2017-2018 AB-1510 Dababneh (A)

99 - Introduced 2/17/17

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

SECTION 1. The Legislature finds and declares the following:

(a) California is the only state 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.

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(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 subdivisions (a) and (b) of Section 2697.4 or 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) Furnishes 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) Passes criminal background check.

(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) (c) Passes criminal background check.

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

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Deleted: (c) Possesses a certificate in Cardio 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.

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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 in subdivision (c) of Section 2697.4.

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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 or a condition 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 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 management of the injury or condition does not fall within the scope of 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 or training, 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.

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(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 or country 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 as a loan 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, unless subsequent statute is enacted before that date that deletes or extends that date.

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ATHLETIC TRAINING
EDUCATION COMPETENCIES

5th Edition

Released 2011

Table of Contents

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, opthalmoscope)

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 (oropharygneal 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 nasopharygneal 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 ergodynamics 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 statues 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.

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TELECONFERENCE SPECIAL AD HOC COMMITTEE 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 waive the usual ten-day notice requirement to hold a meeting.

Finding of necessity established.

There were no public comments provided under agenda item #3, public comment for items not on the agenda.

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 (occupational therapy) 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 oversite 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 existing entry level degree requirements, the future change to a Masters' degree, and how the change may affect and interrelate to the proposed licensing and grandfathering provisions.

Clarification needed as to whether passing of Clinical Integration Proficiencies requires treatment of a patient in-person or can be simulated. (Review CIPs in AT Education Competencies)

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

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 used by all licensure boards).

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.

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'DRAFT'

TELECONFERENCE SPECIAL AD HOC COMMITTEE MEETING HIGHLIGHTS

Monday, April 3, 2017

Chairperson Teresa Davies called the meeting to order at 10:08 am and referred to the Bagley Keene Open Meeting Act and its requirement to establish a finding of necessity to hold a special meeting and waive the usual ten-day notice requirement to hold a meeting.

A finding of necessity was established.

There were no public comments provided under agenda item #3, public comment for items not on the agenda.

Committee Chair Teresa Davies referred committee members to the materials under item #4, and asked for any comments on the Meeting Highlights from the March 24, 2017, committee meeting. Ada Boone Hoerl asked that the reference to 2697.4(a) reflect that clarification was needed regarding the entry level degree requirements relative to the 'grandfathering' mention on page two, to specifically include awareness of the current entry level degree requirement and the future change to a Masters' degree program and how that may impact grandfathering licensees.

Ms. Davies asked the Committee to to conduct a section by section review of the proposed language of AB1510, picking up where the Committee left off at the March 24, 2017, meeting.

Section 2697.6 – No changes were recommended.

Sections 2697.7 and 2697.8 – The Ad Hoc Committee did not have any recommendations for changes to these sections.

Legal Counsel Ileana Butu advised Ad Hoc Committee Members the Athletic Trainers Committee would be able to adopt regulations that would specifically establish, implement, and define renewal fees and continuing education requirements for the renewal of license.

Section 2697.9 – Discussion ensued on the grounds for denying and taking disciplinary action against a licensee. Teresa Davies indicated the language in the Athletic Trainers bill should parallel language contained in sections 2570.27 and 2570.28 of the Occupational Therapy Practice Act that identifies acts and offenses that could serve as grounds for denial or discipline of a license.

Section 2697 – Legal Counsel Ileana Butu indicated there needs to be clarification and more detail surrounding the differentiation of a 'registration' versus a license that Section 2697(c) proposes to establish.

Section 2697.11 – Lengthy discussion ensued between Committee Members regarding scope of practice issues. Denise Miller expressed concern with mention of 'injury and illness prevention' in the bill. Remy Chu expressed concern surrounding Athletic Trainers treating neurological issues subsequent to injury of a client. Ada Boone Hoerl expressed concern regarding an athletic trainer's role in the proper storage, disposal, transportation, dispensing, and documentation associated with commonly used prescription and nonprescription medications (mentioned in the AT Education Competencies, not the bill).

All Committee members expressed varying degrees of concern regarding the broadness of the proposed language in the bill regarding an Athletic Trainers scope of practice.

Ada Boone Hoerl indicated she would feel better about the Athletic Trainer scope of practice language if it looked similar to language that Oregon has implemented.

