2005 SUNRISE REVIEW

Colorado Department of Regulatory Agencies
Office of Policy, Research and Regulatory Reform

Athletic Trainers

October 14, 2005

STATE OF COLORADO

DEPARTMENT OF REGULATORY AGENCIES
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Bill Owens
Governor

October 14, 2005

Members of the Colorado General Assembly
c/o the Office of Legislative Legal Services
State Capitol Building
Denver, Colorado 80203

Dear Members of the General Assembly:

The Colorado Department of Regulatory Agencies has completed its evaluation of the sunrise application for regulation of athletic trainers and is pleased to submit this written report. The report is submitted pursuant to section 24-34-104.1, Colorado Revised Statutes, which provides that the Department of Regulatory Agencies shall conduct an analysis and evaluation of proposed regulation to determine whether the public needs, and would benefit from, the regulation.

The report discusses the question of whether there is a need for the regulation in order to protect the public from potential harm, whether regulation would serve to mitigate the potential harm, and whether the public can be adequately protected by other means in a more cost-effective manner.

Sincerely,

Tambor Williams

Tambor Williams
Executive Director

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The Sunrise Process

Background

Colorado law, section 24-34-104.1, Colorado Revised Statutes (C.R.S.), requires that individuals or groups proposing legislation to regulate any occupation or profession first submit information to the Department of Regulatory Agencies (DORA) for the purposes of a sunrise review. The intent of the law is to impose regulation on occupations and professions only when it is necessary to protect the public health, safety or welfare. DORA must prepare a report evaluating the justification for regulation based upon the criteria contained in the sunrise statute:

> (I) Whether the unregulated practice of the occupation or profession clearly harms or endangers the health, safety, or welfare of the public, and whether the potential for the harm is easily recognizable and not remote or dependent upon tenuous argument;
>
> (II) Whether the public needs, and can reasonably be expected to benefit from, an assurance of initial and continuing professional or occupational competence; and
>
> (III) Whether the public can be adequately protected by other means in a more cost-effective manner.

Any professional or occupational group or organization, any individual, or any other interested party may submit an application for the regulation of an unregulated occupation or profession. Applications must be accompanied by supporting signatures and must include a description of the proposed regulation and justification for such regulation. Applications received by July 1 must have a review completed by DORA by October 15 of the year following the year of submission.

Methodology

DORA has completed its evaluation of the proposal for the regulation of athletic trainers. During the sunrise review process, DORA performed a literature search; interviewed representatives of the Colorado Athletic Trainers Association, various other professional associations and regulators in other states and reviewed licensure laws in other states. In order to determine the number and types of complaints filed against athletic trainers in Colorado, DORA contacted representatives the Colorado Board of Medical Examiners. To better understand the practice of athletic trainers, the author of this report observed practicing athletic trainers in various settings.

Proposal for Regulation

The Colorado Athletic Trainers' Association (Applicant) has submitted a sunrise application to the Department of Regulatory Agencies (DORA) for review in accordance with the provisions of section 24-34-104.1, Colorado Revised Statutes (C.R.S.). The application identifies state licensure of athletic trainers as the appropriate level of regulation to protect the public and the Applicant envisions a cash-funded regulatory program.

During the course of this sunrise review, the Applicant provided to DORA a draft of proposed legislation, which may be found in Appendix A on page 27. While the Applicant is not bound to adhering to this draft should the Applicant pursue actual legislation, the draft provides an excellent starting point for any discussion on whether and how to regulate athletic trainers in Colorado. Therefore, the following discussion is based on this draft.

In section 103(5) of the draft legislation, the Applicant defines "athletic training" as:

> the prevention, clinical evaluation and diagnosis, immediate care, treatment, rehabilitation and reconditioning of injuries and illnesses pursuant to the direction of a licensed physician, osteopath or dentist.

This definition goes on to specify that athletic training includes:

- The organization and administration of the practice of athletic training;
- The education of patients and others regarding the practice of athletic training;
- The administration, evaluation, and interpretation of tests and measurements of bodily functions and structures;
- The planning, administration, evaluation, and modification of treatment;
- The use of physical agents, measures, activities, and devices for preventive and therapeutic purposes;
- The use of topical and aerosol medications consistent with the scope of athletic training practice and pursuant to prescription issued in accordance with the laws of the State of Colorado; and
- The provision of consultative, educational, and other advisory services for the purpose of reducing the incidence and severity of injuries and illnesses.

Noticeably absent from the Applicant's proposed legislation is any definition of "athlete" or any other language restricting the practice of athletic trainers to athletes or those participating in athletic activities. Rather, the proposed statute speaks in terms of "patients," and section 103(8) defines "patient" as "any person as to whom an athletic trainer has responsibility for the provision of athletic training services of any type."

Another noteworthy item is the fact that the Applicant's proposal would not require a licensed athletic trainer to work under the direction or supervision of a licensed physician. As a practical matter, however, in all of its conversations with DORA, the Applicant asserted that licensed athletic trainers should be required to work under a physician's direction.

Section 105 of the proposed legislation specifically clarifies that athletic trainers are not authorized to engage in the practice of "medicine, surgery, or any other form of healing except as authorized by the provisions," of the legislation.

The proposed legislation would also exclude certain individuals from the requirements of licensure. For example athletic trainer students would be exempted from the statute when working under the direction and immediate supervision of a licensed athletic trainer. Additionally, other licensed professionals, when acting within the scope of such licenses, would be exempt.

Furthermore, and quite importantly, athletic trainers who reside outside of Colorado and who are either licensed by another state or who are certified by a national certifying agency would be exempt from the statute so long as their term of practice in Colorado does not exceed 90 days. This is seen as necessary because some high school athletic teams, and most, if not all, collegiate and professional athletic teams come to Colorado to compete, and they typically bring their own, out-of-state athletic trainers with them. Additional considerations pertaining to this exemption relate to professional sports teams' training camps, where they may employ visiting, short-term athletic trainers, and, perhaps more significantly, the U.S. Olympic Training Center in Colorado Springs, which utilizes the services of athletic trainers from all over the world. In order for any of these athletic trainers to legally practice in Colorado, this exemption would be necessary.

The Applicant, in section 104 of the draft legislation, proposes protecting the titles "athletic trainer," "A.T.," "licensed athletic trainer" and "L.A.T." and reserving the use of such titles for licensed athletic trainers. Furthermore, section 106 would prohibit all those who are not duly licensed as athletic trainers from engaging in the practice of athletic training.

The Applicant proposes a director-model type of regulatory program with an advisory committee. Under this proposal, the Director of the Division of Registrations (Director) would have all disciplinary, licensing and rulemaking authority. Additionally, the Director would appoint the seven-member advisory committee (Advisory Committee), which would comprise five professional and two public members.

The Director's powers would be somewhat limited by the Applicant's proposal in that the Director would be statutorily required to consult with the Advisory Committee on matters relating to discipline, licensing and rulemaking.

Additionally, the proposed legislation would authorize the Director to order a physical or mental examination of a licensee when the Director has reasonable cause to believe that the licensee suffers from a physical or mental condition or disability that renders the licensee unable to render athletic training services with reasonable skill and safety.

The Applicant proposes the following requirements for licensure:

- Possession of a baccalaureate degree from an accredited college or university;
- Successful completion of a program in athletic training, which is accredited by a nationally recognized accrediting agency or which the Director determines to be substantially equivalent to a nationally accredited program;
- Passage of a competency examination developed by the Director or by a national certifying organization;
- Completion of an application form; and
- Payment of a fee determined by the Director.

Licenses would be valid for three years and prior to renewal, the Applicant proposes that all licensees submit evidence to the Director of the completion of continuing education in an amount to be determined by the Director.

The Director would possess the authority to issue letters of admonition, as well as to deny, revoke, refuse to renew, suspend, place on probation or fine any licensee or applicant found to have violated the statute. Grounds for such disciplinary actions would include:

- Failing to satisfy generally accepted standards of practice;
- Engaging in a sexual act with a patient while a patient-athletic trainer relationship exists;
- Failing to refer a patient to an appropriate licensed health care practitioner when the services required by the patient are beyond the level of competence of the athletic trainer;
- Abandoning a patient;
- Failing to provide adequate supervision to students acting under the direction of the licensee;
- Engaging in any of the following without clinical justification:

- Requesting or performing any demonstrably unnecessary tests, studies, services, X-rays or treatments that are contrary to recognized standards of practice; or

- Administering treatment that is demonstrably unnecessary.

- Committing insurance fraud;

- Offering, giving or receiving commissions, rebates or other forms of remuneration for the referral of patients;

- Falsifying information in any application for licensure, or attempting to obtain or obtaining a license by fraud, deceit or misrepresentation;

- Being dependent on or addicted to alcohol or any habit-forming drug or controlled substance;

- Having a physical or mental condition or disability that renders such person unable to engage in the practice of athletic training with reasonable skill and safety;

- Refusing to submit to a physical or mental examination ordered by the Director;

- Failing to notify the Director of any judgment or settlement in favor of any party and against the licensee for malpractice or allegations of malpractice;

- Violating or aiding and abetting a violation of any provision of the statute or any rule promulgated thereunder;

- Being disciplined in any way by a national certifying agency or by a regulatory authority in another state;

- Pleading guilty or *nolo contendere* to, or being convicted of any felony.

The Director's fining authority would be limited to no more than $1,000. All monies realized through fines would be deposited in the state's General Fund.

Furthermore, it would be a misdemeanor offense for any person to:

- Fraudulently obtain, furnish or sell any athletic training diploma, certificate, license, or to aid or abet any such act;

- Generally to hold oneself out as, or to actively engage in the practice of an athletic trainer;

- Practice athletic training during the time when such person's license is suspended or revoked; and

- Employ a person who is acting in violation of the statute.

Interestingly, any person who employs an athletic trainer would be required to report to the Director when such athletic trainer has been terminated because of incompetence or for failing to comply with the statute. Such a report may serve as grounds for initiating an investigation of such a licensee.

The proposed legislation would also authorize the creation of a professional review committee composed of a majority of licensees. Either the Director or a society or association of athletic trainers whose membership includes not less than one-third of the persons licensed by the statute could create such a committee. According to the proposed legislation, the committee would be required to report to the Director only adverse findings constituting a violation of the statute.

Finally, all complaints and investigations would remain confidential unless and until formal disciplinary action is taken. The Director could serve as hearing officer in any disciplinary proceeding or the Director could utilize the services of an administrative law judge. All disciplinary rulings would be subject to review by the Colorado Court of Appeals.

Profile of the Profession

Athletic trainers work with individuals of all ages and all skill levels in their efforts to prevent, recognize, assess, manage, treat, rehabilitate and recondition injuries commonly sustained by individuals engaged in sports and fitness activities requiring physical strength, agility, flexibility, range of motion, speed or stamina.

The term "injuries," encompasses a wide variety of situations, including the effects of climatic conditions, such as heat illnesses and hypothermia; pre-existing health considerations that may impact the individual's ability to participate in an activity safely, such as asthma, diabetes, seizures and cardiac anomalies; and lifestyle choices that may increase the risk of injury to the individual, such as substance abuse and eating disorders.

