



Ohio Occupational Therapy, Physical Therapy,
and Athletic Trainers Board

*Athletic Trainers Section
November 9, 2011
9:30 a.m.*

Members Present

Jason Dapore, DO
Brian Hartz, AT, PhD, Acting Chair
Aaron Galpert, AT
Vincent O'Brien, AT

Staff

H. Jeffery Barker, Investigator
Diane Moore, Executive Assistant
Lisa Ratinaud, Enforcement Division Supervisor
Jeffrey Rosa, Executive Director

Legal Counsel

Yvonne Tertel, AAG

Call to Order

Brian Hartz, Acting Chair, called the meeting to order at 9:30 a.m.

Approval of Minutes

Action: Vincent O'Brien moved that the minutes from the September 8, 2011, meeting be approved as submitted. Aaron Galpert seconded the motion. The motion carried.

Executive Director's Report

- The Executive Director informed that Section that the Governor's Office had not yet acted on Rebekah Bower's reappointment to the Board. Since it has been more than 60 days since Ms. Bower's term ended, the position is vacant until the Governor makes an appointment.
- The Executive Director informed the Section that the Board is still in the process of getting the investigator assistant position description approved.
- The Executive Director informed the Section that results of the biennial audit will be released in a few weeks.

The formal Executive Director's report is attached to the minutes for reference.

Discussion of Law Changes

The Board is still looking for a sponsor for the Joint Board Restructuring Bill.

Administrative Reports

Licensure Applications

Action: Vincent O'Brien moved that the Athletic Trainers Section ratify, as submitted, the athletic training licenses issued by examination, endorsement, and reinstatement by the Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board from September 8, 2011, through November 9, 2011, taking into account those licenses subject to discipline, surrender, or non-renewal. Jason Dapore seconded the motion. The motion carried.

Examination Applicants

Arnhart, Alaina
Chmielowiec, Julie
Dickerson, Max
Lawson, Amanda
Nielsen, Patrick
Robbins, Patrick
Tepe, Timothy

Boyd, Jessica
Culver, Melissa
Dobrowolski, Christopher
Meeks, Michelle
O'Farrell, Kathleen
Simmons, Mitchell
Valentine, Alexandra

Caruso, Rachel
Davis, Christine
Hoffman, Maxwell
Mindeck, Andrew
Porterfield, Steven
Taylor, Kathryn

Endorsement Applicants

Branigan, Lisa

Collovecchio, Teresa

Getsoff, David

Glynn, Jillian
Komprood, Brian
Middendorf, William
Thompson, Christina

Kaminsky, Mick
Leibreich, Ryan
Penrod, Robert
Wright-Reed, Theresa

Kneisel, Kaitlin
Mertz, Laura
Schroeder, James
Young, Adam

Reinstatement Applicants

Frisby, Glenn
Picciano, Nicholas

Frisby, Jennifer

Holloway, Gerald

Continuing Education Approval

Action: Vincent O'Brien moved that the Athletic Trainers Section ratify, as submitted, six continuing education applications approved by the Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board from September 8, 2011, through November 9, 2011. Jason Dapore seconded the motion. The motion carried.

Event Approval

There were no event approval requests submitted since the September 8, 2011 Section meeting.

Assistant Attorney General Report

Yvonne Tertel, AAG, had no formal report for the Section.

Case Review Liaison Report

Aaron Galpert reported that the Enforcement Division opened zero new cases and closed six cases since the September 8, 2011 meeting. There are three cases currently open. There are four active consent agreements being monitored.

Aaron Galpert informed the Section that Tomas Vera and Shawn Russell complied with all terms and conditions and were released from their disciplinary consent agreements.

Enforcement Division Actions

Aaron Galpert recommended that the Section accept the consent agreement for case AT-FY11-010 in lieu of going to a hearing. **Action:** Vincent O'Brien moved that the consent agreement for case AT-FY11-010 be accepted in lieu of going to a hearing. Brian Hartz seconded the motion. Aaron Galpert abstained from voting. The motion carried. The Section accepted the consent agreement for Michael Laycox, AT.

