predecessor organization, or as approved by AOTA's Career Mobility Program, including all of the following subjects:

(A) Biological, behavioral, and health sciences.

(B) Structure and function of the human body, including anatomy, kinesiology, physiology, and the neurosciences.

(C) Human development throughout the lifespan.

(D) Human behavior in the context of sociocultural systems.

(E) Etiology, clinical course, management, and prognosis of disease processes and traumatic injuries, and the effects of those conditions on human functioning.

(F) Occupational therapy theory, practice, and processes.

(3) The curriculum of an educational program for occupational therapy assistants shall contain the content required by the ACOTE accreditation standards, or as approved or accredited by AOTA's predecessor organization, including all of the following subjects:

(A) Biological, behavioral, and health sciences.

(B) Structure and function of the normal human body.

(C) Human development.

(D) Conditions commonly referred to occupational therapists.

(E) Occupational therapy principles and skills.

(c) (1) For an applicant who is a graduate of an occupational therapy or occupational therapy assistant educational program who is unable to provide evidence of having met the requirements of paragraph (2) or (3) of subdivision (b), he or she may demonstrate passage of the examination administered by the National Board for Certification in Occupational Therapy, the American Occupational Therapy Certification Board, or the American Occupational Therapy Association, as evidence of having successfully satisfied the requirements of paragraph (2) or (3) of subdivision (b).

(2) For an applicant who completed AOTA's Career Mobility Program, he or she shall demonstrate participation in the program and passage of the examination administered by the National Board for Certification in Occupational Therapy, the American Occupational Therapy Certification Board, or the American Occupational Therapy Association, as evidence of having successfully satisfied the requirements of paragraphs (1) and (2) of subdivision (b).

(d) That the applicant has successfully completed a period of supervised fieldwork experience approved by the board and arranged by a recognized educational institution where he or she met the academic requirements of subdivision (b) or (c) or arranged by a nationally recognized professional association. The fieldwork requirements for applicants applying for licensure as an occupational therapist or certification as an occupational therapy assistant shall be consistent with the requirements of the ACOTE accreditation standards, or AOTA's predecessor organization, or AOTA's Career Mobility Program, that were in effect when the applicant completed his or her educational program.

(e) That the applicant has passed an examination as provided in Section 2570.7.

(f) That the applicant, at the time of application, is a person over 18 years of age, is not addicted to alcohol or any controlled substance, and has not committed acts or crimes constituting grounds for denial of licensure under Section 480.

2570.7.

(a) An applicant who has satisfied the requirements of Section 2570.6 may apply for examination for licensure in a manner prescribed by the board. Subject to the provisions of this chapter, an applicant who fails an examination may apply for reexamination.

(b) Each applicant for licensure shall successfully complete the entry level certification examination for occupational therapists or occupational therapy assistants, such as the examination administered by the National Board for Certification in Occupational Therapy, the American Occupational Therapy Certification Board, or the American Occupational Therapy Association. The examination shall be appropriately validated. Each applicant shall be examined by written examination to test his or her knowledge of the basic and clinical sciences relating to occupational therapy, occupational therapy techniques and methods, and any other subjects that the board may require to determine the applicant's fitness to practice under this chapter.

(c) Applicants for licensure shall be examined at a time and place and under that supervision as the board may require.

(Amended by Stats. 2009, Ch. 308, Sec. 30.5. Effective January 1, 2010.)

2570.8.

For the purposes of verifying a license issued under this chapter, a person may rely on the licensure information posted on the board's Internet Web site, which includes the issuance and expiration dates of a license issued by the board.

(Added by Stats. 2007, Ch. 588, Sec. 35. Effective January 1, 2008.)

2570.9.

The board shall issue a license to any applicant who meets the requirements of this chapter, including the payment of the prescribed licensure or renewal fee, and who meets any other requirement in accordance with applicable state law.

(Amended by Stats. 2009, Ch. 307, Sec. 18. Effective January 1, 2010.)

2570.10.

(a) Any license issued under this chapter shall be subject to renewal as prescribed by the board and shall expire unless renewed in that manner. The board may provide for the late renewal of a license as provided for in Section 163.5.

(b) In addition to any other qualifications and requirements for licensure renewal, the board may by rule establish and require the satisfactory completion of continuing competency requirements as a condition of renewal of a license.

(Amended by Stats. 2009, Ch. 307, Sec. 19. Effective January 1, 2010.)

2570.11.

Upon a written request, the board may grant inactive status to an occupational therapist or occupational therapy assistant who is in good standing, who meets the requirements of Section 462.

(Added by Stats. 2000, Ch. 697, Sec. 3. Effective January 1, 2001.)

2570.13.

(a) Consistent with this section, subdivisions (a), (b), and (c) of Section 2570.2, and accepted professional standards, the board shall adopt rules necessary to assure appropriate supervision of occupational therapy assistants and aides.

(b) An occupational therapy assistant may practice only under the supervision of an occupational therapist who is authorized to practice occupational therapy in this state.
(c) An aide providing delegated, client-related supportive services shall require continuous and direct supervision by an occupational therapist or occupational therapy assistant.
(Amended by Stats. 2012, Ch. 799, Sec. 16. Effective January 1, 2013.)

2570.14.

An initial applicant who has not been actively engaged in the practice of occupational therapy within the past five years shall provide to the board, in addition to the requirements for licensure under Section 2570.6, any of the following:

(a) Evidence of continued competency as referred to in subdivision (b) of Section 2570.10 for the previous two-year period.

(b) Evidence of having completed the entry-level certification examination as described in subdivision (b) of Section 2570.7 within the previous two-year period.

(Amended by Stats. 2004, Ch. 695, Sec. 17. Effective January 1, 2005.)

2570.15.

Occupational therapists and occupational therapy assistants trained outside of the United States and its possessions shall be required to satisfy the examination requirements of Section 2570.7. The board shall require that these applicants have completed educational and supervised fieldwork requirements substantially equal to those contained in Section 2570.6, before taking the examination.

(Added by Stats. 2000, Ch. 697, Sec. 3. Effective January 1, 2001.)

2570.16.

Initial license and renewal fees shall be established by the board in an amount that does not exceed a ceiling of one hundred fifty dollars (\$150) per year. The board shall establish the following additional fees:

(a) An application fee not to exceed fifty dollars (\$50).

(b) A late renewal fee as provided for in Section 2570.10.

(c) A limited permit fee.

(d) A fee to collect fingerprints for criminal history record checks.

(Amended by Stats. 2009, Ch. 307, Sec. 21. Effective January 1, 2010.)

2570.17.

(a) The board shall issue, upon application and payment of a twenty-five dollar (\$25) fee, a retired license to an occupational therapist or an occupational therapy assistant who holds a license that is current and active, or capable of being renewed pursuant to Section 2570.10, and whose license is not suspended, revoked, or otherwise restricted by the board or subject to discipline under this chapter.

(b) The holder of a retired license issued pursuant to this section shall not engage in any activity for which an active license is required. An occupational therapist holding a retired license shall be permitted to use the title "occupational therapist, retired" or "retired occupational therapist." An occupational therapy assistant holding a retired license shall be permitted to use the title "occupational therapy assistant, retired" or "retired occupational therapy assistant." The designation of retired shall not be abbreviated in any way.

(c) The holder of a retired license shall not be required to renew that license.

(d) In order for the holder of a retired license issued pursuant to this section to restore his or her license, he or she shall comply with Section 2570.14.

(Added by Stats. 2009, Ch. 307, Sec. 22. Effective January 1, 2010.)

2570.18.

(a) A person shall not represent to the public by title, by description of services, methods, or procedures, or otherwise, that the person is authorized to practice occupational therapy in this state, unless authorized to practice occupational therapy under this chapter.

(b) Unless licensed to practice as an occupational therapist under this chapter, a person may not use the professional abbreviations "O.T.," "O.T.R.," or "O.T.R./L.," or "Occupational Therapist," or "Occupational Therapist Registered," or any other words, letters, or symbols with the intent to represent that the person practices or is authorized to practice occupational therapy.

(c) Unless licensed to assist in the practice of occupational therapy as an occupational therapy assistant under this chapter, a person may not use the professional abbreviations "O.T.A.," "O.T.A/L.," "C.O.T.A.," "C.O.T.A./L.," or "Occupational Therapy Assistant," "Licensed Occupational Therapy Assistant," or any other words, letters, or symbols, with the intent to represent that the person assists in, or is authorized to assist in, the practice of occupational therapy as an occupational therapy assistant.

(d) The unauthorized practice or representation as an occupational therapist or as an occupational therapy assistant constitutes an unfair business practice under Section 17200 and false and misleading advertising under Section 17500.

(Amended by Stats. 2009, Ch. 307, Sec. 23. Effective January 1, 2010.)

2570.185.

(a) An occupational therapist shall document his or her evaluation, goals, treatment plan, and summary of treatment in the patient record.

(b) An occupational therapy assistant shall document the services provided in the patient record.

(c) Occupational therapists and occupational therapy assistants shall document and sign the patient record legibly.

(d) Patient records shall be maintained for a period of no less than seven years following the discharge of the patient, except that the records of unemancipated minors shall be maintained at least one year after the minor has reached the age of 18 years, and not in any case less than seven years.

(Amended by Stats. 2009, Ch. 308, Sec. 31. Effective January 1, 2010.)

2570.19.

(a) There is hereby created a California Board of Occupational Therapy, hereafter referred to as the board. The board shall enforce and administer this chapter.

(b) The members of the board shall consist of the following:

(1) Three occupational therapists who shall have practiced occupational therapy for five years.

(2) One occupational therapy assistant who shall have assisted in the practice of occupational therapy for five years.

(3) Three public members who shall not be licentiates of the board, of any other board under this division, or of any board referred to in Section 1000 or 3600.

- (c) The Governor shall appoint the three occupational therapists and one occupational therapy assistant to be members of the board. The Governor, the Senate Committee on Rules, and the Speaker of the Assembly shall each appoint a public member. Not more than one member of the board shall be appointed from the full-time faculty of any university, college, or other educational institution.
- (d) All members shall be residents of California at the time of their appointment. The occupational therapist and occupational therapy assistant members shall have been engaged in rendering occupational therapy services to the public, teaching, or research in occupational therapy for at least five years preceding their appointments.
- (e) The public members may not be or have ever been occupational therapists or occupational therapy assistants or in training to become occupational therapists or occupational therapy assistants. The public members may not be related to, or have a household member who is, an occupational therapist or an occupational therapy assistant, and may not have had, within two years of the appointment, a substantial financial interest in a person regulated by the board.
- (f) The Governor shall appoint two board members for a term of one year, two board members for a term of two years, and one board member for a term of three years. Appointments made thereafter shall be for four-year terms, but no person shall be appointed to serve more than two consecutive terms. Terms shall begin on the first day of the calendar year and end on the last day of the calendar year or until successors are appointed, except for the first appointed members who shall serve through the last calendar day of the year in which they are appointed, before commencing the terms prescribed by this section. Vacancies shall be filled by appointment for the unexpired term. The board shall annually elect one of its members as president.
- (g) The board shall meet and hold at least one regular meeting annually in the Cities of Sacramento, Los Angeles, and San Francisco. The board may convene from time to time until its business is concluded. Special meetings of the board may be held at any time and place designated by the board.
- (h) Notice of each meeting of the board shall be given in accordance with the Bagley-Keene Open Meeting Act (Article 9 (commencing with Section 11120) of Chapter 1 of Part 1 of Division 3 of Title 2 of the Government Code).
- (i) Members of the board shall receive no compensation for their services, but shall be entitled to reasonable travel and other expenses incurred in the execution of their powers and duties in accordance with Section 103.
- (j) The appointing power shall have the power to remove any member of the board from office for neglect of any duty imposed by state law, for incompetency, or for unprofessional or dishonorable conduct.
- (k) This section shall remain in effect only until January 1, 2018, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2018, deletes or extends that date. Notwithstanding any other law, the repeal of this section renders the board subject to review by the appropriate policy committees of the Legislature.
(Amended by Stats. 2013, Ch. 516, Sec. 11. Effective January 1, 2014. Repealed as of January 1, 2018, by its own provisions.)

2570.20.

- (a) The board shall administer, coordinate, and enforce the provisions of this chapter, evaluate the qualifications, and approve the examinations for licensure under this chapter.

(b) The board shall adopt rules in accordance with the Administrative Procedure Act relating to professional conduct to carry out the purpose of this chapter, including, but not limited to, rules relating to professional licensure and to the establishment of ethical standards of practice for persons holding a license to practice occupational therapy or to assist in the practice of occupational therapy in this state.

(c) Proceedings under this chapter shall be conducted in accordance with Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code.

(Amended by Stats. 2009, Ch. 307, Sec. 24. Effective January 1, 2010.)

2570.21.

Subject to Sections 107 and 154, the board may employ an executive officer and other officers and employees

(Added by Stats. 2000, Ch. 697, Sec. 3. Effective January 1, 2001.)

2570.22.

All fees collected by the board shall be paid into the State Treasury and shall be credited to the Occupational Therapy Fund which is hereby created. The money in the fund shall be available, upon appropriation by the Legislature, for expenditure by the board to defray its expenses and to otherwise administer this chapter.

(Added by Stats. 2000, Ch. 697, Sec. 3. Effective January 1, 2001.)

2570.23.

Any person who violates Section 2570.3 is guilty of a misdemeanor, and upon conviction thereof shall be punished by a fine of not more than five thousand dollars (\$5,000), or by imprisonment of not more than one year in a county jail, or by both that fine and imprisonment.

(Added by Stats. 2000, Ch. 697, Sec. 3. Effective January 1, 2001.)

2570.24.

If any provision of this chapter, or the application thereof to any person or circumstance, is held invalid, that invalidity shall not affect other provisions or applications of this chapter which can be given effect without the invalid provision or application, and to this end, the provisions of this chapter are declared to be severable.

(Added by Stats. 2000, Ch. 697, Sec. 3. Effective January 1, 2001.)

2570.25.

Protection of the public shall be the highest priority for the California Board of Occupational Therapy in exercising its licensing, regulatory, and disciplinary functions. Whenever the protection of the public is inconsistent with other interests sought to be promoted, the protection of the public shall be paramount.

(Added by Stats. 2002, Ch. 107, Sec. 8. Effective January 1, 2003.)

2570.26.

(a) The board may, after a hearing, deny, suspend, revoke, or place on probation a license, inactive license, or limited permit.

(b) As used in this chapter, "license" includes a license, limited permit, or any other authorization to engage in practice regulated by this chapter.

(c) The proceedings under this section shall be conducted in accordance with Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code, and the board shall have all the powers granted therein.

(Amended by Stats. 2009, Ch. 307, Sec. 25. Effective January 1, 2010.)

2570.27.

(a) The board may discipline a licensee by any or a combination of the following methods:

(1) Placing the license on probation with terms and conditions.

(2) Suspending the license and the right to practice occupational therapy for a period not to exceed one year.

(3) Revoking the license.

(4) Suspending or staying the disciplinary order, or portions of it, with or without conditions.

(5) Taking other action as the board, in its discretion, deems proper.

(b) The board may issue an initial license on probation, with specific terms and conditions, to any applicant who has violated any provision of this chapter or the regulations adopted pursuant to it, but who has met all other requirements for licensure.

(Added by Stats. 2002, Ch. 1079, Sec. 6. Effective September 29, 2002.)

2570.28.

The board may deny or discipline a licensee for any of the following:

(a) Unprofessional conduct, including, but not limited to, the following:

(1) Incompetence or gross negligence in carrying out usual occupational therapy functions.

(2) Repeated similar negligent acts in carrying out usual occupational therapy functions.

(3) A conviction of practicing medicine without a license in violation of Chapter 5 (commencing with Section 2000), in which event a certified copy of the record of conviction shall be conclusive evidence thereof.

(4) The use of advertising relating to occupational therapy which violates Section 17500.

(5) Denial of licensure, revocation, suspension, restriction, or any other disciplinary action against a licensee by another state or territory of the United States, by any other government agency, or by another California health care professional licensing board. A certified copy of the decision, order, or judgment shall be conclusive evidence thereof.

(b) Procuring a license by fraud, misrepresentation, or mistake.

(c) Violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate, any provision or term of this chapter or any regulation adopted pursuant to this chapter.

(d) Making or giving any false statement or information in connection with the application for issuance or renewal of a license.

(e) Conviction of a crime or of any offense substantially related to the qualifications, functions, or duties of a licensee, in which event the record of the conviction shall be conclusive evidence thereof.

(f) Impersonating an applicant or acting as proxy for an applicant in any examination required under this chapter for the issuance of a license.

(g) Impersonating a licensed practitioner, or permitting or allowing another unlicensed person to use a license.

- (h) Committing any fraudulent, dishonest, or corrupt act that is substantially related to the qualifications, functions, or duties of a licensee.
 - (i) Committing any act punishable as a sexually related crime, if that act is substantially related to the qualifications, functions, or duties of a licensee, in which event a certified copy of the record of conviction shall be conclusive evidence thereof.
 - (j) Using excessive force upon or mistreating or abusing any patient. For the purposes of this subdivision, "excessive force" means force clearly in excess of that which would normally be applied in similar clinical circumstances.
 - (k) Falsifying or making grossly incorrect, grossly inconsistent, or unintelligible entries in a patient or hospital record or any other record.
 - (l) Changing the prescription of a physician and surgeon or falsifying verbal or written orders for treatment or a diagnostic regime received, whether or not that action resulted in actual patient harm.
 - (m) Failing to maintain confidentiality of patient medical information, except as disclosure is otherwise permitted or required by law.
 - (n) Delegating to an unlicensed employee or person a service that requires the knowledge, skills, abilities, or judgment of a licensee.
 - (o) Committing any act that would be grounds for denial of a license under Section 480.
 - (p) Except for good cause, the knowing failure to protect patients by failing to follow infection control guidelines of the board, thereby risking transmission of infectious diseases from licensee to patient, from patient to patient, or from patient to licensee.
 - (1) In administering this subdivision, the board shall consider referencing the standards, regulations, and guidelines of the State Department of Public Health developed pursuant to Section 1250.11 of the Health and Safety Code and the standards, guidelines, and regulations pursuant to the California Occupational Safety and Health Act of 1973 (Part 1 (commencing with Section 63001) of Division 5 of the Labor Code) for preventing the transmission of HIV, hepatitis B, and other blood-borne pathogens in health care settings. As necessary to encourage appropriate consistency in the implementation of this subdivision, the board shall consult with the Medical Board of California, the Board of Podiatric Medicine, the Dental Board of California, the Board of Registered Nursing, and the Board of Vocational Nursing and Psychiatric Technicians.
 - (2) The board shall seek to ensure that licensees are informed of their responsibility to minimize the risk of transmission of infectious diseases from health care provider to patient, from patient to patient, and from patient to health care provider, and are informed of the most recent scientifically recognized safeguards for minimizing the risks of transmission.
- (Amended by Stats. 2009, Ch. 307, Sec. 26. Effective January 1, 2010.)*

2570.29.

In addition to other acts constituting unprofessional conduct within the meaning of this chapter, it is unprofessional conduct for a person licensed under this chapter to do any of the following:

- (a) Obtain or possess in violation of law, or prescribe, or, except as directed by a licensed physician and surgeon, dentist, optometrist, or podiatrist, to administer to himself or herself, or furnish or administer to another, any controlled substance as defined in Division 10 (commencing with Section 11000) of the Health and Safety Code or any dangerous drug or dangerous device as defined in Section 4022.

(b) Use to an extent or in a manner dangerous or injurious to himself or herself, to any other person, or to the public, or that impairs his or her ability to conduct with safety to the public the practice authorized by his or her license, of any of the following:

(1) A controlled substance as defined in Division 10 (commencing with Section 11000) of the Health and Safety Code.

(2) A dangerous drug or dangerous device as defined in Section 4022.

(3) Alcoholic beverages.

(c) Be convicted of a criminal offense involving the prescription, consumption, or self-administration of any of the substances described in subdivisions (a) and (b) of this section, or the possession of, or falsification of a record pertaining to, the substances described in subdivision (a) of this section, in which event the record of the conviction is conclusive evidence thereof.

(d) Be committed or confined by a court of competent jurisdiction for intemperate use of any of the substances described in subdivisions (a) and (b) of this section, in which event the court order of commitment or confinement is prima facie evidence of the commitment or confinement.

(e) Falsify, or make grossly incorrect, grossly inconsistent, or unintelligible entries in any hospital or patient record, or any other record, pertaining to the substances described in subdivision (a) of this section.

(Added by Stats. 2002, Ch. 1079, Sec. 8. Effective September 29, 2002.)

2570.30.

The board shall retain jurisdiction to proceed with any investigation, action or disciplinary proceeding against a license, or to render a decision suspending or revoking a license, regardless of the expiration, lapse, or suspension of the license by operation of law, by order or decision of the board or a court of law, or by the voluntary surrender of a license by the licensee.

(Added by Stats. 2002, Ch. 1079, Sec. 9. Effective September 29, 2002.)

2570.31.

If a license is suspended, the holder may not practice occupational therapy during the term of suspension. Upon the expiration of the term of suspension, the license shall be reinstated and the holder entitled to resume practice under any remaining terms of the discipline, unless it is established to the satisfaction of the board that the holder of the license practiced in this state during the term of suspension. In this event, the board may, after a hearing on this issue alone, revoke the license.

(Added by Stats. 2002, Ch. 1079, Sec. 10. Effective September 29, 2002.)

2570.32.