Athletic trainers' work settings are as diverse as the athletes with whom they work. Common work settings include high school and collegiate athletic programs, professional sports and rehabilitative clinics. Some athletic trainers even engage in independent, clinical practice.

Regardless of work setting, however, athletic trainers generally work under the direction, though not the supervision, of licensed physicians. Physician direction can take many forms. For example, it can occur in the form of pre-determined, written protocols for common injuries. In such a situation, a high school athletic trainer, for example, may develop, in consultation with a licensed physician, procedures on how the athletic trainer will recognize and treat common injuries, such as sprained ankles. The physician can then approve these protocols with a signature. If a situation occurs that falls outside of pre-determined protocols, it is clear to the athletic trainer that a consultation with the physician is necessary.

Similarly, a physician may refer a patient to an athletic trainer, much as a physician would refer a patient to a physical therapist. In such a situation, it would not be uncommon for the physician to "prescribe" certain modalities of treatment. This, too, would constitute physician direction.

The key to understanding the difference between physician direction and physician supervision is that with physician direction, the physician establishes the direction in which treatment is to proceed, but does not supervise the athletic trainer in fulfilling that direction. Rather, the physician leaves it to the discretion of the athletic trainer to implement the means necessary to reach the desired goal. The athletic trainer's education and skills permit the athletic trainer to work under this limited independence with competency.

The practice of athletic training is relatively new. The National Athletic Trainers Association (NATA) was founded in the early 1950s, and in 1959, NATA published the Athletic Training Model Curriculum.

NATA began accrediting educational programs that adhered to the model curriculum in 1979. However, in 1990, the American Medical Association assumed responsibility for accrediting undergraduate, entry-level programs that comply with NATA's Athletic Training Educational Competencies (Educational Competencies), by creating the Joint Review Committee for Educational Programs in Athletic Training (JRC-AT). The JRC-AT is an independent corporation that is now affiliated with the Commission on the Accreditation of Allied Health Education Programs (CAAHEP), the nation's largest accrediting body in the field of health sciences education.

JRC-AT-accredited programs prepare students to serve in the role of physician extenders, with an emphasis on clinical reasoning skills. Educational content is based on cognitive (knowledge and intellectual skills), psychomotor (manipulative and motor skills), affective (professional behavior, attitudes and values) competencies, as well as clinical proficiencies (decision-making and skill application).

There are currently five JRC-AT-accredited programs in Colorado: Fort Lewis College, Colorado State University at Pueblo, Mesa State College, Metropolitan State College of Denver (Metro State) and University of Northern Colorado.

By way of example, Metro State's curriculum is discussed below. In addition to the classes highlighted here, Metro State students are also required to take general studies courses, which essentially round out the broad-based education of an undergraduate degree. The following courses comprise Metro State's Athletic Training Concentration:

First Year – 8 credits

- First Responder/CPR (3 credits)
- Physical Fitness Techniques (2 credits)
- Prevention and Care of Athletic Injuries (3 credits)

Second Year – 24 credits

- Human Anatomy and Physiology I and II (4 credits each)
- Foundations of Athletic Injury (3 credits)
- Athletic Training Clinical Experience I and II (2 credits each)
- Pathology of Athletic Injuries and Illnesses (3 credits)
- Introduction to Nutrition (3 credits)
- Therapeutic Modalities (3 credits)

Third Year – 22 credits

- Upper Body Injury Evaluation (3 credits)
- Lower Body Injury Evaluation (3 credits)
- Athletic Training Clinical Experience III and IV (2 credits each)
- Anatomical Kinesiology (3 credits)
- Health Programs (3 credits)
- Physiology of Exercise (3 credits)
- Psychology of Counseling (3 credits)

Fourth Year – 14 credits

- Upper Body Injury Rehabilitation (3 credits)
- Lower Body Injury Rehabilitation (2 credits)
- Athletic Training Clinical Experience V and VI (2 credits each)
- Legal Liabilities (2 credits)
- Seminar in Athletic Training (3 credits)

After the JRC-AT-accredited degree is awarded, the next logical, though not required, career step for an athletic trainer is to sit for the National Athletic Trainers' Association Board of Certification's (NATABOC's) certification examination in order to earn the Certified Athletic Trainer (ATC) credential.

In order to sit for the certification examination, a candidate must 1) have either graduated from a JRC-AT-accredited program or be enrolled in the final semester or quarter of such a program, and 2) possess a current certification in emergency cardiac care.

The NATABOC examination consists of three sections: written, practical and written simulation. The written examination consists of 150 multiple-choice questions that must be answered in 3.5 hours. Questions cover the topics of prevention; recognition, evaluation and assessment; immediate care; rehabilitation and reconditioning; organization and administration; and professional development. The written examination is a pencil and paper type examination.

The purpose of the practical examination is to evaluate a candidate's psychomotor skills and to ensure that candidates know how to use various pieces of equipment correctly and safely. Candidates perform a series of skills, utilizing various pieces of equipment, in front of two proctors. Different skills are weighted differently for purposes of determining whether a particular candidate passes or fails the practical examination. Similarly, some examination items contain "must get" tasks, meaning that if the candidate fails to do something, the candidate fails that portion of the examination. The number of examination items varies from administration to administration, but the June 2005 administration of the examination contained 12 items. Each examination item is weighted differently and has its own, unique time requirements. However, on average, candidates complete the practical examination in approximately 30 minutes.

The purpose of the written simulation examination is to test the decision-making ability of the candidate. Test items are intended to simulate the types of situations that an athletic trainer may encounter in practice. Candidates are presented with eight problems. Each problem presents the candidate with a specific fact-pattern or scenario, as well as a list of actions/decisions from which to choose. Candidates highlight their chosen course of action in their answer booklet, which contains image-latent paper. When a candidate selects and option using a special latent imaging pen (which looks like a highlighter), the examination provides a printed response or consequence. The candidate then chooses from another list of options on how best to respond to the latest development. Candidates must complete all eight problems within 2.5 hours.

Candidates must pass all three sections of the NATABOC examination and must re-take those sections that are failed within one year of the last date on which they took any section of the examination. However, candidates may take the three sections of the examination in any order and need not take all three sections on the same date.

Prior to taking the examination, candidates must pay a $60-application fee, as well as an examination fee. The examination fee is determined by the number of sections of the examination that are to be taken. To take the entire, three-section examination, the fee is $275. To take just one section of the examination, the fee is $190, and the fee to take two sections of the examination is $235.

The examination is offered sporadically and at random locations throughout the United States. The examination is offered in Colorado on a sporadic basis and only in Denver. For example, in 2005, the examination was offered in Colorado two times.

However, effective February 2006, NATABOC plans to offer all three sections of the examination via computer. Depending upon the vendor NATABOC ultimately chooses to computerize and administer the examination, the number of times and places the examination is offered in Colorado could change. This will depend upon the number and limitations of the successful vendor's testing centers.

Finally, Table 1 illustrates the nationwide pass rates for first-time test takers in all three sections of the NATABOC examination for calendar years 2000 through 2004.

Table 1
Examination Pass Rates

Calendar Year	Written Examination (% passing)	Practical Examination (% passing)	Written Simulation Examination (% passing)
2000	44.21	61.93	55.17
2001	43.47	63.71	57.18
2002	58.95	68.07	55.80
2003	56.47	54.96	58.96
2004	32.41	66.06	47.87

As Table 1 clearly illustrates, pass rates for all three sections of the examination are relatively low. Although the number of candidates taking each section of the examination fluctuates from year to year, in general, between 2,500 and 3,000 candidates take each section each year. In this light, the pass rates cannot be attributed to a small sampling size.

Currently, there are approximately 28,000 practicing ATCs in the U.S. and Canada, with approximately 2,200 joining the practice annually. The Applicant asserts that there are currently 535 ATCs practicing in Colorado. However, the actual number of practicing athletic trainers (those without the ATC credential) is unknown.

Summary of Current Regulation

The Colorado Regulatory Environment

Athletic trainers are not directly regulated in Colorado. However, those athletic trainers satisfying certain statutory criteria are specifically exempted from the provisions of the Colorado Medical Practice Act (MPA).

Section 12-36-106, Colorado Revised Statutes (C.R.S.), defines, in great detail, the practice of medicine. Section 12-36-106(3.5)(a), C.R.S., directs the Colorado Board of Medical Examiners (BME) to promulgate rules specifying the types of services that athletic trainers may provide. This section also specifies that the exemption applies only to those athletic trainers deemed "qualified" and only when they offer athletic trainer services:

> in the course of participation in an educational institution's sports program, an organized amateur sports organization, a professional sports organization, a recreational program of a county, municipal, or special district government, or an organized community sports event.

Thus, the exemption severely restricts the practice of athletic trainers to athletes participating in organized sporting events and programs. In essence, this precludes the "weekend warrior" or occasional athlete who bikes, skis, runs, or plays pick-up sports (such as basketball, soccer, tennis, etc., with friends or neighbors) from obtaining the services of an athletic trainer.

The MPA and the rules promulgated thereunder define a qualified athletic trainer as one who: 1) has a baccalaureate degree in a field related to athletic training and has completed 1,500 hours of supervised clinical experience under the supervision of a National Athletic Trainers' Association Board of Certification (NATABOC) - Certified Athletic Trainer (ATC); or 2) has a baccalaureate degree with a major in athletic training and 800 hours of clinical experience under the supervision of an ATC.

Importantly, NATABOC has promulgated Standards of Professional Practice, and Standard A.1 requires ATCs to work under the direction of a physician or dentist. Taken together, the MPA, the BME's rules and the NATABOC standards indirectly require qualified athletic trainers to work under the direction of a physician or dentist.

The MPA and the BME's rules define the athletic trainer scope of practice to include:

- Developing and implementing conditioning programs for athletes;
- Performing strength testing using mechanical devices or other standard techniques;
- Applying tape, braces and protective devices to prevent injury;

- Supervising maintenance of athletic equipment to assure safety;
- Assessing, during a screening process, physical limitations, including those previously diagnosed by a physician, which may pose a risk of injury to an athlete;
- Determining the level of functional capacity, decreased range of motion or muscular weakness of an injured athlete in order to establish the extent of an injury;
- Administering first aid;
- Using emergency care equipment to aid an injured athlete by facilitating safe transportation to an appropriate medical facility;
- Referring an athlete to appropriate medical personnel as needed;
- Using exercise and other therapies for which the athletic trainer has received formal training, not including drugs, to restore an injured athlete to normal function;
- Maintaining athletic training records;
- Organizing a medical care service delivery system for athletes when needed;
- Establishing plans to manage an athlete's medical emergencies;
- Educating and counseling athletes on sports health-related topics;
- Instructing student athletic trainers;
- Educating and counseling the general public with respect to appropriate athletic training programs;
- Determining therapeutic goals and objectives;
- Selecting therapeutic modalities and exercises;
- Evaluating and recording the rehabilitation process;
- Developing criteria of progression and return to play;
- Using physical modalities, electrotherapy, hydrotherapy, cryotherapy, radiant energy, paraffin, intermittent compression units, massage, exercise equipment and other contemporary therapeutic modalities; and
- Using special supportive and protective equipment and other contemporary immobilization and ambulation devices and techniques.