Section 2697.12 – Legal Counsel Ileana Butu indicated there needs to be more clarification on language that an Athletic Trainer renders treatment under the direction of a physician and surgeon and particularly regarding language the direction could be verbal. Ad Hoc Committee Members were open to allow Ms. Butu and the Board's Executive Officer Heather Martin to address issues discussed in 2697.12 (a) and (b).

Section 2697.13 – Legal Counsel Ileana Butu expressed concern over language in subsection (d) regarding a license exemption for a member or employee of the United States Armed Forces. The language needs to specifically state an 'Athletic Trainer' licensed, certified, or registered in another state would be exempted under this section. Discussion ensued on the exemption provided for students in subsection (c). Executive Officer Heather Martin indicated she would offer an edit that would be similar to language in the Occupational Therapy Practice Act.

Sections 2697.14 and 2697.15 – No changes were recommended.

Sections 2697.16, 2697.17, and 2697.18 – Legal Counsel Ileana Butu indicated language in section 2697.16 was not inclusive enough. Existing language does not indicate the Athletic Committee is authorized to hire their own Executive Officer and staff. Ms. Butu indicated language pertaining to this specific matter is fairly uniform with other Boards within DCA. Committee Chair Teresa Davies suggested that the language from the Occupational Therapy Practice Act serve as a model to replace the language proposed in sections 2697.16, 2697.17, and 2697.18.

Ad Hoc Committee Members reviewed and discussed correspondence dated March 15, 2017, from the Occupational Therapy Association of California (OTAC), regarding their position to oppose AB 1510.

The Ad Hoc Committee agreed to meet on Monday, April 10, 2017, from 5:00 pm to approximately 6:00 pm to finalize their recommendation to the Board.

The meeting adjourned at 12:16 pm.

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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

Two of the issues with potential to result in harm to the consumer are addressed in the OT Practice Act and regulations, and likely may need to be addressed by the AT bill:

1) How and when can licensees apply physical agent modalities? The Athletic Training bill does not address the parameters or training baseline for administering PAMs, yet reference books and websites used by ATs seem to include icing, hot packs, ultrasound, iontophoresis, and phonophoresis.

   PAMs can cause burns, and are addressed as an Advance Practice area for OT practitioners. What are the parameters and training baseline for ATs with regard to physical agent modalities and medication administration?

2) How and when can licensees apply topical medications or administer oral medications? If this takes place under "physician supervision," as stated in AT literature, what does that mean?

   Iontophoresis, and phonophoresis, administered with ultrasound equipment, requires advanced training, and sports-cream overdose was implicated in the death of Arielle Newman a few years ago. (article follows)

   What are the parameters for ATs and training baseline with regard to the application of topical medications and administration of oral medications?

NEW YORK — Arielle Newman was a high school track star who suffered from the typical aches and pains that result from a grueling training regimen. For relief, she covered her legs with large amounts of muscle cream.

The 17-year-old died from an accidental overdose of methyl salicylate, the wintergreen-scented ingredient found in liniments like BenGay, Icy Hot and Tiger Balm, the New York City medical examiner's office said last week. The death was the first of its kind in the city, authorities said.

Experts said the death of Newman, a cross-country runner for Notre Dame Academy on Staten Island, points to a need for clearer warnings about risks, especially because muscle creams have become a staple in locker rooms around the country.
"There has to be a heightened awareness that these products are something that needs to be used under medical supervision," said Dr. Gerard Varlotta, director of sports rehabilitation at the Rusk Institute of Rehabilitation Medicine at New York University Medical Center.
Newman put the muscle cream on her legs and used adhesive pads containing the anti-inflammatory, plus an unspecified third product, said Ellen Borakove, a spokeswoman for the medical examiner.

Excessive use
"There were multiple products, used to great excess, and that's how she ended up with high levels," Borakove said. The products were used and the chemical absorbed over time, rather than from a single instance of overuse, she said. Although no clear documentation exists on deaths resulting from the application of muscle cream, experts said they have never heard of one other than Newman's.

Johnson & Johnson, the maker of BenGay, expressed sympathy to the Newman family and said in a statement that the product "is safe and effective when used as directed to provide relief from minor arthritis pain, sore, aching and strained muscles and backaches."
Chattem Inc., the maker of Icy Hot, did not return a call Tuesday seeking comment.
The labels on both products say to stop using them if "condition worsens or symptoms persist for more than 7 days." The labels also say to keep the products out of the reach of children.