(a) A holder of a license that has been revoked, suspended, or placed on probation, may petition the board for reinstatement or modification of a penalty, including reduction or termination of probation, after a period not less than the applicable following minimum period has elapsed from either the effective date of the decision ordering that disciplinary action, or, if the order of the board or any portion of it was stayed, from the date the disciplinary action was actually implemented in its entirety. The minimum periods that shall elapse prior to a petition are as follows:

- (1) For a license that was revoked for any reason other than mental or physical illness, at least three years.
 - (2) For early termination of probation scheduled for three or more years, at least two years.
 - (3) For modification of a penalty, reinstatement of a license revoked for mental or physical illness, or termination of probation scheduled for less than three years, at least one year.
 - (4) The board may, in its discretion, specify in its disciplinary order a lesser period of time, provided that the period shall not be less than one year.
 - (b) The petition submitted shall contain any information required by the board, which may include a current set of fingerprints accompanied by the fingerprinting fee.
 - (c) The board shall give notice to the Attorney General of the filing of the petition. The petitioner and the Attorney General shall be given timely notice by letter of the time and place of the hearing on the petition, and an opportunity to present both oral and documentary evidence and argument to the board. The petitioner shall at all times have the burden of proof to establish by clear and convincing evidence that he or she is entitled to the relief sought in the petition.
 - (d) The board itself shall hear the petition and the administrative law judge shall prepare a written decision setting forth the reasons supporting the decision.
 - (e) The board may grant or deny the petition, or may impose any terms and conditions that it reasonably deems appropriate as a condition of reinstatement or reduction of penalty.
 - (f) The board may refuse to consider a petition while the petitioner is under sentence for any criminal offense, including any period during which the petitioner is on court-imposed probation or parole or subject to an order of registration pursuant to Section 290 of the Penal Code.
 - (g) No petition shall be considered while there is an accusation or petition to revoke probation pending against the petitioner.
- (Added by Stats. 2002, Ch. 1079, Sec. 11. Effective September 29, 2002.)*

2570.36.

If a licensee has knowledge that an applicant or licensee may be in violation of, or has violated, any of the statutes or regulations administered by the board, the licensee shall report this information to the board in writing and shall cooperate with the board in providing information or assistance as may be required.

(Added by Stats. 2009, Ch. 308, Sec. 32. Effective January 1, 2010.)

2571.

(a) An occupational therapist licensed pursuant to this chapter and approved by the board in the use of physical agent modalities may apply topical medications prescribed by the patient's physician and surgeon, certified nurse-midwife pursuant to Section 2746.51, nurse practitioner pursuant to Section 2836.1, or physician assistant pursuant to Section 3502.1, if the licensee complies with regulations adopted by the board pursuant to this section.

(b) The board shall adopt regulations implementing this section, after meeting and conferring with the Medical Board of California, the California State Board of Pharmacy, and the Physical Therapy Board of California, specifying those topical medications applicable to the practice of occupational therapy and protocols for their use.

(c) Nothing in this section shall be construed to authorize an occupational therapist to prescribe medications.

PHYSICAL THERAPY PRACTICE ACT

BUSINESS AND PROFESSIONS CODE - BPC

DIVISION 2. HEALING ARTS [500 - 4999.129]

(Division 2 enacted by Stats. 1937, Ch. 399.)

CHAPTER 5.7. Physical Therapy [2600 - 2696]

(Chapter 5.7 added by Stats. 1953, Ch. 1826.)

ARTICLE 1. Administration and General Provisions [2600 - 2615]

(Heading of Article 1 amended by Stats. 2013, Ch. 389, Sec. 2.)

2600.

This chapter may be cited as the Physical Therapy Practice Act.

(Repealed and added by Stats. 1968, Ch. 1284.)

2601.

For the purpose of this chapter, the following terms shall have the following meanings, unless otherwise specified:

(a) "Board" means the Physical Therapy Board of California.

(b) "Physical therapist" means a person who is licensed pursuant to this chapter to practice physical therapy.

(c) "Physical therapist assistant" means a person who is licensed pursuant to this chapter to assist in the provision of physical therapy under the supervision of a licensed physical therapist. "Physical therapy assistant" and "physical therapist assistant" shall be deemed identical and interchangeable terms.

(d) "Physical therapist technician" and "physical therapy aide," as described in Section 2630.4, shall be deemed identical and interchangeable terms.

(e) "Physiotherapy" shall be synonymous with "physical therapy."

(Repealed and added by Stats. 2013, Ch. 389, Sec. 4. Effective January 1, 2014.)

2602.

The Physical Therapy Board of California, hereafter referred to as the board, shall enforce and administer this chapter.

This section shall remain in effect only until January 1, 2018, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2018, deletes or extends that date.

Notwithstanding any other provision of law, the repeal of this section renders the board subject to review by the appropriate policy committees of the Legislature.

(Amended by Stats. 2013, Ch. 389, Sec. 5. Effective January 1, 2014. Repealed as of January 1, 2018, by its own provisions.)

2602.1.

Protection of the public shall be the highest priority for the Physical Therapy Board of California in exercising its licensing, regulatory, and disciplinary functions. Whenever the protection of the public is inconsistent with other interests sought to be promoted, the protection of the public shall be paramount.

(Added by Stats. 2002, Ch. 107, Sec. 9. Effective January 1, 2003.)

2603.

The members of the board shall consist of four physical therapists, only one of whom shall be involved in physical therapy education, and three public members.

(Amended by Stats. 2013, Ch. 389, Sec. 6. Effective January 1, 2014.)

2603.5.

(a) The physical therapist members of the board shall be appointed from persons having all of the following qualifications:

(1) Be a resident of California.

(2) Possess a valid and unrestricted license in California issued pursuant to this chapter.

(3) Have been licensed pursuant to this chapter and practicing in California for at least five years prior to appointment to the board.

(b) (1) The public members of the board shall have both of the following qualifications:

(A) Be appointed from persons having all of the qualifications as set forth in Chapter 6 (commencing with Section 450) of Division 1.

(B) Be a resident of California.

(2) No public member of the board shall be, nor have been, any of the following:

(A) An officer or faculty member of any college, school, or institution involved in physical therapy education.

(B) A licentiate of the Medical Board of California or of any board under this division or of any board referred to in Section 1000 or 3600.

(Added by Stats. 2013, Ch. 389, Sec. 7. Effective January 1, 2014.)

2604.

The members of the board shall be appointed for a term of four years, expiring on the first day of June of each year.

The Governor shall appoint one of the public members and the four physical therapist members of the board qualified as provided in Sections 2603 and 2603.5.

The Senate Committee on Rules and the Speaker of the Assembly shall each appoint a public member qualified as provided in Section 2603.5.

No person may serve as a member of the board for more than two consecutive terms. Vacancies shall be filled by appointment for the unexpired term. Annually,

the board shall elect one of its members as president and one of its members as vice president.

The appointing power shall have the power to remove any member of the board from office for neglect of any duty required by law or for incompetency or unprofessional or dishonorable conduct.

(Amended by Stats. 2013, Ch. 389, Sec. 8. Effective January 1, 2014.)

2605.

The board shall do all of the following:

- (a) Evaluate the qualifications of applicants for licensure.
- (b) Provide for the examinations of physical therapists and physical therapist assistants and establish a passing score for each examination.
- (c) Issue all licenses for the practice of physical therapy in California. Except as otherwise required by the director pursuant to Section 164, the license issued by the board shall describe the licensee as a "physical therapist" or "physical therapist assistant" licensed by the Physical Therapy Board of California.
- (d) Suspend and revoke licenses and otherwise enforce the provisions of this chapter.
- (e) Administer a continuing competency program.
- (f) Participate, as a member, in the Delegate Assembly, and in applicable committee meetings, of the Federation of State Boards of Physical Therapy.
- (g) Publish, at least annually, a newsletter that includes, but is not limited to, actions taken by the board, disciplinary actions, and relevant statutory and regulatory changes.
- (h) Provide for the timely orientation and training of new professional and public member appointees to the board directly related to board licensing and disciplinary functions and board rules, policies, and procedures.
- (i) Adopt and administer a program of education in matters relevant to the regulation of physical therapy.

(Added by Stats. 2013, Ch. 389, Sec. 10. Effective January 1, 2014.)

2606.

Each member of the board shall receive a per diem and expenses as provided in Section 103.

(Amended by Stats. 1996, Ch. 829, Sec. 9. Effective January 1, 1997.)

2607.

The board may employ, subject to law, such clerical assistants and, except as provided in Section 159.5, other employees as it may deem necessary to carry out its powers and duties.

The board may enter into contracts for services necessary for enforcement of this chapter and may as necessary select and contract with physical therapy consultants who are licensed physical therapists to assist it in its programs on an intermittent

basis. Notwithstanding any other provision of law, the board may contract with these consultants on a sole source basis. For the purposes of Division 3.6 (commencing with Section 810) of Title 1 of the Government Code, any consultant under contract with the board shall be considered a public employee.

(Amended by Stats. 2013, Ch. 389, Sec. 11. Effective January 1, 2014.)

2607.5.

(a) The board may employ an executive officer exempt from the provisions of the State Civil Service Act (Part 2 (commencing with Section 18500) of Division 5 of Title 2 of the Government Code) and may also employ investigators, legal counsel, physical therapist consultants, and other assistance as it may deem necessary to carry out this chapter. The board may fix the compensation to be paid for services and may incur other expenses as it may deem necessary. Investigators employed by the board shall be provided special training in investigating physical therapy practice activities.

(b) The Attorney General shall act as legal counsel for the board for any judicial and administrative proceedings and his or her services shall be a charge against it.

(c) This section shall remain in effect only until January 1, 2018, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2018, deletes or extends that date.

(Amended by Stats. 2013, Ch. 389, Sec. 12. Effective January 1, 2014. Repealed as of January 1, 2018, by its own provisions.)

2608.

The procedure in all matters and proceedings relating to the denial, suspension, revocation, or probationary restriction of licenses issued by the board under this chapter shall be governed by the provisions of Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code.

(Amended by Stats. 2013, Ch. 389, Sec. 13. Effective January 1, 2014.)

2608.5.

Each member of the board, or any licensed physical therapist appointed by the board, may inspect, or require reports from, a general or specialized hospital or any other facility providing physical therapy care, treatment or services and the physical therapy staff thereof, with respect to the physical therapy care, treatment, services, or facilities provided therein, and may inspect physical therapy patient records with respect to the care, treatment, services, or facilities. The authority to make inspections and to require reports as provided by this section shall not be delegated by a member of the board to any person other than a physical therapist and shall be subject to the restrictions against disclosure described in subdivision (u) of Section 2660.

(Amended by Stats. 2013, Ch. 389, Sec. 14. Effective January 1, 2014.)

2611.

The board shall meet at least three times each calendar year, meeting at least once each calendar year in northern California and once each calendar year in southern California. The board may convene from time to time until its business is concluded. Special meetings of the board may be held at any time and place as the board may designate. Four members of the board shall constitute a quorum for the transaction of business.

(Amended by Stats. 2013, Ch. 389, Sec. 16. Effective January 1, 2014.)

2612.

The board shall comply with the Bagley-Keene Open Meeting Act (Article 9 (commencing with Section 11120) of Chapter 1 of Part 1 of Division 3 of Title 2 of the Government Code).

(Amended by Stats. 2013, Ch. 389, Sec. 17. Effective January 1, 2014.)

2613.

The board may appoint qualified persons to give the whole or any portion of any examination as provided in this chapter, who shall be designated as a commissioner on examination. A commissioner on examination need not be a member of the board but shall be subject to the same rules and regulations and shall be entitled to the same fee as if he or she were a member of the board.

(Amended by Stats. 1996, Ch. 829, Sec. 16. Effective January 1, 1997.)

2614.

The board shall hear all matters, including, but not limited to, any contested case or any petition for reinstatement, restoration, or modification of probation. Except as otherwise provided in this chapter, all hearings shall be conducted in accordance with Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code. If a contested case is heard by the board the hearing officer who presided at the hearing shall be present during the board's consideration of the case and, if requested, shall assist and advise the board. The board shall issue its decision pursuant to Section 11517 of the Government Code.

(Amended by Stats. 2013, Ch. 389, Sec. 18. Effective January 1, 2014.)

2615.

The board shall adopt those regulations as may be necessary to effectuate this chapter. In adopting regulations the board shall comply with Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code.

(Amended by Stats. 2013, Ch. 389, Sec. 19. Effective January 1, 2014.)

ARTICLE 2. Scope of Regulation and Exemptions [2620 - 2634]

(Heading of Article 2 amended by Stats. 2013, Ch. 389, Sec. 20.)

2620.

(a) Physical therapy means the art and science of physical or corrective rehabilitation or of physical or corrective treatment of any bodily or mental condition of any person by the use of the physical, chemical, and other properties of heat, light, water, electricity, sound, massage, and active, passive, and resistive exercise, and shall include physical therapy evaluation, treatment planning, instruction and consultative services. The practice of physical therapy includes the promotion and maintenance of physical fitness to enhance the bodily movement related health and wellness of individuals through the use of physical therapy interventions. The use of roentgen rays and radioactive materials, for diagnostic and therapeutic purposes, and the use of electricity for surgical purposes, including cauterization, are not authorized under the term "physical therapy" as used in this chapter, and a license issued pursuant to this chapter does not authorize the diagnosis of disease.

(b) Nothing in this section shall be construed to restrict or prohibit other healing arts practitioners licensed or registered under this division from practice within the scope of their license or registration.

(Amended by Stats. 2004, Ch. 117, Sec. 1. Effective January 1, 2005.)

2620.1.

(a) In addition to receiving those services authorized by Section 2620, a person may initiate physical therapy treatment directly from a licensed physical therapist if the treatment is within the scope of practice of physical therapists, as defined in Section 2620, and all of the following conditions are met:

(1) If, at any time, the physical therapist has reason to believe that the patient has signs or symptoms of a condition that requires treatment beyond the scope of practice of a physical therapist or the patient is not progressing toward documented treatment goals as demonstrated by objective, measurable, or functional improvement, the physical therapist shall refer the patient to a person holding a physician and surgeon's certificate issued by the Medical Board of California or by the Osteopathic Medical Board of California or to a person licensed to practice dentistry, podiatric medicine, or chiropractic.

(2) The physical therapist shall comply with Section 2633, and shall disclose to the patient any financial interest he or she has in treating the patient and, if working in a physical therapy corporation, shall comply with Article 6 (commencing with Section 650) of Chapter 1.

(3) With the patient's written authorization, the physical therapist shall notify the patient's physician and surgeon, if any, that the physical therapist is treating the patient.

(4) The physical therapist shall not continue treating the patient beyond 45 calendar days or 12 visits, whichever occurs first, without receiving, from a person holding a physician and surgeon's certificate from the Medical Board of California or

the Osteopathic Medical Board of California or from a person holding a certificate to practice podiatric medicine from the California Board of Podiatric Medicine and acting within his or her scope of practice, a dated signature on the physical therapist's plan of care indicating approval of the physical therapist's plan of care. Approval of the physical therapist's plan of care shall include an in-person patient examination and evaluation of the patient's condition and, if indicated, testing by the physician and surgeon or podiatrist.

(b) The conditions in paragraph (4) of subdivision (a) do not apply to a physical therapist when he or she is only providing wellness physical therapy services to a patient as described in subdivision (a) of Section 2620.

(c) (1) This section does not expand or modify the scope of practice for physical therapists set forth in Section 2620, including the prohibition on a physical therapist diagnosing a disease.

(2) This section does not restrict or alter the scope of practice of any other health care professional.

(d) Nothing in this section shall be construed to require a health care service plan, insurer, workers' compensation insurance plan, employer, or state program to provide coverage for direct access to treatment by a physical therapist.

(e) When a person initiates physical therapy treatment services directly, pursuant to this section, the physical therapist shall not perform physical therapy treatment services without first providing the following notice to the patient, orally and in writing, in at least 14-point type and signed by the patient:

"Direct Physical Therapy Treatment Services

You are receiving direct physical therapy treatment services from an individual who is a physical therapist licensed by the Physical Therapy Board of California. Under California law, you may continue to receive direct physical therapy treatment services for a period of up to 45 calendar days or 12 visits, whichever occurs first, after which time a physical therapist may continue providing you with physical therapy treatment services only after receiving, from a person holding a physician and surgeon's certificate issued by the Medical Board of California or by the Osteopathic Medical Board of California, or from a person holding a certificate to practice podiatric medicine from the California Board of Podiatric Medicine and acting within his or her scope of practice, a dated signature on the physical therapist's plan of care indicating approval of the physical therapist's plan of care and that an in-person patient examination and evaluation was conducted by the physician and surgeon or podiatrist.
Patient's Signature/Date"

(Added by Stats. 2013, Ch. 620, Sec. 4. Effective January 1, 2014.)

2620.3.

A physical therapist licensed pursuant to this chapter may apply topical medications as part of the practice of physical therapy as defined in Section 2620 if he or she complies with regulations duly adopted by the board pursuant to this section and

the Administrative Procedure Act. The board shall adopt regulations implementing this section after meeting and conferring with the Medical Board of California and the California State Board of Pharmacy specifying those topical medications applicable to the practice of physical therapy and protocols for their use. Nothing in this section shall be construed to authorize a physical therapist to prescribe medications.

(Amended by Stats. 1996, Ch. 829, Sec. 19. Effective January 1, 1997.)

2620.5.

A physical therapist may, upon specified authorization of a physician and surgeon, perform tissue penetration for the purpose of evaluating neuromuscular performance as a part of the practice of physical therapy, as defined in Section 2620, provided the physical therapist is certified by the board to perform the tissue penetration and evaluation and provided the physical therapist does not develop or make diagnostic or prognostic interpretations of the data obtained. Any physical therapist who develops or makes a diagnostic or prognostic interpretation of this data is in violation of the Medical Practice Act (Chapter 5 (commencing with Section 2000) of Division 2), and may be subject to all of the sanctions and penalties set forth in that act.

The board, after meeting and conferring with the Division of Licensing of the Medical Board of California, shall do all of the following:

- (a) Adopt standards and procedures for tissue penetration for the purpose of evaluating neuromuscular performance by certified physical therapists.
- (b) Establish standards for physical therapists to perform tissue penetration for the purpose of evaluating neuromuscular performance.
- (c) Certify physical therapists meeting standards established by the board pursuant to this section.

(Added by Stats. 2000, Ch. 427, Sec. 1. Effective January 1, 2001.)

2620.7.

(a) Patient records shall be documented as required in regulations promulgated by the board.

(b) Patient records shall be maintained for a period of no less than seven years following the discharge of the patient, except that the records of unemancipated minors shall be maintained at least one year after the minor has reached 18 years of age, and not in any case less than seven years.

(Amended by Stats. 2013, Ch. 389, Sec. 21. Effective January 1, 2014.)

2621.

Nothing in this chapter shall be construed as authorizing a physical therapist to practice medicine, surgery, or any other form of healing except as authorized by Section 2620.

(Repealed and added by Stats. 1968, Ch. 1284.)

2622.

(a) A physical therapist shall be responsible for managing all aspects of the care of each patient as set forth in regulations promulgated by the board.

(b) A physical therapist shall not supervise more than two physical therapist assistants at one time to assist the physical therapist in his or her practice of physical therapy.

(c) A physical therapist may utilize the services of one aide engaged in patient-related tasks to aid the physical therapist in his or her practice of physical therapy.

(Repealed and added by Stats. 2013, Ch. 389, Sec. 23. Effective January 1, 2014.)

2623.

The board may, by regulation, prescribe, amend, or repeal any rules contained within a code of professional conduct appropriate to the establishment and maintenance of integrity and dignity in the profession of physical therapy. Every licensee of the board shall be governed and controlled by the rules and standards adopted by the board.

(Added by Stats. 2013, Ch. 389, Sec. 24. Effective January 1, 2014.)

2630.

It is unlawful for any person or persons to practice, or offer to practice, physical therapy in this state for compensation received or expected, or to hold himself or herself out as a physical therapist, unless at the time of so doing the person holds a valid, unexpired, and unrevoked physical therapist license issued under this chapter, except as authorized by subdivisions (c), (d), (e), and (g) of Section 2630.5.

(Amended by Stats. 2013, Ch. 389, Sec. 26. Effective January 1, 2014.)

2630.3.

(a) A licensed physical therapist assistant holding a valid, unexpired, and unrevoked physical therapist assistant license may assist in the provision of physical therapy services only under the supervision of a physical therapist licensed by the board. A licensed physical therapist shall at all times be responsible for the extent, kind, quality, and documentation of all physical therapy services provided by the physical therapist assistant.

(b) It is unlawful for any person or persons to hold himself or herself out as a physical therapist assistant, unless at the time of so doing the person holds a valid, unexpired, and unrevoked physical therapist assistant license issued under this chapter, except as authorized in subdivisions (f) and (g) of Section 2630.5.

(c) Physical therapist assistants shall not be independently supervised by a physical therapist license applicant, as defined in Section 2639, or a physical therapist student, as defined in Section 2633.7.

(d) A physical therapist assistant shall not perform any evaluation of a patient or prepare a discharge summary. The supervising physical therapist shall determine which elements of the treatment plan, if any, shall be assigned to the physical therapist assistant. Assignment of patient care shall be commensurate with the competence of the physical therapist assistant.

(Added by Stats. 2013, Ch. 389, Sec. 27. Effective January 1, 2014.)

2630.4.

(a) A "physical therapy aide" is an unlicensed person, at least 18 years of age, who aids a licensed physical therapist consistent with subdivision (b).

