Application for Credentialing Review

Proposed Revisions to Statutes Relating to Athletic Training Practice Act

Submitted By:

Nebraska State Athletic Trainers Association

April 30, 2020

1) Provide the following information for the applicant group:

A) Name, address, telephone number, e-mail address and website of the applicant group in Nebraska and any national parenting organization.

Nebraska State Athletic Trainers' Association
7325 N 106th Ave
Omaha, NE 68122
402-680-1599
407@nsata.org
www.nsata.org

National Athletic Trainers' Association
1620 Valwood Pkwy, Ste 115
Carrollton, TX 75006
214-637-6282
gov@nata.org
www.nata.org

B) Composition of the group and approximate number of members in Nebraska.

As of 4/23/2020, there are currently 479 licensed athletic trainers in the state of Nebraska.

The Nebraska State Athletic Trainers' Association (NSATA) is a membership organization comprised of 441 members, of which 417 of those members are licensed athletic trainers in the State of Nebraska.

The Executive Board of the NSATA consists of five members: President, Vice President, Secretary, Treasurer, and Past President. The membership categories of the NSATA are classified in the table below. The information was retrieved from the National Athletic Trainers' Association (NATA) on 4/23/2020.

Membership Category	Certified Professional	Certified Student	Associate	Retired	Student
Number of members	324	40	5	15	57

C) Relationship of the group to the occupation dealt with in the application.

The NSATA is the professional organization in Nebraska representing certified and student members of the athletic training profession.

2) Identify by title, address, telephone number, e-mail address, and website of any other groups, associations, or organizations in Nebraska whose membership consists of any of the following:

A) Members of the same occupation or profession as that of the applicant group.

Nebraska Board of Athletic Training
301 Centennial Mall South
Lincoln, NE 68509
Claire Covert-Bybee
402-471-0547
Claire.CovertByBee@nebraska.gov

Board of Certification for the Athletic Trainer
1415 Harney St, Ste 200
Omaha, NE 68102
Shannon Fleming
402-559-0091
shannonf@bocatc.org

B) Members of the occupation dealt with in the application.

Licensed athletic trainers in the state of Nebraska are the members of the occupation dealt with in the application.

C) Employers of the occupation dealt with in the application.

Athletic trainers work in a variety of settings in Nebraska, which include, but are not limited to colleges/universities, secondary schools, professional sports, orthopedic and primary care physician clinics, hospital based ambulatory care centers, industrial settings, performing arts, and occupational health.

According to the NATA, the job settings and employment of athletic trainers in those settings can be broken down into the following -categories (NATA, n.d.):

Setting(s)	**Percentage**
College/ University	19%
Secondary School	18%
Clinic/ Hospital	17%
Students	27%
Professional Sports	2%
Health Care Administration/Rehabilitation, Military, Occupational Health, Performing Arts, Physician Practice, & Public Safety	2%
Other	15%

D) Practitioners of the occupations similar to or working closely with members of the occupation dealt with the application.

Athletic trainers work closely with physicians, physician assistants, chiropractors, nurses, physical therapists, emergency medical services, and other licensed health care providers based upon the needs of their patients.

Nebraska Physical Therapy Association
PO Box 24133
Omaha, NE 68124
402-260-5052
judy@npta.org
http://npta.org/index.php

Nebraska Hospital Association
3255 Salt Creek Circle, Ste 100
Lincoln, NE 68504
402-742-8140
info@nebraskahospitals.org
https://www.nebraskahospitals.org

Nebraska Medical Association
233 S 13th St, Ste 1200
Lincoln, NE 68508
402-474-4472
www.nebmed.org

Nebraska Chiropractic Physicians Association
13215 Birch Dr
Omaha, NE 68164
402-934-4744
lbeck@ncpa.net
https://nebraskachiropractic.org

Nebraska Emergency Services Association
PO Box 1858
Fremont, NE 68026
402-719-0105
info@nemsa.org
https://nemsa.org/

Nebraska Nurses Association
3340 American Avenue, Ste F
Jefferson City, MO 65109
888-885-7025
info@nebraskanurses.org
nebraskanurses.org

Nebraska Academy of Physician Assistants
8700 Executive Woods Dr #400
Lincoln, NE 68502
402-476-1528
info@nebraskapa.org
https://nebraskapa.org

Nebraska Dental Association
7160 S 29th St, #1
Lincoln, NE 68516
nda@nedental.org
https://www.nedental.org/

Nebraska Speech-Language-Hearing Association
3901 Normal Blvd, Ste 100
Lincoln, NE 68506
info@nslha.org
https://www.nslha.org/

E) Educators or trainers of prospective members of the occupation dealt with in the application.

