



Ohio Occupational Therapy, Physical Therapy,  
and Athletic Trainers Board

*Athletic Trainers Section*

*May 7, 2014*

*9:00 a.m.*

**Members Present**

Jason Dapore, DO  
Aaron Galpert, AT, Chair  
Brian Hartz, AT, PhD  
Kimberly Peer, AT, EdD, Secretary  
Susan Stevens, AT, EdD  
Trevor Vessels, Public Member

**Staff**

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

**Guest**

Paul Miller, OATA

**Call to Order**

Aaron Galpert, Chair, called the meeting to order at 9:00 a.m.

**Approval of Minutes**

**Action:** Brian Hartz moved that the minutes from the March 6, 2014, meeting be approved as submitted. Kimberly Peer seconded the motion. The motion carried.

**Executive Director's Report**

- The Executive Director informed that Section that the Board has made significant progress on setting up the new licensing system. The new go live date is September 2014. The Executive Director further reported that the Board will undergo additional testing in two weeks. The conversion setup may impact how the athletic trainer's renewals will be handled.
- The Executive Director informed the Section that rent rates for all agencies in state-owned buildings increased significantly (approximately \$8,000-\$9,000). This increase exceeded the rent increase that was budgeted for in FYs 2014 and 2015. The rates for FY 2015 have not yet been determined, but could increase from the FY 2014 rates.
- The Executive Director informed the Section that the Board will implement the project to scan all historic files in FY 2015.

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

**Discussion of Law and Rule Changes**

The Executive Director reported that the military rules are ready to be filed. The Section will discuss the proposed rules in today's meeting.

**Administrative Reports**

**Licensure Applications**

**Action:** Kimberly Peer 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 March 6, 2014, through May 7, 2014, taking into account those licenses subject to discipline, surrender, or non-renewal. Brian Hartz seconded the motion. The motion carried.

**Examination Applicants**

Bartlett, Kayla  
Goyette, Kayla  
Pozzuto, Anthony

Carroll, Jill  
Kaplan, Dustin  
Reel, Adam

Churbock, Jessica  
Patrick, Kyle  
Sabo, Emily

Saulinas, Elizabeth  
Whitmore, Samuel

Shoemaker, Allison  
Yeager, Jenna

Trevino, Gabrielael

Endorsement Applicants

Harris, Rachel  
Walker, Aaron

Mollner, Brady

Rynas, Stephanie

Reinstatement Applicants

Buchanan, Patricia

Kern, Holly

Shockey, Seth

**Continuing Education Approval**

Brian Hartz reported that five continuing education applications were approved since the March 6, 2014 meeting.

**Event Approval**

None

**Assistant Attorney General Report**

Yvonne Tertel, AAG informed the Section the trial run of the mock adjudication exercise held at the Physical Therapy Section retreat was well received. The mock adjudication exercises will be customized for each Section.

**Case Review Liaison Report**

Brian Hartz reported that the Enforcement Division opened four new cases and closed one case since March 6, 2014 meeting. There are five cases currently open.

**Enforcement Actions**

Brian Hartz recommended that the Section issue a notice of opportunity for hearing for case number AT-LD-14-001 proposing to deny the reinstatement application for file # 5329932 for failure to provide evidence of remediation.

**Action:** Susan Stevens moved that the Section issue a notice of opportunity for hearing for case number AT-LD-14-001 proposing to deny the reinstatement application for file # 5329932 for failure to provide evidence of remediation. Jason Dapore seconded the motion. Brian Hartz abstained from voting. The motion carried.

**Old Business**

Scope of Practice Review Guidance

Brian Hartz added a Section D to the scope of practice guidance document. Mr. Hartz will forward the changes to the Section for review and feedback.

Finalize OATA Presentation

The Section reviewed the OATA Presentation.

**New Business**

Review Draft of Technology Summary

Brian Hartz and the Executive Director will continue to work on the technology summary.

Review and Vote to File New Rule 4755-43-12

The Executive Director provided an overview of the changes from the previous draft language for rule 4755-43-12.

**Action:** Brian Hartz moved that the Athletic Trainers Section file rule 4755-43-12. Jason Dapore seconded the motion. The motion carried.

**Correspondence**

1. **Joshua Knott, AT:** Mr. Knott asked the Section if athletic trainers can bill for services under referral from a nurse practitioner with a physician co-signature. **Reply:** Section 4755.60(A) of the Ohio Revised Code states: (A) "Athletic training" means the practice of prevention, recognition, and assessment of an athletic injury and the complete management, treatment, disposition, and reconditioning of acute athletic injuries upon the referral of an individual authorized under Chapter 4731. of the Revised Code to practice medicine and surgery, osteopathic medicine and surgery, or podiatry, a dentist licensed under Chapter 4715. of the Revised Code, a physical therapist licensed under this chapter, or a chiropractor licensed under Chapter