(b) The aide shall at all times be under the supervision of the physical therapist. An aide shall not independently perform physical therapy or any physical therapy procedure. The board shall adopt regulations that set forth the standards and requirements for the supervision of an aide by a physical therapist.

(c) Physical therapy aides shall not be independently supervised by a physical therapist license applicant, as defined in Section 2639, or a physical therapist student, as defined in Section 2633.7.

(d) This section does not prohibit the administration by a physical therapy aide of massage, external baths, or normal exercise not a part of a physical therapy treatment.

(Added by Stats. 2013, Ch. 389, Sec. 28. Effective January 1, 2014.)

2630.5.

The following persons are exempt from the licensure requirements of this chapter when engaged in the following activities:

(a) A regularly matriculated physical therapist student undertaking a course of professional instruction in an approved entry-level physical therapy education program or enrolled in a program of supervised clinical education under the direction of an approved physical therapy education program as described in Section 2651. These physical therapist students may perform physical therapy as a part of their course of study.

(b) A regularly matriculated physical therapist assistant student undertaking a course of instruction in an approved physical therapy education program or enrolled in a program of supervised clinical education under the direction of an approved physical therapy education program as described in Section 2651. These physical therapist assistant students may perform physical therapy techniques as a part of their course of study.

(c) A physical therapist who holds a valid and unrestricted license in another jurisdiction of the United States or who is credentialed to practice physical therapy in another country if that person is researching, demonstrating, or providing physical therapy in connection with teaching or participating in an educational seminar of no more than 60 days in a calendar year.

(d) A physical therapist located outside this state, when in actual consultation, whether within this state or across state lines, with a licensed physical therapist of this state, or when he or she is an invited guest of the American Physical Therapy

Association or one of its components, or an invited guest of an approved physical therapy school or college for the sole purpose of engaging in professional education through lectures, clinics, or demonstrations, if, at the time of the consultation, lecture, or demonstration, he or she holds a valid and unrestricted physical therapist license in the state or country in which he or she resides. The physical therapist shall not open an office, appoint a place to meet patients, receive calls from patients within the limits of this state, give orders, or have ultimate authority over the care of a physical therapy patient who is located within this state.

(e) A physical therapist who holds a valid and unrestricted license in another jurisdiction of the United States or credentialed to practice physical therapy in another country if that person, by contract or employment, is providing physical therapy to individuals affiliated with or employed by established athletic teams, athletic organizations, or performing arts companies temporarily practicing, competing, or performing in the state for no more than 60 days in a calendar year.

(f) A physical therapist assistant who holds a valid and unrestricted license in another jurisdiction of the United States and is assisting a physical therapist engaged in activities described in subdivision (c), (d), or (e).

(g) A physical therapist or physical therapist assistant who has a valid and unrestricted license in a jurisdiction of the United States who is forced to leave his or her residence in a state other than California due to a governmentally declared emergency. This exemption applies for no more than 60 days following the declaration of the emergency. In order to be eligible for this exemption, the physical therapist or physical therapist assistant shall notify the board of his or her intent to practice in this state and provide a valid mailing address, telephone number, and email address.

(Added by Stats. 2013, Ch. 389, Sec. 29. Effective January 1, 2014.)

2633.

(a) A person holding a license as a physical therapist issued by the board may use the title "physical therapist" or the letters "P.T." or any other words, letters, or figures that indicate that the person using same is a licensed physical therapist. No other person shall be so designated or shall use the term licensed or registered physical therapist, licensed or registered physiotherapist, licensed or registered physical therapy technician, or the letters "L.P.T.," "R.P.T.," or "P.T.".

(b) A licensed physical therapist who has received a doctoral degree in physical therapy (DPT) or, after adoption of the regulations described in subdivision (d), a doctoral degree in a related health science may do the following:

(1) In a written communication, use the initials DPT, PhD, or EdD, as applicable, following the licensee's name.

(2) In a written communication, use the title "Doctor" or the abbreviation "Dr." preceding the licensee's name, if the licensee's name is immediately followed by an unabbreviated specification of the applicable doctoral degree held by the licensee.

(3) In a spoken communication while engaged in the practice of physical therapy, use the title "doctor" preceding the person's name, if the speaker specifies that he or she is a physical therapist.

(c) A doctoral degree described in subdivision (b) shall be granted by an institution accredited by the Western Association of Schools and Colleges or by an accrediting agency recognized by the National Commission on Accrediting or the United States Department of Education that the board determines is equivalent to the Western Association of Schools and Colleges.

(d) The board shall define, by regulation, the doctoral degrees that are in a related health science for purposes of subdivision (b).

(Amended by Stats. 2006, Ch. 222, Sec. 1. Effective January 1, 2007.)

2633.5.

(a) Only a person licensed as a physical therapist assistant by the board may use the title "physical therapist assistant" or "physical therapy assistant" or the letters "PTA" or any other words, letters, or figures that indicate that the person is a physical therapist assistant licensed pursuant to this chapter.

(b) The license of a physical therapist assistant shall not authorize the use of the prefix "LPT," "RPT," "PT," or "Dr.," or the title "physical therapist," "therapist," "doctor," or any affix indicating or implying that the physical therapist assistant is a physical therapist or doctor.

(Added by Stats. 2013, Ch. 389, Sec. 31. Effective January 1, 2014.)

2633.7.

During a period of clinical practice described in Section 2650 or in any similar period of observation of related educational experience involving recipients of physical therapy, a person so engaged shall be identified only as a "physical therapist student" or a "physical therapist assistant student," as authorized by the board in its regulations.

(Added by Stats. 2013, Ch. 389, Sec. 32. Effective January 1, 2014.)

2634.

The board may investigate each and every applicant for a license, before a license is issued, in order to determine whether or not the applicant has in fact the qualifications required by this chapter.

(Amended by Stats. 1996, Ch. 829, Sec. 24. Effective January 1, 1997.)

ARTICLE 3. Qualifications and Requirements for Licensure [2635 - 2639.1]

(Article 3 heading added by Stats. 2013, Ch. 389, Sec. 33.)

2635.

Every applicant for a license under this chapter shall, at the time of application, be a person over 18 years of age, not addicted to alcohol or any controlled substance, have successfully completed the education and training required by Section 2650,

and not have committed acts or crimes constituting grounds for denial of licensure under Section 480.

(Amended by Stats. 1994, Ch. 956, Sec. 6. Effective January 1, 1995.)

2636.

(a) Except as otherwise provided in this chapter, no person shall receive a license under this chapter without first successfully passing the following examinations, where success is determined based on the examination passing standard set by the board:

(1) An examination under the direction of the board to demonstrate the applicant's knowledge of the laws and regulations related to the practice of physical therapy in California. The examination shall reasonably test the applicant's knowledge of these laws and regulations.

(2) The physical therapy examination for the applicant's licensure category. The examination for licensure as a physical therapist shall test entry-level competence to practice physical therapy. The examination for licensure as a physical therapist assistant shall test entry-level competence to practice as a physical therapist assistant in the technical application of physical therapy services.

(b) An applicant may take the examinations for licensure as a physical therapist or for licensure as a physical therapist assistant after the applicant has met the educational requirements for that particular category of licensure.

(c) The examinations required by the board for a license under this chapter may be conducted by the board or by a public or private organization specified by the board. The examinations may be conducted under a uniform examination system and, for that purpose, the board may make arrangements with organizations furnishing examination materials as may, in its discretion, be desirable.

(Amended by Stats. 2013, Ch. 389, Sec. 34. Effective January 1, 2014.)

2636.5.

(a) An applicant may be issued a license without a written examination if he or she meets all of the following:

(1) He or she is at the time of application licensed as a physical therapist or physical therapist assistant in a state, district, or territory of the United States having, in the opinion of the board, requirements for licensing equal to or higher than those in California, and he or she has passed, to the satisfaction of the board, an examination for licensing that is, in the opinion of the board, comparable to the examination used in this state.

(2) He or she is a graduate of a physical therapist or physical therapist assistant education program approved by the board, or has met the requirements of Section 2653.

(3) He or she files an application with the board and meets the requirements prescribed by Sections 2635 and 2650.

(b) An applicant for licensure under subdivision (a), whose application is based on a certificate issued by a physical therapy licensing authority of another state may be required to file a statement of past work activity.

(c) An applicant who has filed a physical therapy application under this section with the board for the first time may, between the date of receipt of notice that his or her application is on file and the date of receipt of his or her license, perform as a physical therapist or physical therapist assistant, as appropriate, under the supervision of a physical therapist licensed in this state.

During this period the applicant shall identify himself or herself only as a "physical therapist license applicant" or "physical therapist assistant license applicant," as appropriate.

If the applicant under this section does not qualify and receive a license as provided in this section and does not qualify under Section 2639, all privileges under this section shall terminate upon notice by the board. An applicant may only qualify once to perform as a physical therapist license applicant or physical therapist assistant license applicant.

(Amended by Stats. 2013, Ch. 389, Sec. 35. Effective January 1, 2014.)

2638.

Any applicant for licensure as a physical therapist or physical therapist assistant who fails to pass the examination required by the board may retake the licensing examination and shall pay the reexamination fee.

(Amended by Stats. 2013, Ch. 389, Sec. 36. Effective January 1, 2014.)

2639.

(a) (1) Every graduate of an approved physical therapy education program who has filed a complete application, as defined in regulation, for licensure with the board and has been awarded either physical therapist license applicant status or physical therapist assistant license applicant status shall practice under the supervision of a licensed physical therapist pursuant to this chapter for no more than 120 days pending the results of the first licensing examination administered. If the applicant passes the examination, the physical therapist license applicant status or physical therapist assistant license applicant status shall remain in effect until a regular renewable license is issued, or licensure is denied, by the board. A supervising physical therapist shall document receipt of the letter authorizing the physical therapist license applicant status or physical therapist assistant license applicant status and record the expiration date of that status in the employee record. A supervising physical therapist shall require the applicant to provide documentation of the license issued at the conclusion of the physical therapist license applicant status or physical therapist assistant license applicant status. During this period the applicant shall identify himself or herself only as "physical therapist license applicant" or "physical therapist assistant license applicant," as appropriate.

(2) A person shall not be considered a graduate unless he or she has successfully completed all the clinical training and internship required for graduation from the education program.

(b) A physical therapist license applicant who has been awarded license applicant status may perform as a physical therapist if he or she is under the supervision of a physical therapist licensed by the board. A physical therapist assistant license

applicant who has been awarded license applicant status may perform as a physical therapist assistant if he or she is under the supervision of a physical therapist licensed by the board. The applicant shall comply with any requirements applicable to the license for which he or she applied. An applicant may not perform in those capacities if he or she fails the first examination attempt.

(Repealed and added by Stats. 2013, Ch. 389, Sec. 38. Effective January 1, 2014.)

2639.1.

A person having, in the opinion of the board, training or experience, or a combination of training and experience, equivalent to that obtained in an approved physical therapist assistant education program and who meets the requirements of Section 2635 may apply for licensure as a physical therapist assistant.

(Added by Stats. 2013, Ch. 389, Sec. 39. Effective January 1, 2014.)

ARTICLE 4. Renewal of Licenses [2644 - 2649]

(Article 4 added by Stats. 2013, Ch. 389, Sec. 41.)

2644.

(a) Every license issued under this chapter shall expire at 12 a.m. on the last day of the birth month of the licensee during the second year of a two-year term, if not renewed.

(b) To renew an unexpired license, the licensee shall, on or before the date on which it would otherwise expire, apply for renewal on a form prescribed by the board, pay the prescribed renewal fee, and submit proof of the completion of continuing competency required by the board pursuant to Section 2649. The licensee shall disclose on his or her license renewal application any misdemeanor or other criminal offense for which he or she has been found guilty or to which he or she has pleaded guilty or no contest.

(Added by Stats. 2013, Ch. 389, Sec. 41. Effective January 1, 2014.)

2645.

At least 60 days before the expiration of any license, the board shall mail to each licensee under this chapter, at the latest address furnished by the licensee to the board, a notice stating the amount of the renewal fee and the date on which it is due, and that failure to pay it on or before the due date shall result in expiration of the license.

(Added by Stats. 2013, Ch. 389, Sec. 41. Effective January 1, 2014.)

2646.

A license that has expired may be renewed at any time within five years after its expiration by applying for renewal as set forth in Section 2644. Renewal under this section shall be effective on the date on which the renewal application is filed, on

the date on which the renewal fee or accrued renewal fees are paid, or on the date on which the delinquency fee and penalty fee, if any, are paid, whichever last occurs. A renewed license shall continue in effect through the expiration date set forth in Section 2644 that next occurs after the effective date of the renewal, at which time it shall expire and become invalid if it is not so renewed.

(Added by Stats. 2013, Ch. 389, Sec. 41. Effective January 1, 2014.)

2647.

A person who fails to renew his or her license within five years after its expiration may not renew it, and it shall not be reissued, reinstated, or restored thereafter. However, the person may apply for a new license if he or she satisfies the requirements set forth in Article 3 (commencing with Section 2635).

(Added by Stats. 2013, Ch. 389, Sec. 41. Effective January 1, 2014.)

2648.

(a) A licensee is exempt from the payment of the renewal fee while engaged in full-time training or active service in the United States Army, Navy, Air Force, Marines, or Coast Guard, or in the United States Public Health Service.

(b) A person exempted from the payment of the renewal fee by this section shall not engage in any practice of, or assistance in the provision of, physical therapy not related to his or her military service and shall become liable for payment of the fee for the current renewal period upon his or her discharge from full-time active service and shall have a period of 60 days after becoming liable within which to pay the renewal fee before the delinquency fee is required. Any person who is discharged from active service within 60 days of the end of the renewal period is exempt from the payment of the renewal fee for that period.

(c) The time spent in full-time active service or training shall not be included in the computation of the five-year period for renewal and reinstatement of licensure provided in Section 2646.

(d) A person exempt from renewal fees under this section shall not be exempt from meeting the requirements of Section 2649.

(Added by Stats. 2013, Ch. 389, Sec. 41. Effective January 1, 2014.)

2648.3.

A licensee who demonstrates to the satisfaction of the board that he or she is unable to practice, or assist in the provision of, physical therapy due to a disability may request a waiver of the license renewal fee. The granting of a waiver shall be at the discretion of the board and may be terminated at any time. Waivers shall be based on the inability of a licensee to practice, or assist in the provision of, physical therapy. A licensee whose renewal fee has been waived pursuant to this section shall not engage in the practice of, or assist in the provision of, physical therapy unless and until the licensee pays the current renewal fee and does either of the following:

- (a) Establishes to the satisfaction of the board, on a form prescribed by the board and signed under penalty of perjury, that the licensee's disability either no longer exists or does not affect his or her ability to practice, or assist in the provision of, physical therapy safely.
 - (b) Signs an agreement, on a form prescribed by the board and signed under penalty of perjury, to limit his or her practice of, or assistance in the provision of, physical therapy in the manner prescribed by his or her reviewing physician.
 - (c) A person exempt from renewal fees under this section shall not be exempt from meeting the requirements of Section 2649.
- (Added by Stats. 2013, Ch. 389, Sec. 41. Effective January 1, 2014.)*

2648.5.

- (a) The renewal fee shall be waived for licensees residing in California who certify to the board that license renewal is for the sole purpose of providing voluntary, unpaid physical therapy services.
 - (b) A person exempt from renewal fees under this section shall not be exempt from meeting the requirements of Section 2649.
- (Added by Stats. 2013, Ch. 389, Sec. 41. Effective January 1, 2014.)*

2648.7.

A licensee is exempt from the payment of the renewal fee and from meeting the requirements set forth in Section 2649 if he or she has applied to the board for retired license status. A holder of a license in retired status pursuant to this section shall not engage in the practice of, or assist in the provision of, physical therapy unless the licensee applies for renewal and meets all of the requirements as set forth in Section 2644.

(Added by Stats. 2013, Ch. 389, Sec. 41. Effective January 1, 2014.)

2649.

- (a) A person renewing his or her license shall submit proof satisfactory to the board that, during the preceding two years, he or she has completed the required number of continuing education hours established by regulation by the board, or such other proof of continuing competency as the board may establish by regulation. Required continuing education shall not exceed 30 hours every two years.
- (b) The board shall adopt and administer regulations including, but not limited to, continuing education intended to ensure the continuing competency of persons licensed pursuant to this chapter. The board may establish different requirements for physical therapists and physical therapist assistants. The board may not require the completion of an additional postsecondary degree or successful completion of an examination as a condition of renewal, but may recognize these as demonstrative of continuing competency. This program shall include provisions requiring random audits of licensees in order to ensure compliance.

(c) The administration of this section may be funded through professional license fees, continuing education provider fees, and recognized approval agency fees. The fees shall not exceed the amounts necessary to cover the actual costs of administering this section.

(Added by renumbering Section 2676 by Stats. 2013, Ch. 389, Sec. 73. Effective January 1, 2014.)

ARTICLE 5. Educational Standards [2650 - 2654]

(Heading of Article 5 renumbered from Article 4 by Stats. 2013, Ch. 389, Sec. 42.)

2650.

(a) The physical therapist education requirements are as follows:

(1) Except as otherwise provided in this chapter, each applicant for a license as a physical therapist shall be a graduate of a professional degree program of an accredited postsecondary institution or institutions approved by the board and shall have completed a professional education program including academic course work and clinical internship in physical therapy.

(2) Unless otherwise specified by the board by regulation, the educational requirements shall include instruction in the subjects prescribed by the Commission on Accreditation in Physical Therapy Education (CAPTE) of the American Physical Therapy Association or Physiotherapy Education Accreditation Canada and shall include a combination of didactic and clinical experiences. The clinical experience shall include at least 18 weeks of full-time experience with a variety of patients.

(b) The physical therapist assistant educational requirements are as follows:

(1) Except as otherwise provided in this chapter, each applicant for a license as a physical therapist assistant shall be a graduate of a physical therapist assistant program of an accredited postsecondary institution or institutions approved by the board, and shall have completed both the academic and clinical experience required by the physical therapist assistant program, and have been awarded an associate degree.

(2) Unless otherwise specified by the board by regulation, the educational requirements shall include instruction in the subjects prescribed by the CAPTE of the American Physical Therapy Association or Physiotherapy Education Accreditation Canada or another body as may be approved by the board by regulation and shall include a combination of didactic and clinical experiences.

(Amended by Stats. 2015, Ch. 426, Sec. 20. Effective January 1, 2016.)

2651.

The board shall approve only those physical therapist and physical therapist assistant education programs that prove to the satisfaction of the board that they comply with the minimum physical therapist or physical therapist assistant educational requirements set forth in this chapter and adopted by the board pursuant to this chapter. Physical therapist and physical therapist assistant education programs that are accredited by the Commission on Accreditation in Physical Therapy Education of the American Physical Therapy Association, Physiotherapy Education Accreditation Canada, or such other body as may be

approved by the board by regulation shall be deemed approved by the board unless the board determines otherwise. This chapter shall not prohibit the board from disapproving any foreign physical therapist or physical therapist assistant educational program or from denying an applicant if, in the opinion of the board, the instruction received by the applicant or the courses offered by the program were not equivalent to that which is required by this chapter.

(Amended by Stats. 2013, Ch. 389, Sec. 47. Effective January 1, 2014.)

2653.

An applicant for a license as a physical therapist who has graduated from a physical therapist education program that is not approved by the board and is not located in the United States shall do all of the following:

(a) Furnish documentary evidence satisfactory to the board, that he or she has completed a professional degree in a physical therapist educational program substantially equivalent at the time of his or her graduation to that issued by a board approved physical therapist education program. The professional degree must entitle the applicant to practice as a physical therapist in the country where the diploma was issued. The applicant shall meet the educational requirements set forth in paragraph (2) of subdivision (a) of Section 2650. The board may require an applicant to submit documentation of his or her education to a credentials evaluation service for review and a report to the board.

(b) Demonstrate proficiency in English by achieving a score specified by the board on the Test of English as a Foreign Language administered by the Educational Testing Services or such other examination as may be specified by the board by regulation.

(c) Complete nine months of clinical service in a location approved by the board under the supervision of a physical therapist licensed by a United States jurisdiction, in a manner satisfactory to the board. The applicant shall have passed the written examination required in Section 2636 prior to commencing the period of clinical service. The board shall require the supervising physical therapist to evaluate the applicant and report his or her findings to the board. The board may in its discretion waive all or part of the required clinical service pursuant to guidelines set forth in its regulations. During the period of clinical service, the applicant shall be identified as a physical therapist license applicant. If an applicant fails to complete the required period of clinical service, the board may, for good cause shown, allow the applicant to complete another period of clinical service.

(Repealed and added by Stats. 2013, Ch. 389, Sec. 50. Effective January 1, 2014.)

2654.

If an applicant who has graduated from a physical therapist education program that is not approved by the board and is not located in the United States does not qualify to take the physical therapist examination, his or her education may be evaluated by the board and the applicant may be eligible to take the physical therapist assistant examination.

(Added by Stats. 2013, Ch. 389, Sec. 51. Effective January 1, 2014.)

ARTICLE 6. Enforcement [2660 - 2661.7]

(Heading of Article 6 renumbered from Article 5 by Stats. 2013, Ch. 389, Sec. 53.)

2660.