Regulation in Other States

At least 35 states currently regulate athletic trainers. A list of these states, along with their licensing requirements and other, pertinent information, can be found in Appendix B on page 41.

Of these 35 states, 15 have created policy autonomous boards similar to what Colorado terms a "Type 1 board" dedicated solely to the regulation of athletic trainers. Four states have created regulatory programs where one such board regulates several practices, including athletic training. Another nine states have charged policy autonomous boards (such as a board of medical examiners) to regulate athletic trainers with the assistance of advisory committees.

Seven states have created what Colorado terms "director-model" programs, where an administrator possesses all policymaking, rulemaking, disciplinary and licensing authority. Of these, however, six have created advisory committees to assist such an administrator.

All 35 states have established education and examination requirements for athletic trainers. Additionally, eight have specified certain experience requirements, while another four have left such matters to the relevant regulatory body.

Fully 32 states require licensure candidates to possess a baccalaureate, while three permit some kind of lesser training, but often in conjunction with experience requirements.

Twenty-one of the 35 states authorize their respective regulatory bodies to adopt a competency examination, while 13 specifically adopt the NATABOC examination. Surprisingly, one state, Kentucky, does not require an examination. This is consistent with Kentucky's regulatory scheme of registering athletic trainers, as opposed to licensing them.

Once licensed, eight states require athletic trainers to obtain a statutorily-mandated number of continuing education credits, and one of these states, Ohio, permits licensees to either obtain continuing education or to retake the licensing examination. Eleven states permit their respective boards to establish a suitable number of credits, and 14 states have no continuing education requirement.

It is worth recalling that a condition of NATABOC certification and NATA membership is the acquisition of continuing education. This means that, although most states do not require continuing education as a condition of licensure, most ATCs in such states very likely acquire continuing education to maintain their ATC credential.

Most of the 35 states have also enacted legislation more specific to the substantive areas of practicing athletic trainers. For example, 13 states limit the activities of athletic trainers to participants of organized sporting events, which is similar to Colorado's current exemption. However, most states, 22, have no such limitation. This means that licensed athletic trainers in these states may render services to anyone participating in athletic activities, regardless of skill level and regardless of whether such activities are organized.

Regardless of the population served, all but four states require athletic trainers to work under the direction or supervision of another licensed health care provider. Of these 31 states, only seven permit that other licensed health care provider to be someone other than a licensed physician, meaning that fully 24 states require athletic trainers to work under the direction or supervision of a licensed physician.

Finally, all but 10 states' statutes contain some kind of title protection provision. Typical titles include: "athletic trainer," "licensed athletic trainer," "certified athletic trainer" and "registered athletic trainer."

Analysis and Recommendations

Public Harm

The first sunrise criterion asks:

> Whether the unregulated practice of the occupation or profession clearly harms or endangers the health, safety or welfare of the public, and whether the potential for harm is easily recognizable and not remote or dependent on tenuous argument.

This first sunrise criterion posits that regulation is only justified when there is clear evidence that the public is being harmed. Therefore, identifying whether the unregulated practice of athletic trainers causes public harm, the type of harm caused, and the extent of that harm is critical to determining whether regulation should be imposed.

Since athletic trainers are health care providers, it seems only logical to speak of harm in terms of physical harm. Furthermore, the most logical place to begin this search is with the Colorado Board of Medical Examiners (BME) because athletic trainers work under an exemption to the Medical Practice Act (MPA). While complaints regarding athletic trainers who satisfy the requirements of the exemption would be beyond the jurisdiction of the BME, complaints pertaining to individuals practicing as athletic trainers and who do not satisfy the requirements would be well within the BME's jurisdiction.

Regardless, according to staff of the BME, no complaints regarding athletic trainers have been received in the last few years. Although a member of the public would need to know to complain to the BME in order for this statistic to have significant meaning, it is, nevertheless, telling and indicates that those athletic trainers who practice as such, but do not fulfill the requirements of the exemption, do not cause harm.

As part of this sunrise review, the Department of Regulatory Agencies (DORA) requested the Colorado Athletic Trainers Association (Applicant) to provide specific instances of harm caused by athletic trainers in Colorado. In response, the Applicant submitted the following 16 cases. Due to privacy concerns for the victims involved in these cases, DORA did not request extensive documentation from the Applicant and, therefore, independent verification of the accuracy of these cases was not possible.

Note that while the first three cases occurred in Colorado, no actual harm was inflicted.

Case 1

During the 1998-99 through 2001-02 school years, certified athletic trainers (ATCs) at three Jefferson County high schools practiced as athletic trainers without the direction of a licensed physician. This is in violation of the national standards of practice for the profession, as determined by the National Athletic Trainers' Association Board of Certification (NATABOC).

Case 2

Since 1988, the wrestling coach at a Jefferson County high school has been in possession of an ultrasound unit. This coach is not an ATC and is otherwise not a qualified or credentialed health care provider. However, this coach routinely performs ultrasound treatments on members of the wrestling team and permits team members to perform ultrasound treatments on one another. The misapplication of ultrasound therapy on athletes who have not reached full growth potential can lead to a cessation of normal bone growth.

Case 3

An Adams County high school employs the part-time services of an athletic trainer who is a member of the coaching staff and who is not an ATC. This coach's only health care qualification is that he was a "physical therapy mate" in the U.S. Navy. This coach routinely provides treatments for injuries and renders other athletic training services.

It is ironic that Cases 1 through 3 were presented to DORA since they present evidence of non-ATCs practicing as athletic trainers without inflicting the harm the Applicant is attempting to establish. No harm is alleged in any of these three cases and in one, Case 2, a potential for harm is alluded to but not alleged. In fact, Case 2 presents evidence that this potential has existed for 17 years without being fulfilled. Therefore, these first three cases should not be considered examples of harm as required by the sunrise criteria.

The next group of four cases occurred in Colorado, and actual harm was inflicted.

Case 4

During the 2001-02 school year, an ATC at Colorado State University failed to properly supervise an athletic training student in the treatment of a student athlete. The athletic training student applied heat therapy to the athlete in such a manner so as to produce second degree burns on the athlete's skin. When the student athletic trainer attempted to locate the supervising ATC for assistance, the supervising ATC could not be located. Under the national standards of practice of the athletic training education programs, the supervising ATC must directly supervise student athletic trainers and is responsible for assuring the appropriateness of any treatment administered by such student athletic trainers. Statutory requirements for supervision of student athletic trainers are established in every state that regulates athletic trainers and are also included in the Applicant's proposed practice act.

Case 5

In early 2004, the ATC at a Jefferson County high school attempted to reduce what appeared to be a dislocation of a joint on the left hand of a student athlete. The ATC persisted with this attempt even after the athlete requested that the ATC discontinue such efforts. After further evaluation by a physician, including the reading of X-rays, it was determined that the finger had been fractured and that the injury may have been aggravated by the inappropriate actions of the ATC. The parents of the athlete filed a complaint with the school and the ATC was terminated. Since there is no regulation of athletic trainers in Colorado, and this remained a purely employment-related issue, this ATC can obtain work as an ATC with another school.

Case 6

In fall 2003, a Colorado high school's regular ATC went on vacation and this ATC's supervisor, who is a physical therapist and an ATC (PT/ATC) filled in. During this period, the PT/ATC performed ultrasound therapy on a student athlete. When the student athlete complained of a burning sensation in the treated shoulder, the PT/ATC informed the student athlete that this is normal. This is not normal. Fortunately, the student suffered no long-term deep tissue damage, but repeated misapplication of ultrasound therapy on athletes who have not reached full growth potential can lead to a cessation of normal bone growth.

Case 7

In December 2004, a recreational hockey player was participating in a game at a municipal ice skating rink in Colorado Springs. Importantly, this athlete was an elite-level participant in other sports at the collegiate and international levels. During the game, the athlete collided with another player and fell on her outstretched, right arm, causing the gleno-humeral joint of the athlete's shoulder to dislocate. Another player, who identified herself as an ATC, approached the athlete and attempted to reduce the dislocation several times. After it appeared as though the dislocation had been reduced, the ATC instructed the athlete to ice the shoulder and to seek emergency medical care if the athlete's arm or hand became numb or cold. Regardless, the athlete went to the emergency room for a medical examination and X-rays. Upon orthopedic evaluation, it was determined that the athlete suffered axillary nerve damage to the right arm, possibly as a result of the repeated attempts by the ATC to reduce the dislocation. Five months after the injury, the athlete was still unable to fully abduct the right arm and experienced reduced strength in that extremity. The appropriate action for the ATC would have been to stabilize the injured athlete and immediately refer the athlete to advanced medical care.

Case 4 pertains more to the ability of the ATC involved to adequately supervise student athletic trainers under that ATC's charge. Regardless, harm was inflicted, at least arguably, due to this ATC's inadequate supervision and would constitute grounds for discipline under the Applicant's proposal. While such a case would unlikely result in the suspension or revocation of the ATC's license, a lesser form of disciplinary action could likely result.

Cases 5 through 7, on the other hand, represent true examples of harm inflicted on Colorado athletes. Since all the athletic trainers involved in these cases were ATCs, they would all qualify for licensure under the Applicant's proposal. This means that if, after a full investigation and hearing, these ATCs were found to have violated the Applicant's proposed practice act, disciplinary action would likely have resulted.

Additionally, while regulation would not have prevented the types of harm presented in these three cases, regulation would have enabled the state to discipline these ATCs and, hopefully, reduce the likelihood of these ATCs inflicting additional harm in the future.

The next group of five cases occurred both inside and outside of Colorado, and they all involve some type of sexual misconduct.

Case 8

During the 2003-04 school year, the ATC at the University of Colorado at Colorado Springs was accused of sexual harassment and sexual misconduct by members of female athletic teams. An internal investigation by the athletic department and campus security led to the resignation of the ATC. Sexual misconduct with patients is prohibited by the NATA's standards of professionalism and would also be prohibited in the Applicant's proposed practice act.

Case 9

In 2002, an ATC at a New Jersey high school was sentenced to four years in prison for sexually abusing a 16-year old athlete.

Case 10

In the late 1980s, the ATC at an Arizona high school became sexually involved with a student athlete at the high school at which the ATC worked. The athlete and the athlete's parents were unwilling to assist in prosecution and the school district, seeking to avoid publicity, accepted the ATC's resignation. The ATC was next employed at a college in Oklahoma. The ATC again became sexually involved with a student athlete, and they eventually married. The ATC went on to earn a doctoral degree and today is a professor of athletic training. Since neither Arizona nor Oklahoma regulated athletic trainers at the time, the ATC has no adverse regulatory record, despite these transgressions.

