



Ohio Occupational Therapy, Physical Therapy,
and Athletic Trainers Board

Athletic Trainers Section
September 8, 2016
9:00 a.m.

Members Present

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

Legal Counsel

Melissa Wilburn, AAG

Staff

Jennifer Adams, Investigator Assistant
Tony Tanner, Executive Director

Call to Order

Kimberly Peer, Chair, called the meeting to order at 9:00 a.m.

Approval of Minutes

Action: Brian Hartz moved that the minutes from the July 13, 2016, meeting be approved as amended. Aaron Galpert seconded the motion. The motion carried.

Discussion of Laws and Rules

The rules changes will be discussed during the Section Retreat.

Special Orders

Election of Section Chair

Action: Aaron Galpert nominated Kimberly Peer to be Section Chair for the period beginning September 8, 2016 and ending immediately following the September 2017 Section meeting. Susan Stevens seconded the nomination. The Nominations were closed. The members present voted to elect Kimberly Peer as Section Chair.

Election of Section Secretary

Action: Kimberly Peer nominated Brian Hartz to be Section Secretary for the period beginning September 8, 2016 and ending immediately following the September 2017 Section meeting. Susan Stevens seconded the nomination. The Nominations were closed. The members present voted to elect Brian Hartz as Section Secretary.

Athletic Trainers Section Liaisons

| | |
|------------------------------|---------------|
| Continuing Education Liaison | Kimberly Peer |
| Correspondence Liaison | Susan Stevens |
| Enforcement Liaison | Brian Hartz |
| Licensure Liaison | Brian Hartz |
| Rules Liaison | Kimberly Peer |

Action: Brian Hartz moved that the Section Authorize the Executive Director to accept or reject consent agreements on the Section's behalf for the period beginning September 8, 2016 and ending September 30, 2017. Jason Dapore seconded the motion. The motion carried.

Action: Brian Hartz moved that the Section Authorize the use signature stamps or electronic signatures by the Section Chairperson, Section Secretary, and the Executive Director for the period beginning September 8, 2016 and ending September 30, 2017. Jason Dapore seconded the motion. The motion carried.

Action: Kimberly Peer moved that the Section Authorize the Executive Director to make editorial changes to motions for the period beginning September 8, 2016 and ending September 30, 2017. Jason Dapore seconded the motion. The motion carried.

Action: Kimberly Peer moved that the Section Authorize the use of hearing officers for the period beginning September 8, 2016 and ending September 30, 2017. Brian Hartz seconded the motion. The motion carried.

Action: Kimberly Peer moved that the Section Authorize the staff to issue licenses to applicants with completed applications and that the Section ratify the licenses issued by the staff at the Section meeting following the issuance of the license for the period beginning September 8, 2016 and ending September 30, 2017. Brian Hartz seconded the motion. The motion carried.

Administrative Reports

Licensure Applications

Action: Brian Hartz 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 July 13, 2016, through September 8, 2016, taking into account those licenses subject to discipline, surrender, or non-renewal. Jason Dapore seconded the motion. The motion carried.

Examination Applicants

| | | |
|-----------------------|-----------------------|---------------------|
| Almeraya, Andres | Beneventano, Jennifer | Blunt, Lexus |
| Bochar, Danielle | Bragg, Michaela | Corcino, Allison |
| Davis, Lindsay | Estala, Luis | Felton, Celina |
| Fortney, Breanna | Frisch, Hope | Fuerniss, Karisa |
| Golec, Stephanie | Gorman, Ashley | Graves, Jayla |
| Greier, Neil | Groves, Kyle | Palmer, Lindsay |
| Pauls, Kelly | Pichert, Alexandra | Plaso, Holly |
| Potts, Heather | Short, Meghan | Torretta, Madeline |
| Bellomy, Jordan | Gooding, Thomas | Legerski, Madeline |
| Mangan, Brittany | Chaney, Andrew | Charles, Benjamin |
| Critchfield, Nicholas | Delagrange, Andrew | Egelhoff, Rachel |
| Hawskins, Michaela | Isinghood, Justin | King, Aaron |
| Mankin, Carlie | McCollister, Marissa | Nowakowski, Abigail |
| Pfahl, Tyler | Poston, Erin | Rigsby, Kristian |
| Wireman, Garrett | Worthman, Megan | Smith, Brianna |
| White, Alaina | Tepe, Timothy | |

Endorsement Applicants

| | | |
|------------------|----------------------|------------------|
| Barta, Adam | Bouwmeester, Rachael | Chupak, Ryan |
| Clark, Nicole | Dominick, Mark | Everhart, Kelsey |
| Gibson, Sarah | Powell, Robert | Trout, Sally |
| Wilhelm, Kristyn | Williams, Ashley | |

Reinstatement Applicants

| | |
|---------------------|--------------|
| Caligiuri, Jennifer | Gates, Julia |
|---------------------|--------------|

Continuing Education Approval

Action: Kimberly Peer moved that the Section approve 1 application for continuing education approval. Brian Hartz seconded the motion. The motion carried.

Event Approval

The Section approved zero Event Approvals since the July 13, 2016 Section meeting.

Assistant Attorney General Report

Melissa Wilburn, AAG had no formal report for the Section.

Case Review Liaison Report

Brian Hartz reported that the Enforcement Division opened one new case and closed two cases since July 13, 2016 meeting. There are four cases currently open. There are zero active consent agreements.

Enforcement Actions

None

Old Business

Rules Renumbering Project

The Section is still working on the rules renumber project.