Unprofessional conduct constitutes grounds for citation, discipline, denial of a license, or issuance of a probationary license. The board may, after the conduct of appropriate proceedings under the Administrative Procedure Act (Chapter 4.5 (commencing with Section 11400) of Part 1 of Division 3 of Title 2 of the Government Code), issue a citation, impose discipline, deny a license, suspend for not more than 12 months, or revoke, or impose probationary conditions upon any license issued under this chapter for unprofessional conduct that includes, in addition to other provisions of this chapter, but is not limited to, the following:

- (a) Violating or attempting to violate, directly or indirectly, assisting in or abetting the violation of, or conspiring to violate any provision of this chapter, any regulations duly adopted under this chapter, or the Medical Practice Act (Chapter 5 (commencing with Section 2000)).
- (b) Advertising in violation of Section 17500.
- (c) Obtaining or attempting to obtain a license by fraud or misrepresentation.
- (d) Practicing or offering to practice beyond the scope of practice of physical therapy.
- (e) Conviction of a crime that substantially relates to the qualifications, functions, or duties of a physical therapist or physical therapist assistant. The record of conviction or a certified copy thereof shall be conclusive evidence of that conviction.
- (f) Unlawful possession or use of, or conviction of a criminal offense involving, a controlled substance as defined in Division 10 (commencing with Section 11000) of the Health and Safety Code, or any dangerous drug as defined in Article 2 (commencing with Section 4015) of Chapter 9, as follows:
 - (1) Obtaining or possessing in violation of law, or except as directed by a licensed physician and surgeon, dentist, or podiatrist, administering to himself or herself, or furnishing or administering to another, any controlled substance or any dangerous drug.
 - (2) Using any controlled substance or any dangerous drug.
 - (3) Conviction of a criminal offense involving the consumption or self-administration of, or the possession of, or falsification of a record pertaining to, any controlled substance or any dangerous drug, in which event the record of the conviction is conclusive evidence thereof.
- (g) Failure to maintain adequate and accurate records relating to the provision of services to his or her patients.
- (h) Gross negligence or repeated acts of negligence in practice or in the delivery of physical therapy care.
- (i) Aiding or abetting any person to engage in the unlawful practice of physical therapy.
- (j) The commission of any fraudulent, dishonest, or corrupt act that is substantially related to the qualifications, functions, or duties of a physical therapist or physical therapist assistant.
- (k) Except for good cause, the knowing failure to protect patients by failing to follow infection control guidelines of the board, thereby risking transmission of

bloodborne infectious diseases from licensee to patient, from patient to patient, and from patient to licensee. In administering this subdivision, the board shall consider referencing the standards, regulations, and guidelines of the State Department of Public Health developed pursuant to Section 1250.11 of the Health and Safety Code and the standards, regulations, and guidelines pursuant to the California Occupational Safety and Health Act of 1973 (Part 1 (commencing with Section 6300) of Division 5 of the Labor Code) for preventing the transmission of HIV, hepatitis B, and other bloodborne pathogens in health care settings. As necessary, the board shall consult with the Medical Board of California, the California Board of Podiatric Medicine, the Dental Board of California, the Board of Registered Nursing, and the Board of Vocational Nursing and Psychiatric Technicians of the State of California, to encourage appropriate consistency in the implementation of this subdivision.

(l) The commission of verbal abuse or sexual harassment.

(m) Engaging in sexual misconduct or violating Section 726.

(n) Permitting a physical therapist assistant or physical therapy aide under one's supervision or control to perform, or permitting the physical therapist assistant or physical therapy aide to hold himself or herself out as competent to perform, professional services beyond the level of education, training, and experience of the physical therapist assistant or aide.

(o) The revocation, suspension, or other discipline, restriction, or limitation imposed by another state upon a license or certificate to practice physical therapy issued by that state, or the revocation, suspension, or restriction of the authority to practice physical therapy by any agency of the federal government.

(p) Viewing a completely or partially disrobed patient in the course of treatment if the viewing is not necessary to patient evaluation or treatment under current standards.

(q) Engaging in any act in violation of Section 650, 651, or 654.2.

(r) Charging a fee for services not performed.

(s) Misrepresenting documentation of patient care or deliberate falsifying of patient records.

(t) Except as otherwise allowed by law, the employment of runners, cappers, steerers, or other persons to procure patients.

(u) The willful, unauthorized violation of professional confidence.

(v) Failing to maintain confidentiality, except as otherwise required or permitted by law, of all information that has been received from a patient in confidence during the course of treatment and all information about the patient that is obtained from tests or other means.

(w) Habitual intemperance.

(x) Failure to comply with the provisions of Section 2620.1.

(Amended by Stats. 2014, Ch. 71, Sec. 5. Effective January 1, 2015.)

2660.1.

A patient, client, or customer of a licensee under this chapter is conclusively presumed to be incapable of giving free, full, and informed consent to any sexual activity which is a violation of Section 726.

(Added by Stats. 1992, Ch. 1289, Sec. 19. Effective January 1, 1993.)

2660.2.

(a) The board may refuse a license to any applicant guilty of unprofessional conduct or sexual activity referred to in Section 2660.1. The board may, in its sole discretion, issue a public letter of reprimand or may issue a probationary license to any applicant for a license who is guilty of unprofessional conduct but who has met all other requirements for licensure. The board may issue the license subject to any terms or conditions not contrary to public policy, including, but not limited to, the following:

- (1) Medical or psychiatric evaluation.
- (2) Continuing medical or psychiatric treatment.
- (3) Restriction of the type or circumstances of practice.
- (4) Continuing participation in a board-approved rehabilitation program.
- (5) Abstention from the use of alcohol or drugs.
- (6) Random fluid testing for alcohol or drugs.
- (7) Compliance with laws and regulations governing the practice of physical therapy.

(b) The applicant shall have the right to appeal the denial, or the issuance with terms and conditions, of any license in accordance with Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code, and the board shall have all the powers granted therein. The action shall be final, except that the propriety of the action is subject to review by the superior court pursuant to Section 1094.5 of the Code of Civil Procedure.

(c) In lieu of refusing a license, the board may, upon stipulation or agreement by the licensee, issue a public letter of reprimand after it has conducted an investigation or inspection as provided for in this chapter. The public letter of reprimand may include a requirement for specified training or education, and cost recovery for investigative costs. The board shall notify the licensee of its intention to issue the letter 30 days before the intended issuance date of the letter. The licensee shall indicate in writing at least 15 days prior to the letter's intended issuance date whether he or she agrees to the issuance of the letter. The board, at its option, may extend the time within which the licensee may respond to its notification. If the licensee does not agree to the issuance of the letter, the board shall not issue the letter and may proceed to file the accusation. The board may use a public letter of reprimand only for minor violations, as defined by the board, committed by the applicant. A public letter of reprimand issued pursuant to this section shall be disclosed by the board to an inquiring member of the public and shall be posted on the board's Internet Web site.

(Amended by Stats. 2013, Ch. 389, Sec. 55. Effective January 1, 2014.)

2660.3.

In lieu of filing or prosecuting a formal accusation against a licensee, the board may, upon stipulation or agreement by the licensee, issue a public letter of reprimand after it has conducted an investigation or inspection as provided for in this chapter. The public letter of reprimand may include a requirement for specified training or education, and cost recovery for investigative costs. The board shall

notify the licensee of its intention to issue the letter 30 days before the intended issuance date of the letter. The licensee shall indicate in writing at least 15 days prior to the letter's intended issuance date whether he or she agrees to the issuance of the letter. The board, at its option, may extend the time within which the licensee may respond to its notification. If the licensee does not agree to the issuance of the letter, the board shall not issue the letter and may proceed to file the accusation. The board may use a public letter of reprimand only for minor violations, as defined by the board, committed by the licensee. A public letter of reprimand issued pursuant to this section shall be disclosed by the board to an inquiring member of the public and shall be posted on the board's Internet Web site.

(Amended by Stats. 2013, Ch. 389, Sec. 56. Effective January 1, 2014.)

2660.4.

A licensee who fails or refuses to comply with a request from the board for the medical records of a patient, that is accompanied by that patient's written authorization for release of records to the board, within 15 days of receiving the request and authorization shall pay to the board a civil penalty of one thousand dollars (\$1,000) per day for each day that the records have not been produced after the 15th day, unless the licensee is unable to provide the records within this time period for good cause.

(Added by Stats. 2013, Ch. 389, Sec. 57. Effective January 1, 2014.)

2660.5.

The board shall deny a physical therapist license or physical therapist assistant license to an applicant who is required to register pursuant to Section 290 of the Penal Code. This section does not apply to an applicant who is required to register as a sex offender pursuant to Section 290 of the Penal Code solely because of a misdemeanor conviction under Section 314 of the Penal Code.

(Amended by Stats. 2013, Ch. 389, Sec. 58. Effective January 1, 2014.)

2660.7.

In addition to the penalties prescribed by Section 123, if the board determines that an applicant for licensure or a licensee has engaged, or has attempted to engage, in conduct that subverts or undermines the integrity of the examination process as described in Section 123, the board may disqualify the applicant from taking the examination or may deny his or her application for licensure or may revoke the license of the licensee.

(Added by Stats. 2008, Ch. 301, Sec. 9. Effective January 1, 2009.)

2660.8.

A licensee whose matter has been heard by an administrative law judge of the Medical Quality Hearing Panel as designated in Section 11371 of the Government Code, or whose default has been entered or who has entered into a stipulation for disciplinary action with the board, may, in accordance with the provisions of this chapter:

- (a) Have his or her license revoked upon order of the board.
- (b) Have his or her right to practice suspended for a period not to exceed one year upon order of the board.
- (c) Be placed on probation and required to pay the costs of probation monitoring upon order of the board.
- (d) Be publicly reprimanded by the board.
- (e) Be required to surrender his or her license based on an order of the board.
- (f) Have any other action taken in relation to discipline as part of an order of probation, as the board or an administrative law judge may deem proper.

(Added by Stats. 2013, Ch. 389, Sec. 59. Effective January 1, 2014.)

2661.

A plea or verdict of guilty or a conviction following a plea of nolo contendere is deemed to be a conviction within the meaning of this article. The board may order discipline of the licensee in accordance with Section 2660 or the board may take action as authorized in Section 2660.2 on an application when the time for appeal has elapsed, or the judgment of conviction has been affirmed on appeal or when an order granting probation is made suspending the imposition of sentence, irrespective of a subsequent order under Section 1203.4 of the Penal Code allowing that person to withdraw his or her plea of guilty and to enter a plea of not guilty, or setting aside the verdict of guilty, or dismissing the accusation, information, or indictment.

(Amended by Stats. 2013, Ch. 389, Sec. 60. Effective January 1, 2014.)

2661.5.

- (a) In any order issued in resolution of a disciplinary proceeding before the board, the board may request the administrative law judge to direct any licensee found guilty of unprofessional conduct to pay to the board a sum not to exceed the actual and reasonable costs of the investigation and prosecution of the case.
- (b) The costs to be assessed shall be fixed by the administrative law judge and shall not in any event be increased by the board. When the board does not adopt a proposed decision and remands the case to an administrative law judge, the administrative law judge shall not increase the amount of the assessed costs specified in the proposed decision.
- (c) When the payment directed in an order for payment of costs is not made by the licensee, the board may enforce the order of payment by bringing an action in any appropriate court. This right of enforcement shall be in addition to any other rights the board may have as to any licensee directed to pay costs.

(d) In any judicial action for the recovery of costs, proof of the board's decision shall be conclusive proof of the validity of the order of payment and the terms for payment.

(e) (1) Except as provided in paragraph (2), the board shall not renew or reinstate the license or approval of any person who has failed to pay all of the costs ordered under this section.

(2) Notwithstanding paragraph (1), the board may, in its discretion, conditionally renew or reinstate for a maximum of one year the license or approval of any person who demonstrates financial hardship and who enters into a formal agreement with the board to reimburse the board within that one year period for those unpaid costs.

(f) All costs recovered under this section shall be deposited in the Physical Therapy Fund as a reimbursement in either the fiscal year in which the costs are actually recovered or the previous fiscal year, as the board may direct.

(Amended by Stats. 1996, Ch. 829, Sec. 51. Effective January 1, 1997.)

2661.6.

(a) The board shall establish a probation monitoring program to monitor probationary licenses.

(b) The program may employ nonpeace officer staff to perform its probation monitoring.

(c) The program shall be funded with moneys in the Physical Therapy Fund.

(Added by Stats. 2002, Ch. 1150, Sec. 13. Effective January 1, 2003.)

2661.7.

(a) A person whose license has been revoked or suspended, or who has been placed on probation, may petition the board for reinstatement or modification of penalty, including modification or termination of probation, after a period of not less than the following minimum periods has elapsed from the effective date of the decision ordering that disciplinary action:

(1) At least three years for reinstatement of a license or approval revoked for unprofessional conduct, except that the board may, for good cause shown, specify in a revocation order that a petition for reinstatement may be filed after two years.

(2) At least two years for early termination or one year for modification of a condition of probation of three years or more.

(3) At least one year for reinstatement of a license revoked for mental or physical illness, or for modification of a condition, or termination of probation of less than three years.

(b) The petition shall state any facts as may be required by the board. The petition shall be accompanied by at least two verified recommendations from physical therapists licensed by the board who have personal knowledge of the activities of the petitioner since the disciplinary penalty was imposed.

(c) The petition may be heard by the board. The board may assign the petition to an administrative law judge designated in Section 11371 of the Government Code. After a hearing on the petition, the administrative law judge shall provide a

proposed decision to the board that shall be acted upon in accordance with the Administrative Procedure Act.

(d) The board or the administrative law judge hearing the petition may consider all activities of the petitioner since the disciplinary action was taken, the offense for which the petitioner was disciplined, the petitioner's activities during the time the license was in good standing, and the petitioner's rehabilitative efforts, general reputation for truth, and professional ability. The hearing may be continued, as the board or the administrative law judge designated in Section 11371 of the Government Code finds necessary.

(e) The administrative law judge designated in Section 11371 of the Government Code when hearing a petition for reinstating a license, or modifying a penalty, may recommend the imposition of any terms and conditions deemed necessary.

(f) No petition shall be considered while the petitioner is under sentence for any criminal offense, including any period during which the petitioner is on court-imposed probation or parole. No petition shall be considered while there is an accusation or petition to revoke probation pending against the petitioner. The board may deny, without a hearing or argument, any petition filed pursuant to this section within a period of two years from the effective date of the prior decision following a hearing under this section.

(g) Nothing in this section shall be deemed to alter Sections 822 and 823.

(Amended by Stats. 2013, Ch. 389, Sec. 61. Effective January 1, 2014.)

ARTICLE 7. Substance Abuse Rehabilitation Program [2662 - 2669]

(Heading of Article 7 renumbered from Article 5.5 by Stats. 2013, Ch. 389, Sec. 62.)

2662.

It is the intent of the Legislature that the board shall seek ways and means to identify and rehabilitate physical therapists and physical therapist assistants whose competency is impaired due to abuse of dangerous drugs or alcohol so that they may be treated and returned to the practice of physical therapy in a manner which will not endanger the public health and safety.

(Amended by Stats. 1996, Ch. 829, Sec. 52. Effective January 1, 1997.)

2663.

The board shall establish and administer a substance abuse rehabilitation program, hereafter referred to as the rehabilitation program, for the rehabilitation of physical therapists and physical therapist assistants whose competency is impaired due to the abuse of drugs or alcohol. The board may contract with any other state agency or a private organization to perform its duties under this article. The board may establish one or more rehabilitation evaluation committees to assist it in carrying out its duties under this article. Any rehabilitation evaluation committee established by the board shall operate under the direction of the rehabilitation program manager, as designated by the executive officer of the board. The program manager has the primary responsibility to review and evaluate recommendations of the committee.

(Amended by Stats. 2013, Ch. 389, Sec. 63. Effective January 1, 2014.)

2664.

(a) Any rehabilitation evaluation committee established by the board shall have at least three members. In making appointments to a rehabilitation evaluation committee, the board shall consider the appointment of persons who are either recovering from substance abuse and have been free from substance abuse for at least three years immediately prior to their appointment or who are knowledgeable in the treatment and recovery of substance abuse. The board also shall consider the appointment of a physician and surgeon who is board certified in psychiatry.

(b) Appointments to a rehabilitation evaluation committee shall be by the affirmative vote of a majority of members appointed to the board. Each appointment shall be at the pleasure of the board for a term not to exceed four years. In its discretion, the board may stagger the terms of the initial members so appointed.

(c) A majority of the members of a rehabilitation evaluation committee shall constitute a quorum for the transaction of business. Any action requires an affirmative vote of a majority of those members present at a meeting constituting at least a quorum. Each rehabilitation evaluation committee shall elect from its membership a chairperson and a vice chairperson. Notwithstanding the Bagley-Keene Open Meeting Act (Article 9 (commencing with Section 11120) of Chapter 1 of Part 1 of Division 3 of Title 2 of the Government Code), relating to public meetings, a rehabilitation evaluation committee may convene in closed session to consider matters relating to any physical therapist or physical therapist assistant applying for or participating in a rehabilitation program, and a meeting which will be convened entirely in closed session need not comply with Section 11125 of the Government Code. A rehabilitation evaluation committee shall only convene in closed session to the extent it is necessary to protect the privacy of an applicant or participant. Each member of a rehabilitation evaluation committee shall receive a per diem and shall be reimbursed for expenses as provided in Section 103.

(Amended by Stats. 2013, Ch. 389, Sec. 64. Effective January 1, 2014.)

2665.

Each rehabilitation evaluation committee has the following duties and responsibilities:

- (a) To evaluate physical therapists and physical therapist assistants who request participation in the rehabilitation program and to make recommendations. In making recommendations, the committee shall consider any recommendations from professional consultants on the admission of applicants to the rehabilitation program.
- (b) To review and designate treatment facilities to which physical therapists and physical therapist assistants in the rehabilitation program may be referred.
- (c) To receive and review information concerning physical therapists and physical therapist assistants participating in the program.
- (d) Calling meetings as necessary to consider the requests of physical therapists and physical therapist assistants to participate in the rehabilitation program, to consider reports regarding participants in the program, and to consider any other matters referred to it by the board.
- (e) To consider whether each participant in the rehabilitation program may with safety continue or resume the practice of physical therapy.
- (f) To set forth in writing the terms and conditions of the rehabilitation agreement that is approved by the program manager for each physical therapist and physical therapist assistant participating in the program, including treatment, supervision, and monitoring requirements.
- (g) To hold a general meeting at least twice a year, which shall be open and public, to evaluate the rehabilitation program's progress, to prepare reports to be submitted to the board, and to suggest proposals for changes in the rehabilitation program.
- (h) For the purposes of Division 3.6 (commencing with Section 810) of Title 1 of the Government Code, any member of a rehabilitation evaluation committee shall be considered a public employee. No board or rehabilitation evaluation committee member, contractor, or agent thereof, shall be liable for any civil damage because of acts or omissions which may occur while acting in good faith in a program established pursuant to this article.

(Amended by Stats. 2013, Ch. 389, Sec. 65. Effective January 1, 2014.)

2666.

(a) Criteria for acceptance into the rehabilitation program shall include all of the following:

- (1) The applicant shall be licensed as a physical therapist or as a physical therapist assistant by the board and shall be a resident of California.
- (2) The applicant shall be found to abuse dangerous drugs or alcoholic beverages in a manner that may affect his or her ability to practice physical therapy safely or competently.
- (3) The applicant shall have voluntarily requested admission to the program or shall be accepted into the program in accordance with terms and conditions resulting from a disciplinary action.

(4) The applicant shall agree to undertake any medical or psychiatric examination ordered to evaluate the applicant for participation in the program.

(5) The applicant shall cooperate with the program by providing medical information, disclosure authorizations, and releases of liability as may be necessary for participation in the program.

(6) The applicant shall agree in writing to cooperate with all elements of the treatment program designed for him or her.

Any applicant may be denied participation in the program if the board, the program manager, or a rehabilitation evaluation committee determines that the applicant will not substantially benefit from participation in the program or that the applicant's participation in the program creates too great a risk to the public health, safety, or welfare.

(b) A participant may be terminated from the program for any of the following reasons:

(1) The participant has successfully completed the treatment program.

(2) The participant has failed to comply with the treatment program designated for him or her.

(3) The participant fails to meet any of the criteria set forth in subdivision (a) or (c).

(4) It is determined that the participant has not substantially benefited from participation in the program or that his or her continued participation in the program creates too great a risk to the public health, safety, or welfare. Whenever an applicant is denied participation in the program or a participant is terminated from the program for any reason other than the successful completion of the program, and it is determined that the continued practice of physical therapy by that individual creates too great a risk to the public health, safety, and welfare, that fact shall be reported to the executive officer of the board and all documents and information pertaining to and supporting that conclusion shall be provided to the executive officer. The matter may be referred for investigation and disciplinary action by the board. Each physical therapist or physical therapy assistant who requests participation in a rehabilitation program shall agree to cooperate with the recovery program designed for him or her. Any failure to comply with that program may result in termination of participation in the program.

The rehabilitation evaluation committee shall inform each participant in the program of the procedures followed in the program, of the rights and responsibilities of a physical therapist or physical therapist assistant in the program, and the possible results of noncompliance with the program.

(c) In addition to the criteria and causes set forth in subdivision (a), the board may set forth in its regulations additional criteria for admission to the program or causes for termination from the program.

(Amended by Stats. 2013, Ch. 389, Sec. 66. Effective January 1, 2014.)

2667.

All board and rehabilitation evaluation committee records and records of proceedings and participation of a physical therapist or physical therapist assistant in a program shall be confidential and are not subject to discovery or subpoena.

(Amended by Stats. 2013, Ch. 389, Sec. 67. Effective January 1, 2014.)

