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Members of the technical review committee my name is Brad Stauffer and I am a licensed Nebraska Chiropractic Physician. I am also the Vice President of the Nebraska Chiropractic Physicians Association as well as the NCPA legislative chairperson. I am testifying here today as a representative of the NCPA. I appreciate the time to testify for you today and I will be submitting my comments in writing to the committee as well.

I would like to open by noting that we value Nebraska's athletic trainers and the good work that they do with our athletes. We believe they have played a valuable roll and appreciate their contributions. We do, however, have concern about parts of their application to expand their scope of practice through the 407 process.

Our primary concern is the degree of expansion seen within the application. It appears to us that Nebraska's athletic trainers are attempting to open free standing offices which would allow them to essentially act as portal of entry providers. We see a recurrent theme throughout the application that purports the ability to evaluate pathology, the ability to assess and refer, the ability to recognize signs and symptoms of not only injury but also illness and the ability to exercise clinical judgement in such matters. It is important to note that the application states that they must "practice under guidelines established with a physician" but it is unclear to us exactly what that means. It appears it does not require any type of referral or ongoing co-management of the patient in an outpatient setting. In the past with other providers we have seen very informal agreements that did not require any ongoing management of the provider. One of our primary concerns when we met with the athletic trainers was their use of the word diagnosis. While we do see that the word "diagnosis" has been removed it has been replaced with examination, assessment and impression as well as a lengthy definition of impression. While we agree with the removal of the word diagnosis it appears they have simply replaced it with the definition of diagnosis. We also have concern with the phrase "as a result of their education and training can also provide care". It would appear that could increase their scope of practice to anything they choose to add to their curriculum or anything taught in a weekend seminar. We believe that to allow Nebraska athletic trainers to move from their current status treating athletes only under the supervision of a physician to a role as a portal of care provider with limited changes to their curriculum would be a mistake that could result in serious harm to Nebraska patients.

We understand the frustration of the athletic trainers. In a sense the chiropractic profession went through many of the same issues in the 1970's. There was an understanding at that time that if we wanted to be accepted a portal of entry provider things would need to change. As a result the chiropractic profession completely retooled

our education. Since that time we now receive a comprehensive education that includes dedicated classes in neuroanatomy, immunology, endocrinology, microbiology, systems pathology, physical diagnosis, toxicology, diagnostic imaging, visceral disorders and differential diagnosis to name just a few. We made these changes because we believe to be a portal of entry provider you must possess an educational level that allows you to thoroughly evaluate and diagnose a variety of conditions that will present to your office. When we review the proposed curriculum listed in their application we do not agree with their statement on page 22 that what they do is “similar in function to chiropractic care as well as physical therapy, occupational therapy and emergency medicine

We feel that this theme of portal of entry runs throughout the document. While we realize that some functions may be a part of their treatment of athletes we are concerned that allowing athletic trainers to set up an office and recruit and assess patients for a variety of “illnesses”, something that they appeared to express an interest in during our discussions, is a shocking expansion of scope from their current statute and we do not believe that the curriculum listed in the application supports such an expansion. We feel it is extremely important to have adequate training and the full range of diagnostic testing, including lab and x-ray, in order to fully evaluate a patient’s condition.

Chiropractic physicians are uniquely qualified to deliver grade 5 manipulations. As mentioned previously we have on average 4826 classroom hours of comprehensive education. The ability to do grade 5 manipulation requires a high duty to be able to triage the patient for more serious illnesses and injuries prior to applying a force that goes beyond the normal physiological range of motion. We are highly trained in this procedure so we believe we are uniquely qualified to understand the responsibilities that go along with the delivery of grade 5 manipulation. We know, from our education and years of practical experience, that it is important to be able to fully evaluate the patient prior to providing a grade 5 manipulation. That is why we have access to a full range of diagnostic abilities to assess not just musculoskeletal conditions but a full range of potential illness and pathology including those conditions that need appropriate referral. During our one meeting with the athletic trainers we expressed these concerns and asked that in their application they specifically state that they would not do grade 5 manipulation. They have declined to do so. We know that in other states that have expanded athletic trainers scope they are attempting to do manipulation. If they intend to perform grade 5 manipulation we feel that they should be required to follow the same curriculum and have the same diagnostic abilities, including a full range of lab and radiology access, as a chiropractic physician.