New Business

None

Correspondence

- 1. Julia Gates, AT:** Ms. Gates asked the Section if athletic trainers are required to obtain 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)
- 2. Christopher Dykyj, AT:** Mr. Dykyj asked the Section questions regarding athletic trainers' scope of practice. **Reply:** A dual credentialed person must decide at the time of the initial evaluation which professional discipline they will utilize and document all services appropriately. A Certified Orthopedic Technologist has a different scope of practice than athletic training, so you need to be clear whether you are providing orthopedic technologist services or athletic training services. This will likely vary depending on your setting, patients, supervision, etc. You are advised to be very deliberate in your documentation to clearly communicate whether you are functioning as an athletic trainer providing athletic training services in which case you will need to function within the athletic training scope of practice. If you are providing orthopedic technologist services, you would need to function within that scope of practice. The Athletic Training Section only regulates athletic trainers so you are also advised to investigate this issue with other regulatory boards in Ohio to ensure you are not in violation of other state practice acts, such as the State Medical Board and Pharmacy Board. Administrative rules for physician's delegation of medical task, describes the circumstances in which a licensed physician may delegate tasks to an individual who is unlicensed or otherwise specifically authorized to perform the task. It is the physician's responsibility to ensure compliance with the laws and rules pertaining to the delegation. Under section 4755.64 (A)(7) of the Revised Code and rule 4755-41-01 (C)(2) of the Administrative Code, the athletic trainer is responsible for ensuring the delegation is appropriate and within his or her training and expertise. The following questions should be asked to determine whether this skill is within the athletic training scope of practice: A. Is the skill in question specifically prohibited in the Ohio Revised Code? 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? D. 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 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. All Policies and procedures should reflect the current best practices in athletic training. 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.

- 3. Kelly Kuchinski, PT**: Ms. Kuchinski asked the Section questions regarding what an athletic trainer do in the clinical setting. **Reply**: 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. Billing for 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. Initial Evaluations When a patient is seen in a multidisciplinary facility, the professional who performs the initial evaluation must oversee that patient's 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 but have the patient still remain under the care of the physical therapist. A dual credentialed person must decide at the time of the initial evaluation which professional discipline they will utilize and document the evaluation appropriately. 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. All Policies and procedures should reflect the current best practices in athletic training. 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.

4. **Robert Snow, AT:** Mr. Snow asked the Section questions regarding a team physician relationship with a chiropractor. **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. 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. 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. **Appropriate Referral** Under section 4755.64 (A)(7) of the Revised Code and rule 4755-41-01 (C)(2) of the Administrative Code, it is the responsibility of the athletic trainer to determine whether a referral is within the trainer's scope of practice, level of competence, and experience. In the event that an inappropriate referral is received, the athletic trainer should contact the referring practitioner and discuss how to proceed. **Referral Relationship** 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/emergency and routine care. They should not provide restorative treatments or return an injured athlete to participation.

5. **Joshua Elleman, AT:** Mr. Elleman asked the Section whether an athletic trainer can function without a referral and the use of a chiropractor as a referral source. **Reply:** The definitions below should help to explain what skills constitute athletic training services and what skills can be performed without a referral. Athletic trainers can perform first aid and routine treatments without a referral. A referral is needed for all restorative treatments. **Acute (ORC 4755.60 (A))** Acute is defined by the Section as a significant athletic injury. **Athletic Injury (ORC 4755.60 (D))** Athletic injury means any injury sustained by an individual that affects the individual's participation or performance in sports, games, recreation, exercise, or other activity that requires physical strength, agility, flexibility, speed, stamina, or range of motion. **Athletic Training (ORC 4755.60 (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 licensed in Ohio to practice medicine and surgery, osteopathic medicine and surgery, podiatric medicine and surgery, chiropractic, dentistry, or physical therapy. 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. **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. Many of the skills you are enquiring about can be accomplished by many different individuals such as athletic trainers, physical therapists, physicians, coaches, and even other athletes. The significance of why an individual is receiving the treatment is he determining factor in deciding who is permitted to perform the treatment. If a treatment procedure or application is necessary as part of a regime of the care of an injury, this is only to be done by a licensed health care practitioner. There are situations that call for these treatments as care of an injury, as required to participate, as determined by a referral source. Such a directive or prescribed method of care should only be applied by a licensed health care practitioner. Athletes sometimes request these treatments as a prophylactic measure or enhancing performance. This 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 treatment method or application, as might be used by a licensed health care practitioner. The second part of your inquiry relates to utilizing a chiropractor as a referral source. 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 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. 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. 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. Under section 4755.64 (A)(7) of the Revised Code and rule 4755-41-01 (C)(2) of the Administrative Code, it is the responsibility of the athletic trainer to determine whether a referral is within the trainer's scope of practice, level of competence, and experience. In the event that an inappropriate referral is received, the athletic trainer should contact the referring practitioner and discuss how to proceed.

Ohio Athletic Trainers Association (OATA)

There was no formal report for the Section.

Open Forum

There were no items discussed during open forum.

Items for the Next Meeting

- Rules Renumbering Project

Next Meeting Date

The next regular meeting date of the Athletic Trainers Section is scheduled for Wednesday, November 9, 2016.

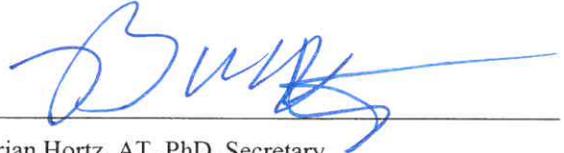
Adjournment

Action: Brian Hartz moved that the meeting be adjourned. Aaron Galpert seconded the motion. The motion carried. The meeting was adjourned at 10:02 am.

Respectfully submitted,
Diane Moore



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



Brian Hartz, AT, PhD, Secretary
Ohio Occupational Therapy, Physical Therapy, and
Athletic Trainers Board, Athletic Trainers Section



Tony Tanner, Executive Director
Ohio Occupational Therapy, Physical Therapy, and
Athletic Trainers Board

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