[2668.](#)

(a) A fee to cover the actual cost of administering the program shall be charged for participation in the program. If the board contracts with any other entity to carry out this article, at the discretion of the board, the fee may be collected and retained by that entity.

(b) If the board contracts with any other entity to carry out this section, the executive officer of the board, or his or her designee, shall review the activities and performance of the contractor on a biennial basis. As part of this review, the board shall review files of participants in the program. However, the names of participants who entered the program voluntarily shall remain confidential, except when the review reveals misdiagnosis, case mismanagement, or noncompliance by the participant.

(c) Subdivision (a) shall apply to all new participants entering into the board's rehabilitation program on or after January 1, 2007. Subdivision (a) shall apply on and after January 1, 2008, to participants currently enrolled as of December 31, 2007.

(Amended by Stats. 2013, Ch. 389, Sec. 68. Effective January 1, 2014.)

[2669.](#)

Participation in a rehabilitation program shall not be a defense to any disciplinary action that may be taken by the board. This section does not preclude the board from commencing disciplinary action against a physical therapist or physical therapist assistant who is terminated unsuccessfully from the program. That disciplinary action may not include as evidence any confidential information.

(Amended by Stats. 2013, Ch. 389, Sec. 69. Effective January 1, 2014.)

ARTICLE 8. Offenses Against this Chapter [2670 - 2672]

(Heading of Article 8 renumbered from Article 6 by Stats. 2013, Ch. 389, Sec. 70.)

[2670.](#)

Any person who violates any of the provisions of this chapter shall be guilty of a misdemeanor, punishable by a fine not exceeding one thousand dollars (\$1,000) or imprisonment in a county jail not exceeding six months, or by both.

(Amended by Stats. 1983, Ch. 1092, Sec. 9. Effective September 27, 1983. Operative January 1, 1984, by Sec. 427 of Ch. 1092.)

[2672.](#)

Whenever any person has engaged or is about to engage in any acts or practices that constitute or will constitute an offense against this chapter, the superior court of any county, on application of the board, or 10 or more persons holding physical therapist licenses issued under this chapter, may issue an injunction or other appropriate order restraining the conduct. Proceedings under this section shall be

governed by Chapter 3 (commencing with Section 525) of Title 7 of Part 2 of the Code of Civil Procedure.

(Amended by Stats. 2013, Ch. 389, Sec. 71. Effective January 1, 2014.)

ARTICLE 9. Fiscal Administration [2680 - 2689]

(Heading of Article 9 renumbered from Article 7 by Stats. 2013, Ch. 389, Sec. 74.)

2680.

The board shall keep a record of its proceedings under this chapter, and a register of all persons licensed under it. The register shall show the name of every living licensee, his or her last known place of residence, and the date and number of his or her license as a physical therapist. The board shall compile a list of physical therapists authorized to practice physical therapy in the state. Any interested person is entitled to obtain a copy of that list upon application to the board and payment of such amount as may be fixed by the board which amount shall not exceed the cost of the list so furnished.

(Amended by Stats. 1996, Ch. 829, Sec. 61. Effective January 1, 1997.)

2681.

Within 10 days after the beginning of each calendar month the board shall report to the State Controller the amount and source of all collections made from persons licensed or seeking to be licensed under this chapter and at the same time pay all such sums into the State Treasury, where they shall be credited to the Physical Therapy Fund.

(Added by renumbering Section 2693 by Stats. 1968, Ch. 1284.)

2682.

There is in the State Treasury the Physical Therapy Fund. All collections from persons licensed or seeking to be licensed shall be paid by the board into the fund after reporting to the Controller at the beginning of each month the amount and source of the collections. All money in the Physical Therapy Fund is appropriated for the exclusive purpose of executing this chapter.

(Amended by Stats. 2013, Ch. 389, Sec. 75. Effective January 1, 2014.)

2687.

All fees earned by the board and all fines and forfeitures of bail to which the board is entitled shall be reported at the beginning of each month, for the month preceding, to the State Controller. At the same time, the entire amount of these collections shall be paid into the State Treasury and shall be credited to the Physical Therapy Fund.

This fund shall be for the use of the board to pay all salaries and all other expenses necessarily incurred in carrying into effect the provisions of this chapter.

(Amended by Stats. 2005, Ch. 74, Sec. 7. Effective July 19, 2005.)

2688.

The amount of fees assessed in connection with licenses issued under this chapter is as follows:

(a) (1) The fee for an application for licensure as a physical therapist submitted to the board prior to March 1, 2009, shall be seventy-five dollars (\$75). The fee for an application submitted under Section 2653 to the board prior to March 1, 2009, shall be one hundred twenty-five dollars (\$125).

(2) The fee for an application for licensure as a physical therapist submitted to the board on or after March 1, 2009, shall be one hundred twenty-five dollars (\$125). The fee for an application submitted under Section 2653 to the board on or after March 1, 2009, shall be two hundred dollars (\$200).

(3) Notwithstanding paragraphs (1) and (2), the board may decrease or increase the amount of an application fee under this subdivision to an amount that does not exceed the cost of administering the application process, but in no event shall the application fee amount exceed three hundred dollars (\$300).

(b) The examination and reexamination fees for the physical therapist examination, physical therapist assistant examination, and the examination to demonstrate knowledge of the California rules and regulations related to the practice of physical therapy shall be the actual cost to the board of the development and writing of, or purchase of the examination, and grading of each written examination, plus the actual cost of administering each examination. The board, at its discretion, may require the licensure applicant to pay the fee for the examinations required by Section 2636 directly to the organization conducting the examination.

(c) (1) The fee for a physical therapist license issued prior to March 1, 2009, shall be seventy-five dollars (\$75).

(2) The fee for a physical therapist license issued on or after March 1, 2009, shall be one hundred dollars (\$100).

(3) Notwithstanding paragraphs (1) and (2), the board may decrease or increase the amount of the fee under this subdivision to an amount that does not exceed the cost of administering the process to issue the license, but in no event shall the fee to issue the license exceed one hundred fifty dollars (\$150).

(d) (1) The fee to renew a physical therapist license that expires prior to April 1, 2009, shall be one hundred fifty dollars (\$150).

(2) The fee to renew a physical therapist license that expires on or after April 1, 2009, shall be two hundred dollars (\$200).

(3) Notwithstanding paragraphs (1) and (2), the board may decrease or increase the amount of the renewal fee under this subdivision to an amount that does not exceed the cost of the renewal process, but in no event shall the renewal fee amount exceed three hundred dollars (\$300).

(e) (1) The fee for application and for issuance of a physical therapist assistant license shall be seventy-five dollars (\$75) for an application submitted to the board prior to March 1, 2009.

(2) The fee for application and for issuance of a physical therapist assistant license shall be one hundred twenty-five dollars (\$125) for an application submitted to the board on or after March 1, 2009. The fee for an application submitted under Section 2653 to the board on or after March 1, 2009, shall be two hundred dollars (\$200).

(3) Notwithstanding paragraphs (1) and (2), the board may decrease or increase the amount of the fee under this subdivision to an amount that does not exceed the cost of administering the application process, but in no event shall the application fee amount exceed three hundred dollars (\$300).

(f) (1) The fee to renew a physical therapist assistant license that expires prior to April 1, 2009, shall be one hundred fifty dollars (\$150).

(2) The fee to renew a physical therapist assistant license that expires on or after April 1, 2009, shall be two hundred dollars (\$200).

(3) Notwithstanding paragraphs (1) and (2), the board may decrease or increase the amount of the renewal fee under this subdivision to an amount that does not exceed the cost of the renewal process, but in no event shall the renewal fee amount exceed three hundred dollars (\$300).

(g) Notwithstanding Section 163.5, the delinquency fee shall be 50 percent of the renewal fee in effect.

(h) (1) The duplicate wall certificate fee shall be fifty dollars (\$50). The duplicate renewal receipt fee amount shall be fifty dollars (\$50).

(2) Notwithstanding paragraph (1), the board may decrease or increase the amount of the fee under this subdivision to an amount that does not exceed the cost of issuing duplicates, but in no event shall that fee exceed one hundred dollars (\$100).

(i) (1) The endorsement or letter of good standing fee shall be sixty dollars (\$60).

(2) Notwithstanding paragraph (1), the board may decrease or increase the amount of the fee under this subdivision to an amount that does not exceed the cost of issuing an endorsement or letter, but in no event shall the fee amount exceed one hundred dollars (\$100).

(Amended by Stats. 2008, Ch. 301, Sec. 10. Effective January 1, 2009.)

2688.5.

The board shall submit a report to the fiscal and appropriate policy committees of the legislature whenever the board increases any fee. The report shall specify the justification for the increase and the percentage of the fee increase to be used for enforcement purposes.

(Amended by Stats. 1996, Ch. 829, Sec. 67. Effective January 1, 1997.)

2689.

(a) The board may establish by regulation suitable application and renewal fees of not more than two hundred dollars (\$200), for persons certified to perform electromyographical testing pursuant to Section 2620.5, based upon the cost of operating the certification program. The application fee shall be paid by the applicant at the time the application is filed and the renewal fee shall be paid as provided in Section 2683.

(b) The board shall charge an examination and reexamination fee of five hundred dollars (\$500) to applicants who are examined and who have been found to otherwise meet the board's standards for certification.

(Amended by Stats. 1996, Ch. 829, Sec. 68. Effective January 1, 1997.)

ARTICLE 10. Physical Therapy Corporations [2690 - 2696]

(Heading of Article 10 renumbered from Article 8 by Stats. 2013, Ch. 389, Sec. 79.)

2690.

A physical therapy corporation is a corporation that is authorized to render professional services, as defined in Section 13401 of the Corporations Code, so long as that corporation and its shareholders, officers, directors, and employees rendering professional services who are physical therapists are in compliance with the Moscone-Knox Professional Corporation Act, this article and all other statutes and regulations now or hereafter enacted or adopted pertaining to the corporation and the conduct of its affairs.

With respect to a physical therapy corporation, the governmental agency referred to in the Moscone-Knox Professional Corporation Act is the Physical Therapy Board of California.

(Amended by Stats. 1996, Ch. 829, Sec. 69. Effective January 1, 1997.)

2691.

It shall constitute unprofessional conduct and a violation of this chapter for any person licensed under this chapter to violate, attempt to violate, directly or indirectly, or assist in or abet the violation of, or conspire to violate any provision or term of this article, the Moscone-Knox Professional Corporation Act, or any regulations duly adopted under those laws.

(Repealed and added by Stats. 1980, Ch. 1314, Sec. 10.)

2692.

A physical therapy corporation shall not do or fail to do any act the doing of which or the failure to do which would constitute unprofessional conduct under any statute or regulation, now or hereafter in effect. In the conduct of its practice, it shall observe and be bound by such statutes and regulations to the same extent as a person holding a license under this chapter.

(Repealed and added by Stats. 1980, Ch. 1314, Sec. 10.)

2693.

The name of a physical therapy corporation and any name or names under which it may render professional services shall contain the words "physical therapy" or "physical therapist", and wording or abbreviations denoting corporate existence.

(Repealed and added by Stats. 1980, Ch. 1314, Sec. 10.)

2694.

Except as provided in Section 13403 of the Corporations Code, each shareholder, director and officer of a physical therapy corporation, except an assistant secretary and an assistant treasurer, shall be a licensed person as defined in Section 13401 of the Corporations Code.

(Repealed and added by Stats. 1980, Ch. 1314, Sec. 10.)

2695.

The income of a physical therapy corporation attributable to professional services rendered while a shareholder is a disqualified person, as defined in Section 13401 of the Corporations Code, shall not in any manner accrue to the benefit of such shareholder or his or her shares in the physical therapy corporation.

(Repealed and added by Stats. 1980, Ch. 1314, Sec. 10.)

2696.

The board may adopt and enforce regulations to carry out the purposes and objectives of this article, including regulations requiring (a) that the bylaws of a physical therapy corporation shall include a provision whereby the capital stock of the corporation owned by a disqualified person (as defined in Section 13401 of the Corporations Code), or a deceased person, shall be sold to the corporation or to the remaining shareholders of the corporation within the time as the regulations may provide, and (b) that a physical therapy corporation shall provide adequate security by insurance or otherwise for claims against it by its patients arising out of the rendering of professional services.

(Amended by Stats. 1996, Ch. 829, Sec. 70. Effective January 1, 1997.)

ATHLETIC TRAINING EDUCATION COMPETENCIES

5th Edition

Released 2011



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Preface

The 5th edition of the Athletic Training Education Competencies (Competencies) provides educational program personnel and others with the knowledge, skills, and clinical abilities to be mastered by students enrolled in professional athletic training education programs. Mastery of these Competencies provides the entry-level athletic trainer with the capacity to provide athletic training services to clients and patients of varying ages, lifestyles, and needs.

The Commission on Accreditation of Athletic Training Education (CAATE) requires that the Competencies be instructed and evaluated in each accredited professional athletic training education program. The Competencies serve as a companion document to the accreditation standards, which identify the requirements to acquire and maintain accreditation, published by CAATE.

The Professional Education Council (PEC) of the NATA was charged with creating the 5th edition of the Competencies. The PEC developed and executed a systematic plan to draft the Competencies and to solicit and integrate feedback from multiple sources as the draft was revised. First, the PEC orchestrated an initial open call for feedback on the 4th edition of the Competencies. Next, groups of subject-matter experts, including practicing athletic trainers, educators, and administrators, were identified. In addition to the feedback on the 4th edition, these subject-matter experts considered today's healthcare system, current best practice in athletic training, and their own expertise in creating an initial draft of the 5th edition. Many conversations ensued and subsequent drafts were submitted. Following revision for form and consistency of language, a draft of the Competencies was again posted for open feedback. This valuable feedback was considered in its entirety by the PEC, and final revisions were made.

We thank the members of the PEC for their untiring efforts in revising this document to reflect the changing needs of athletic training education. The advice, cooperation, and feedback from the Board of Certification and the CAATE have also been instrumental in this process. Finally, the diligent and perceptive feedback that was received from stakeholders during the public comment periods was instrumental in creating a document that ensures that entry-level athletic trainers are prepared to work in a changing healthcare system. Together we are improving healthcare by improving the education of athletic trainers.

- NATA Executive Committee for Education, December 2010

Introduction

This document is to be used as a guide by administrative, academic, and clinical program personnel when structuring all facets of the education experience for students. Educational program personnel should recognize that the Competencies are the *minimum requirements* for a student's professional education. Athletic training education programs are encouraged to exceed these minimums to provide their students with the highest quality education possible. In addition, programs should employ innovative, student-centered teaching and learning methodologies to connect the classroom, laboratory and clinical settings whenever possible to further enhance professional preparation.

The acquisition and clinical application of knowledge and skills in an education program must represent a defined yet flexible program of study. Defined in that knowledge and skills must be accounted for in the more formal classroom and laboratory educational experience. Flexible in that learning opportunities are everywhere. Behaviors are identified, discussed, and practiced throughout the educational program. Whatever the sequence of learning, patient safety is of prime importance; students must demonstrate competency in a particular task before using it on a patient. This begins a cycle of learning, feedback, refinement, and more advanced learning. Practice with concepts by gaining clinical experience with real life applications readies the student for opportunities to demonstrate decision-making and skill integration ability, Clinical Integrated Proficiencies (CIP). CIPs are designed to measure of real life application. Students should be assessed in their performance of CIPs on actual patients. If this is not possible, standardized/simulated patients or scenarios should be used to measure student proficiency.

Also, inherent in this document is the understanding that a comprehensive basic and applied science background is needed for students to develop appropriate levels of professional competence in the discipline-specific knowledge and skills described in this document.

All facets of the educational programs must incorporate current knowledge and skills that represent best practice. Programs must select such content following careful review of the research literature and consideration of the needs for today's entry-level practitioner. Because the knowledge within a profession is dynamic, information regarding current best practice is fluid and requires on-going examination and reflection.

SUMMARY OF MAJOR CHANGES INCLUDED IN 5TH EDITION

- The 12 content areas of the previous edition have been reorganized into 8 to eliminate redundancies and better reflect current practice.
 - The pathology content area was eliminated, and these competencies are addressed throughout other content areas.
 - The risk management/prevention and nutritional considerations content areas were combined to form the new **Prevention and Health Promotion (PHP)** content area. This change was made to reflect the current emphasis on prevention and wellness across health care and the lifespan.
 - The orthopedic clinical exam/diagnosis and medical conditions/disabilities content areas were combined to form the **Clinical Examination and Diagnosis (CE)** content area. This change was made to emphasize that athletic trainers use one standard clinical examination model that changes based on the findings and needs of the patient.
 - The therapeutic modalities, conditioning and rehabilitative exercise and pharmacology content areas were combined to form one content area that incorporates all aspects of **Therapeutic Interventions (TI)**.
 - A new content area was added to provide students with the basic knowledge and skills related to **Evidence-Based Practice (EBP)**. The importance of using EBP concepts and principles to improve patient outcomes is being emphasized throughout the health care system and is reflected within this new content area.
- The **Acute Care (AC)** content area has been substantially revised to reflect contemporary practice.
 - The addition of skill in assessing rectal temperature, oxygen saturation, blood glucose levels, and use of a nebulizer and oropharyngeal and nasopharyngeal airways reflects recommendations of NATA position statements that are published or in development.
- The content areas now integrate knowledge and skills, instead of separate sections for cognitive and psychomotor competencies. The action verb used in each competency statement identifies the expected outcome. In some places, knowledge is the expectation and not skill acquisition. For example, acute care competency #9 (AC-9) requires that athletic training students be knowledgeable about the various types of airway adjuncts including oropharyngeal airways (OPA), nasopharyngeal airways (NPO) and supraglottic airways. However, the accompanying skill competency AC-10 does not require skill acquisition in the use of the supraglottic airways.
- The **Clinical Integration Proficiencies (CIP)**, which are ideally assessed in the context of real patient care, have been removed from the individual content areas and reorganized into a separate section. This reorganization reflects clinical practice and demonstrates the global nature of the Proficiencies. For example, rather than just assessing students' ability to examine a real patient in a real clinical setting, the new CIPs require that students demonstrate the ability to examine and diagnose a patient, provide appropriate acute/emergent care, plan and implement appropriate therapeutic interventions, and make decisions pertaining to safe return to participation. This approach to student assessment better reflects the comprehensive nature of real patient care.

COMPARISON OF THE ROLE DELINEATION STUDY/PRACTICE ANALYSIS, 6TH ED AND THE COMPETENCIES

The Role Delineation Study/Practice Analysis, 6th ed (RDS/PA) of the Board of Certification serves as the blue print for the certification examination. As such, the Competencies must include all tasks (and related knowledge and skills) included in the RDS/PA. Working with the BOC, we compared the RDS/PA with this version of the Competencies and can confidently state that the content of the RDS /PA is incorporated in this version.

5TH EDITION COMPETENCIES – PROJECT TEAM MEMBERS

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Foundational Behaviors of Professional Practice

These basic behaviors permeate professional practice and should be incorporated into instruction and assessed throughout the educational program.

Primacy of the Patient

- ◆ Recognize sources of conflict of interest that can impact the client's/patient's health.
- ◆ Know and apply the commonly accepted standards for patient confidentiality.
- ◆ Provide the best healthcare available for the client/patient.
- ◆ Advocate for the needs of the client/patient.

Team Approach to Practice

- ◆ Recognize the unique skills and abilities of other healthcare professionals.
- ◆ Understand the scope of practice of other healthcare professionals.
- ◆ Execute duties within the identified scope of practice for athletic trainers.
- ◆ Include the patient (and family, where appropriate) in the decision-making process.
- ◆ Work with others in effecting positive patient outcomes.

Legal Practice

- ◆ Practice athletic training in a legally competent manner.
- ◆ Identify and conform to the laws that govern athletic training.
- ◆ Understand the consequences of violating the laws that govern athletic training.

Ethical Practice

- ◆ Comply with the NATA's *Code of Ethics* and the BOC's *Standards of Professional Practice*.
- ◆ Understand the consequences of violating the NATA's *Code of Ethics* and BOC's *Standards of Professional Practice*.
- ◆ Comply with other codes of ethics, as applicable.

Advancing Knowledge

- ◆ Critically examine the body of knowledge in athletic training and related fields.
- ◆ Use evidence-based practice as a foundation for the delivery of care.
- ◆ Appreciate the connection between continuing education and the improvement of athletic training practice.
- ◆ Promote the value of research and scholarship in athletic training.
- ◆ Disseminate new knowledge in athletic training to fellow athletic trainers, clients/patients, other healthcare professionals, and others as necessary.

Cultural Competence

- ◆ Demonstrate awareness of the impact that clients'/patients' cultural differences have on their attitudes and behaviors toward healthcare.
- ◆ Demonstrate knowledge, attitudes, behaviors, and skills necessary to achieve optimal health outcomes for diverse patient populations.
- ◆ Work respectfully and effectively with diverse populations and in a diverse work environment.

Professionalism

- ◆ Advocate for the profession.
- ◆ Demonstrate honesty and integrity.
- ◆ Exhibit compassion and empathy.
- ◆ Demonstrate effective interpersonal communication skills.

Evidence-Based Practice (EBP)

Evidence-based practitioners incorporate the best available evidence, their clinical skills, and the needs of the patient to maximize patient outcomes. An understanding of evidence-based practice concepts and their application is essential to sound clinical decision-making and the critical examination of athletic training practice.