Case 11

In the late 1980s, the ATC at a high school in New Mexico became sexually involved with a student athletic training aide who was also a student in a course taught by the ATC. When the relationship was revealed, the student and the student's parents refused to cooperate in prosecution and the school, seeking to avoid publicity, accepted the resignation of the ATC. Since New Mexico did not regulate athletic trainers at the time, the ATC has no adverse regulatory record, despite these transgressions, although the ATC later left the profession.

Case 12

In the late 1990s, the ATC at a high school in Wyoming became sexually involved with a student at the school at which the ATC worked. The ATC was convicted of a felony offense and the ATC's certification was revoked by NATABOC. Since there is no regulation of athletic trainers in Wyoming and NATABOC relies exclusively on legal or regulatory actions to revoke a certification, if the student and the student's parents had not assisted in the prosecution, this ATC could have gone to another state to practice after being released from prison.

While these types of cases truly are reprehensible, the problem of sexual misconduct is not unique to athletic trainers. However, it is arguable that ATCs are in a relatively unique position to exploit athletes, especially student athletes. Athletes tend to spend a great deal of their free time practicing and training, which can result in stunted social development, particularly when it comes to dealing with sexual issues. This then places an athlete at a disadvantage when dealing with an ATC who is there, quite legitimately, to help. It is natural to develop affinity for those who lend assistance.

Compounding this affinity is the fact that physical contact is often necessary for an ATC to render treatment to an athlete. This is compounded further when that assistance is unsupervised. This can lead to consensual, as well as nonconsensual, sexual relations between the athlete and an ATC with questionable ethics.

Although this proposition has merit, lacking further evidence and research, it remains tenuous, at best.

What is not tenuous, however, is that without regulation, ATCs who engage in sexual misconduct suffer few, if any, professional consequences. They are free to move on and inflict additional harm.

The next group of four cases occurred outside of Colorado. As a result, they represent the potential for harm in Colorado.

Case 13

In the late 1980s, an athlete enrolled in college in Hawaii. Upon reporting to school, the athlete informed the head ATC of a lump in the athlete's quadriceps. The ATC noted in the athlete's record an intention to refer the athlete to the team physician, but in the meantime, directed a student athletic trainer to perform ultrasound therapy. After several months of ultrasound treatments, always performed by student athletic trainers, and no physician direction, the athlete sought assistance outside the school. The athlete was diagnosed with myocitis ossificans, which caused a permanent and disabling injury.

Case 14

In the late 1980s, a basketball player at a small college in Oregon sustained a serious injury to the nose, which required surgery. The treating physician provided the athlete with written instructions to avoid participation in any athletic activity and these were given to the school's ATC. Nonetheless, the basketball coach began immediately pressuring the athlete to return to practice, and the ATC did nothing to intervene. The athlete relented, and during a scrimmage, sustained a blow to the face, re-injuring the nose and causing a new injury to the eye. At the time, Oregon did not regulate athletic trainers, so no disciplinary action was taken.

Case 15

In the early 1990s, the ATC at a small Tennessee college examined a football player who suffered a head injury during practice. The ATC determined that the athlete needed immediate medical attention and sent the athlete to the hospital with a student athletic trainer. The ATC failed to provide the student athletic trainer with detailed information to convey to physicians at the hospital, and the student athletic trainer, therefore, conveyed inaccurate information. No CT scan was performed because, by the time the athlete arrived at the hospital, the athlete's symptoms had subsided. The athlete returned to play, but continuously complained to the ATC of dizziness, headaches, nausea and blurred vision. The athlete eventually collapsed and subsequently underwent brain surgery for chronic subdural hematoma. The athlete suffered permanent brain damage. The college and ATC were held liable in civil suits, but since Tennessee did not regulate athletic trainers at the time, the ATC's credentials were not impacted.

Case 16

In the early 1990s, the head ATC at a major university in Arkansas was prosecuted for violation of U.S. Drug Enforcement Agency regulations pertaining to the dispensation of prescription medications to athletes. While the ATC's criminal case was pending, an athlete at the university committed suicide. The ATC had provided this athlete with Darvocet and knew that the athlete had a propensity to abuse alcohol and had suicidal tendencies. Upon the ATC's criminal conviction, NATABOC suspended the ATC's certification. The ATC served probation, paid a considerable fine, and NATABOC reinstated the ATC's certification. The ATC resumed working at the same university. At the time of this incident, Arkansas did not regulate athletic trainers.

At best, these last four cases represent harm that could occur in Colorado. In Case 14, however, it is unclear as to what harm the ATC caused. Additionally, it is reasonable to conclude that Case 16 contained some mitigating factors since NATABOC only suspended, rather than revoked, the ATC's credential.

Therefore, of the 16 cases of harm presented by the Applicant, only four represent actual harm inflicted in Colorado by individuals who would qualify for licensure, and in one of those four instances, the harm was inflicted by a student athletic trainer due to inadequate supervision.

Additionally, the examples of sexual misconduct raise interesting issues. Although sexual misconduct is certainly not a unique problem to the profession of athletic training, Colorado's lack of regulation does make it possible for an athletic trainer who is disciplined for such conduct in another state to come to Colorado to practice and, potentially, engage in similar activity here. While frightening, such a prospect remains tenuous. Absent direct evidence that this occurs, it should not play a dispositive role in determining whether regulation is necessary.

Finally, the cases of harm inflicted by ATCs outside of Colorado indicate the potential for harm in Colorado.

The question then, is, whether there is enough direct evidence of harm in Colorado to justify regulation. The Applicant presented some evidence of actual harm and even more evidence of the potential for harm.

However, given that athletic trainers work in Colorado under an exemption to the MPA that imposes educational, experience and examination requirements, there is some, albeit indirect, regulation of athletic trainers. There is insufficient evidence to conclude that this exemption offers an inadequate level of protection to the public.

Need for Regulation

The second sunrise criterion asks:

> Whether the public needs and can reasonably be expected to benefit from an assurance of initial and continuing professional or occupational competence.

To determine whether the public can expect to be protected from an initial assurance of competency, it is important to reflect on what services athletic trainers provide and how often those services are needed.

Athletic trainers work with athletes to prevent injuries and, when injuries occur, to work with athletes to return them to competition as quickly as possible. In discussing whether regulation of athletic trainers is needed, it is only logical to try to determine how often athletes are injured, thereby requiring the services of athletic trainers.

According to a 1999 study conducted by the National Council of Athletic Training, approximately 30 percent of the estimated 7.5 million high school athletes in the United States incur some type of injury each year. Approximately 80 percent of these injuries are classified as minor, while two percent are characterized as major.[1]

Obviously, student athletes are not the only athletes who may require athletic training services. In 2001, 50.6 million people in the United States over the age of six were frequent exercisers who participated in a single activity such as running, cycling or treadmill exercise on at least 100 occasions per year. Another 39.9 million were frequent participants in a recreational sport such as basketball, tennis, softball or skateboarding, participating at least 25 times per year. Another 15.3 million were outdoor enthusiasts participating in activities such as hiking, mountain biking or skiing at least 15 times during the year. Fully 170 million people participated in at least one sport/activity during the year.[2]

As the baby boomers mature and remain active, it is not surprising to discover that between 1991 and 1998, sports-related injuries suffered by baby boomers increased approximately 33 percent.[3] Indeed, baby boomers represented almost one-third of all Americans who participated in sports in 1998.[4]

[1] "Certified Athletic Trainers in U.S. High Schools," National Council of Athletic Training (1999).
[2] "A Comprehensive Study of Sports Injuries in the U.S.," American Sports Data, Inc., downloaded on June 7, 2005, from www.americansportsdata.com/sports_injury1.asp
[3] *Baby Boomer Sports Injuries*, U.S. Consumer Product Safety Commission, April 2000, p. 2.
[4] *Id.*

Baby boomers are not the only population demographic remaining active. Between 1990 and 1996, the population of those 65 and older increased by eight percent, but the number of injuries related to exercise suffered by this same demographic increased by 173 percent, while sports-related injuries increased by 54 percent.[5] The U.S. Consumer Product Safety Commission has attributed this to the increasingly active lifestyles of older Americans.[6]

Finally, of the 35 to 40 million annual injury-related emergency room visits in the United States in 1998, approximately 10 percent were sports-induced.[7] Even in Colorado, sports or recreational activities account for approximately 12 percent of hospitalizations.[8]

Thus, it is clear that the demand for sports medicine in general has increased markedly in recent years. It is only logical to conclude that the demand for athletic training services has also increased. So, who has been providing these services?

The table in Appendix C, which may be found on page 46, describes the functions routinely performed by athletic trainers, as set forth in NATABOC's 2003 Role Delineation Study. Furthermore, the table in Appendix C identifies currently regulated professions that perform the same or similar functions.

In short, the table in Appendix C illustrates the fact that there is nothing that ATCs do that other, regulated, professionals cannot do. In this sense, ATCs do not provide unique services.

On the other hand, the table in Appendix C also clearly illustrates that, aside from physicians, no other profession provides all of the services that ATCs provide. Arguably, utilizing the services of an ATC is more efficient than utilizing the services of the individual professions identified. ATCs bring into a single package the services delivered by other professions, but whose focus is not athletic training. For ATCs, though, sports medicine is the focus, not just an adjunct to a broader practice.

Additionally, the professions identified in the table in Appendix C are merely authorized to provide the services described. Individual practitioners may or may not, for whatever reasons, actually provide those services.

Furthermore, it can be argued that the General Assembly has already determined that the tasks described in the table in Appendix C present a risk of harm sufficient to justify regulation of the professions identified.

[5] George Rutherford, Jr. and Thomas Schroeder, *Sports-Related Injuries to Persons 65 Years of Age and Older*, U.S. Consumer Product Safety Commission, April 1998, p. i.
[6] *Id*. at ii.
[7] "A Comprehensive Study of Sports Injuries in the U.S.," American Sports Data, Inc., downloaded on June 7, 2005, from www.americansportsdata.com/sports_injury1.asp
[8] *Injury in Colorado: 2002*, Colorado Department of Public Health and Environment, Chp. 2, p. 10.

However, it can also be argued that the professions identified in the table in Appendix C provide services other than those described in the table, and those additional services, in combination with other factors, led to the determination that regulation of those professions is necessary to protect the public.

Regardless, it is clear that ATCs provide highly specialized and technical healthcare-related services. It is reasonable to conclude that those who attempt to provide such services without adequate training could inflict harm on the public. However, as the previous discussion illustrated, that harm has not been inflicted, or if it has been inflicted, it has been relatively isolated, at least in Colorado.

Therefore, it is difficult to see how the public will be better served by imposing regulation on athletic trainers.

Alternatives to Regulation

The third sunrise criterion asks:

> Whether the public can be adequately protected by other means in a more cost-effective manner.

The Applicant has proposed licensure as the optimal level of regulation for athletic trainers. However, licensure represents the most restrictive, and thus, the most expensive level of regulation. It is prudent, therefore, to explore less costly alternatives to licensing.

