Call to Order
Brian Hortz, Chair, called the meeting to order at 9:08 a.m.

Approval of Minutes
Action: Jason Dapore moved that the minutes from the September 11, 2014, meeting be approved as submitted. Susan Stevens seconded the motion. The motion carried.

Executive Director’s Report
• The Executive Director informed that Section that the Ohio Department of Administrative Services is concerned that the new licensing system may not be viable due to vendor issues. The State is moving along as if the project will be viable. The new go live date is late February 2015.

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

Discussion of Law and Rule Changes
The Executive Director presented the 2015 Five Year Rules to the Section.

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 September 11, 2014, through November 5, 2014, taking into account those licenses subject to discipline, surrender, or non-renewal. Jason Dapore seconded the motion. The motion carried.

Examination Applicants
Baer, Kyle                    Boynton, Meaghan                  Castle, Ryan
Chiang, Yalan                Collins, Nicholas                Davidson, Megan
Farell, Lauren               Feck, Emily                      Frazzini, Ashlee
Griffes, Lindsey             Hill, Melissa                    Holley, Jessica
Howell, Stephanie            Kidd, Keenan                    Lee, Jasmine
Mansfield, Cody              Matthewson, Kyle                  McKibben, Amanda
Nadsady, Jesse               Perillo, Amanda                  Petricola, Nicole
Pohl, Michelle               Polking, Brandon                Pullella, Kevin
Shuster, Cyril               Turner, Courtney                  Waiwood, Sarah
Wheeler, Jeffrey

Staff
Diane Moore, Executive Assistant
Adam Pennell, Investigator Assistant
Jeffrey Rosa, Executive Director

Guest
Paul Miller, OATA
Endorsement Applicants
Albertson, Nicholas Baker, Whitney Davis Hammonds, Autumn
Horton, Scott Lachman, Megan Lang, Kari
Newell, Timothy Oates, Robert Peterson, Daniel
Putnam, Ashley

Reinstatement Applicants
Chapin, Joshua Cuglewski, David Daum, Connie
Doster, Chelsea Elleman, Joshua Harrington, Amber
Jones, Jeremy Lake, Mark Miller, Mark
Miller, Todd Siegel, Matthew Szalay, Danielle
Wheeler, Amy Yauich, Caitlin

Continuing Education Approval
Brian Hortz reported that ten continuing education applications were approved since the September 11, 2014 meeting.

Event Approval
There were zero event approval requests reviewed since the September 11, 2014 meeting.

Licensure Renewal Report
There was no formal report for the Section.

Assistant Attorney General Report
Melissa Wilburn, AAG had no formal report for the Section.

Case Review Liaison Report
Brian Hortz reported that the Enforcement Division opened seven new cases and closed zero cases since September 11, 2014 meeting. There are eight cases currently open.

Enforcement Actions
None

Old Business
Review Draft of Technology Summary
The Section will add a clause about HIPAA to the technology summary. The Executive Director will make the requested adjustments and will forward the edited technology summary to the Section for review.

New Business
Rules Re-Numbering Project
The Executive Director and the Section’s Rules Liaison will begin the process of contacting potential stakeholders with OATA and entry-level programs. The Section will work with stakeholders to review all rules for potential changes in addition to renumbering the rules.

Ethics Training
The Executive Director provided the Section members with written instructions on how to access the mandatory online ethics training course. Section members are required to forward a copy of their certificate of completion to the Board office to be kept on file for auditing purposes. The deadline to complete the online ethics education is December 31, 2014.

Correspondence
1. Tara Bailey, AT: Ms. Bailey asked the Section if athletic trainers can perform dry needling. Reply: The Ohio Athletic Training Practice Act does not specifically prohibit dry needling, therefore the following questions should be asked to determine whether this skill is within the athletic training scope of practice: A. Is the task represented in entry level education and practice? B. Has the practitioner had continuing
education to adequately prepare them to perform the task? C. Does this task provide for safety and welfare of the client? This foundation should provide the framework for analyzing and determining if a task is within one’s “personal” scope of athletic training practice. If the professional can provide supporting evidence that adequately addresses these areas, then the task is considered within that athletic trainer’s scope of athletic training practice. We would also refer you to two documents which will assist you in determining entry-level education and athletic training practice. These documents include the Role Delineation Study/Practice Analysis, Sixth Edition which identifies the essential knowledge and skills for an entry-level athletic trainer, published by the Board of Certification, Inc. and can be found at http://bocatc.org/resources/role-delineation-study-practice-analysis and 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 as the knowledge, skills and clinical abilities to be mastered by professional program students. It can be found at http://www.nata.org/education/education-resources. According to ORC 4755.60 (A), 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 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.