Practicing in an evidence-based manner should not be confused with conducting research. While conducting research is important to the profession of athletic training, developing the ability to conduct a research project is not an expectation of professional education. This section focuses on the knowledge and skills necessary for entry-level athletic trainers to use a systematic approach to ask and answer clinically relevant questions that affect patient care by using review and application of existing research evidence. One strategy, among others, is to use a five-step approach: 1) creating a clinically relevant question; 2) searching for the best evidence; 3) critically analyzing the evidence; 4) integrating the appraisal with personal clinical expertise and patients' preferences; and 5) evaluating the performance or outcomes of the actions. Each competency listed below is related to such a systematic approach and provides the building blocks for employing evidence-based practice. Other specific evidence-based practice competencies have also been included in appropriate content areas.

All items listed in parentheses (eg) are intended to serve as examples and are not all encompassing or the only way to satisfy the competency.

KNOWLEDGE AND SKILLS

- EBP-1.** Define evidence-based practice as it relates to athletic training clinical practice.
- EBP-2.** Explain the role of evidence in the clinical decision making process.
- EBP-3.** Describe and differentiate the types of quantitative and qualitative research, research components, and levels of research evidence.
- EBP-4.** Describe a systematic approach (eg, five step approach) to create and answer a clinical question through review and application of existing research.
- EBP-5.** Develop a relevant clinical question using a pre-defined question format (eg, PICO= Patients, Intervention, Comparison, Outcomes; PIO = Patients, Intervention, Outcomes).
- EBP-6.** Describe and contrast research and literature resources including databases and online critical appraisal libraries that can be used for conducting clinically-relevant searches.
- EBP-7.** Conduct a literature search using a clinical question relevant to athletic training practice using search techniques (eg, Boolean search, Medical Subject Headings) and resources appropriate for a specific clinical question.
- EBP-8.** Describe the differences between narrative reviews, systematic reviews, and meta-analyses.
- EBP-9.** Use standard criteria or developed scales (eg, Physiotherapy Evidence Database Scale [PEDro], Oxford Centre for Evidence Based Medicine Scale) to critically appraise the structure, rigor, and overall quality of research studies.
- EBP-10.** Determine the effectiveness and efficacy of an athletic training intervention utilizing evidence-based practice concepts.

- EBP-11.** Explain the theoretical foundation of clinical outcomes assessment (eg, disablement, health-related quality of life) and describe common methods of outcomes assessment in athletic training clinical practice (generic, disease-specific, region-specific, and dimension-specific outcomes instruments).
- EBP-12.** Describe the types of outcomes measures for clinical practice (patient-based and clinician-based) as well as types of evidence that are gathered through outcomes assessment (patient-oriented evidence versus disease-oriented evidence).
- EBP-13.** Understand the methods of assessing patient status and progress (eg, global rating of change, minimal clinically important difference, minimal detectable difference) with clinical outcomes assessments.
- EBP-14.** Apply and interpret clinical outcomes to assess patient status, progress, and change using psychometrically sound outcome instruments.

Prevention and Health Promotion (PHP)

Athletic trainers develop and implement strategies and programs to prevent the incidence and/or severity of injuries and illnesses and optimize their clients'/patients' overall health and quality of life. These strategies and programs also incorporate the importance of nutrition and physical activity in maintaining a healthy lifestyle and in preventing chronic disease (eg, diabetes, obesity, cardiovascular disease).

KNOWLEDGE AND SKILLS

General Prevention Principles

- PHP-1.** Describe the concepts (eg, case definitions, incidence versus prevalence, exposure assessment, rates) and uses of injury and illness surveillance relevant to athletic training.
- PHP-2.** Identify and describe measures used to monitor injury prevention strategies (eg, injury rates and risks, relative risks, odds ratios, risk differences, numbers needed to treat/harm).
- PHP-3.** Identify modifiable/non-modifiable risk factors and mechanisms for injury and illness.
- PHP-4.** Explain how the effectiveness of a prevention strategy can be assessed using clinical outcomes, surveillance, or evaluation data.
- PHP-5.** Explain the precautions and risk factors associated with physical activity in persons with common congenital and acquired abnormalities, disabilities, and diseases.
- PHP-6.** Summarize the epidemiology data related to the risk of injury and illness associated with participation in physical activity.

Prevention Strategies and Procedures

- PHP-7.** Implement disinfectant procedures to prevent the spread of infectious diseases and to comply with Occupational Safety and Health Administration (OSHA) and other federal regulations.
- PHP-8.** Identify the necessary components to include in a preparticipation physical examination as recommended by contemporary guidelines (eg, American Heart Association, American Academy of Pediatrics Council on Sports Medicine & Fitness).
- PHP-9.** Explain the role of the preparticipation physical exam in identifying conditions that might predispose the athlete to injury or illness.
- PHP-10.** Explain the principles of the body's thermoregulatory mechanisms as they relate to heat gain and heat loss.
- PHP-11.** Explain the principles of environmental illness prevention programs to include acclimation and conditioning, fluid and electrolyte replacement requirements, proper practice and competition attire, hydration status, and environmental assessment (eg, sling psychrometer, wet bulb globe temperatures [WBGT], heat index guidelines).
- PHP-12.** Summarize current practice guidelines related to physical activity during extreme weather conditions (eg, heat, cold, lightning, wind).
- PHP-13.** Obtain and interpret environmental data (web bulb globe temperature [WBGT], sling psychrometer, lightning detection devices) to make clinical decisions regarding the scheduling, type, and duration of physical activity.

- PHP-14.** Assess weight loss and hydration status using weight charts, urine color charts, or specific gravity measurements to determine an individual's ability to participate in physical activity in a hot, humid environment.
- PHP-15.** Use a glucometer to monitor blood glucose levels, determine participation status, and make referral decisions.
- PHP-16.** Use a peak-flow meter to monitor a patient's asthma symptoms, determine participation status, and make referral decisions.
- PHP-17.** Explain the etiology and prevention guidelines associated with the leading causes of sudden death during physical activity, including but not limited to:
 - PHP-17a.** Cardiac arrhythmia or arrest
 - PHP-17b.** Asthma
 - PHP-17c.** Traumatic brain injury
 - PHP-17d.** Exertional heat stroke
 - PHP-17e.** Hyponatremia
 - PHP-17f.** Exertional sickling
 - PHP-17g.** Anaphylactic shock
 - PHP-17h.** Cervical spine injury
 - PHP-17i.** Lightning strike
- PHP-18.** Explain strategies for communicating with coaches, athletes, parents, administrators, and other relevant personnel regarding potentially dangerous conditions related to the environment, field, or playing surfaces.
- PHP-19.** Instruct clients/patients in the basic principles of ergodynamics and their relationship to the prevention of illness and injury.

Protective Equipment and Prophylactic Procedures

- PHP-20.** Summarize the basic principles associated with the design, construction, fit, maintenance, and reconditioning of protective equipment, including the rules and regulations established by the associations that govern its use.
- PHP-21.** Summarize the principles and concepts related to the fabrication, modification, and appropriate application or use of orthotics and other dynamic and static splints.
- PHP-22.** Fit standard protective equipment following manufacturers' guidelines.
- PHP-23.** Apply preventive taping and wrapping procedures, splints, braces, and other special protective devices.

Fitness/Wellness

- PHP-24.** Summarize the general principles of health maintenance and personal hygiene, including skin care, dental hygiene, sanitation, immunizations, avoidance of infectious and contagious diseases, diet, rest, exercise, and weight control.
- PHP-25.** Describe the role of exercise in maintaining a healthy lifestyle and preventing chronic disease.

- PHP-26.** Identify and describe the standard tests, test equipment, and testing protocols that are used for measuring fitness, body composition, posture, flexibility, muscular strength, power, speed, agility, and endurance.
- PHP-27.** Compare and contrast the various types of flexibility, strength training, and cardiovascular conditioning programs to include expected outcomes, safety precautions, hazards, and contraindications.
- PHP-28.** Administer and interpret fitness tests to assess a client's/patient's physical status and readiness for physical activity.
- PHP-29.** Explain the basic concepts and practice of fitness and wellness screening.
- PHP-30.** Design a fitness program to meet the individual needs of a client/patient based on the results of standard fitness assessments and wellness screening.
- PHP-31.** Instruct a client/patient regarding fitness exercises and the use of muscle strengthening equipment to include correction or modification of inappropriate, unsafe, or dangerous lifting techniques.

General Nutrition Concepts

- PHP-32.** Describe the role of nutrition in enhancing performance, preventing injury or illness, and maintaining a healthy lifestyle.
- PHP-33.** Educate clients/patients on the importance of healthy eating, regular exercise, and general preventative strategies for improving or maintaining health and quality of life.
- PHP-34.** Describe contemporary nutritional intake recommendations and explain how these recommendations can be used in performing a basic dietary analysis and providing appropriate general dietary recommendations.
- PHP-35.** Describe the proper intake, sources of, and effects of micro- and macronutrients on performance, health, and disease.
- PHP-36.** Describe current guidelines for proper hydration and explain the consequences of improper fluid/electrolyte replacement.
- PHP-37.** Identify, analyze, and utilize the essential components of food labels to determine the content, quality, and appropriateness of food products.
- PHP-38.** Describe nutritional principles that apply to tissue growth and repair.
- PHP-39.** Describe changes in dietary requirements that occur as a result of changes in an individual's health, age, and activity level.
- PHP-40.** Explain the physiologic principles and time factors associated with the design and planning of pre-activity and recovery meals/snacks and hydration practices.
- PHP-41.** Identify the foods and fluids that are most appropriate for pre-activity, activity, and recovery meals/snacks.

Weight Management and Body Composition

- PHP-42.** Explain how changes in the type and intensity of physical activity influence the energy and nutritional demands placed on the client/patient.

- PHP-43.** Describe the principles and methods of body composition assessment to assess a client's/patient's health status and to monitor changes related to weight management, strength training, injury, disordered eating, menstrual status, and/or bone density status.
- PHP-44.** Assess body composition by validated techniques.
- PHP-45.** Describe contemporary weight management methods and strategies needed to support activities of daily life and physical activity.

Disordered Eating and Eating Disorders

- PHP-46.** Identify and describe the signs, symptoms, physiological, and psychological responses of clients/patients with disordered eating or eating disorders.
- PHP-47.** Describe the method of appropriate management and referral for clients/patients with disordered eating or eating disorders in a manner consistent with current practice guidelines.

Performance Enhancing and Recreational Supplements and Drugs

- PHP-48.** Explain the known usage patterns, general effects, and short- and long-term adverse effects for the commonly used dietary supplements, performance enhancing drugs, and recreational drugs.
- PHP-49.** Identify which therapeutic drugs, supplements, and performance-enhancing substances are banned by sport and/or workplace organizations in order to properly advise clients/patients about possible disqualification and other consequences.

Clinical Examination and Diagnosis (CE)

Athletic trainers must possess strong clinical examination skills in order to accurately diagnosis and effectively treat their patients. The clinical examination is an on-going process, repeated to some extent each time the patient is treated. The development of these skills requires a thorough understanding of anatomy, physiology, and biomechanics. Athletic trainers must also apply clinical-reasoning skills throughout the physical examination process in order to assimilate data, select the appropriate assessment tests, and formulate a differential diagnosis.

The competencies identified in this section should be considered in the context of the competencies identified in other domains. For example, the knowledge and skills associated with acute care and therapeutic interventions, while applicable for this domain, are not repeated here.

The clinical examination process is comprehensive and may include a review of the systems and regions identified below based on the patient's relevant history and examination findings. Consideration must also be given to the patient's behavioral and cognitive status and history; competencies addressing this content area are included elsewhere.

SYSTEMS AND REGIONS

- a. Musculoskeletal
- b. Integumentary
- c. Neurological
- d. Cardiovascular
- e. Endocrine
- f. Pulmonary
- g. Gastrointestinal
- h. Hepatobiliary
- i. Immune
- j. Renal and urogenital
- k. The face, including maxillofacial region and mouth
- l. Eye, ear, nose, and throat

KNOWLEDGE AND SKILLS

- CE-1.** Describe the normal structures and interrelated functions of the body systems.
- CE-2.** Describe the normal anatomical, systemic, and physiological changes associated with the lifespan.
- CE-3.** Identify the common congenital and acquired risk factors and causes of musculoskeletal injuries and common illnesses that may influence physical activity in pediatric, adolescent, adult, and aging populations.
- CE-4.** Describe the principles and concepts of body movement, including normal osteokinematics and arthrokinematics.
- CE-5.** Describe the influence of pathomechanics on function.
- CE-6.** Describe the basic principles of diagnostic imaging and testing and their role in the diagnostic process.
- CE-7.** Identify the patient's participation restrictions (disabilities) and activity limitations (functional limitations) to determine the impact of the condition on the patient's life.

- CE-8.** Explain the role and importance of functional outcome measures in clinical practice and patient health-related quality of life.
- CE-9.** Identify functional and patient-centered quality of life outcome measures appropriate for use in athletic training practice.
- CE-10.** Explain diagnostic accuracy concepts including reliability, sensitivity, specificity, likelihood ratios, prediction values, and pre-test and post-test probabilities in the selection and interpretation of physical examination and diagnostic procedures.
- CE-11.** Explain the creation of clinical prediction rules in the diagnosis and prognosis of various clinical conditions.
- CE-12.** Apply clinical prediction rules (eg, Ottawa Ankle Rules) during clinical examination procedures.
- CE-13.** Obtain a thorough medical history that includes the pertinent past medical history, underlying systemic disease, use of medications, the patient's perceived pain, and the history and course of the present condition.
- CE-14.** Differentiate between an initial injury evaluation and follow-up/reassessment as a means to evaluate the efficacy of the patient's treatment/rehabilitation program, and make modifications to the patient's program as needed.
- CE-15.** Demonstrate the ability to modify the diagnostic examination process according to the demands of the situation and patient responses.
- CE-16.** Recognize the signs and symptoms of catastrophic and emergent conditions and demonstrate appropriate referral decisions.
- CE-17.** Use clinical reasoning skills to formulate an appropriate clinical diagnosis for common illness/disease and orthopedic injuries/conditions.
- CE-18.** Incorporate the concept of differential diagnosis into the examination process.
- CE-19.** Determine criteria and make decisions regarding return to activity and/or sports participation based on the patient's current status.
- CE-20.** Use standard techniques and procedures for the clinical examination of common injuries, conditions, illnesses, and diseases including, but not limited to:
 - CE-20a.** history taking
 - CE-20b.** inspection/observation
 - CE-20c.** palpation
 - CE-20d.** functional assessment
 - CE-20e.** selective tissue testing techniques / special tests
 - CE-20f.** neurological assessments (sensory, motor, reflexes, balance, cognitive function)
 - CE-20g.** respiratory assessments (auscultation, percussion, respirations, peak-flow)
 - CE-20h.** circulatory assessments (pulse, blood pressure, auscultation)
 - CE-20i.** abdominal assessments (percussion, palpation, auscultation)
 - CE-20j.** other clinical assessments (otoscope, urinalysis, glucometer, temperature, ophthalmoscope)

- CE-21.** Assess and interpret findings from a physical examination that is based on the patient's clinical presentation. This exam can include:
 - CE-21a.** Assessment of posture, gait, and movement patterns
 - CE-21b.** Palpation
 - CE-21c.** Muscle function assessment
 - CE-21d.** Assessment of quantity and quality of osteokinematic joint motion
 - CE-21e.** Capsular and ligamentous stress testing
 - CE-21f.** Joint play (arthrokinematics)
 - CE-21g.** Selective tissue examination techniques / special tests
 - CE-21h.** Neurologic function (sensory, motor, reflexes, balance, cognition)
 - CE-21i.** Cardiovascular function (including differentiation between normal and abnormal heart sounds, blood pressure, and heart rate)
 - CE-21j.** Pulmonary function (including differentiation between normal breath sounds, percussion sounds, number and characteristics of respirations, peak expiratory flow)
 - CE-21k.** Gastrointestinal function (including differentiation between normal and abnormal bowel sounds)
 - CE-21l.** Genitourinary function (urinalysis)
 - CE-21m.** Ocular function (vision, ophthalmoscope)
 - CE-21n.** Function of the ear, nose, and throat (including otoscopic evaluation)
 - CE-21o.** Dermatological assessment
 - CE-21p.** Other assessments (glucometer, temperature)

- CE-22.** Determine when the findings of an examination warrant referral of the patient.

- CE-23.** Describe current setting-specific (eg, high school, college) and activity-specific rules and guidelines for managing injuries and illnesses.

Acute Care of Injuries and Illnesses (AC)

Athletic trainers are often present when injuries or other acute conditions occur or are the first healthcare professionals to evaluate a patient. For this reason, athletic trainers must be knowledgeable and skilled in the evaluation and immediate management of acute injuries and illnesses.

The competencies identified in this section should be considered in the context of the competencies identified in other domains. For example, the knowledge and skills associated with the process of examination and documentation, while applicable for this domain, are not repeated here. Likewise, the knowledge and skills associated with the administrative and risk management aspects of planning for an emergency injury/illness situation are not repeated here.

KNOWLEDGE AND SKILLS

Planning

- AC-1.** Explain the legal, moral, and ethical parameters that define the athletic trainer's scope of acute and emergency care.
- AC-2.** Differentiate the roles and responsibilities of the athletic trainer from other pre-hospital care and hospital-based providers, including emergency medical technicians/paramedics, nurses, physician assistants, and physicians.
- AC-3.** Describe the hospital trauma level system and its role in the transportation decision-making process.

Examination

- AC-4.** Demonstrate the ability to perform scene, primary, and secondary surveys.
- AC-5.** Obtain a medical history appropriate for the patient's ability to respond.
- AC-6.** When appropriate, obtain and monitor signs of basic body functions including pulse, blood pressure, respiration, pulse oximetry, pain, and core temperature. Relate changes in vital signs to the patient's status.
- AC-7.** Differentiate between normal and abnormal physical findings (eg, pulse, blood pressure, heart and lung sounds, oxygen saturation, pain, core temperature) and the associated pathophysiology.

Immediate Emergent Management

- AC-8.** Explain the indications, guidelines, proper techniques, and necessary supplies for removing equipment and clothing in order to access the airway, evaluate and/or stabilize an athlete's injured body part.
- AC-9.** Differentiate the types of airway adjuncts (oropharyngeal airways [OPA], nasopharyngeal airways [NPA] and supraglottic airways [King LT-D or Combitube]) and their use in maintaining a patent airway in adult respiratory and/or cardiac arrest.
- AC-10.** Establish and maintain an airway, including the use of oro- and nasopharyngeal airways, and neutral spine alignment in an athlete with a suspected spine injury who may be wearing shoulder pads, a helmet with and without a face guard, or other protective equipment.

- AC-11.** Determine when suction for airway maintenance is indicated and use according to accepted practice protocols.
- AC-12.** Identify cases when rescue breathing, CPR, and/or AED use is indicated according to current accepted practice protocols.
- AC-13.** Utilize an automated external defibrillator (AED) according to current accepted practice protocols.
- AC-14.** Perform one- and two- person CPR on an infant, child and adult.
- AC-15.** Utilize a bag valve and pocket mask on a child and adult using supplemental oxygen.
- AC-16.** Explain the indications, application, and treatment parameters for supplemental oxygen administration for emergency situations.
- AC-17.** Administer supplemental oxygen with adjuncts (eg, non-rebreather mask, nasal cannula).
- AC-18.** Assess oxygen saturation using a pulse oximeter and interpret the results to guide decision making.
- AC-19.** Explain the proper procedures for managing external hemorrhage (eg, direct pressure, pressure points, tourniquets) and the rationale for use of each.
- AC-20.** Select and use the appropriate procedure for managing external hemorrhage.
- AC-21.** Explain aseptic or sterile techniques, approved sanitation methods, and universal precautions used in the cleaning, closure, and dressing of wounds.
- AC-22.** Select and use appropriate procedures for the cleaning, closure, and dressing of wounds, identifying when referral is necessary.
- AC-23.** Use cervical stabilization devices and techniques that are appropriate to the circumstances of an injury.
- AC-24.** Demonstrate proper positioning and immobilization of a patient with a suspected spinal cord injury.
- AC-25.** Perform patient transfer techniques for suspected head and spine injuries utilizing supine log roll, prone log roll with push, prone log roll with pull, and lift-and-slide techniques.
- AC-26.** Select the appropriate spine board, including long board or short board, and use appropriate immobilization techniques based on the circumstance of the patient's injury.
- AC-27.** Explain the role of core body temperature in differentiating between exertional heat stroke, hyponatremia, and head injury.
- AC-28.** Differentiate the different methods for assessing core body temperature.
- AC-29.** Assess core body temperature using a rectal probe.
- AC-30.** Explain the role of rapid full body cooling in the emergency management of exertional heat stroke.
- AC-31.** Assist the patient in the use of a nebulizer treatment for an asthmatic attack.
- AC-32.** Determine when use of a metered-dose inhaler is warranted based on a patient's condition.
- AC-33.** Instruct a patient in the use of a meter-dosed inhaler in the presence of asthma-related bronchospasm.