The most obvious alternative is to maintain the current athletic training exemption to the MPA. This serves to limit the practice of athletic training to ATCs who work with participants of organized athletic activities.

During the course of this sunrise review, a representative of DORA spoke with numerous practitioners from a variety of athletic training settings. During the course of these conversations, it became clear that at least some athletic trainers who do not yet possess the ATC credential have had a difficult time finding work as athletic trainers. This indicates that the marketplace is doing an adequate job of policing itself, allowing demand for the ATC credential to determine who obtains work as an athletic trainer. Additional state interference is not justified.

However, athletic trainers are limited by statute to providing services only to participants in organized athletic activities. Many individuals who may consider themselves athletes and who could benefit from the services of athletic trainers, do not participate in any organized activities. This is particularly true in Colorado, where individual activities such as golfing, running, biking, hiking, climbing, skiing, kayaking, spelunking and many others are popular. Even activities in other, more traditional sports, can be participated in without any organization. These would include pick-up games of basketball, kickball, soccer, hockey and many others, not to mention casual games or matches among friends. None of the participants in any of these types of informal, unorganized activities can legitimately obtain the services of athletic trainers in Colorado.

Therefore, as an alternative to the current practice limitation provided by the MPA, title protection could be considered a viable alternative. Under such a scenario, only those who would be considered a "qualified athletic trainer" under the MPA would be permitted to use the title of "athletic trainer." This would inform the public – the participants of the activities enumerated in the preceding paragraph – as to which individuals are qualified to offer athletic training services, but would not prohibit others from also doing so. This is justified by high demand for the services, but relatively little harm.

If the General Assembly were to enact some type of legislation pursuant to this sunrise report, such legislation should be limited to no more than title protection.

Conclusion

This sunrise review has addressed many aspects of athletic training in Colorado. It is clear that Colorado, with its active population, experiences considerable demand for a diverse range of health care providers. Among this pantheon of providers are athletic trainers.

Strangely, however, the exemption under which athletic trainers practice not only restricts the types of services that athletic trainers may provide, but it also limits the types of athletes with whom athletic trainers may work. At first blush this may seem logical, but in essence, it limits the choice of the vast majority of Coloradans. Although many may consider themselves "athletes," and indeed, many very likely are, only those participating in organized athletic programs may obtain the services of athletic trainers. Therefore, not only does the exemption limit athletic trainers, it also limits consumer choice in Colorado.

Importantly, too, this sunrise review discovered very little actual harm caused by the unregulated practice of athletic trainers. This further erodes the need to limit the types of athletes to whom athletic trainers provide services.

Additionally, representatives of athletic departments from various schools around the state raised a major concern regarding the imposition of regulation. Many schools, particularly smaller, rural schools, worry that if the General Assembly requires all athletic trainers to be licensed, as the Applicant proposes, then those schools will be forced to cut their athletic programs because they will not be able to afford to hire a licensed athletic trainer.

However, the Applicant's proposal would not impose any new requirements on athletic departments. Indeed, under the current exemption, anyone offering athletic training services must be "qualified," as described by the MPA, or they are in violation of the MPA and are, therefore, subject to the jurisdiction of the BME.

The fact that the BME has received no complaints regarding this issue, combined with the lack of evidence of harm, leads to the logical conclusion that even non-qualified athletic trainers are not causing harm.

It is not reasonable, however, to consider repealing the exemption because that would then mean that athletic trainers practicing their profession would necessarily be in violation of the MPA.

Therefore the General Assembly should retain the current exemption with respect to determining who is a "qualified athletic trainer," as defined in the MPA, but repeal the provision that limits the provision of athletic training services to participants in organized athletics. Additionally, since removal of this limitation will enable qualified athletic trainers to provide services to a greater number of people, the BME should report to DORA's Executive Director, no later than September 1, 2009, the number of complaints it has received regarding unqualified individuals practicing as athletic trainers and any actions taken. If such statistics prove sufficient, DORA's Executive Director should move forward with legislation to protect the title of "athletic trainer."

Finally, the General Assembly should specifically authorize the BME to issue cease and desist orders to those found to be providing athletic training services or to be using the protected title without being duly qualified.

Recommendation – Repeal the limitation placed on qualified athletic trainers of working solely with participants in organized athletics.

Appendix A – Applicant's Proposed Legislation

DRAFT of PROPOSED LEGISATION OCTOBER 2004
DRAFT OF PROPOSED LEGISLATION FOR
COLORADO ATHLETIC TRAINING PRACTICE ACT

NOTE: THIS LEGISLATION WILL BECOME A PART OF TITLE 12 OF THE COLORADO STATUTES AND BE ASSIGNED AN "ARTICLE" NUMBER WITHIN THAT TITLE. THE NUMBERS INDICATED BELOW ARE FOR PARTICULAR SECTIONS WITHIN THE ARTICLE. BECAUSE WE DO NOT KNOW WHAT ARTICLE NUMBER WILL BE ASSIGNED, THIS DRAFT EMPLOYS ONLY THE SECTION NUMBERS.

101. Short title.

This article shall be known and shall be cited as the "Athletic Training Practice Act."

102. Legislative declaration

The general assembly hereby finds and declares that the practice of athletic training by any person who does not possess a valid license issued under the provisions of this article is inimical to the general public welfare. It is not, however, the intent of this article to restrict the practice of any person duly licensed under other laws of this state from practicing within such person's scope of competency and authority under such laws.

103. Definitions.

As used in this article, unless the context otherwise requires:

(1) "Accredited athletic training education program" means a program of instruction in athletic training which is accredited as set forth in section 107 (1) (b).

(2) "Director" means the director of the division of registrations in the department of regulatory agencies.

(3) "Executive director" means the executive director of the department of regulatory agencies.

(4) "Athletic trainer" means a person who is licensed to practice athletic training.

(5)(a) (I)"Athletic training" means the prevention, clinical evaluation and diagnosis, immediate care, treatment, rehabilitation and reconditioning of injuries and illnesses pursuant to the direction of a licensed physician, osteopath or dentist.

(II) For purposes of this article "athletic training" includes:

(A) The organization and administration of the practice of athletic training;
(B) The education of patients and others regarding the practice of athletic training;

(C) The administration, evaluation, and interpretation of tests and measurements of bodily functions and structures;

(D) The planning, administration, evaluation, and modification of treatment;

(E) The use of physical agents, measures, activities, and devices for preventive and therapeutic purposes;

(F) The use of topical and aerosol medications consistent with the scope of athletic training practice and pursuant to prescription issued in accordance with the laws of the state of Colorado; and

(G) The provision of consultative, educational, and other advisory services for the purpose of reducing the incidence and severity of injuries and illnesses.

(III)(A) For purposes of this article "injuries and illnesses" include those conditions for which athletic trainers, as the result of their education, training and competency, are qualified to provide care.

(B) The director, after consultation with the advisory committee, shall adopt regulations which specify those injuries and illnesses for which athletic trainers are qualified to provide care.

(b) For purposes of subparagraph 5(a)(II) of this section 103:

(I) "Physical agents" includes, but is not limited to, heat, cold, water, air, sound, light, compression, electricity, and electromagnetic energy.

(II) "Measures, activities, and devices" includes, but is not limited to, resistive, active and passive exercise, with or without devices; joint mobilization; mechanical stimulation; massage; splinting; training in locomotion; other functional activities, with or without assistive devices; and correction of posture, body mechanics, and gait.

(III) "Tests and measurements" includes, but is not limited to, tests of musculoskeletal flexibility; muscle strength, force, endurance, and tone; reflexes and automatic reactions; movement skill and accuracy; joint motion, mobility and stability; sensation and perception; central nervous system integrity; peripheral nerve integrity; locomotor skill, stability and endurance; cardiac, pulmonary, and vascular functions; fit, function , and comfort of prosthetic, orthotic and other assistive devices; posture and body mechanics; limb length, circumference and volume; vital signs; nature and locus of pain and conditions under which pain varies; and physical environments in which patients may be at risk of injuries or illnesses or in which patients may be provided athletic training services.

(6) "Advisory committee" means the committee formed in accordance with Section 119 of this article.

(7) "National certifying agency" means a nationally recognized agency which, through examination, certifies the competency of athletic trainers and which is approved by the director after consultation with the advisory committee.

(8) "Patient" means any person as to whom an athletic trainer has responsibility for the provision of athletic training services of any type.

104. Use of titles restricted.

A person licensed as an athletic trainer may use the title "athletic trainer" or the letters "A.T.", "L.A.T.", or any other generally accepted terms, letters, or figures which indicate that the person is an athletic trainer. No other person shall be so designated or shall use the terms "athletic trainer", "licensed athletic trainer", or the letters "A.T." or "L.A.T."

105. Limitations on authority.

Nothing in this article shall be construed as authorizing an athletic trainer to perform the practice of medicine, surgery, or any other form of healing except as authorized by the provisions of this article.

106. License required.

Except as otherwise provided by this article, any person who practices athletic training or who represents himself as being able to practice athletic training in this state must possess a valid license issued by the director in accordance with this article and any rules and regulations adopted under this article.

107. Requirements for licensure.

(1) Every applicant for a license by examination shall have:

(a) A baccalaureate degree from an accredited college or university;

(b) Successfully completed a program of athletic training education which is:

(I) Accredited by a nationally recognized accrediting agency; or

(II) Which the director, after consultation with the advisory committee has determined to be

substantially equivalent. It is the intent of the general assembly that such determination be liberally construed to ensure qualified applicants seeking licensure under this article the right to become licensed. It is not the intent of the general assembly that technical barriers be used to deny such applicants the right to become licensed;

(c)(I) Passed a competency examination administered by a national certifying agency approved by the director after consultation with the advisory committee; or

(d) (II) Passed a competency examination developed and administered by the director after consultation with the advisory committee.

(e) Submitted an application in the form and manner designated by the director; and

(f) Paid a fee in an amount determined by the director.

(2) When the applicant has fulfilled all the requirements of subsection (1) of this section, the director shall issue a license to the applicant; except that the director may deny such license if the applicant has committed any act which would be grounds for disciplinary action under section 110 of this article.

(3) Upon the filing a an application for licensure and pending full administrative review of such application, the director may at his sole discretion and in compliance with rules and regulations adopted by such director after consultation with the advisory committee, issue a temporary permit to practice athletic training to an applicant whose application presents prima facie evidence that the applicant is qualified for licensure pursuant to the requirements of subsection (2) of this section. Such temporary permits shall be valid for a period not to exceed sixty days.

108. Expiration and renewal of licenses.

(1) Licenses issued pursuant to section 107 shall be valid for a period not to exceed three years. Such period shall be determined by the director following consultation with the advisory committee.

(2) A licensee shall be required to renew the license issued under this article according to a schedule of renewal dates to be established by the director.

(3) As a condition of renewal of any such license, or the reinstatement of any such license under the provisions of subsection (5) of this section , the licensee shall provide proof of having met continuing education requirements specified in rules and regulations adopted by the director following consultation with the advisory committee.