4734. of the Revised Code. Athletic training includes the administration of topical drugs that have been prescribed by a licensed health professional authorized to prescribe drugs, as defined in section 4729.01 of the Revised Code. Athletic training also includes the organization and administration of educational programs and athletic facilities, and the education of and consulting with the public as it pertains to athletic training. It is the position of the Athletic Trainers Section that nurse practitioners and physician assistants may refer to athletic trainers provided a physician has given them the authority to do so. A valid prescription with the co-signature of the physician is required. However, nurse practitioners and physician assistants may not directly refer to licensed athletic trainers. Should a physician be willing to extend his authority to the nurse practitioner or physician assistant to refer for athletic training, then, in fact, the nurse practitioner or physician assistant has merely become a conduit or facilitator of the physician's actual order. Please note the referral is initiated by the physician who is utilizing the nurse practitioner or physician assistant to extend information to you, the athletic trainer. If you have any questions about the extension of authority by the physician, you should contact that physician. You may want to contact the Ohio Board of Nursing and the State Medical Board of Ohio regarding specific definitions pertaining to nurse practitioners and physician assistants.

2. **Liz Miller:** Ms. Miller asked the Section if athletic trainers can apply and remove casts. **Reply:** When determining if a task or procedure falls within the scope of athletic training practice, the Section reviews the available literature that forms the basis of athletic training practice in the United States. These documents include: (1) *Role Delineation Study/Practice Analysis, Sixth Edition, which identifies the essential knowledge and skills for an entry-level athletic trainer. This document is published by the Board of Certification, Inc. and is available at [http://bocatc.org/resources/role-delineation-study-practice-analysis](http://bocatc.org/resources/role-delineation-study-practice-analysis;);*(2) *Athletic Training Education Competencies (5th Edition)*, which is published by the National Athletic Trainers Association and recognized by the Commission on Accreditation of Athletic Training Education (CAATE) as the knowledge, skills and clinical abilities to be mastered by professional program students. It is available at <http://www.nata.org/education/education-resources>. According to 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. 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. These variances based upon advanced education or training must be identified within the standard operating procedures and reviewed and approved by the team physician or medical director as dictated below. Standard Operating Procedures: It is the professional responsibility of every athletic trainer to have written policies and procedures. Athletic trainers are encouraged to review current policies and procedures with their employers to determine if the existing policies are within the scope of athletic training practice. The Athletic Trainers Section has no guidelines with regards to policy and procedure content. However, the Athletic Trainers Section does advocate that all athletic trainers have written policies and procedures to guide the day-to-day operations of athletic training care. If no athletic training policies and procedures exist, please establish them and put them in writing. Standard operating policies and procedures should be reviewed and approved by a team physician or an organization's medical director.

### **Joint Correspondence**

- JB1. Heather Jennings, PT:** Ms. Jennings asked the Physical Therapy and Athletic Trainers Sections questions regarding whether community colleges and professional sports are covered under Ohio Physical Therapy and Athletic Training laws regarding concussion management and clarification on the documentation requirement for athletic trainers. **Reply:** As noted in the Legislative Service Commission bill analysis for Sub. H.B. 143, the provisions of the act apply to all of the following entities: Public schools, including schools operated by school districts, community schools, and science, technology, engineering, and math (STEM) schools; All private schools, including both chartered and nonchartered nonpublic schools; and "Youth sports organizations," which are defined in H.B. 143 as public or nonpublic entities that organize athletic activities in which the athletes are not more than 19 years old and are required to pay a fee to participate in the athletic activity or whose cost to participate is sponsored by a business or nonprofit organization. As a result, the provision of H.B. 143 would not apply for athletes participating on a junior college athletic team or a minor league baseball team. Although H.B. 143 does not apply to adult and/or

college level athletes, you are encouraged to consult the bylaws of the governing body for the community college's athletics department ([www.njcaa.org](http://www.njcaa.org)) and the baseball team's league to determine if those entities have requirements and recommendations pertaining to the recognition and management of concussions. You would also be encouraged to follow current best practice in the recognition and management of concussions which is outlined in various consensus and position statements. A concussion recognition and management policy developed using these documents and in consultation with the team physician would be the best course of action. In regards to your question regarding athletic trainer's documentation requirements, under an athletic training referral, the athletic trainer functions independently and is responsible for documentation. What this documentation consists of is governed by best practices and employer policies. For further information about documentation, please refer to the National Athletic Trainers' Association's *Documentation and Coding Guidelines for Athletic Trainers*. You can access this document at <http://nata.org/sites/default/files/Documentation-and-Code-Guidelines-2011.pdf>.