Aaron Galpert recommended that the Section issue a notice of opportunity for hearing for case number AT-FY11-015 for sex offender related felony convictions. **Action:** Vincent O'Brien moved that the Section issue a notice of opportunity for hearing for case number AT-FY11-015 for sex offender related felony convictions. Jason Dapore seconded the motion. Aaron Galpert abstained from voting. The motion carried.

Correspondence

1. **Hollie Kozak:** Ms. Kozak asked the Section for clarification of the proposed language for concussion management. **Reply:** Pursuant to section 4755.60 (A) of the Revised Code and rule 4755-42-02 of the Administrative Code, athletic trainers must practice upon the referral of an individual licensed in Ohio to practice medicine and surgery, osteopathic medicine and surgery, podiatric medicine and surgery, chiropractic, dentistry, or physical therapy. Athletic trainers may not accept direct referrals from physician assistants or practitioners of the limited branches of medicine. It is the position of the Athletic Trainers Section that section 4755.60 of the Revised Code and rule 4755-42-02 of the Administrative Code requires that a referral relationship must exist between a team physician and an athletic trainer for care of that team's athletes participating in interscholastic, intercollegiate, or professional athletics. Athletic trainers employed by a college, university, high school, or other scholastic institution, as well as professional organizations/clubs function under this team physician/athletic trainer referral relationship. This relationship should consist of a protocol of care communicated between the team physician and the athletic trainer, and should include procedures for prevention, recognition, assessment, management, treatment, disposition, and reconditioning of athletic injuries. A referral relationship between a team physician and an athletic trainer requires interaction by both parties. In general practice, athletic trainers administer first aid and team physicians initiate referrals for continued treatment. This relationship is maintained by on-going

verbal and written communication. Athletic trainers may provide visiting teams, traveling without an athletic trainer or a team physician, with first aid and emergency coverage only. They should not provide treatments or make return to participation decisions for visiting athletes. As stated your correspondence, if an athlete shows any signs of concussion, then the athlete should not be returned to play at the time of the injury.

2. **Christine Hare:** Ms. Hare asked the Section whether return to play decision rules also apply to all types of injuries and clarification on providing athletic training coverage for wrestling events for multiple teams. **Reply:** In accordance with section 4755.60 (A) of the Ohio Revised Code, treatment consists of the techniques and procedures used in giving care in situations where assistance is required or requested. Such actions should be reasonable and prudent within the scope of practice of athletic training. A progression of categories is listed as a guideline for your use. All treatment should be rendered in accordance with any established protocol for the venue. Physician directives should be followed at all times. Permission to treat should be obtained. Athletic trainers should not attempt any treatment measure unfamiliar to them or outside the scope of athletic training practice. Some variance may be seen in treatment, depending upon educational background, facility or setting limitations, and patient response. A referral is not required for first aid and routine treatment. However, a referral is required for restorative treatment. **First Aid (no referral necessary)** Basic, immediate care given on site to stabilize and prepare for evacuation and referral as needed. **Routine (no referral necessary)** Maintenance and preventative measures commonly used by athletic trainers, such as pre-event warm-up and post-event cool-down procedures. The sole intent of treatments used is to maintain normal function during participation and daily living. **Restorative** Patient specific instructions for use with a diagnosed injury or as prescribed by the referral source. **Standard Operating Procedure (SOP)** A protocol set forth by team physicians and athletic trainers for treatment or various injuries prior to evaluation by a physician. Such procedures should be followed as outlined with timely referral. This protocol must be documented and on file in the setting where used. Athletic trainers may provide visiting teams, traveling without an athletic trainer or team physician, first aid/emergency care and routine care. An athletic trainer can make return to play decisions for visiting team athletes if there is no injury present. They should not provide restorative treatments or return an injured athlete or an athlete with a suspected injury to participation. The information contained in this response would also apply to the visiting team athletic trainer if the home team did not have an athletic trainer. Athletic injury means any injury sustained by an individual that affects the individual's participation or performance in sports, games, recreation, exercise, or other activity that requires physical strength, agility, flexibility, speed, stamina, or range of motion. If an athletic trainer practitioner determines that the athlete has an athletic injury, then the athlete should not be returned to play. As stated your correspondence, if an athlete shows any signs of concussion, then the athlete should not be returned to play the time of the injury.