(4) The applicant for renewal of any such license shall submit an application in the form and manner designated by the director and pay a renewal fee in an amount to be determined by the director.

(5) If any licensee fails to renew such license prior to its expiration date, the license shall automatically expire. An athletic trainer formerly licensed in this state may reinstate a license that has expired. Such reinstatement shall only occur during the five-year period following such license expiration. Reinstatement shall require the submission of an application in the form and manner designated by the director and the payment of a fee in an amount determined by the director.

109. Scope of article-exclusions.

(1) Nothing contained in this article shall prohibit:

(a) The practice of athletic training by students enrolled in an accredited athletic training education program and acting under the direction and immediate supervision of an athletic trainer currently licensed under this article. This does not authorize such students to hold themselves out as athletic trainers in violation of this article.

(b) The practice of athletic training by any person who is certified by a national certifying agency, and who is employed by the United States government or any bureau, division, or agency thereof, while acting in the course and scope of such employment.

(c) The practice of athletic training by any person who resides in any other state or country, and who is currently licensed in any other state of the United States or is currently certified by a national certifying agency, and who is:

(I) Administering athletic training services to members of a bona fide professional or amateur sports organization or to members of a sports team of an accredited educational institution, so long as such person is acting in accordance with rules and regulations established by the director after consultation with the advisory committee, provided that such unlicensed practice shall not be for a period to exceed ninety days in any calendar year;

(II) Participating in an educational program of not more than twelve weeks duration, provided that prior notice of intent to participate shall be given to the director and is subject to the director's approval. Upon written application by the participant, an extension may be granted by the director.

(d) The practice of athletic training by a person who receives a temporary permit from the director pursuant to section 107 of this article, so long as such person complies with all provisions of this article other than the requirement of obtaining a license and with all rules and regulations adopted by the director under this article.

(e) The practice of any health care profession other than athletic training by any person licensed under any other article of this title in accordance with the lawful scope of practice of such other profession, so long as such person does not hold himself out as an athletic trainer or as engaging in the practice of athletic training.

110. Grounds for disciplinary action.

(1) The director is authorized to take disciplinary action in accordance with section 111 if the licensee has:

(a) Committed any act which does not meet generally accepted standards of athletic training practice or failed to perform an act necessary to meet generally accepted standards of athletic training practice;

(b) Engaged in a sexual act with a patient while a patient-athletic trainer relationship exists. For the purposes of this paragraph (b) "patient-athletic trainer relationship" means that period of time beginning with the initial evaluation through the termination of treatment. When the patient is an athlete participating on a sports team operated under the auspices of a bona fide amateur sports organization or an accredited educational institution which employs the licensee, the "patient-athletic trainer relationship" exists from the time the athlete becomes affiliated with the team until such affiliation ends, or until the athletic trainer terminates the provision of athletic training services to the patient, whichever comes later. For the purposes of this paragraph (b), "sexual act" means sexual contact, sexual intrusion, or sexual penetration as defined in section 18-3-4-1, C.R.S;

(c) Failed to refer a patient to the appropriate licensed health care practitioner when the services required by the patient are beyond the level of competence of the athletic trainer or beyond the scope of athletic training practice;

(d) Abandoned a patient by any means, including but not limited to failure to provide a referral to another athletic trainer or to other appropriate health care practitioners when the provision of such referral was necessary to meet generally accepted standards of athletic training practice;

(e) Failed to provide adequate or proper supervision to students acting under the direction of the licensee;

(f) Failed to make essential entries on patient records, or falsified or made incorrect entries of an essential nature on patient records;

(g) Engaged in any of the following activities and practices: Requesting or performing, without clinical justification, of demonstrably unnecessary tests or studies; the administration, without clinical justification, of treatment which is demonstrably unnecessary; or requesting or performing, without clinical justification, any service, X-ray, or treatment which is contrary to recognized standards of the practice of athletic training as interpreted by the director;

(h) (I) Committed abuse of health insurance as set forth in section 18-13-119(3), C.R.S.; or

(II) Advertised through newspapers, magazines, circulars, direct mail, directories, radio,

television or otherwise that the licensee will perform any act prohibited by section 18-13-119(3), C.R.S.;

(i) Committed a fraudulent insurance act, as defined in section 10-1-128, C.R.S.;

(j) Offered, given, or received commissions, rebates, or other forms of remuneration for the referral of patients. Notwithstanding this provision, a licensee may pay an independent advertising or marketing agent compensation for advertising or marketing services rendered on his behalf by such agent, including compensation for referrals of patients identified through such services on a per patient basis.

(k) Falsified information in any application or attempted to obtain or obtained a license by fraud, deception, or misrepresentation;

(l) A dependence on or addiction to alcohol or any habit forming drug, as defined in section 12-22-102 (13) C.R.S., or abuses or engages in the habitual or excessive use of any such habit forming drug or any controlled substance, as defined in section 12-22-3-3(7) C.R.S.;

(m) A physical or mental condition or disability which renders such licensee unable to treat patients with reasonable skill and safety or which may endanger the health or safety or patients;

(n) Refused to submit to a physical or mental examination when so ordered by the director pursuant to section 113 of this article;

(o) Failed to notify the director, in writing, of the entry of a final judgment by a court of competent jurisdiction in favor of any party and against the licensee for malpractice of athletic training or any settlement by the licensee in response to charges or allegations of malpractice of athletic training. Such notice shall be given within ninety days of the entry of such judgment or such settlement and, in the case of a judgment, shall contain the name of the court, the case number, and the names of all parties to the action;

(p) Violated or aided or abetted a violation of any provision of this article, any rule or regulation adopted under this article, or any lawful order of the director;

(q) Been disciplined in any way by a national certifying agency or by a regulatory agency of another state; or

(s) Been convicted of a felony or pled guilty or nolo contendere to a felony or committed any act specified in section 115 of this article . A certified copy of the judgment of a court of competent jurisdiction of such conviction or plea shall be conclusive evidence of such conviction or plea. In considering the disciplinary action, the director shall be governed by the provisions of section 24-5-101 C.R.S.

111. Disciplinary actions.

(1) (a) The director, pursuant to the provisions of article 4 of title 24, C.R.S., may issue letters of admonition, or may deny, refuse to renew, suspend, or revoke any license, may place a licensee on probation, or may impose public censure or a fine, if, after notice and hearing, the director or the director's designee determines that the licensee has committed any of the acts specified in section 110 of this article.

(b) The denial of an application to renew an existing license shall be treated in all respects as a revocation. If an application to renew a license is denied, the applicant, within sixty days after the date of the notice of such action, may request a hearing as provided in section 24-4-105, C.R.S.

(c) The director may take disciplinary action on an emergency basis as provided in section 24-4-105, C.R.S.

(2) When a complaint or an investigation discloses an instance of misconduct by a licensee which, in the opinion of the director, does not warrant formal action but which should not be dismissed as being without merit, the director may issue a letter of admonition to be sent by certified mail to such licensee with a copy thereof to the person making the complaint. When such a letter of admonition is issued, the licensee shall be advised that such licensee has the right to request in writing, within twenty days after proven receipt of the letter, that formal disciplinary proceedings be initiated to adjudicate the propriety of the conduct upon which the letter of admonition is based. If such request is timely made, the letter of admonition shall be deemed vacated, and the matter shall be processed by means of formal disciplinary proceedings.

(3) In any disciplinary order which allows an athletic trainer to continue to practice, the director may impose upon the licensee such conditions as the director deems appropriate to ensure that the athletic trainer is physically, mentally, and professionally qualified to practice athletic training in accordance with generally accepted professional standards. Such conditions may include any or all of the following:

(a) Examination of the athletic trainer to determine his mental or physical condition, as provided in section 113 of this article, or to determine professional qualifications;

(b) Any therapy, training, or education which the director believes to be necessary to correct deficiencies found either pursuant to a proceeding in compliance with section 24-34-106, C.R.S., or through an examination pursuant to paragraph (a) of this subsection (3);

(c) Any review or supervision of a licensee's practice which the director finds necessary to identify and correct deficiencies therein;

(d) Restrictions upon the nature and scope of practice to ensure that the licensee does not practice beyond the limits of such licensee's capabilities.

(4) The director may take disciplinary action against an athletic trainer for failure to comply with any of the conditions imposed by the director pursuant to subsection (3) of this section.

112. Disciplinary proceedings-investigations-judicial review.

(1) The director may commence a proceeding for the discipline of a licensee when the director has reasonable grounds to believe that the licensee has committed an act enumerated in section 110.

(2) In any proceeding held under this section, the director may accept as prima facie evidence of grounds for disciplinary action any disciplinary action taken against a licensee from another jurisdiction if the violation which prompted the disciplinary action in that jurisdiction would be grounds for disciplinary action under this article.

(3) (a) The director may investigate potential grounds for disciplinary action upon his own motion or when informed of dismissal from employment of any person licensed pursuant to this article if such dismissal was for a matter which would constitute a violation of this article.

(b) Any person who employs or supervises an athletic trainer shall report to the director when such athletic trainer has been dismissed because of incompetence in athletic training or failure to comply with this article. Any athletic trainer who is aware that another athletic trainer is violating any of the provisions of this article shall report such violation to the director.

(4) The director may compel the attendance of witnesses and the production of documents and things at any proceeding authorized under this article by subpoenas issued by the director, which shall be served in the manner provided by the Colorado rules of civil procedure.

(5) In order to aid the director in any hearing or investigation instituted pursuant to this section, the director shall have the power to issue subpoenas compelling production of copies of any records of patients or the athletic trainer containing information relevant to the hearing or investigation.

(6) The director may keep any investigation authorized under this article closed until the results of such investigation are known and either the complaint is dismissed or notice of hearing and charges are served upon the licensee.

(7) Any person participating in good faith in the making of a complaint or report or participating in any investigative or administrative proceeding pursuant to this section shall be immune from any liability, civil or criminal, that otherwise might result by reason of such action.

(8) The director, through the department of regulatory agencies, may employ administrative law judges appointed pursuant to part 10 of article 30 of title 24, C.R.S., on a full-time or part-time basis, to conduct hearings as provided by this article or on any matter within the director's

jurisdiction upon such conditions and terms as the director may determine.

(9) Final action of the director may be judicially reviewed by the court of appeals by appropriate proceedings under section 24-4-106(11), C.R.S., and judicial proceedings for the enforcement of an order of the director may be instituted in accordance with section 24-4-106, C.R.S.

113. Mental and physical examination of licensees.

(1) If the director has reasonable cause to believe that a licensee is unable to practice with reasonable skill and safety, the director may require such person to take a mental or physical examination by a physician designated by the director. If such licensee refuses to undergo such a mental or physical examination, unless due to circumstances beyond the licensee's control, the director may suspend such licensee's license until the results of any such examination are known, and the director has made a determination of the licensee's fitness to practice. The director shall proceed with any such order for examination and such determination in a timely manner.

