



To: Technical Review Committee, 407 Process for Athletic Training Practice Act Proposed Revisions  
Public Hearing Testimony, September 8, 2020

My name is Grace Knott, I currently serve as President of the Nebraska Chapter of the American Physical Therapy Association. Our mission is to serve as the driving force for advancing and protecting physical therapist practice to optimize the health and quality of life for Nebraskans. Aligned with our mission, and representing 1300 members across Nebraska, I testify today in opposition to the proposed practice act revisions of the athletic training profession. We appreciate the continued dialogue between the professions of physical therapy and athletic training over the past six months and regret that we were not able to negotiate agreement in concept or language for all the proposed changes.

Many physical therapists have developed deep respect for athletic trainers, through exposure during personal or family member's athletic pursuits, or as colleagues in a healthcare environment. To this point, an article published in the *International Journal of Sport Physical Therapy*, a peer-reviewed research publication asserts that "every physical therapist is not adequately prepared to provide sideline coverage or offer pre-hospital care based solely on their physical therapy education" unlike athletic trainers who are trained in acute injury or illness management (Smith, 2012). However, there are many physical therapists who are dual credentialed as certified athletic trainers. In addition, many physical therapists have earned national board certification as clinical specialists in Sports Physical Therapy from the American Board of Physical Therapy Specialties. We accept that while there is overlap between professions, acute injury management in the athletic setting is not necessarily an area of expertise for every physical therapist.

Regarding the proposed expansion of the athletic trainer's scope of practice, it must first be recognized that the professional is formally labeled "athletic trainer." The label is not misconstrued as "paramedic, sports physical therapist, physician assistant, or a nurse practitioner", rather "ATHLETIC trainer" is clearly bounding the type of patient requiring care and the context or environment in which the care is administered. As we ponder the proposed revisions of the athletic training practice act, we must answer the question: Are the revisions still congruent with the professional title, as the lay public would understand it? According to Merriam-Webster dictionary, athletic and training offer straightforward meaning. Athletic indicates "of or relating to athletes or athletics"; moreover, athlete is defined as a "person who is trained or skilled in exercises, sports or games requiring physical strength, agility, or stamina." Training is defined as "the act, process, or method of one that trains; the skill, knowledge, or experience acquired by one that trains." The athletic trainer's professional identity will be lost with these revisions that basically expand the practice of athletic training thereby allowing treatment or services *to anyone* if based on the athletic trainer's education. The extent to which the revisions expand scope should be concerning! Our association believes the proposed revisions will obfuscate the role of

the athletic trainer, confusing the public's selection of the appropriate profession for safe, quality health care. Furthermore, the revisions can potentially delay access to care. Therefore, we ask "Is there a current need or demand in Nebraska to have athletic trainers treat everyone for anything?"

Please do not be misled, this is not the first-time athletic training has attempted such sweeping expansion of statutory scope. In 2005, the National Athletic Trainers' Association (NATA) distributed a flyer during the National Conference of State Legislatures Annual Meeting in Seattle, WA. The flyer cited an article promoted as a research study that had been completed by an orthopedic surgeon, a physician assistant and two athletic trainers. NATA alleged that services of athletic trainers are *cheaper* than those provided by physical therapists yet comparable outcomes were achieved. The problem with the "study's" use as evidence here is that the outcome of patient satisfaction was interpreted by the investigating orthopedic surgeon, and that the study's design validity was threatened by a small sample size with no random assignment of subjects to groups, patient demographics were incomparable, and actual cost of physical therapist care was not included. The study, offered to legislators as "evidence" promoting substitution of athletic trainers for care provided by physical therapists, could not even be published in a peer-reviewed research journal due to its limitations. This is one example highlighting the concerns we have for the current athletic training proposal in Nebraska.

In the original proposal dated 4-30-2020, the Nebraska State Athletic Trainers Association (NSATA) requested to change section 38-403 to the following wording:

- "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."

After several discussions with the NSATA regarding the desire to treat tactical athletes (e.g., military, law enforcement and fire and rescue personnel) as well as older recreational athletes, the Nebraska Chapter of the APTA recommended the following language to support the request:

- "Injuries and conditions, defined: Means injuries and conditions related to athletic, recreational or vocational activity which athletic trainers are qualified to provide care and make referrals to the appropriate health care professionals".

NPTA feels this supported NSATA's desire to treat other individuals who could safely benefit from athletic training services that match the provider's current education and training. NPTA strongly supports the expansion of athletic trainer practice to clearly include the tactical athlete as well as the recreational athlete throughout the lifespan.