We also have these same concerns about athletic trainers being able to perform any procedure in which the skin is punctured such as dry needling and acupuncture. We believe that they have interest in performing one or both of these procedures under the revised statute.

This brings us to our concerns about the required education. Currently athletic trainers may operate with a bachelor's degree in athletic training or with a bachelor's degree in any other discipline and the completion of two years of "on the job training" with an athletic trainer approved by their board. They do stress that standards are moving toward a masters level education but that is not covered in their proposed statute, only referenced in their answers. Even with that change we have three primary concerns about the education level and how it correlates with the ability to act as portal of entry and to assess pathology, illness etc. as they have requested. Athletic trainers are currently operating with an educational level that has limited them to supervised management of athletes and that by their own admission was found in 1998 to be less than what is required to expand their scope. On our second point we challenge the assertion that their new proposed masters degree education is equivalent to that of a chiropractic physician, an emergency medical physician, an occupational therapist or a physical therapist as they have so stated. We will be presenting a copy of the curriculum from Palmer College of Chiropractic as a typical curriculum for a chiropractic physician and we would ask that you compare that to the level of education and scope of classes they are proposing. Our third point is that even with the move to a master's level education their proposal continues to allow for the two year on site training option to qualify as an athletic trainer. While we were told this was simply to grandfather in current athletic trainers the application does not appear to be written with that limitation. We have concerns that this may provide inadequate coverage of all aspects of required curriculum depending on the demographic of patients treated by the athletic trainer and their ability, time and willingness to teach a full range of very complex subjects. We have serious concerns about such a situation and how that grants the ability to evaluate pathology and illness as they have repeatedly requested in this document and to perform a full differential diagnosis as they request. We believe that being granted the ability to differentiate musculoskeletal injury from such things as cancer and tumors is excessive and may prove dangerous to our Nebraska citizens.

As we further discuss the requested scope I would like to draw attention to pages 34 through 36 where they compare their requested scope to those of other states. Even though it appears that they have information from a limited number of states, and that these answers were picked to include the most expansive, we found that most of the other states they compare to require a referral, collaboration or working under the direction of a physician. Their request in Nebraska would require none of these things. We also noted that many of the comparison states limit athletic trainers to working with athletes or athletic injuries but this Nebraska request would not and specifically asks for the ability to arrive at a differential diagnosis and evaluate and treat pathologies and illnesses.

Lastly I want to address the application's assertion of the Nebraska Chiropractic Physicians Association as one that worked closely with them in the development of the application. I would like to note that we met one time with the athletic trainers to evaluate the rough draft of their proposal. During that meeting we expressed a number of concerns, many of which we have addressed here. In return we received a copy of the proposed scope that

did not fully address the majority of our concerns expressed in that meeting. As a result we want to make it clear that we did not collaborate with or contribute to the language that is contained within the application with the exception of our largely unheeded concerns. I would also note that during our meeting when asked if they take referrals from chiropractors, and we encouraged them to do so, they stated that they don't take referrals from chiropractors so it seems strange for them to say that we are included in the groups that they "work closely with".

In closing I want to reiterate that as a profession we appreciate and value what athletic trainers do. We believe they already perform a valuable service. That said we do not believe that they are qualified to provide a full range of diagnostic, evaluation and treatment services to a wide population with a substantial number of co-morbidities. While we understand that their current scope may be a financial issue for them we do not agree that their inability to evaluate and treat all patients in an outpatient setting is a hardship or detrimental to the general population as they claim. While they claim on page 22, in the answer to question seven, that "athletic trainers have an array of health care skills which make them unique in comparison to other occupations" we do not believe that they provide any level of care to the general population that is not already provided. In fact the array of services that they are asking to provide are already being performed by Chiropractic Physicians, Physical Therapists, Occupational Therapists, Emergency Management Physicians, Orthopedic Surgeons and Family Physicians. We do not feel that they are better educated or better positioned to provide these services with the possible exception of the athletes they currently treat. We have grave concerns about moving this 407 forward without substantial changes. We would understand some changes to expand some of the services they currently provide to athletes, with the obvious exclusion of grade 5 manipulation. We do not agree with or condone the width of scope that would be provided by moving this 407 request forward as it is.

I want to thank you for your time today and the opportunity to provide our insight into this 407 process. I would assure you we will continue to follow this process and continue to do what we believe is within our duty to protect our fellow citizens as this process unfolds.

Submitted by

Brad Stauffer D.C. on behalf of the Nebraska Chiropractic Physicians Association