(2) An order to a licensee pursuant to subsection (1) of this section to undergo a mental or physical examination shall contain the basis of the director's reasonable cause to believe that the licensee is unable to practice with reasonable skill and safety. For the purposes of any disciplinary proceeding authorized under this article, the licensee shall be deemed to have waived all objections to the admissibility of the examining physician's testimony or examination reports on the ground that they are privileged communications.

(3) The licensee may submit to the director testimony or examination reports from a physician chosen by such licensee and pertaining to any condition which the director has alleged may preclude the licensee from practicing with reasonable skill and safety. These may be considered by the director in conjunction with, but not in lieu of, testimony and examination reports of the physician designated by the director.

(4) The results of any mental or physical examination ordered by the director shall not be used as evidence in any proceeding other than one before the director and shall not be deemed public records nor made available to the public.

114. Professional review committees-immunity.

(1) A professional review committee may be established pursuant to this section to investigate the quality of care being given by a person licensed under this article. Such review committee shall include in its membership at least three persons licensed under this article, and such persons shall make up a majority of such committee. Such committee may be established and authorized to act only by:

(a) The director; or

(b) A society or an association of athletic trainers whose membership includes not less than one-third of the persons licensed pursuant to the article and residing in this state, if the licensee whose services are the subject of review is a member of such society or association.

(2) Any professional review committee established pursuant to this section shall report to the director any adverse findings that would constitute a possible violation of this article.

(3) The director, any member of a professional review committee authorized by this section, and any witness appearing before the director or any such professional review committee shall be immune from suit in any civil action brought by a licensee who is the subject of a professional review proceeding under these conditions: The director, any such member, or such witness acts in good faith and within the scope of the professional review, makes a reasonable effort to obtain the facts of the matter as to which he acts, and acts in the reasonable belief that the action taken by him is warranted by the facts.

115. Unlawful acts-criminal penalties.

(1) It is unlawful and a violation of this article for any person, including but not limited to any individual, corporation, association, or partnership, to:

(a) Fraudulently obtain, furnish, or sell any athletic training diploma, certificate, license, renewal of license or record, or to aid or abet any such act;

(b) Advertise, represent, or hold oneself out, in any manner, as an athletic trainer or to practice athletic training unless licensed or exempt under this article;

(c) Use in connection with such person's name any designation tending to imply that such person is an athletic trainer without being licensed or exempt under this article;

(d) Practice athletic training during the time such person's license is suspended or revoked;

(e) Employ a person who is acting in violation of this article.

(2) Any person who commits any act specified in this section commits a class 3 misdemeanor and shall be punished as provided in section 18-1.3-501, C.R.S.

(3) It is necessary to prove in any prosecution under this article only a single act prohibited by this article including, but not limited to , a single holding out, without proving a general course of conduct, in order to constitute a violation.

(4) Such misdemeanor shall be prosecuted by the district attorney of the judicial district in which the offense is committed in the name of the people of the state of Colorado. If the district

attorney does not prosecute the offense, the director may request the attorney general to do so.

116. Violation-fines.

(1) Notwithstanding the provisions of section 115 of this article, the director shall have authority to assess a fine for any violation of the provisions of this article or any rule or regulation adopted by the director under this article.

(2) Such fine shall not be greater than one thousand dollars and shall be transmitted to the state treasurer, who shall credit the fine to the general fund.

(3) All fines shall be imposed in accordance with the provisions of section 24-4-105, C.R.S., but shall not be considered a substitute or waiver of criminal penalties.

117. Injunctive proceedings.

The director may, in the name of the people of the state of Colorado, through the attorney general of the state of Colorado, apply for an injunction in any court of competent jurisdiction to enjoin any person from committing any act declared to be a misdemeanor by this article. If it is established that the defendant has been or is committing an act declared to be a misdemeanor by this article, the court shall enter a decree perpetually enjoining said defendant from further committing such act. In case of violation of any injunction issued under the provisions of this section, the court may try and punish the offender for contempt of court. Such injunction proceedings shall be in addition to, and not in lieu of, all penalties and other remedies provided in this article.

118. Powers and duties of director-reports-publications.

(1) The director is authorized to administer and enforce the provisions of this article and any rules and regulations adopted under this article.

(2) In addition to any other powers and duties given the director by this article, the director shall have the following powers and duties:

(a) After consultation with the advisory committee, to evaluate the qualifications of applicants for licensure, designate and/or develop and administer competency examinations, issue and renew the licenses and permits authorized under this article, and to take the disciplinary actions authorized under this article;

(b) To adopt, after consultation with the advisory committee, all reasonable and necessary rules and regulations for the administration and enforcement of this article, including but not limited to rules regarding the supervision of athletic training students acting under the direction and immediate supervision of a licensed athletic trainer;

(c) To conduct hearings upon charges for discipline of a licensee, issue subpoenas, compel attendance of witnesses, compel the production of documents and things, administer oaths to persons giving testimony at hearings, and cause the prosecution and enjoinder of all persons violating this article;

(d) To maintain a register listing the name of every athletic trainer licensed to practice in this state, including the last-known place of employment, last-known place of residence, and the license number of each licensee;

(e) Subject to the provisions of section 120 of this article and section 24-34-105, C.R.S., to establish fines, set fees, and make such expenditures as the director may deem necessary for the administration of the provisions of this article;

(f) To ensure that publications issued or circulated by the director in quantity outside the executive branch are in accordance with the provisions of section 24-1-136, C.R.S.;

(g) To promote consumer protection and consumer education by such means as the director finds appropriate; and

(h) In addition to the advisory committee created pursuant to section 119 of this article, to appoint advisory committees to assist in the performance of the director's duties. Members of any such advisory committee shall receive no compensation for their services but shall be reimbursed for actual and necessary expenses which they may incur in the performance of their duties. Such reimbursement shall be cash funded and shall not exceed the amount anticipated to be raised from fees collected pursuant to this article.

119. Advisory committee.

The director shall appoint an advisory committee of at least seven members to assist in the performance of the director's duties under this article. Five of these members shall be athletic trainers and two shall not be athletic trainers but shall be persons having specific knowledge in the health care field. Such committee shall meet at least twice a year and at additional times at the discretion of the director. Members of such advisory committee shall receive compensation for their services pursuant to section 24-34-102 (13), C.R.S,, and shall be reimbursed for actual and necessary expenses that they may incur in the performance of their duties. Such reimbursement shall be cash funded and shall not exceed the amount anticipated to be raised from fees collected pursuant to this article.

120. Fees and expenses.

All fees collected under this article shall be determined, collected, and appropriated in the

same manner as set forth in section 24-34-105, C.R.S.

Appendix B – Regulation in Other States

State	Board, Advisory Committee or something else?	Protected Titles	Practice Limited to Organized Sports?	Who May Supervise/Direct AT Practice?	Education Requirements	Experience Requirements	Examination Requirements	Continuing Education Requirements
Alabama	9-member Board of Athletic Trainers	Athletic Trainer Certified Athletic Trainer Licensed Athletic Trainer	Yes	Physician	NATABOC	None	NATABOC	Determined by Board
Arkansas	5-member Board of Athletic Training	Athletic Trainer Licensed Athletic Trainer Registered Athletic Trainer	Yes	Physician Physical Therapist	Baccalaureate from accredited university	Determined by Board	Yes, Determined by Board	All renewal requirements determined by Board
Arizona	5-member Board of Athletic Training	Licensed Athletic Trainer	No	Physician	Baccalaureate from accredited university	Determined by Board	Yes, Determined by Board	None
Connecticut	Commissioner of Public Health	Licensed Athletic Trainer	No	Physician Chiropractor Podiatrist Naturopath	Baccalaureate from JRC-AT-accredited program	1,500 hours only if educational requirement not satisfied	NATABOC	None
Delaware	10-member Examining Board of Physical Therapists and Athletic Trainers	Trainer Athletic Trainer Certified Athletic Trainer Licensed Athletic Trainer	No	Physician	Baccalaureate from accredited university	None	Yes, Determined by Board	None
Florida[9]	9-member Board of Athletic Training	None	Yes	Physician	Baccalaureate from accredited university	800 hours	Yes, Determined by Board	Determined by Board, but not to exceed 24 hours/2 years
Georgia[10]	4-member Board of Athletic Trainers	None	No	Physician	Various	None	Yes, Determined by Board	Determined by Board
Idaho	4-member Board of Athletic Trainers	Licensed Athletic Trainer Athletic Trainer	Yes	Physician	Baccalaureate from accredited university	None	NATABOC	80 hours/3 years
Illinois	Director of Professional Regulation with 6-member Advisory Board of Athletic Trainers	Athletic Trainer Certified Athletic Trainer Athletic Trainer Certified	Yes	Physician	Baccalaureate from JRC-AT-accredited program	None	Yes, Determined by Director	40 hours, but renewal period determined by rule

[9] Florida waives all licensing requirements for those candidates who are already NATABOC-certified ATCs.
[10] Georgia waives all licensing requirements for those candidates who are already NATABOC-certified ATCs.

State	Board, Advisory Committee or something else?	Protected Titles	Practice Limited to Organized Sports?	Who May Supervise/Direct AT Practice?	Education Requirements	Experience Requirements	Examination Requirements	Continuing Education Requirements
Indiana[11]	7-member Athletic Trainers Certification Board	Licensed Athletic Trainer Athletic Trainer Licensed Trainer	No	Physician Osteopath Podiatrist Chiropractor	Baccalaureate from JRC-AT-accredited program	None	Yes, Determined by Board	None
Iowa	7-member Board of Examiners of Athletic Training	None	No	Physician Physician Assistant	Baccalaureate from JRC-AT-accredited program	None	Yes, Determined by Board	None
Kansas	Board of Healing Arts with 5-member Athletic Trainers Advisory Council	Athletic Trainer Athletic Trainer Registered Registered Athletic Trainer	No	None	Baccalaureate from program approved by Board	800 hours	Yes, Determined by Board	None
Kentucky[12]	Board of Medical Licensure with 5-member Advisory Council on Athletic Trainers	None	No	Physician	Baccalaureate from JRC-AT-accredited program OR Degree in Physical Therapy OR Any Undergraduate or graduate degree in Athletic Training	1,500 hours OR 600 hours OR 1,500 hours	None	None
Maine	Commissioner of Professional and Financial Regulation with advisory committee	Athletic Trainer	No	Physician Osteopath Podiatrist Physical Therapist Dentist	Baccalaureate from JRC-AT-accredited program	None	NATABOC	None
Massachusetts	Board of Allied Health Professionals	Athletic Trainer	Yes	Physician Dentist	Baccalaureate from program approved by Board	None	Yes, Determined by Board	None

[11] Indiana waives all licensing requirements for those candidates who are already NATABOC-certified ATCs.
[12] Indiana waives all registration requirements for those candidates who are already NATABOC-certified ATCs.