Athletic training education is conducted at colleges and universities with an accredited athletic training education program. The Commission on Accreditation of Athletic Training Education (CAATE) is currently the agency responsible for the accreditation of athletic training education programs. Below is a complete list of accredited athletic training education programs in Nebraska. A complete national list can be found at https://caate.net/search-for-accredited-program/.

Midland University
900 N Clarkson St
Fremont, NE 68025
Mark Snow, ABD, ATC, CSCS
402-941-6394
snow@midlandu.edu
https://www.midlandu.edu/

Nebraska Wesleyan University
5000 St Paul Ave
Lincoln, NE 68504
Dr. Samantha Wilson, ATC, CPT
402-465-2182
swilson2@nebrwesleayn.edu
https://www.nebrwesleyan.edu/

University of Nebraska – Lincoln
1400 R St
Lincoln, NE 68588
Dr. Jeffrey Rudy, ATC
402-472,5978
jrudy2@unl.edu
https://www.unl.edu

University of Nebraska – Omaha
6001 Dodge St
Omaha, NE 68182
Dr. Adam Rosen, ATC
402-554-2057
arosen@unomaha.edu
https://www.unomaha.edu/

University of Nebraska – Kearney
2504 9th Ave
Kearney, NE 68849
Dr. Scott Unruh, ATC
308-865-8627
unruhsa@unk.edu
http://www.unk.edu

F) Citizens familiar with or utilizing the services of the occupation dealt with in the application (e.g., advocacy groups, patient right groups, volunteer agencies for particular diseases or conditions, etc.).

Special Olympics Nebraska
9427 F St
Omaha, NE 68127
402-331-5545
cchamberlin@sone.org
https://www.sone.org/

Brain Injury Alliance of Nebraska
2424 Ridge Point Cir
Lincoln, NE 68512
402-423-2463
april@biane.org
https://biane.org/

YMCA
507 Fallbrook Blvd. Ste 210
Lincoln, NE 68521
Todd Johnson
402-434-9219
TJohnson@ymcalincoln.org
https://www.ymcalincoln.org/

Safe Kids Nebraska
301 Centennial Mall South
PO Box 95026
Lincoln, NE 68509
402-471-8749
jason.kerkman@nebraska.gov
https://www.safekidsnebraska.org/

Nebraska School Activities Association
500 Charleston St
Lincoln, NE 68508
Jay Bellar
402-489-0386
nsaa@nsaahome.org
https://nsaahome.org/

G) Any other group that would have an interest in the application.

National Athletic Trainers' Association
1620 Valwood Pkwy, Ste 115
Carrollton, TX 75006
214-637-6282
gov@nata.org
nata.org

Board of Certification for the Athletic Trainer
1415 Harney Street, Ste 200
Omaha, NE 68102
402-559-0091
BOC@bocatc.org
bocatc.org

Nebraska Medical Association
233 S 13th St., Ste 1200
Lincoln, NE 68508
402-474-4472
www.nebmed.org

Nebraska Physical Therapy Association
PO Box 24133
Omaha, NE 68124
402-260-5052
info@npta.org
http://npta.org/index.php

Nebraska Hospital Association
3255 Salt Creek Cir, Ste 100
Lincoln, NE 68504
402-742-8140
info@nebraskahospitals.org
https://www.nebraskahospitals.org/

Nebraska Occupational Therapy Association
PO Box 540881
Omaha, Nebraska, 68154
402-871-8095
https://nota.memberclicks.net/

Nebraska Pharmacist Association
6221 S 58th St Ste A
Lincoln, NE 68516
402-420-1500
info@npharm.org
https://www.npharm.org/

Nebraska Chiropractic Physicians Association
13215 Birch Dr
Omaha, NE 68164
402-934-4744
lbeck@ncpa.net
https://nebraskachiropractic.org