'One-swallow-to-kill list'
"It's on my one-swallow-to-kill list for kids," said Dr. Thomas Kearney, who directs a poison control center and is a professor of pharmacy at the University of California at San Francisco.

Topical application of methyl salicylate can be hazardous if it is smeared over 40 percent of the body, if someone has a skin condition or if another medication interacts negatively with the products, Kearney said.

The U.S. Food and Drug Administration should mandate the warning labels also include that the products contain aspirin, which can be harmful for some consumers, including those with asthma, Varlotta said.

"There are warnings, but I don't think they're strong enough. I don't think they're direct enough," he said. "There's nothing here that says 'contains an aspirin product.'" Kimberley Rawlings, a spokeswoman for the FDA, said the agency is aware of Newman's death. "We are looking into it," she said. She would not say whether the labeling requirements for methyl salicylate products might be changed.

Methyl salicylate is not the only common pain reliever that can be dangerous if used improperly. Accidental poisonings from acetaminophen, best known by the Tylenol brand, are the nation's leading cause of acute liver failure.

A big problem is that people don't read warning labels on over-the-counter drugs, said Rebecca Burkholder, vice president for health policy at the National Consumers League. "People are thinking if it's on the shelf at their local drugstore that it's harmless," Burkholder said. "And they're going to take as much as they need to make the pain go away."

Proposed Legislative Changes – Athletic Trainers AB 1510

2697.1 More role delineation and definitions needed (e.g. are there AT Assistants? Students? Interns? Also would definitions for Committee, examination, and license in good standing be needed similar to OTPA 2570.2?)

2697.2 ADD authority to employee an executive officer and employees. [Edit shown on AB 1510]

Review Committee member make-up. Seek or suggest two licensed occupational therapy practitioners and more than one public member to ensure adequate oversite be incorporated in the composition of the AT Committee.

2697.3(a)(1) ADD reference regulations must be adopted pursuant to Administrative Procedures Act. [Edit shown on AB 1510]

2697.3(b) Strike language pertaining to approving education programs. [Edit shown on AB 1510]

2697.4 ADD language from BPC 480 – standard language used by licensure boards [Edit shown on AB 1510]

(BPC 480 Listed in references at end of document)

2697.5 ADD language from BPC 480 – standard language used by licensure boards

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

2697.6 No changes recommended – Committee can adopt regulations to implement

2697.7 No changes recommended – Committee can adopt regulations to implement

2697.8 No changes recommended – Committee can adopt regulations to implement

2697.9 Committee Members thought the for Discipline language should be similar to OTPA language (language below based on OTPA; numbering of section TBD)

ADD (additional) Grounds for Discipline
(a) The committee may deny or discipline a licensee for any of the following:
(b) Unprofessional conduct, including, but not limited to, the following:
(c) Incompetence, negligence, or gross negligence in carrying out usual athletic trainer functions.
(d) Repeated similar negligent acts in carrying out usual athletic trainer functions.
(e) 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.

(f) The use of advertising relating to athletic training which violates Section 17500.
(g) 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.
(h) Procuring a license or registration by fraud, misrepresentation, or mistake.
(i) 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.
(j) Making or giving any false statement or information in connection with the application for issuance or renewal of a license.
(k) 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.
(l) Impersonating an applicant or acting as proxy for an applicant in any examination required under this chapter for the issuance of a license.
(m) Impersonating a licensed practitioner, or permitting or allowing another unlicensed person to use a license.
(n) Committing any fraudulent, dishonest, or corrupt act that is substantially related to the qualifications, functions, or duties of a licensee.
(o) 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.
(p) 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.
(q) Falsifying or making grossly incorrect, grossly inconsistent, or unintelligible entries in a patient or hospital record or any other record.
(r) 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.
(s) Failing to maintain confidentiality of patient medical information, except as disclosure is otherwise permitted or required by law.
(t) Delegating to an unlicensed employee or person a service that requires the knowledge, skills, abilities, or judgment of a licensee or registrant
(u) Committing any act that would be grounds for denial of a license or registration under Section 480.
(v) Except for good cause, the knowing failure to protect patients by failing to follow infection control guidelines of the committee, thereby risking transmission of infectious diseases from licensee to patient, from patient to patient, or from patient to licensee.