2. Brian Tennant, AT: Mr. Tennant asked the Section for clarification on screening injuries for friends. 

Reply: If an athletic trainer is providing a documented evaluation, 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 the athletic trainer. Providing a documented evaluation is different than simply providing an opinion on whether or not the individual should seek care from a physician. If an athletic trainer were to go beyond simply making the decision on whether a referral to a physician is warranted and starts to actually provide care and communicating treatment paths, then the physician referral under the Ohio Athletic Training Practice Act would be required. For example, telling the friend that “no you don’t need to see a physician and here’s how you should go about treating the issue” would not be acceptable if you exceeded first aid level treatment. Athletic trainers may provide visiting teams, traveling without an athletic trainer or a team physician, with first aid/emergency and routine care. This provision related to visiting team members would include care provided to other individuals, such as friends. In these situations, the athletic trainer should not provide restorative treatments or return an injured athlete to participation. Some definitions are provided below. Treatment (ORC 4755.60 (A)) 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. For
example, athletes sometimes request to be taped as a prophylactic measure or ritual for participation. Prophylactic taping is not care of an injury; it is a desire of the athlete, and does not call for the degree of skill in selection of taping method or application, as might be used by a licensed health care practitioner.

Restorative Patient specific instructions for use with a diagnosed injury or as prescribed by the referral source. Please be aware of unintended liability consequences based on your opinion. Also, be mindful that if you provide an opinion be sure that you are documenting the evaluation.

3. **Jim Padilla:** Mr. Padilla asked the Section for clarification on physician notifications when treating an athlete with a concussion. **Reply:** Section 3707.51 of the Revised Code governs concussion protocols for youth sports organizations. The law defines a youth sports organization as “a public or nonpublic entity that organizes an athletic activity in which the athletes are not more than nineteen years of age 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.” The Ohio Revised Code makes no mention of requirements for adult or college level athletes. You are encouraged to consult the bylaws of the governing body for the university’s athletics department (www.ncaa.org or www.naia.org) as there are requirements and recommendations pertaining to the recognition and management of concussions in those documents. 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.

4. **Ronald Burdette:** Mr. Burdette asked the Section questions regarding whether athletic trainers are required to have liability insurance. **Reply:** The Ohio Athletic Training Practice Act does not specifically require liability insurance as a requirement for licensure in the state of Ohio. You would be encouraged to follow current best practice in athletic training which would include ensuring appropriate liability insurance coverage either through an employer or a personal policy. The BOC Standards for Professional Practice, Code 6 Business Practice does require adequate and customary liability insurance. Failure to maintain such insurance could have a negative effect on retention of BOC certification. (http://www.bocatc.org/images/stories/resources/boc_standards_of_professional_practice_1401bf.pdf)

**Ohio Athletic Trainers Association (OATA)**
Paul Miller informed the Section that the next OATA conference will be held on May 8-9, 2015, at Great Wolf Lodge in Mason, Ohio. Mr. Miller also informed the Section that OATA will offer evidence based practice educational activities each year in the conference programming to meet the licensure needs. Mr. Miller informed the next association newsletter will include the Section’s response regarding the role of athletic trainers in the physical therapy setting. The Section discussed postings for the Spring newsletter to include the topic of hiring graduate assistants to clarify the need to license and reminder that if not licensed they cannot serve as an unlicensed aide.

**Open Forum**
There were no items discussed.

**Items for the Next Meeting**
- Review Draft of Technology Summary

**Next Meeting Date**
The next regular meeting date of the Athletic Trainers Section is scheduled for Wednesday, January 7, 2015.
Adjournment

Action: Kimberly Peer moved that the meeting be adjourned. Jason Dapore seconded the motion. The motion carried. The meeting adjourned at 10:00 am.

Respectfully submitted,
Diane Moore

Brian Hortz, 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