The NSATA has chosen to insert components of this suggested revision into the current version of proposed practice act revision dated 7-16-2020, but ignored the intent of our suggested revision by adding "*or activities requiring physical strength, agility, flexibility, range of motion, speed or stamina*" following the words "*participation in, exercise, athletic, recreational, vocational*". All activities of the human body, even for individuals with very low levels of activity tolerance or function, require some level of strength, agility, flexibility, range of motion, speed, or stamina (e.g., rising from bed, walking across a room). The phrase "or activities" expands the ability to treat anyone for virtually any conceivable situation. This egregiously contradicts the safe boundaries of care and the public understanding of the term "athletic training." Although similar statements may exist in athletic trainer practice acts throughout the United States, there is no standardization of such definition. In a 2010

editorial published in *Athletic Training and Sports Health Care* by Thomas Kaminski, PhD, ATC, FACSM, professor and director of the undergraduate Athletic Training Program at the University of Delaware, it is reported: "Athletic trainers do not profess to be all things to all people, but we are highly trained and qualified sports health care providers." The inclusion of the words "or activities" contradicts Dr. Kaminski's statement and broadens the scope of potential "patients" of athletic trainers, along with potential harm and threat to public safety. As justified by the NSATA, there is no adequate or arguably safe reason to have the phrase "or activities" incorporated into the proposed Nebraska Athletic Training Practice Act.

Laws for practice acts are enacted to prevent worst-case scenarios and avoid maleficence. The Uniform Credentialing Act is intended to ensure that all health care professionals remain within the scope of their education and training. The proposed practice act revision offers no guardrails for the safety of Nebraskans, except that athletic trainers will "follow their education" and will not provide services if they determine that they do not have adequate clinical education to do so. Again, this is the only safety measure that will remain if patient type and clinical environment for care are expanded beyond the boundary of "athletic" as proposed in the statutory revisions. If the proposed language was to be enacted, given my recent arguments, would you be comfortable with a newly graduated athletic trainer treating your 85 year old family member who has osteoporosis and Parkinson's disease, who sustained a vertebral compression fracture due to a recent fall? The orthopedic surgeon who is managing the compression fracture refers the patient to his athletic trainer in his office. The physician did not address the patient's recent exacerbation of the Parkinson's disease that has caused increased rigidity and a forward flexed posture since his fall. This older adult with multiple co-morbidities need the expertise of a clinician in delivering rehab services in both the musculoskeletal as well as neurological realm that are safe and effective. Both diagnoses of osteoporosis and Parkinson's are considered "common" diseases for which the decision to treat would fall exclusively to the athletic trainer's judgment. Additionally, a potential cascade of complications, including difficulty with application of a spinal orthosis, potential for skin breakdown in the older adult, modification of gross motor activities for safety and function, and prevention of additional fracture must be understood. It appears obvious in this example that the athletic trainer would not be the appropriate provider for the care needed. Athletic trainers (and NSATA) will argue that all athletic trainers would adhere to their educational backgrounds and decline care for the patient in this example. Some may even argue that an athletic trainer would not WANT to provide care for such a patient. The point is that the proposed expansion of the practice act legalizes such care, with the only measure of safety falling to the athletic trainer's judgment. Other examples of the type of patient or conditions that could be treated by athletic trainers include a non-athletic child with cerebral palsy, the urinary incontinence of a post-partum woman, and the individual with traumatic brain injury who is having severe spasticity after a motor vehicle accident. I again reference Dr. Kaminski's statement about athletic trainers: "we are highly trained and qualified sports health care providers"!

Finally, clinical education is critical to preparation of the health professional's psychomotor skills and clinical reasoning. With the proposed expansion of practice for the athletic trainers, will educational programs be able to provide the breadth and depth of clinical experiences needed to insure the development of the broadened clinical skills? We anticipate the NSATA will respond by sharing the overall number of clinical experience hours required of student athletic trainers. Review of the 2019-2020 UNL Athletic Training Program Student Handbook, the University of Nebraska-Lincoln, Concordia

University and Lincoln Southwest High School are listed as clinical education sites for athletic trainer education. Does completing 1000 hours of work in the collegiate training room or high school football program prepare the athletic trainer to treat an older woman with shoulder pain and motion restriction following a mastectomy and chemotherapeutic treatment, while recognizing the potential for osteoporosis? Again, the proposed practice act revisions would allow an athletic trainer to provide such care.

Make no mistake, physical therapists in Nebraska support athletic trainers in their pursuit of practice act revision to reflect changes in their educational preparation. We believe they are appropriate healthcare providers, under the guidance of a referring physician, for athletes across the continuum of athletics (school systems, collegiate and professional), as well as tactical athletes. We also respect the athletic trainer's ability to treat the recreational athlete of any age (which has not traditionally been considered in the trainer's scope), as we believe that Nebraskans might well benefit from this role.

In closing, athletic trainers possess a unique skill set that safely and effectively serves the individual who pushes the body to perform at high levels of physical exertion or skill. NPTA is in support of all proposed revisions but unfortunately, the proposed language reaches a bit too far into conditions or settings beyond the athlete and cannot adequately protect Nebraskans from harm. In addition, the NSATA has not described the societal need that would justify the extent of the proposed revisions. We recommend a motion to revise Statute 38-403 Athletic Injuries, defined to "Means injuries or common illnesses and conditions related to, or limits participation in exercise, athletic, recreational, or vocational 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 appropriate health care professionals. Basically, removing the "or" before activities would still allow the athletic trainers to expand their practice safely while protecting Nebraskans. Thank you for your time and consideration for this motion.

Sincerely yours,

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

Grace Knott PT

Nebraska Chapter-APTA President

402-981-0086