Nebraska Nurse Practitioners
4941 S 91st St
Omaha, Nebraska 68127
402- 681-6187
webmaster@nebraskanp.com
https://nebraskanp.com/

Nebraska School Nurses Association
Catherine S. Heck, RN, BSN, MA
3215 Cuming St
Omaha, NE 68131-2024
531-299-9670
Catherine.Heck@ops.org
https://nebraskaschoolnurses.
nursingnetwork.com/

Nebraska Nurses Association
3340 American Avenue, Ste F
Jefferson City, MO 65109
888-885-7025
info@nebraskanurses.org
nebraskanurses.org

Nebraska Coaches Association
500 Charleston St # 5
Lincoln, NE 68508
402-434-5675
https://www.ncacoach.org/

Nebraska School Activities Association
500 Charleston St
Lincoln, NE 68508
402-489-0386
nsaa@nsaahome.org
https://nsaahome.org/

Nebraska Association of School Boards
1311 Stockwell St
Lincoln, NE 68508
402-423-4951
schoolboards@NASBonline.org
http://members.nasbonline.org/

American Massage Therapy Association -
Nebraska Chapter
Rebecca Ohlson
402-513-5440
becky.ohlson@amtane.org
www.amtane.org

Nebraska Emergency Medicine
Services Association
P. O. Box 1858
Fremont, NE 68026-1858
402-719-0105
info@nemsa.org
https://nemsa.org/

Brain Injury Alliance of Nebraska
2424 Ridge Point Cir
Lincoln, NE 68512
402-423-2463
info@biane.org
www.biane.org

Nebraska Council of School Administrators
455 S 11th St A
Lincoln, NE 68508
402-476-8055
https://www.ncsa.org

Nebraska Academy of Physician Assistants
8700 Executive Woods Dr. #400
Lincoln, NE 68502
402-476-1528
info@nebraskapa.org
https://nebraskapa.org

3) If the profession is currently credentialed in Nebraska, provide the current scope of practice of this occupation as set forth in state statutes. If a change in this scope of practice is being requested, identify that change. This description of the desired scope of practice constitutes the proposal. The application comprises the documentation and other materials that are provided in support of the proposal.

The NSATA would like to request revisions to specific statutes in the Nebraska Athletic Training Scope of Practice. Athletic trainers continue to hold a unique role in health care, and their skills, education, and populations served have continued to evolve. This ongoing change has now surpassed the boundaries of the current scope of practice. To ensure Nebraskans have access to the level of care they deserve and to protect their safety, it is necessary to adapt the current scope of practice to reflect this change including future advancement of the skills and education of athletic trainers. Appendix A shows the complete State of Nebraska Statutes relating to the Practice of Athletic Training (2017). The proposed changes to the practice act are as follows:

38-403 Athletic Injuries, defined.	
Current Statute	**Proposed Language**
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.

38-404 Athletic Trainer, defined.	
Current Statute	**Proposed Language**
Athletic trainer means a person who is responsible for the prevention, emergency care, first aid, treatment, and rehabilitation of athletic injuries under guidelines established with a licensed physician and who is licensed to perform the functions set out in section 38-408. When athletic training is provided in a hospital outpatient department or clinic or an outpatient-based medical facility, the athletic trainer will perform the functions described in section 38-408 with a referral from a licensed physician for athletic training.	Athletic Trainer means a health care professional who is licensed to practice athletic training under the act and who under guidelines established with a licensed physician performs the functions outlined in section 38-405. When athletic training is provided in a hospital outpatient department or clinic or an outpatient-based medical facility, the athletic trainer will perform the functions described in section 38-405 with a referral from a licensed physician, osteopathic physician, podiatrist, advanced practice registered nurse, physician assistant, dentist, or chiropractor.