ADD Acts Constituting Unprofessional Conduct (Section Number TBD)

(a) 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:
(b) 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.
(c) 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:
(d) A controlled substance as defined in Division 10 (commencing with Section 11000) of the Health and Safety Code.
(e) A dangerous drug or dangerous device as defined in Section 4022.
(f) Alcoholic beverages.
(g) 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.
(h) 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.
(i) Falsify, or make grossly incorrect, grossly inconsistent, or unintelligible entries in any patient record, or any other record.

ADD Authority to Discipline; Initial License (Section Number TBD)

The committee may discipline a licensee by any or a combination of the following methods:
(a) Placing the license on probation with terms and conditions.
(b) Suspending the license and the right to practice occupational therapy for a period not to exceed one year.
(c) Revoking the license.
(d) Suspending or staying the disciplinary order, or portions of it, with or without conditions.
(e) Taking other action as the committee, in its discretion, deems proper.
(f) The committee 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.

ADD Jurisdiction of Committee (Section Number TBD)

The committee 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.

ADD Practicing with Suspended License or Registration (Section Number TBD)

If a license or registration is suspended, the holder may not practice as an athletic trainer 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 committee 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.

ADD Petition for Reinstatement or Modification of Penalty
(Section Number TBD)

(a) A holder of a license that has been revoked, suspended, or placed on probation, may petition the committee 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:
(b) For a license that was revoked for any reason other than mental or physical illness, at least three years.
(c) For early termination of probation scheduled for three or more years, at least two years.
(d) 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.
(e) The committee 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.
(f) The petition submitted shall contain any information required by the board, which may include a current set of fingerprints accompanied by the fingerprinting fee.
(g) The committee 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.

(h) The committee itself shall hear the petition and the administrative law judge shall prepare a written decision setting forth the reasons supporting the decision.
(i) The committee 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.
(j) The committee shall 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.
(k) No petition shall be considered while there is an accusation or petition to revoke probation pending against the petitioner.

ADD Denial Suspension, Revocation, or Probation of a License
(Section Number TBD)

(a) The committee 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, registration, 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.

2697.10 No changes recommended – Committee can adopt regulations to implement if needed

2697.11 Committee Members concerned with broadness of Scope language.

Many Committee Members liked Oregon's Scope of Practice (shown below)

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.

2697.12 Members concerned with athletic trainers practicing “under the direction of” a physician and what that meant.

Legal Counsel to work with Executive Officer to recommend language.

2697.13 ADD ‘athletic trainer’ to subsection (d) to make the language more specific. [Edit shown on AB 1510].

ADD additional exemption language similar to OTPA Section 2570.4 [Edit shown on AB 1510].

2697.14 No changes recommended

2697.15 No changes recommended

2697.16 Language not broad enough, suggest using comparable OTPA language [Edit shown on AB 1510].

2697.17 No changes recommended

2697.18 No changes recommended

Suggest adding additional ‘framework’ language to be consistent with other licensure boards/committees

ADD language regarding an initial license fee, fingerprint fee, delinquent renewal fee. *(any others?)*

ADD Committee to BPC 101 Composition of the Department of Consumer Affairs

ADD Committee to BPC 144, Requires Applicants Submit Fingerprints

ADD Committee to BPC, 144.5 Authorizes the Committee to Receive Background Checks

RESOURCES: BPC 107, 144, 144.5, 154, 480

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.

144

(a) Notwithstanding any other law, an agency designated in subdivision (b) shall require an applicant to furnish to the agency a full set of fingerprints for purposes of conducting criminal history record checks. Any agency designated in subdivision (b) may obtain and receive, at its discretion, criminal history information from the Department of Justice and the United States Federal Bureau of Investigation.
(b) Subdivision (a) applies to the following:
(1) California Board of Accountancy.

(2) State Athletic Commission.

(3) Board of Behavioral Sciences.

(4) Court Reporters Board of California.

(5) State Board of Guide Dogs for the Blind.

(6) California State Board of Pharmacy.

(7) Board of Registered Nursing.

(8) Veterinary Medical Board.

(9) Board of Vocational Nursing and Psychiatric Technicians.

(10) Respiratory Care Board of California.