State	Board, Advisory Committee or something else?	Protected Titles	Practice Limited to Organized Sports?	Who May Supervise/Direct AT Practice?	Education Requirements	Experience Requirements	Examination Requirements	Continuing Education Requirements
Minnesota	Board of Medical Practice with 8-member Athletic Trainers' Advisory Council	Registered Athletic Trainer Licensed Athletic Trainer Athletic Trainer	No	Physician	Baccalaureate from program approved by Board	None	Yes, Determined by Board	60 hours/3 years
Mississippi	State Board of Health with 5-member Council of Advisors in Athletic Training	Athletic Trainer Trainer Certified Athletic Trainer Licensed Athletic Trainer	No	Physician	Baccalaureate from JRC-AT-accredited program	None	NATABOC	60 hours/3 years
Missouri	Board for the Healing Arts with 5-member Athletic Trainers Advisory Committee	Athletic Trainer	Yes	Physician	Baccalaureate from JRC-AT-accredited program OR Degree in Physical Therapy	None OR 2 years	Yes, Determined by Board	None
Nebraska	Board of Athletic Training	Athletic Trainer	No	Physician	Baccalaureate from JRC-AT-accredited program	None	Yes, Determined by Board	25 hours/2 years
Nevada[13]	5-member Board of Athletic Trainers	Athletic Trainer	Yes	Physician	Baccalaureate from program approved by Board	None	NATABOC	Determined by Board
New Hampshire	Governing Board of Athletic Trainers	New Hampshire Licensed Athletic Trainer	No	Physician	Baccalaureate from JRC-AT-accredited program	None	NATABOC	Determined by Board
New Jersey	Board of Medical Examiners with 6-member Athletic Training Advisory Committee	None	Yes	Physician	Determined by Board	None	Yes, Determined by Board and required to be both written and oral	None
New Mexico	5-member Athletic Trainer Practice Board	Licensed Athletic Trainer	Yes	Physician	Baccalaureate from JRC-AT-accredited program	None	Yes, Determined by Board	Determined by Board
North Carolina	7-member Board of Athletic Trainer Examiners	Athletic Trainer	No	Physician	Baccalaureate from program approved by Board	None	NATABOC	Determined by Board

[13] Nevada waives all licensing requirements for those candidates who are already NATABOC-certified ATCs.

State	Board, Advisory Committee or something else?	Protected Titles	Practice Limited to Organized Sports?	Who May Supervise/Direct AT Practice?	Education Requirements	Experience Requirements	Examination Requirements	Continuing Education Requirements
North Dakota	5-member Board of Athletic Trainers	None	No	Physician	Baccalaureate from JRC-AT-accredited program	None	NATABOC	NATABOC
Ohio	Occupational Therapy, Physical Therapy and Athletic Trainers Board	Athletic Trainer	Yes	Physician Osteopath Podiatrist Dentist Physical Therapist Chiropractor	Baccalaureate from JRC-AT-accredited program	800 hours	Yes, Determined by Board	6 hours/2 years OR Re-examine
Oklahoma	Board of Medical Licensure and Supervision with 5-member Athletic Trainers Advisory Committee	None	No	Physician	Baccalaureate from program approved by Board OR Degree in Physical Therapy OR Any other degree	None OR 800 hours OR 2 years	Yes, Determined by Board	None
Oregon	Director of Health Licensing with 5-member advisory Board of Athletic Trainers	Athletic Trainer, Registered	Yes	None	Baccalaureate from program approved by Board	None	NATABOC	Determined by Board
Pennsylvania	Board of Physical Therapy with 3-member Athletic Trainer Advisory Committee	None	No	None	Determined by Board	Determined by Board	Determined by Board	None
Rhode Island	Director of Department of Health with 5-member advisory Board of Athletic Trainers	Athletic Trainer	Yes	Physician	Baccalaureate from program approved by Board	None	NATABOC	Determined by Board
South Dakota	Board of Medical and Osteopathic Examiners with 3-member Athletic Training Committee	None	No	Physician	Baccalaureate from program approved by Board	Determined by Board	Determined by Board – oral and written	Determined by Board

State	Board, Advisory Committee or something else?	Protected Titles	Practice Limited to Organized Sports?	Who May Supervise/Direct AT Practice?	Education Requirements	Experience Requirements	Examination Requirements	Continuing Education Requirements
Tennessee	Board of Medical Examiners	None	No	Physician	Baccalaureate from program approved by Board	None	NATABOC	None
Texas	Commissioner of Public Health with 5-member Advisory Board of Athletic Trainers	Athletic Trainer Licensed Athletic Trainer Sports Trainer	No	Physician	Baccalaureate from program approved by Board	720 hours	Determined by Board	Determined by Board
Vermont	Director of Professional Regulation with 2 advisors	Licensed Athletic Trainer	No	None, with exceptions	Baccalaureate from accredited university	None	Determined by Director	None
Wisconsin	Athletic Trainers Affiliated Credentialing Board	Athletic Trainer Licensed Athletic Trainer Certified Athletic Trainer Registered Athletic Trainer	No	Physician	Baccalaureate from JRC-AT-accredited program	None	NATABOC	30 hours/2 years

Appendix C – Tasks Routinely Performed by Athletic Trainers that are Performed by Regulated Professions

Comparison of Tasks performed by ATCs and Regulated Professionals

	Dentists	Medics[14]	Mental Health Professionals[15]	Nurses[16]	Optometrists	Physical Therapists	Physicians[17]
Domain I: Prevention							
A. Educate the appropriate individual(s) about risks associated with participation and specific activities using effective communication techniques to minimize the risk of injury and illness.	X		X	X	X	X	X
B. Interpret pre-participation and other relevant screening information in accordance with accepted guidelines to minimize risk of injury and illness.				X		X	X
C. Instruct the appropriate individual(s) about standard protective equipment by using effective communication techniques to minimize risk and illness.	X				X		X
D. Apply appropriate prophylactic/protective measures by using commercial products or custom-made devices to minimize risk of injury and illness.	X				X		X
E. Identify safety hazards associated with activities, activity areas, and equipment by following accepted procedures and guidelines in order to make appropriate recommendations and to minimize the risk of injury and illness.	X		X	X	X	X	X
F. Maintain clinical and treatment areas by complying with safety and sanitation standards to minimize risk of injury and illness.	X			X		X	X
G. Monitor participants and environmental conditions by following accepted guidelines to promote safe participation.				X			X
H. Facilitate physical conditioning by designing and implementing appropriate programs to minimize injury risk.						X	X

[14] Refers primarily to Emergency Medical Technicians, but could include others trained to provide emergency medical services.
[15] Refers to those individuals who are duly licensed or registered to engage in the practice of psychotherapy.
[16] Refers primarily to Licensed Professional Nurses, but could include nurse practitioners.
[17] Refers primarily to medical doctors and doctors of osteopathy, but could include chiropractors and podiatrists.

	Dentists	Medics[14]	Mental Health Professionals[15]	Nurses[16]	Optometrists	Physical Therapists	Physicians[17]
I. Facilitate healthy lifestyle behaviors using effective education, communication, and interventions to reduce risk of injury and illness and promote wellness.	X		X	X			X
Domain II: Clinical Evaluation and Process							
A. Obtain history through observation, interview, and/or review of relevant records to assess the pathology and extent of the injury, illness or condition.	X	X		X		X	X
B. Inspect the involved area(s) visually to assess the pathology and extent of the injury, illness, or health-related condition.	X	X		X		X	X
C. Palpate the involved area(s) using standard techniques to assess the pathology and extent of the injury, illness or health-related condition.	X	X		X		X	X
D. Perform specific tests in accordance with accepted procedures to assess the pathology and extent of the injury, illness, or health-related condition.	X					X	X
E. Formulate a clinical impression by interpreting the signs, symptoms, and predisposing factors of the injury, illness, or health-related condition to determine the appropriate course of action.	X			X		X	X
F. Educate the appropriate individual(s) about the assessment by communicating information about the current or potential injury, illness, or health-related condition to encourage compliance with recommended care.	X			X		X	X
G. Share assessment findings with other healthcare professionals using effective means of communication to coordinate appropriate care.	X	X		X		X	X
Domain III: Immediate Care							
A. Employ life-saving techniques through the use of standard emergency procedures in order to reduce morbidity and the incidence of mortality.		X		X			X
B. Prevent exacerbation of non-life-threatening condition(s) through the use of standard procedures in order to reduce morbidity.		X		X			X
C. Facilitate the timely transfer of care for conditions beyond the scope of practice of the athletic trainer by implementing appropriate referral strategies to stabilize and/or prevent exacerbation of the condition(s).		X		X			X

	Dentists	Medics[14]	Mental Health Professionals[15]	Nurses[16]	Optometrists	Physical Therapists	Physicians[17]
D. Direct the appropriate individual(s) in standard immediate care procedures using formal and informal methods to facilitate immediate care.		X		X			X
E. Execute the established emergency action plan using effective communication and administrative practice to facilitate efficient immediate care.		X		X			X
Domain IV: Treatment, Rehabilitation and Reconditioning							
A. Administer therapeutic and conditioning exercise(s) using standard techniques and procedures in order to facilitate recovery, function, and/or performance.				X		X	X
B. Administer therapeutic modalities using standard techniques and procedures in order to facilitate recovery, function, and/or performance.				X		X	X
C. Apply braces, splints, or assistive devices in accordance with appropriate standards and practices in order to facilitate recovery, function, and/or performance.	X			X	X	X	X
D. Administer treatment for general illness and/or conditions using standard techniques and procedures to facilitate recovery, function, and/or performance.	X			X		X	X
E. Reassess the status of injuries, illnesses, and/or conditions using standard techniques and documentation strategies in order to determine appropriate treatment, rehabilitation, and/or reconditioning and to evaluate readiness to return to a desired level of activity.	X			X		X	X
F. Educate the appropriate individuals in the treatment, rehabilitation, and reconditioning of injuries, illness, and/or conditions using applicable methods and materials to facilitate recovery, function, and/or performance.	X			X		X	X
G. Provide guidance and/or counseling for the appropriate individual(s) in the treatment, rehabilitation, and reconditioning of injuries, illnesses, and/or conditions through communication to facilitate recovery, function, and/or performance.	X		X	X		X	X
Domain V: Organization and Administration							
A. Establish action plans for response to injury or illness using available resources to provide the required range of healthcare services for individual, athletic activities, and events.	X			X			X
B. Establish policies and procedures for the delivery of healthcare services following accepted guidelines to	X			X		X	X

	Dentists	Medics[14]	Mental Health Professionals[15]	Nurses[16]	Optometrists	Physical Therapists	Physicians[17]
promote safe participation, timely care, and legal compliance.							
C. Establish policies and procedures for the management of healthcare facilities and activity areas by referring to accepted guidelines, standards, and regulations to promote safety and legal compliance.	X			X		X	X
D. Manage human and fiscal resources by utilizing appropriate leadership, organization, and management techniques to provide efficient and effective healthcare services.	X			X		X	X
E. Maintain records using an appropriate system to document services rendered, provide for continuity of care, facilitate communication, and meet legal standards.	X		X	X			X
F. Develop professional relationships with appropriate individuals and entities by applying effective communication techniques to enhance the delivery of healthcare.	X		X	X			X