- AC-34.** Explain the importance of monitoring a patient following a head injury, including the role of obtaining clearance from a physician before further patient participation.
- AC-35.** Demonstrate the use of an auto-injectable epinephrine in the management of allergic anaphylaxis. Decide when auto-injectable epinephrine use is warranted based on a patient's condition.
- AC-36.** Identify the signs, symptoms, interventions and, when appropriate, the return-to-participation criteria for:
 - AC-36a.** sudden cardiac arrest
 - AC-36b.** brain injury including concussion, subdural and epidural hematomas, second impact syndrome and skull fracture
 - AC-36c.** cervical, thoracic, and lumbar spine trauma
 - AC-36d.** heat illness including heat cramps, heat exhaustion, exertional heat stroke, and hyponatremia
 - AC-36e.** exertional sickling associated with sickle cell trait
 - AC-36f.** rhabdomyolysis
 - AC-36g.** internal hemorrhage
 - AC-36h.** diabetic emergencies including hypoglycemia and ketoacidosis
 - AC-36i.** asthma attacks
 - AC-36j.** systemic allergic reaction, including anaphylactic shock
 - AC-36k.** epileptic and non-epileptic seizures
 - AC-36l.** shock
 - AC-36m.** hypothermia, frostbite
 - AC-36n.** toxic drug overdoses
 - AC-36o.** local allergic reaction

Immediate Musculoskeletal Management

- AC-37.** Select and apply appropriate splinting material to stabilize an injured body area.
- AC-38.** Apply appropriate immediate treatment to protect the injured area and minimize the effects of hypoxic and enzymatic injury.
- AC-39.** Select and implement the appropriate ambulatory aid based on the patient's injury and activity and participation restrictions.

Transportation

- AC-40.** Determine the proper transportation technique based on the patient's condition and findings of the immediate examination.
- AC-41.** Identify the criteria used in the decision-making process to transport the injured patient for further medical examination.
- AC-42.** Select and use the appropriate short-distance transportation methods, such as the log roll or lift and slide, for an injured patient in different situations.

Education

- AC-43.** Instruct the patient in home care and self-treatment plans for acute conditions.

Therapeutic Interventions (TI)

Athletic trainers assess the patient's status using clinician- and patient-oriented outcome measures. Based on this assessment and with consideration of the stage of healing and goals, a therapeutic intervention is designed to maximize the patient's participation and health-related quality of life.

A broad range of interventions, methods, techniques, equipment, activities using body movement, and medications are incorporated into this domain. These interventions are designed to enhance function by identifying, remediating, and preventing impairments and activity restrictions (functional limitations) to maximize participation. Rehabilitation is conducted in a wide variety of settings (eg, aquatic, clinic) with basic and contemporary equipment/modalities and on a wide range of patients with respect to age, overall health, and desired level of activity. Therapeutic interventions also include the use of prescription and nonprescription medications. For this reason, the athletic trainer needs to be knowledgeable about common prescription and nonprescription drug indications, adverse reactions, and interactions.

The competencies identified in this section should be considered in the context of the competencies identified in other content areas. For example, the knowledge and skills associated with the process of examination and documentation, while applicable for this content area, are not included here.

Therapeutic interventions include:

- ◆ Techniques to reduce pain
- ◆ Techniques to limit edema
- ◆ Techniques to restore joint mobility
- ◆ Techniques to restore muscle extensibility
- ◆ Techniques to restore neuromuscular function
- ◆ Exercises to improve strength, endurance, speed, and power
- ◆ Activities to improve balance, neuromuscular control, coordination, and agility
- ◆ Exercises to improve gait, posture, and body mechanics
- ◆ Exercises to improve cardiorespiratory fitness
- ◆ Functional exercises (eg, sports- or activity-specific)
- ◆ Exercises which comprise a home-based program
- ◆ Aquatic therapy
- ◆ Therapeutic modalities
 - superficial thermal agents (eg, hot pack, ice)
 - electrical stimulation
 - therapeutic ultrasound
 - diathermy
 - therapeutic low-level laser and light therapy
 - mechanical modalities
 - traction
 - intermittent compression
 - continuous passive motion
 - massage
 - biofeedback
- ◆ Therapeutic medications (as guided by applicable state and federal law)

KNOWLEDGE AND SKILLS

Physical Rehabilitation and Therapeutic Modalities

- TI-1.** Describe and differentiate the physiological and pathophysiological responses to inflammatory and non-inflammatory conditions and the influence of these responses on the design, implementation, and progression of a therapeutic intervention.
- TI-2.** Compare and contrast contemporary theories of pain perception and pain modulation.
- TI-3.** Differentiate between palliative and primary pain-control interventions.
- TI-4.** Analyze the impact of immobilization, inactivity, and mobilization on the body systems (eg, cardiovascular, pulmonary, musculoskeletal) and injury response.
- TI-5.** Compare and contrast the variations in the physiological response to injury and healing across the lifespan.
- TI-6.** Describe common surgical techniques, including interpretation of operative reports, and any resulting precautions, contraindications, and comorbidities that impact the selection and progression of a therapeutic intervention program.
- TI-7.** Identify patient- and clinician-oriented outcomes measures commonly used to recommend activity level, make return to play decisions, and maximize patient outcomes and progress in the treatment plan.
- TI-8.** Explain the theory and principles relating to expected physiological response(s) during and following therapeutic interventions.
- TI-9.** Describe the laws of physics that (1) underlay the application of thermal, mechanical, electromagnetic, and acoustic energy to the body and (2) form the foundation for the development of therapeutic interventions (eg, stress-strain, leverage, thermodynamics, energy transmission and attenuation, electricity).
- TI-10.** Integrate self-treatment into the intervention when appropriate, including instructing the patient regarding self-treatment plans.
- TI-11.** Design therapeutic interventions to meet specified treatment goals.
 - TI-11a.** Assess the patient to identify indications, contraindications, and precautions applicable to the intended intervention.
 - TI-11b.** Position and prepare the patient for various therapeutic interventions.
 - TI-11c.** Describe the expected effects and potential adverse reactions to the patient.
 - TI-11d.** Instruct the patient how to correctly perform rehabilitative exercises.
 - TI-11e.** Apply the intervention, using parameters appropriate to the intended outcome.
 - TI-11f.** Reassess the patient to determine the immediate impact of the intervention.
- TI-12.** Use the results of on-going clinical examinations to determine when a therapeutic intervention should be progressed, regressed or discontinued.
- TI-13.** Describe the relationship between the application of therapeutic modalities and the incorporation of active and passive exercise and/or manual therapies, including therapeutic massage, myofascial techniques, and muscle energy techniques.
- TI-14.** Describe the use of joint mobilization in pain reduction and restoration of joint mobility.

- TI-15.** Perform joint mobilization techniques as indicated by examination findings.
- TI-16.** Fabricate and apply taping, wrapping, supportive, and protective devices to facilitate return to function.
- TI-17.** Analyze gait and select appropriate instruction and correction strategies to facilitate safe progression to functional gait pattern.
- TI-18.** Explain the relationship between posture, biomechanics, and ergonomics and the need to address these components in a therapeutic intervention.
- TI-19.** Identify manufacturer, institutional, state, and/or federal standards that influence approval, operation, inspection, maintenance and safe application of therapeutic modalities and rehabilitation equipment.
- TI-20.** Inspect therapeutic equipment and the treatment environment for potential safety hazards.

Therapeutic Medications

- TI-21.** Explain the federal, state, and local laws, regulations and procedures for the proper storage, disposal, transportation, dispensing (administering where appropriate), and documentation associated with commonly used prescription and nonprescription medications.
- TI-22.** Identify and use appropriate pharmaceutical terminology for management of medications, inventory control, and reporting of pharmacological agents commonly used in an athletic training facility.
- TI-23.** Use an electronic drug resource to locate and identify indications, contraindications, precautions, and adverse reactions for common prescription and nonprescription medications.
- TI-24.** Explain the major concepts of pharmacokinetics and the influence that exercise might have on these processes.
- TI-25.** Explain the concepts related to bioavailability, half-life, and bioequivalence (including the relationship between generic and brand name drugs) and their relevance to the patient, the choice of medication, and the dosing schedule.
- TI-26.** Explain the pharmacodynamic principles of receptor theory, dose-response relationship, placebo effect, potency, and drug interactions as they relate to the mechanism of drug action and therapeutic effectiveness.
- TI-27.** Describe the common routes used to administer medications and their advantages and disadvantages.
- TI-28.** Properly assist and/or instruct the patient in the proper use, cleaning, and storage of drugs commonly delivered by metered dose inhalers, nebulizers, insulin pumps, or other parenteral routes as prescribed by the physician.
- TI-29.** Describe how common pharmacological agents influence pain and healing and their influence on various therapeutic interventions.

- TI-30.** Explain the general therapeutic strategy, including drug categories used for treatment, desired treatment outcomes, and typical duration of treatment, for the following common diseases and conditions: asthma, diabetes, hypertension, infections, depression, GERD, allergies, pain, inflammation, and the common cold.
- TI-31.** Optimize therapeutic outcomes by communicating with patients and/or appropriate healthcare professionals regarding compliance issues, drug interactions, adverse drug reactions, and sub-optimal therapy.

Psychosocial Strategies and Referral (PS)

Athletic trainers must be able to recognize clients/patients exhibiting abnormal social, emotional, and mental behaviors. Coupled with recognition is the ability to intervene and refer these individuals as necessary. Additionally, athletic trainers appreciate the role of mental health in injury and recovery and use interventions to optimize the connection between mental health and restoration of participation.

KNOWLEDGE AND SKILLS

Theoretical Background

- PS-1.** Describe the basic principles of personality traits, trait anxiety, locus of control, intrinsic and extrinsic motivation, and patient and social environment interactions as they affect patient interactions.
- PS-2.** Explain the theoretical background of psychological and emotional responses to injury and forced inactivity (eg, cognitive appraisal model, stress response model).
- PS-3.** Describe how psychosocial considerations affect clinical decision-making related to return to activity or participation (eg, motivation, confidence).
- PS-4.** Summarize and demonstrate the basic processes of effective interpersonal and cross-cultural communication as it relates to interactions with patients and others involved in the healthcare of the patient.
- PS-5.** Summarize contemporary theory regarding educating patients of all ages and cultural backgrounds to effect behavioral change.

Psychosocial Strategies

- PS-6.** Explain the importance of educating patients, parents/guardians, and others regarding the condition in order to enhance the psychological and emotional well-being of the patient.
- PS-7.** Describe the psychological techniques (eg, goal setting, imagery, positive self-talk, relaxation/anxiety reduction) that the athletic trainer can use to motivate the patient during injury rehabilitation and return to activity processes.
- PS-8.** Describe psychological interventions (eg, goal setting, motivational techniques) that are used to facilitate a patient's physical, psychological, and return to activity needs.
- PS-9.** Describe the psychosocial factors that affect persistent pain sensation and perception (eg, emotional state, locus of control, psychodynamic issues, sociocultural factors, personal values and beliefs) and identify multidisciplinary approaches for assisting patients with persistent pain.
- PS-10.** Explain the impact of sociocultural issues that influence the nature and quality of healthcare received (eg, cultural competence, access to appropriate healthcare providers, uninsured/underinsured patients, insurance) and formulate and implement strategies to maximize client/patient outcomes.

Mental Health and Referral

- PS-11.** Describe the role of various mental healthcare providers (eg, psychiatrists, psychologists, counselors, social workers) that may comprise a mental health referral network.
- PS-12.** Identify and refer clients/patients in need of mental healthcare.
- PS-13.** Identify and describe the basic signs and symptoms of mental health disorders (eg, psychosis, neurosis; sub-clinical mood disturbances (eg, depression, anxiety); and personal/social conflict (eg, adjustment to injury, family problems, academic or emotional stress, personal assault or abuse, sexual assault or harassment) that may indicate the need for referral to a mental healthcare professional.
- PS-14.** Describe the psychological and sociocultural factors associated with common eating disorders.
- PS-15.** Identify the symptoms and clinical signs of substance misuse/abuse, the psychological and sociocultural factors associated with such misuse/abuse, its impact on an individual's health and physical performance, and the need for proper referral to a healthcare professional.
- PS-16.** Formulate a referral for an individual with a suspected mental health or substance abuse problem.
- PS-17.** Describe the psychological and emotional responses to a catastrophic event, the potential need for a psychological intervention and a referral plan for all parties affected by the event.
- PS-18.** Provide appropriate education regarding the condition and plan of care to the patient and appropriately discuss with others as needed and as appropriate to protect patient privacy.

Healthcare Administration (HA)

Athletic trainers function within the context of a complex healthcare system. Integral to this function is an understanding of risk management, healthcare delivery mechanisms, insurance, reimbursement, documentation, patient privacy, and facility management.

KNOWLEDGE AND SKILLS

- HA-1.** Describe the role of the athletic trainer and the delivery of athletic training services within the context of the broader healthcare system.
- HA-2.** Describe the impact of organizational structure on the daily operations of a healthcare facility.
- HA-3.** Describe the role of strategic planning as a means to assess and promote organizational improvement.
- HA-4.** Describe the conceptual components of developing and implementing a basic business plan.
- HA-5.** Describe basic healthcare facility design for a safe and efficient clinical practice setting.
- HA-6.** Explain components of the budgeting process including: purchasing, requisition, bidding, request for proposal, inventory, profit and loss ratios, budget balancing, and return on investments.
- HA-7.** Assess the value of the services provided by an athletic trainer (eg, return on investment).
- HA-8.** Develop operational and capital budgets based on a supply inventory and needs assessment; including capital equipment, salaries and benefits, trending analysis, facility cost, and common expenses.
- HA-9.** Identify the components that comprise a comprehensive medical record.
- HA-10.** Identify and explain the statutes that regulate the privacy and security of medical records.
- HA-11.** Use contemporary documentation strategies to effectively communicate with patients, physicians, insurers, colleagues, administrators, and parents or family members.
- HA-12.** Use a comprehensive patient-file management system for appropriate chart documentation, risk management, outcomes, and billing.
- HA-13.** Define state and federal statutes that regulate employment practices.
- HA-14.** Describe principles of recruiting, selecting, hiring, and evaluating employees.
- HA-15.** Identify principles of recruiting, selecting, employing, and contracting with physicians and other medical and healthcare personnel in the deployment of healthcare services.
- HA-16.** Describe federal and state infection control regulations and guidelines, including universal precautions as mandated by the Occupational Safety and Health Administration (OSHA), for the prevention, exposure, and control of infectious diseases, and discuss how they apply to the practicing of athletic training.
- HA-17.** Identify key regulatory agencies that impact healthcare facilities, and describe their function in the regulation and overall delivery of healthcare.

- HA-18.** Describe the basic legal principles that apply to an athletic trainer's responsibilities.
- HA-19.** Identify components of a risk management plan to include security, fire, electrical and equipment safety, emergency preparedness, and hazardous chemicals.
- HA-20.** Create a risk management plan and develop associated policies and procedures to guide the operation of athletic training services within a healthcare facility to include issues related to security, fire, electrical and equipment safety, emergency preparedness, and hazardous chemicals.
- HA-21.** Develop comprehensive, venue-specific emergency action plans for the care of acutely injured or ill individuals.
- HA-22.** Develop specific plans of care for common potential emergent conditions (eg, asthma attack, diabetic emergency).
- HA-23.** Identify and explain the recommended or required components of a pre-participation examination based on appropriate authorities' rules, guidelines, and/or recommendations.
- HA-24.** Describe a plan to access appropriate medical assistance on disease control, notify medical authorities, and prevent disease epidemics.
- HA-25.** Describe common health insurance models, insurance contract negotiation, and the common benefits and exclusions identified within these models.
- HA-26.** Describe the criteria for selection, common features, specifications, and required documentation needed for secondary, excess accident, and catastrophic health insurance.
- HA-27.** Describe the concepts and procedures for revenue generation and reimbursement.
- HA-28.** Understand the role of and use diagnostic and procedural codes when documenting patient care.
- HA-29.** Explain typical administrative policies and procedures that govern first aid and emergency care.
- HA-30.** Describe the role and functions of various healthcare providers and protocols that govern the referral of patients to these professionals.

Professional Development and Responsibility (PD)

The provision of high quality patient care requires that the athletic trainer maintain current competence in the constantly changing world of healthcare. Athletic trainers must also embrace the need to practice within the limits of state and national regulation using moral and ethical judgment. As members of a broader healthcare community, athletic trainers work collaboratively with other healthcare providers and refer clients/patients when such referral is warranted.

KNOWLEDGE AND SKILLS

- PD-1.** Summarize the athletic training profession's history and development and how current athletic training practice has been influenced by its past.
- PD-2.** Describe the role and function of the National Athletic Trainers' Association and its influence on the profession.
- PD-3.** Describe the role and function of the Board of Certification, the Commission on Accreditation of Athletic Training Education, and state regulatory boards.
- PD-4.** Explain the role and function of state athletic training practice acts and registration, licensure, and certification agencies including (1) basic legislative processes for the implementation of practice acts, (2) rationale for state regulations that govern the practice of athletic training, and (3) consequences of violating federal and state regulatory acts.
- PD-5.** Access, analyze, and differentiate between the essential documents of the national governing, credentialing and regulatory bodies, including, but not limited to, the *NATA Athletic Training Educational Competencies*, the *BOC Standards of Professional Practice*, the *NATA Code of Ethics*, and the *BOC Role Delineation Study/Practice Analysis*.
- PD-6.** Explain the process of obtaining and maintaining necessary local, state, and national credentials for the practice of athletic training.
- PD-7.** Perform a self-assessment of professional competence and create a professional development plan to maintain necessary credentials and promote life-long learning strategies.
- PD-8.** Differentiate among the preparation, scopes of practice, and roles and responsibilities of healthcare providers and other professionals with whom athletic trainers interact.
- PD-9.** Specify when referral of a client/patient to another healthcare provider is warranted and formulate and implement strategies to facilitate that referral.
- PD-10.** Develop healthcare educational programming specific to the target audience (eg, clients/patients, healthcare personnel, administrators, parents, general public).
- PD-11.** Identify strategies to educate colleagues, students, patients, the public, and other healthcare professionals about the roles, responsibilities, academic preparation, and scope of practice of athletic trainers.
- PD-12.** Identify mechanisms by which athletic trainers influence state and federal healthcare regulation.

Clinical Integration Proficiencies (CIP)

The clinical integration proficiencies (CIPs) represent the synthesis and integration of knowledge, skills, and clinical decision-making into actual client/patient care. The CIPs have been reorganized into this section (rather than at the end of each content area) to reflect their global nature. For example, therapeutic interventions do not occur in isolation from physical assessment.

In most cases, assessment of the CIPs should occur when the student is engaged in real client/patient care and may be necessarily assessed over multiple interactions with the same client/patient. In a few instances, assessment may require simulated scenarios, as certain circumstances may occur rarely but are nevertheless important to the well-prepared practitioner.

The incorporation of evidence-based practice principles into care provided by athletic trainers is central to optimizing outcomes. Assessment of student competence in the CIPs should reflect the extent to which these principles are integrated. Assessment of students in the use of Foundational Behaviors in the context of real patient care should also occur.

PREVENTION & HEALTH PROMOTION

- CIP-1.** Administer testing procedures to obtain baseline data regarding a client's/patient's level of general health (including nutritional habits, physical activity status, and body composition). Use this data to design, implement, evaluate, and modify a program specific to the performance and health goals of the patient. This will include instructing the patient in the proper performance of the activities, recognizing the warning signs and symptoms of potential injuries and illnesses that may occur, and explaining the role of exercise in maintaining overall health and the prevention of diseases. Incorporate contemporary behavioral change theory when educating clients/patients and associated individuals to effect health-related change. Refer to other medical and health professionals when appropriate.
- CIP-2.** Select, apply, evaluate, and modify appropriate standard protective equipment, taping, wrapping, bracing, padding, and other custom devices for the client/patient in order to prevent and/or minimize the risk of injury to the head, torso, spine, and extremities for safe participation in sport or other physical activity.
- CIP-3.** Develop, implement, and monitor prevention strategies for at-risk individuals (eg, persons with asthma or diabetes, persons with a previous history of heat illness, persons with sickle cell trait) and large groups to allow safe physical activity in a variety of conditions. This includes obtaining and interpreting data related to potentially hazardous environmental conditions, monitoring body functions (eg, blood glucose, peak expiratory flow, hydration status), and making the appropriate recommendations for individual safety and activity status.

CLINICAL ASSESSMENT & DIAGNOSIS / ACUTE CARE / THERAPEUTIC INTERVENTION

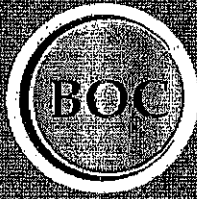
- CIP-4.** Perform a comprehensive clinical examination of a patient with an upper extremity, lower extremity, head, neck, thorax, and/or spine injury or condition. This exam should incorporate clinical reasoning in the selection of assessment procedures and interpretation of findings in order to formulate a differential diagnosis and/or diagnosis, determine underlying impairments, and identify activity limitations and participation restrictions. Based on the assessment data and consideration of the patient's goals, provide the appropriate initial care and establish overall treatment goals. Create and implement a therapeutic intervention that targets these treatment goals to include, as appropriate, therapeutic modalities, medications (with physician involvement as necessary), and rehabilitative techniques and procedures. Integrate and interpret various forms of standardized documentation including both patient-oriented and clinician-oriented outcomes measures to recommend activity level, make return to play decisions, and maximize patient outcomes and progress in the treatment plan.
- CIP-5.** Perform a comprehensive clinical examination of a patient with a common illness/condition that includes appropriate clinical reasoning in the selection of assessment procedures and interpretation of history and physical examination findings in order to formulate a differential diagnosis and/or diagnosis. Based on the history, physical examination, and patient goals, implement the appropriate treatment strategy to include medications (with physician involvement as necessary). Determine whether patient referral is needed, and identify potential restrictions in activities and participation. Formulate and communicate the appropriate return to activity protocol.
- CIP-6.** Clinically evaluate and manage a patient with an emergency injury or condition to include the assessment of vital signs and level of consciousness, activation of emergency action plan, secondary assessment, diagnosis, and provision of the appropriate emergency care (eg, CPR, AED, supplemental oxygen, airway adjunct, splinting, spinal stabilization, control of bleeding).