(11) Physical Therapy Board of California.

(12) Physician Assistant Committee of the Medical Board of California.

(13) Speech-Language Pathology and Audiology and Hearing Aid Dispenser Board.

(14) Medical Board of California.

(15) State Board of Optometry.

(16) Acupuncture Board.

(17) Cemetery and Funeral Bureau.

(18) Bureau of Security and Investigative Services.

(19) Division of Investigation.

(20) Board of Psychology.

(21) California Board of Occupational Therapy.

(22) Structural Pest Control Board.

(23) Contractors' State License Board.

(24) Naturopathic Medicine Committee.

(25) Professional Fiduciaries Bureau.

(26) Board for Professional Engineers, Land Surveyors, and Geologists.

(27) Bureau of Medical Cannabis Regulation.

(c) For purposes of paragraph (26) of subdivision (b), the term "applicant" shall be limited to an initial applicant who has never been registered or licensed by the board or to an applicant for a new licensure or registration category.

BPC 144.5

Notwithstanding any other law, a board described in Section 144 may request, and is authorized to receive, from a local or state agency certified records of all arrests and convictions, certified records regarding probation, and any and all other related documentation needed to complete an applicant or licensee investigation. A local or state agency may provide those records to the board upon request.

BPC 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.

BPC 480

(a) A board may deny a license regulated by this code on the grounds that the applicant has one of the following:
(1) Been convicted of a crime. A conviction within the meaning of this section means a plea or verdict of guilty or a conviction following a plea of nolo contendere. Any action that a board is permitted to take following the establishment of a conviction may be taken 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 the provisions of Section 1203.4, 1203.4a, or 1203.41 of the Penal Code.

(2) Done any act involving dishonesty, fraud, or deceit with the intent to substantially benefit himself or herself or another, or substantially injure another.
(3) (A) Done any act that if done by a licentiate of the business or profession in question, would be grounds for suspension or revocation of license.
(B) The board may deny a license pursuant to this subdivision only if the crime or act is substantially related to the qualifications, functions, or duties of the business or profession for which application is made.
(b) Notwithstanding any other provision of this code, a person shall not be denied a license solely on the basis that he or she has been convicted of a felony if he or she has obtained a certificate of rehabilitation under Chapter 3.5 (commencing with Section 4852.01) of Title 6 of Part 3 of the Penal Code or that he or she has been convicted of a misdemeanor if he or she has met all applicable requirements of the criteria of rehabilitation developed by the board to evaluate the rehabilitation of a person when considering the denial of a license under subdivision (a) of Section 482.
(c) Notwithstanding any other provisions of this code, a person shall not be denied a license solely on the basis of a conviction that has been dismissed pursuant to Section 1203.4, 1203.4a, or 1203.41 of the Penal Code. An applicant who has a conviction that has been dismissed pursuant to Section 1203.4, 1203.4a, or 1203.41 of the Penal Code shall provide proof of the dismissal.
(d) A board may deny a license regulated by this code on the ground that the applicant knowingly made a false statement of fact that is required to be revealed in the application for the license.

2017-2018 AB-1510 Dababneh (A)

99 - Introduced 2/17/17

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.

(f) Subject to Sections 107 and 154, the committee may employ an executive officer and other officers and employees.

2697.3. (a) (1) The committee shall adopt, repeal, and amend regulations as may be necessary to enable it to administer, coordinate, and enforce this chapter in accordance with the Administrative Procedures Act. 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.~~

(b) ~~(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) 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.

~~(a)~~ (b) 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)~~ (c) 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)~~ (d) 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)~~ (e) 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 as an athletic trainer in another state, as part of his or her temporary federal deployment or employment in California for a limited time.

(e) 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.

(f) Any person pursuing a course of study leading to a degree in athletic training 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.

(g) Any person fulfilling the clinical 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.

(g) Any person fulfilling the supervised fieldwork experience requirements of subdivision (c) of Section 2697.4, if the experience constitutes a part of the experience necessary to meet the requirement of that provision.

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 State Treasury and shall be credited to the Athletic Trainers Fund. ~~shall be paid into the fund. These fees~~ The money shall be available to the committee, upon appropriation by the Legislature, for ~~the regulatory purpose of implementing this chapter~~ expenditure by the committee to defray its expenses and to otherwise administer 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.

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,

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