**JB2. Michael Millward:** Ms. Millward asked the Physical Therapy and Athletic Trainers Sections questions requesting clarification on the physical therapy and athletic trainers requirements regarding concussion management. **Reply:** When determining if a task or procedure falls within the scope of athletic training practice, the Section reviews the available literature that forms the basis of athletic training practice in the United States. These documents include: (1) *Role Delineation Study/Practice Analysis, Sixth Edition, which identifies the essential knowledge and skills for an entry-level athletic trainer. This document is published by the Board of Certification, Inc. and is available at <http://bocatc.org/resources/role-delineation-study-practice-analysis>;*(2) *Athletic Training Education Competencies (5th Edition)*, which is published by the National Athletic Trainers Association and recognized by the Commission on Accreditation of Athletic Training Education (CAATE) as the knowledge, skills and clinical abilities to be mastered by professional program students. It is available at <http://www.nata.org/education/education-resources>. According to 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. 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. These variances based upon advanced education or training must be identified within the standard operating procedures and reviewed and approved by the team physician or medical director as dictated below. Standard Operating Procedures: It is the professional responsibility of every athletic trainer to have written policies and procedures. Athletic trainers are encouraged to review current policies and procedures with their employers to determine if the existing policies are within the scope of athletic training practice. The Athletic Trainers Section has no guidelines with regards to policy and procedure content. However, the Athletic Trainers Section does advocate that all athletic trainers have written policies and procedures to guide the day-to-day operations of athletic training care. If no athletic training policies and procedures exist, please establish them and put them in writing. Standard operating policies and procedures should be reviewed and approved by a team physician or an organization's medical director. 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. 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. If a situation exists where a patient referred to the athletic trainer by a physical therapist 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. If this procedure is followed, the athletic trainer must perform an injury assessment and determine the athletic training plan of care. For example, if a patient is referred for evaluation and treatment and an athletic trainer performs the initial evaluation, the patient is under athletic training care and guidelines. If the patient is initially seen by a physical therapist, the patient would be a physical therapy patient and fall under their guidelines. The prescription by the referring medical practitioners must state that the referral is for athletic training. The physical therapist may

also refer the patient to the care of the athletic trainer for athletic training services. However, the physical therapist may still continue with the patient under a separate physical therapy plan of care. If the patient is receiving services pursuant to an athletic training referral, the athletic trainer functions independently and does not need supervision or co-signature by the physical therapist and the services should be represented as athletic training. When a patient is seen in a multidisciplinary facility, the professional who performs the initial evaluation must oversee that patient's care. If the athletic trainer is providing services pursuant to a physical therapy plan of care, rule 4755-27-01 (C) of the Ohio Administrative Code applies. This rule 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. **Your second question** relates to payer policies and not the Athletic Training and Physical Therapy Practice Acts. The Physical Therapy section recommends that you refer to Medicare rules or other payer policies about reimbursement for treatment by other licensed personnel since some insurers do not cover services other than those provided by a physical therapist or physical therapist assistant. You may also get information from the Reimbursement Department or Ohio chapter of the APTA. Other than 97001 and 97002 (Physical Therapy Evaluation and Re-Evaluation), CPT codes are not specific to physical therapy. The codes are developed by the American Medical Association and cover any health care professional providing physical medicine and rehabilitation services. Nothing in the Ohio Athletic Training Practice Act prevents athletic trainers from billing for services. However, employers may restrict your practice due to billing or other protocol issues. The Athletic Trainers Section suggests you contact the Ohio Athletic Trainers Association or the National Athletic Trainers Association or refer to CPT codes listed under physical medicine. **In response to your third question**, the Physical Therapy Section does not dictate the format of clinical notes. As long as the documentation by other licensed personnel is restricted to an accounting of the activities provided, descriptions of those activities and the patient's comments may be in various sections of the documentation. The remainder of the documentation is the responsibility of the supervising physical therapist or supervising physical therapist assistant. The rule limiting the documentation by other licensed personnel to "an accounting of the activities provided" is intended to include patient comments during those activities and a description of the patient's response or ability/inability to perform specific components of the program. However, any assessment of a patient's progress must be documented by the physical therapist or physical therapist assistant, and prognosis or plan revision must be documented by the physical therapist. The signature of other licensed personnel may reflect their training or credentials, but must be countersigned by the supervising physical therapist. The countersignature must indicate that the supervising physical therapist reviewed the written note. Only a hand written or electronic signature is acceptable. If the patient is referred to the athletic trainer for athletic training services, the athletic trainer functions independently pursuant to the athletic training plan of care and does not need documentation co-signed by the physical therapist.

**Ohio Athletic Trainers Association (OATA)**

Paul Miller had no formal report for the Section.

**Open Forum**

None

**Items for the Next Meeting**

- Scope of Practice Guidance
- Rules Hearing

**Items for the Section Retreat (July 9, 2014)**

Technology Summary

Mock Adjudication – (AAG)

Review of Rules Scheduled for 5 Year Review in 2015

**Next Meeting Date**

The next regular meeting date of the Athletic Trainers Section is scheduled for Wednesday, July 9, 2014.

**Adjournment**

**Action:** Brian Hartz moved that the meeting be adjourned. Jason Dapore seconded the motion. The motion carried. The meeting adjourned at 9:52 am.

Respectfully submitted,  
Diane Moore

---

Aaron Galpert, AT, Chair  
Ohio Occupational Therapy, Physical Therapy, and  
Athletic Trainers Board, Athletic Trainers Section

---

Kimberly Peer, AT, Secretary  
Ohio Occupational Therapy, Physical Therapy, and  
Athletic Trainers Board, Athletic Trainers Section

---

Jeffrey M. Rosa, Executive Director  
Ohio Occupational Therapy, Physical Therapy, and  
Athletic Trainers Board

KP:jmr:dm