PSYCHOSOCIAL STRATEGIES AND REFERRAL

- CIP-7.** Select and integrate appropriate psychosocial techniques into a patient's treatment or rehabilitation program to enhance rehabilitation adherence, return to play, and overall outcomes. This includes, but is not limited to, verbal motivation, goal setting, imagery, pain management, self-talk, and/or relaxation.
- CIP-8.** Demonstrate the ability to recognize and refer at-risk individuals and individuals with psychosocial disorders and/or mental health emergencies. As a member of the management team, develop an appropriate management plan (including recommendations for patient safety and activity status) that establishes a professional helping relationship with the patient, ensures interactive support and education, and encourages the athletic trainer's role of informed patient advocate in a manner consistent with current practice guidelines.

HEALTHCARE ADMINISTRATION

- CIP-9.** Utilize documentation strategies to effectively communicate with patients, physicians, insurers, colleagues, administrators, and parents or family members while using appropriate terminology and complying with statutes that regulate privacy of medical records. This includes using a comprehensive patient-file management system (including diagnostic and procedural codes) for appropriate chart documentation, risk management, outcomes, and billing.



Board of Certification, Inc.

PRACTICE ANALYSIS, 7TH EDITION

**Effective for April 2017 Exam and
January 1, 2018 Continuing Education**

Report of Findings from the 2015 Athletic Trainer Practice Analysis Study

Document prepared by:

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INTRODUCTION

The Board of Certification, Inc. (BOC) was incorporated in 1989 to provide a certification program for entry-level Athletic Trainers. The BOC establishes and regularly reviews both the standards for the practice of athletic training and the continuing education requirements for BOC Certified Athletic Trainers. The BOC has the only accredited certification program for Athletic Trainers in the United States. The BOC's mission is to provide exceptional credentialing programs for healthcare professionals to ensure protection of the public.

Athletic trainers are healthcare professionals who collaborate with physicians. The services provided by Athletic Trainers comprise prevention, emergency care, clinical diagnosis, therapeutic intervention and rehabilitation of injuries and medical conditions. Athletic training is recognized by the American Medical Association (AMA) as a healthcare profession. Individuals become eligible for BOC certification through a bachelor's or master's professional athletic training program accredited by the Commission on Accreditation of Athletic Training Education (CAATE).

Consistent with its mission and to ensure that the examination bears a close relationship to current practice, the BOC conducts periodic studies of the profession. Doing so maintains close alignment with best practices in certification. The BOC identified a qualified group of Certified Athletic Trainers to meet with Castle Worldwide, Inc. (Castle) for two days in Omaha, Nebraska, to define performance domains, tasks and the knowledge and skill required for the competent performance of the tasks. The group delineated these elements of the role through intense analysis of the practice of newly certified Athletic Trainers, with particular attention to the divergent ways that it applies in different settings and with different patient conditions.

The purpose of BOC certification is to identify for the public those individuals who possess proficiency at a level that is required for entry to the athletic training profession. The BOC examination serves regulatory purposes in nearly all jurisdictions of the United States. For these reasons, it is essential that the examination have practice-related validity. Accordingly, the analysis concentrated on entry-level practice. Collecting data in a validation survey from a large sample of newly certified Athletic Trainers, the study identified the point in time that Athletic Trainers are expected to perform the tasks (Performance Expectation), the amount of harm that an inability to perform the tasks competently might bring about (Consequence) and how often newly certified Athletic Trainers perform the tasks (Frequency). The practice analysis consisted of the following major phases:

- I. Initial Development and Validation. The panel of Certified Athletic Trainers identified the essential domains, tasks, knowledge and skill. Based on this work, Castle developed a validation survey.

EXECUTIVE SUMMARY

- II. **Pilot Study.** A sample of 200 newly certified Athletic Trainers was invited to review and validate the work of the panel by means of a pilot of the validation survey. The input of participants in this project was used to identify a number of changes in the survey and data collection strategy.
- III. **Validation Study.** A large sample of newly certified Athletic Trainers was invited to participate in the BOC's large-scale national validation survey. The names and contact information for participants in the survey were drawn from BOC certification databases. A qualified group of participants representative of newly certified Athletic Trainers provided data in this phase.

The Practice Analysis Task Force provided oversight for the practice analysis study and wrote the literature reviews published as part of it. The task force is listed here:

NAME	RESPONSIBILITY
Christine Odell, PhD, ATC	Chair
Paul Bruning, DHA, ATC	Healthcare Administration and Professional Responsibility
Darryl Conway, MA, ATC	Immediate and Emergency Care
Peggy Houglum, PhD, ATC	Therapeutic Intervention
David Ruiz, MS, ATC, Cert. MDT	Examination, Assessment and Diagnosis
Jay Sedory, MEd, ATC, EMT-T	Injury and Illness Prevention and Wellness Promotion
Ericka Zimmerman, EdD, ATC, CES, PES	Program Director

The panel of experts appointed by the BOC defined the essential framework of the practice analysis study. The panel and other project personnel are listed here:

NAME	LOCATION
Esther Chou, MEd, L-AT, CSCS	Virginia
Jill Dale, MS, ATC	New York
Tiffany Duran, MS, LAT, ATC	Texas
Linda Fabrizio Mazzoli, MS, ATC, PTA, PES	Pennsylvania
Jena Hansen-Honeycutt, MS, LAT, ATC, PES	California
David Manning, MS, ATC, LAT	New Mexico
Marty Matney, MBA, AT/L, ATC, PTA/L, CEAS	Washington
Dani Moffit, PhD, ATC	Idaho
Kiley Nave, MEd, ATC	Florida
Forrest Pecha, MS, LAT, ATC, CSCS, OTC	Idaho
Kelvin Phan, MEd, ATC, PES	West Virginia
Daniel Sunday, MS, ATR, ATC	Wisconsin/Minnesota
Bridget Spooner, MS, LAT, ATC	Pennsylvania
Jessica Viana, MEd, LAT, ATC	New Jersey
Rebecca Wardlaw, MA, LAT, ATC	Nebraska
Amanda Webster, ATC	South Carolina
Nathan Welever, MS, AT/L, ATC	Washington

EXECUTIVE SUMMARY

BOC STAFF

Denise Fandel, MBA, CAE, Executive Director

Shannon Leftwich, MA, ATC, Director of Credentialing and Regulatory Affairs

CASTLE STAFF

James P. Henderson, PhD, Senior Psychometrician

The practice analysis study began with a preliminary review of documents and preparatory discussions in June and July 2014 and a meeting October 3-5, 2014, in Omaha, Nebraska, of the practice analysis panel. Assisted by Castle, the panel outlined domains, tasks and knowledge and skill statements that are essential to the proficient performance of newly certified Athletic Trainers. The validation survey resulting from this meeting was assessed by means of a pilot project, with changes incorporated as approved by the Practice Analysis Task Force. A large-scale validation study conducted March 18 through April 20, 2015, provided information that was used to assess the appropriateness of the domains and tasks as delineated by the panel of experts.

The panel of experts reviewed and reached consensus on the target audience definition. After this discussion, panelists expressed clear understanding that the purpose of certification was to ensure proficiency for the newly certified Athletic Trainer. The panel then focused on the existing content outline, in place since 2010, and the updates that would ensure its currency and adequacy for the upcoming five-year period. Through facilitated discussion, participants reached consensus on five domains appropriately expected of newly certified Athletic Trainers.

The domains are as follows:

- I. Injury and Illness Prevention and Wellness Promotion;
- II. Examination, Assessment and Diagnosis;
- III. Immediate and Emergency Care;
- IV. Therapeutic Intervention; and
- V. Healthcare Administration and Professional Responsibility.

For each domain, panel experts worked in separate focus groups to draft tasks, which the whole group then reviewed and refined through a consensus process. The participants' diversity led to discussions that challenged terminology, phrasing and every aspect of the draft statements, with the resulting consensus on revisions representing a position that all members of the panel believed to be valid. The panel also developed a set of knowledge and skill statements for each task, making refinements and reaching consensus through additional small-group work and whole-group discussion.

Based on the work of the expert panel and in consultation with the BOC Practice Analysis Task Force and BOC staff, Castle developed an online questionnaire to be completed by BOC Certified Athletic Trainers. The purpose of the questionnaire was to collect data on the tasks that were developed by the panel of experts. The questionnaire phase of the practice analysis study was important because Certified Athletic Trainers should have input into the delineation of their field. The process for reviewing the survey with the BOC Practice Analysis Task Force and staff resulted in revisions and led to the pilot study that involved a sample of 200 recently certified Athletic Trainers. Castle collected data from this group from January 29 through February 18,

2015, with sufficient responses ($\geq 15\%$ of ratings for tasks and domains) from 81 participants. Castle summarized the ratings and other data (Appendix B) and made recommendations to the BOC Practice Analysis Task Force, which approved several minor modifications to the survey. The experience of collecting pilot data also led to a number of suggestions for collecting data, and the BOC and Castle implemented these changes together.

VALIDATION STUDY

The sampling plan for the large-scale validation study was quite simple—all individuals who had been certified in 2013 and working back in time to 2009 certificants until the desired sample size was achieved ($n = 5,000$) all were included and invited to participate in the study. Castle survey administration staff sent an invitation letter by email to this group on March 18, 2015, and data were collected through midnight on April 20. Castle monitored responses and sent email follow-up correspondence as appropriate.

To be included in the data set for analysis, respondents had to provide at least 15% of the ratings requested. Ultimately, Castle received 903 qualified, usable responses for most tasks. The 18% response rate accounting for this group is substantial, especially considering the survey's length and complexity. Also, the rate compares favorably to the level of participation for most practice analysis studies.

The BOC had two objectives for collecting demographic data from survey participants: to ensure that the people who participated in evaluating the domains and tasks were qualified to do so by virtue of their standing as newly certified Athletic Trainers and to support generalization from respondents to the newly certified population. To assess these objectives, the survey included 17 demographic questions, consistent with previous BOC surveys.

Responses to the demographic portion of the survey provide information that may be used to understand the characteristics of respondents. The substantial majority of the group was female. More than 85% of the respondents indicated that they were between 20 and 30 years of age. About one-third of the respondents are in the Midwestern states, although all regions were well represented. Respondents were largely of Caucasian descent. About one-third reported a bachelor's degree with athletic training as their major. About half report having a master's degree, but the major field was divided between athletic training and other disciplines.

Given the sampling strategy, it is not surprising that almost 80% of the respondents have been certified for five years or less. About 85% of the respondents have been in practice for five years or less. A small percentage of respondents are qualified in other fields in healthcare. When respondents hold credentials in other fields, the largest number are in physical therapy and emergency medical technology. The most frequent work settings are secondary schools (athletic training), universities and colleges (athletic training), and clinics and hospitals (athletic training).

Respondents were asked the number of Athletic Trainers who are employed in their current work setting. Overwhelmingly, most settings employ from one to five Athletic Trainers. Only about 15% indicated that they were the first Athletic Trainer to be employed in their workplace. The largest number of respondents reported their title as Athletic Trainer. About three-fourths of the respondents reported that there was an Emergency Action Plan in place at the time they were first employed in their current position. Given the request to report the portion of their work time that is devoted to athletic training, about half of the respondents reported that these responsibilities are 90% or more of their jobs. Well more than half reported that they spend more than 70% of their time in the delivery of patient care.

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Most respondents reported that they do not supervise anyone who provides direct patient care, although about 30% do, to varying degrees. Finally, the survey asked respondents to provide information about their annual earnings from their work in athletic training. More than half of the respondents indicated that their athletic training income is between \$30,000 and \$50,000 annually.

Validation of the Domains and Tasks

Respondents were asked to evaluate each task using scales for Performance Expectation, Consequence and Frequency. A three-point scale was used for Performance Expectation, with the most desired response being "2" (within the first six months after certification). The Consequence scale employed five units (1 to 5), with a "5" indicating the potential for extreme harm. A five-point scale (1 to 5) was used for the Frequency scale, with a response of "5" representing the highest rating. The scales are listed below as a reference:

- **Performance Expectation:** At what point are newly certified Athletic Trainers first expected to perform the domain or task?
- **Consequence:** To what degree may the newly certified Athletic Trainer's lack of proficiency to perform duties in each domain or task be seen as causing harm to stakeholders? (Harm may be seen as physical, psychological, emotional, legal, financial, etc.)
- **Frequency:** Frequency refers to how often newly certified Athletic Trainers perform duties in each domain or task, considering a one-year period.

After rating the tasks, participants in the survey were asked to evaluate the domains as a whole, considering all tasks in the domain taken together. The evidence that newly certified Athletic Trainers are expected to perform the domains within the first six months after earning certification is very strong, with at least 88% of respondents attaching a "2" for all domains. See Table 1.1 for the details.

Domain	N	1	% 1	2	% 2	3	% 3
Injury and Illness Prevention and Wellness Promotion	898	5	0.6%	844	94.0%	898	5
Examination, Assessment and Diagnosis	840	4	0.5%	811	96.6%	840	7
Immediate and Emergency Care	819	5	0.6%	758	92.6%	819	5
Therapeutic Intervention	799	2	0.3%	755	94.5%	799	2
Healthcare Administration and Professional Responsibility	788	4	0.5%	696	88.8%	788	4

Performance Expectation: 1 = Not at all, 2 = Within first six months, 3 = Only after first six months

Consequence ratings suggest that the third domain (Immediate and Emergency Care) has the greatest criticality (substantial harm), and the degree to which harm might result from improper performance for the other domains ranges close to moderate. Domain-level responses for Consequence are summarized in Tables 1.2 and 1.3.

Examination, Assessment and Diagnosis is the domain that entry-level Athletic Trainers perform most frequently. Immediate and Emergency Care is performed about monthly, and the other domains are performed on at least a weekly basis. See Tables 1.4 and 1.5 for the detail on Frequency ratings.

EXECUTIVE SUMMARY

Table 1.2. Counts and Percentages for Consequence of Domains

Domain	N	1	% 1	2	% 2	3	% 3	4	% 4	5	% 5
Injury and Illness Prevention and Wellness Promotion	878	47	5.4%	181	20.7%	386	44.2%	194	22.2%	65	7.4%
Examination, Assessment and Diagnosis	820	35	4.3%	98	11.9%	297	36.2%	284	34.6%	108	13.2%
Immediate and Emergency Care	795	24	3.0%	44	5.5%	102	12.8%	256	32.2%	369	46.4%
Therapeutic Intervention	781	30	3.8%	206	26.4%	416	53.3%	110	14.1%	19	2.4%
Healthcare Administration and Professional Responsibility	767	77	10.0%	241	31.4%	308	40.2%	104	13.6%	37	4.8%

Consequence: 1 = No harm, 2 = Minimal harm, 3 = Moderate harm, 4 = Substantial Harm, 5 = Extreme Harm

Table 1.3. Descriptive Statistics for Consequence of Domains

Domain	N	Median	Mean	SE Mean	Std Dev
Injury and Illness Prevention and Wellness Promotion	878	3	3.1	0.00	1.0
Examination, Assessment and Diagnosis	820	3	3.4	0.00	1.0
Immediate and Emergency Care	795	4	4.1	0.00	1.0
Therapeutic Intervention	781	3	2.8	0.00	0.8
Healthcare Administration and Professional Responsibility	767	3	2.7	0.00	1.0

Consequence: 1 = No harm, 2 = Minimal harm, 3 = Moderate harm, 4 = Substantial Harm, 5 = Extreme Harm

Table 1.4. Counts and Percentages for Frequency of Domains

Domain	N	1	% 1	2	% 2	3	% 3	4	% 4	5	% 5
Injury and Illness Prevention and Wellness Promotion	870	4	0.5%	41	4.7%	201	23.1%	255	29.3%	369	42.4%
Examination, Assessment and Diagnosis	816	4	0.5%	9	1.1%	23	2.8%	104	12.7%	676	82.8%
Immediate and Emergency Care	793	6	0.8%	202	25.5%	336	42.4%	135	17.0%	114	14.4%
Therapeutic Intervention	780	3	0.4%	7	0.9%	60	7.7%	204	26.2%	506	64.9%
Healthcare Administration and Professional Responsibility	769	7	0.9%	48	6.2%	141	18.3%	187	24.3%	386	50.2%

Frequency: 1 = Never, 2 = Once per year, 3 = Once per month, 4 = Once per week, 5 = Daily

Table 1.5. Descriptive Statistics for Frequency of Domains

Domain	N	Median	Mean	SE Mean	Std Dev
Injury and Illness Prevention and Wellness Promotion	870	4	4.1	0.0	0.9
Examination, Assessment and Diagnosis	816	5	4.8	0.0	0.6
Immediate and Emergency Care	793	3	3.2	0.0	1.0
Therapeutic Intervention	780	5	4.5	0.0	0.7
Healthcare Administration and Professional Responsibility	769	5	4.2	0.0	1.0

Frequency: 1 = Never, 2 = Once per year, 3 = Once per month, 4 = Once per week, 5 = Daily

EXECUTIVE SUMMARY

Reliability Analysis for Domains

Reliability, reported in Table 1.6, was measured by estimating internal consistency (Cronbach's alpha) using the respondents' ratings for Consequence and Frequency for the tasks in each domain or subdomain. This procedure calculates the extent to which the task ratings within a domain consistently measure what other tasks within that performance domain measure. Reliability coefficients range from 0 to 1 and should be above 0.70 to be judged as adequate. The reliability coefficients obtained for this study were strong, especially for Therapeutic Intervention, and were almost as strong for Examination, Assessment and Diagnosis.

Reliability	Consequence	Frequency
Injury and Illness Prevention and Wellness Promotion	0.86	0.71
Examination, Assessment and Diagnosis	0.92	0.83
Immediate and Emergency Care	0.88	0.78
Therapeutic Intervention	0.98	0.88
Healthcare Administration and Professional Responsibility	0.81	0.58

CONCLUSION

The process for developing the outline of domains, tasks and knowledge and skill statements was drawn from established methodology for practice analysis studies. Panelists were well informed about the professional expectations of newly certified Athletic Trainers, and they participated in group discussions to clarify understanding, negotiate language and express opinions about all elements of the system. This work provided a strong basis for the validation study to follow.

Demographic data collected in the validation study indicate that respondents were qualified to participate in the survey and were aligned to the major characteristics of newly certified Athletic Trainers. They are distributed across practice settings, regions and other variables in ways that are consistent with previous BOC surveys.

Almost across the board, task validation data indicate strong support for the inference that tasks are valid with respect to entry-level practice. Additionally, ratings indicate that tasks are consequential to the safety and effectiveness of athletic training services and that they are performed often by newly certified Athletic Trainers. The only real disparity in opinion concerned the first two tasks in Healthcare Administration and Professional Responsibility, where it may be said that Athletic Trainers are responsible for the tasks but that not all settings require newly certified Athletic Trainers to perform them directly. Ratings for domains indicate their validity to the practice of Certified Athletic Trainers.

The purpose of the practice analysis study was to develop a current outline of domains, tasks and knowledge and skill statements that characterize the work of newly certified Athletic Trainers and define what proficiencies they should be expected to possess. Data collected in the validation study support the conclusion that this purpose was achieved and that the BOC may use the outline as the basis for its certification examination.



March 15, 2017

The Honorable Matt Dababneh
California State Assembly
State Capitol, Room 6031
Sacramento, CA 95814

RE: AB 1510 (Dababneh) – Athletic Trainers – OPPOSE UNLESS AMENDED

Dear Assemblyman Dababneh,

On behalf of the Occupational Therapy Association of California (OTAC), I am writing to express our opposition to AB 1510 (Dababneh), which would enact the Athletic Training Practice Act, creating licensure for athletic trainers under the California Board of Occupational Therapy.

OTAC is a not-for-profit professional society representing the interests of all 18,694 licensed occupational therapy clinicians throughout California. Occupational therapists (OTs) and occupational therapy assistants (OTAs) work with people of all ages experiencing physical and behavioral health conditions or disabilities to develop, improve, or restore functional daily living skills, such as caring for oneself, managing a home, achieving independence in the community, driving, or returning to work.

While we have supported athletic training registration bills in the past, we believe the language in AB 1510 with regard to the rehabilitation and reconditioning practices that would be afforded to athletic trainers is too broad. Specifically, AB 1510 would allow athletic trainers to provide to patients rehabilitation and reconditioning from injury or illness caused by “physical activity”, which has a broad interpretation. OTAC must respectfully oppose AB 1510, unless amended to more narrowly define the injuries that will be treated by Athletic Trainers.

Further, AB 1510 would license athletic trainers under the purview of the California Board of Occupational Therapy via the Athletic Trainer Licensing Committee. We do not believe the Board of Occupational Therapy is the appropriate regulatory body to oversee athletic trainers, who receive very different training from OTs and perform services, though significant, that greatly differ from occupational therapy. Further, the number of licensed occupational therapy practitioners in California continues to increase. The Board’s focused oversight on occupational therapy and the people it serves remains critically important.

For these reasons, we must oppose AB 1510 as currently drafted. If you have any questions, please contact Ivan Altamura with Capitol Advocacy at (916) 444-0400 or ialtamura@capitoladvocacy.com.

Sincerely,

A handwritten signature in black ink that reads "Heather J. Kitching".

Heather J. Kitching, OTD, OTR/L
OTAC President

Cc: The Honorable Rudy Salas, Chair, Assembly Business & Professions Committee
Members, Assembly Business & Professions Committee
Heather Martin, Executive Officer, California Board of Occupational Therapy