



To: DHHS Technical Review Committee

Athletic Training Practice Act 407 Process

July 28, 2020

Speaking on behalf of members of the Nebraska Chapter APTA, we continue to support the athletic training profession as it strives to provide the highest level of care based on its members' sound educational preparation. We appreciate all the time and discussion that has occurred since the last Technical Review committee with the athletic training association, NSATA, and appreciate very much the new revisions that have occurred since the last committee meeting. Unfortunately, we failed to reach a consensus agreement on the practice act revisions that the athletic training profession of Nebraska is proposing. We are still very hopeful that this can be reached during the 407 process.

We have reviewed the revised amendments submitted and presented to the Technical Review Committee on July 28, 2020 by NSATA and we give the following suggestions and concerns to their current revised proposal/amendments.

Current Revised amendments submitted by NSATA on 7-28-20:

38-403 Athletic Injuries, defined.		
Current Statute	Original Proposal	Proposed Amendment
Athletic injuries mean the types of musculoskeletal injury or common illness and conditions which athletic trainers are educated to treat or refer, incurred by athletes, which prevent or limit participation in sports or recreation.	38-403 Injuries and illnesses, defined. Means conditions and common illnesses which athletic trainers as a result of their education and training are qualified to provide care and make referrals to the appropriate health care professionals.	38-403 Injuries and illnesses, defined. Means injuries or common illnesses and conditions related to, or limits participation in, exercise, athletic, recreational, vocational, or activities requiring physical strength, agility, flexibility, range of motion, speed, or stamina, and which athletic trainers as a result of their education and training are qualified to provide care and make referrals to the appropriate health care professionals. An individual who is licensed as an athletic trainer may not provide, offer to provide, or represent that he or she is qualified to provide any care or services that he or she lacks the education, training, or experience to provide, or that he or she is otherwise prohibited by law from providing.

		<ul style="list-style-type: none"> · Vocational Defined: Of, relating to, or concerned with the work in which a person is employed · Condition Defined: A disease, illness, or injury
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Response to the above revised amendment:

We appreciate the revisions to the athletic trainers’ original proposal as it is evident that they have worked diligently to listen to the concerns of others as they pursue a more advanced practice. Unfortunately, we did not reach an agreement on the following phrase, “or limits participation in, exercise, athletic, recreational, vocational, or activities requiring physical strength, agility, flexibility, range of motion, speed, or stamina”. We had asked that it reads as follows, “**or limits participation in, exercise, athletic, recreational, or vocational activities requiring physical strength, agility, flexibility, range of motion, speed, or stamina**”. We are simply asking that the “or” be removed from vocational and activities. We will continue to work with NSATA to resolve this current issue but because of this wording, we are currently opposing the proposed revisions to the Athletic Training Practice Act. Although new accreditation standards are now in place as of July 1, 2020 many educational programs will not transition to the master’s program until 2022. With the passing of a revised practice act that will cover all currently licensed athletic trainers, do we have in Nebraska a significant and critical percentage of trainers that have this advanced knowledge to expand their practice to all areas of health care treating not only the athlete but all people with all conditions/illnesses since all activities require some level of physical strength, agility, flexibility, range of motion, speed, or stamina. This would include the hypotonic baby with cerebral palsy, the person with advanced pancreatic cancer with bone metastasis that needs gait training, or the lower limb amputee who needs prosthetic training who also has congestive heart failure and diabetes mellitus Type II. We understand that the athletic training student gains a lot of clinical experience hours and believe that the majority is in an athletic environment such as college athletic and recreational programs. We do not believe they have adequate clinical experiences to treat the entire spectrum of people across the lifespan with a multitude of illnesses, diseases, injuries and co-morbidities. It was disappointing that we were not able to see the breadth and depth of clinical experiences that an athletic training student receives during their education as requested. The response has been vague regarding clinical experiences of the student treating the broader population that the athletic trainers seek. We understand the difficulties of placing students in clinical sites that offer the broad clinical experiences that are needed to enter a health profession that seeks a much broader patient population. We question if the clinical experiences currently is adequate to prepare the newly graduated athletic trainer for this broadening of their scope.

We also acknowledge that athletic training and physical therapy have considerable overlap of their professions. We must recognize that athletic training and physical therapy are distinct professions. With the advanced practice outside of the athletic world that athletic trainers are seeking, we need to make sure that the general public understands the difference between physical therapy and athletic training. The term physical therapy is currently term protected in the Practice Act of physical therapy. **We propose an amendment to add the following to 38-405:**

“Pursuant to 38-2919 in the Practice of Physical Therapy, no athletic trainer shall hold themselves out to be a physical therapist or qualified to provide physical therapy.”

This will allow the athletic trainer to specifically state that he/she is performing athletic training and not physical therapy. There will be a distinction between the two professions and that the athletic trainer cannot state that they are performing physical therapy. We believe with the broadening of the athletic training profession, this statement is needed in their revised practice act.

Thank you again for allowing the Nebraska Chapter APTA to provide input during the 407 process. I would be happy to discuss our concerns and can be reached at president@aptanebraska.org or 402-981-0086.

Sincerely yours,

A handwritten signature in cursive script that reads "Grace Knott PT".

Grace Knott PT, President
Nebraska Chapter
American Physical Therapy Association