Joint Board Correspondence

- JB1. Jacque Brown:** Ms. Brown asked the Section questions regarding whether occupational and physical therapy practitioners can sign documentation with/without the therapist license number and requested clarification on supervision requirements for athletic trainers working in an outpatient clinic. **Reply:** It is the position of the Ohio Occupational Therapy Section that licensure designation be documented at a minimum by the appropriate regulatory credential. The therapist's signature sequence should be the therapist's name, followed by the regulatory professional credential that allows the therapist to practice occupational therapy. For example: Jane Doe, OT/L. The Ohio Occupational Therapy Practice Act is silent on the education credential and the order in which it is placed. In addition, there is nothing in the Occupational Therapy Practice Act that requires a licensee to include the licensee's license number as part of the signature. The Section noticed in your correspondence you signed your name MOTR/L. The appropriate way to cite your credentials is OTR/L, MOT. There is nothing in the Physical Therapy Practice Act that requires a licensee to include the licensee's license number as part of the signature. The Physical Therapy Section recommends that you consult with your facility and third party payers to determine if they require this. Regarding your second question, Rule 4755-27-01 (C) of the Ohio Administrative Code defines "other licensed personnel" as "any person holding an Ohio license to practice as a health care practitioner in a profession other than physical therapy . . . who is working under the direct supervision of a physical therapist or physical therapist assistant, as delegated by the physical therapist, and is performing tasks and duties related to the delivery of physical therapy." When acting under the direction of a physical therapist, licensed athletic trainers are considered other licensed personnel. In accordance with rule 4755-

27-04 of the Administrative Code, the supervising physical therapist or physical therapist assistant is accountable and responsible at all times for the direction of the actions of the persons supervised, including other licensed personnel. A physical therapist assistant can provide direct supervision of other licensed personnel even if the physical therapist is not on-site but is available by telecommunication at all times and able to respond appropriately to the needs of the patient. However, only a physical therapist can determine that a patient may be delegated to other licensed personnel. Other licensed personnel cannot be assigned their own physical therapy caseload without the supervising physical therapist or physical therapist assistant having direct contact with each patient during each visit. It is the responsibility of the physical therapist to determine and document the extent of contact necessary to assure safe patient care. Pursuant to rule 4755-27-03 (F) of the Ohio Administrative Code, "Delegation of tasks related to the operation and delivery of physical therapy to other licensed personnel must be done in accordance with the scope of practice of the other licensed personnel's professional license, education and training, the level of competence as determined by the supervising physical therapist, and in consideration of the patient's overall needs and medical status." The patient contact by the delegating physical therapist or supervising physical therapist assistant may be to provide portions of treatment or to assess the patient's progress within the existing plan of care. When needed, only the physical therapist may make adjustments to the plan of care. In accordance with rule 4755-27-03 (D) of the Ohio Administrative Code, a physical therapist may choose to refer a patient to another discipline, including physicians, for services. This referral shall be documented by the physical therapist in the medical record to clearly demonstrate a referral for that service. Such referral will not be a delegation of tasks or duties of physical therapy. In response to your question regarding supervision of athletic trainers in a clinical setting, according to the Athletic Trainers Section, under section 4755.60 (A) of the Revised Code and rule 4755-42-02 of the Administrative Code, athletic trainers must practice upon the referral of an individual licensed in Ohio to practice medicine and surgery, osteopathic medicine and surgery, podiatric medicine and surgery, chiropractic, dentistry, or physical therapy. Athletic trainers may not accept direct referrals from physician assistants or practitioners of the limited branches of medicine. A referral relationship between a team physician and an athletic trainer should be one consisting of a protocol of care communicated between a team physician and the athletic trainer. This agreement should include procedures for prevention, recognition, assessment, management and treatment of athletic injuries. Clinic-based athletic trainers may provide athletic training services upon physician referral for athletic training evaluation and treatment. The prescription by the referring medical practitioner must state the referral is for athletic training. Under an athletic training referral, the athletic trainer functions independently and is responsible for documentation. Pursuant to rule 4755-46-01 of the Administrative Code, unlicensed individuals functioning under the supervision of a licensed athletic trainer may perform designated routine tasks related to the operation of athletic training provided that the supervising athletic trainer is on-site to supervise the delegated tasks. If the patient receives a prescription for physical therapy and during care the physical therapist determines he/she may benefit from athletic training services, i.e. a patient's condition is an athletic injury, then the physical therapist may refer that particular patient to an athletic trainer. This transfer of care from a physical therapist must be documented in the patient's medical record. In addition, the athletic trainer must now obtain physician approval and prescription for an athletic training evaluation and treatment as described above. If this procedure is followed, the athletic trainer must perform an injury assessment and determine the athletic training plan of care. The patient is no longer under the care of the physical therapist. The physical therapist may also refer the patient to the care of the athletic trainer but have the patient still remain under the care of the physical therapist. In this non-transfer scenario, a physician prescription for athletic training is not required. However, please refer to facility and/or third-party payer policies as their policies may be more restrictive than the Occupational Therapy, Physical Therapy and Athletic Trainers Practice Acts. Regarding your final question about physical therapists accepting referrals from physician assistants, it is the Physical Therapy Section's position that physician assistants may refer patients to physical therapy provided that a physician has given them the authority to do so. However, physician assistants may not independently refer to physical therapy. Should a physician extend his/her authority to the physician assistant to refer for physical therapy, then, in fact, the physician assistant has become a conduit or facilitator of the physician's actual order. Please note that the referral is initiated by the physician who is utilizing the physician assistant to extend that information to the physical therapist. The physical therapist may request verification that the physician has granted his/her authority to the physician assistant on a global basis and is not required to do that for each specific patient. If you have any questions about the extension of authority by the physician, you should contact that physician. You may want to contact the State Medical Board of Ohio regarding

specific definitions that pertain to physician assistants. If a patient is seen for physical therapy without such physician authorization, the rules for practice without referral under section 4755.481 of the Ohio Revised Code must be followed.

Old Business

Return to Practice Requirements Update

The Section reviewed the letter that was sent to Board of Certification requesting that the BOC allow individuals to re-take for the BOC re-certification examination for state licensure reinstatement purposes and recommended that the BOC collect the fee directly from the applicant. The Section is waiting on a response from BOC.

Presentation Preparation for Specific Audiences

Vincent O'Brien and Jeffrey Rosa worked on grouping the presentation slides for each specific target audience. The presentation slides will be available at the January 2012 Section meeting.

New Business

Ethics Training

Jeffrey Rosa, Executive Director facilitated an ethics presentation and discussion to the members of the Athletic Trainers Section.

2012 Rule Changes

Action: Brian Hartz moved that the Athletic Trainers Section file rules 4755-40-01, 4755-40-02, 4755-40-03, 4755-40-04, 4755-40-05, 4755-40-06, 4755-40-07, and 4755-42-02 as no change rules. Mr. Hartz further moved that the Athletic Trainers Section file the proposed changes to rule 4755-45-01. Vincent O'Brien seconded the motion. The motion carried.

Strategic Retreat Planning

The Section identified the following potential retreat topics: return to practice requirements; additional video based ethics scenarios; in collaboration with OATA, review the practice act to identify if any changes are needed; review rules that pertain to documentation

Ohio Athletic Trainers Association (OATA)

There was no formal report.

Items for the Next Meeting

- Public Rules Hearing
- Audience-specific Presentations Update
- Election of Officers
- Liaison Positions
- Facilitator Guide for Ethics Scenarios Videos

Next Meeting Date

The next meeting date of the Athletic Trainers Section will be Wednesday, January 11, 2012.

Adjournment

Action: Vincent O'Brien moved that the meeting be adjourned. Jason Dapore seconded the motion. The motion carried. The meeting adjourned at 11:00 a.m.

Respectfully submitted,
Diane Moore

Brian Hartz, AT, Acting Chair
Ohio Occupational Therapy, Physical Therapy, and
Athletic Trainers Board, Athletic Trainers Section

Vincent O'Brien, AT, Acting Secretary
Ohio Occupational Therapy, Physical Therapy, and
Athletic Trainers Board, Athletic Trainers Section

Jeffrey M. Rosa, Executive Director
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