38-405 Athletic training, defined.	
Current Statute	**Proposed Language**
Athletic training means the prevention, evaluation, emergency care, first aid, treatment, and rehabilitation of athletic injuries utilizing the treatments set out in section 38-408.	Athletic training or practice of athletic training means providing the following regarding injuries and illnesses; • Prevention and wellness promotion; • Examination, assessment and impression; ○ Impression defined: The estimated identification of the disease underlying a patient's complaints based on the signs, symptoms, medical history and physical examination of the patient rather than on laboratory examination or medical imaging. • Immediate and emergency care including the administration of emergency drugs. Drugs include those as defined in 38-2819 except for controlled substances; • Therapeutic intervention/rehabilitation of injury and illness in the manner, means, and methods deemed necessary to affect care, rehabilitation, or function; • Therapeutic modalities including but not be limited to, physical modalities, mechanical modalities, water, heat, light, sound, cold, and electricity; • Health care administration, risk management and professional responsibility; • Pursuant to 38-2025 (18) the Practice of Medicine and Surgery, no athletic trainer shall hold themselves out to be a physician, surgeon, or qualified to prescribe medications.

38-407 Practice Site, defined.	
Current Statute	**Proposed Language**
Practice site means the location where the athletic trainer practices athletic training.	Strike Section.

38-408 Athletic trainers; authorized physical modalities	
Current Statute	**Proposed Language**
(1) Athletic trainers shall be authorized to use the following physical modalities in the treatment of athletic injuries under guidelines established with a licensed physician: (a) Application of electrotherapy; (b) Application of ultrasound; (c) Use of medical diathermies; (d) Application of infrared light; and (e) Application of ultraviolet light. (2) The application of heat, cold, air, water, or exercise shall not be restricted by the Athletic Training Practice Act.	Revise and move to section 38-405, under the fifth bullet point reading as: “Therapeutic modalities including but not be limited to, physical modalities, mechanical modalities, water, heat, light, sound, cold, and electricity;”

38-409. License required; exceptions.	
Current Statute	**Proposed Language**
No person shall be authorized to perform the physical modalities set out in section 38-408 on any person unless he or she first obtains a license as an athletic trainer or unless such person is licensed as a physician, osteopathic physician, chiropractor, nurse, physical therapist, or podiatrist. No person shall hold himself or herself out to be an athletic trainer unless licensed under the Athletic Training Practice Act.	No person shall hold himself or herself out as an athletic trainer in this state unless such person has been licensed as such under the provisions of sections 38-401 to 38-414.

38-410. Licensure requirements; exemptions.	
Current Statute	**Proposed Language**
(1) An individual who accompanies an athletic team or organization from another state or jurisdiction as the athletic trainer is exempt from the licensure requirements of the Athletic Training Practice Act. (2) An individual who is a graduate student in athletic training and who is practicing under the supervision of a licensed athletic trainer is exempt from the licensure requirements of the Athletic Training Practice Act.	(1) An individual who accompanies an athletic team or organization from another state or jurisdiction as the athletic trainer is exempt from the licensure requirements of the Athletic Training Practice Act. (2) An athletic training student who is enrolled in an accredited athletic training education program or in good standing, and who is practicing under the supervision of a licensed athletic trainer is exempt from the licensure requirements of the Athletic Training Practice Act.

38-411 Applicant for licensure; qualifications; examination.	
Current Statute	**Proposed Language**

(1) An applicant for licensure as an athletic trainer shall at the time of application provide proof to the department that he or she meets
one or more of the following qualifications:
• Graduation after successful completion of the athletic training curriculum requirements of an accredited college or university approved by the board; or
• Graduation with four-year degree from an accredited college or university and completion of at least two consecutive years, military duty excepted, as a student athletic trainer under the supervision of an athletic trainer approved by the board.
(2) In order to be licensed as an athletic trainer, an applicant shall, in addition to the requirements of subsection (1) of this section, successfully complete an examination approved by the board.
	• An applicant for licensure as an athletic trainer shall at the time of application provide proof to the department that he or she meets one or more of the following qualifications:
	  ○ Graduation after successful completion of the athletic training curriculum requirements of an accredited college or university approved by the board; or
	  ○ Graduation with four-year degree from an accredited college or university and completion of at least two consecutive years, military duty excepted, as an athletic training student under the supervision of an athletic trainer approved by the board.
	• In order to be licensed as an athletic trainer, an applicant shall, in addition to the requirements of subsection (1) of this section, successfully complete an examination approved by the board.

4) If the profession is not currently credentialed in Nebraska, describe the proposed credential and the proposed scope of practice, and / or the proposed functions and procedures of the group to be reviewed. This description of the desired scope of practice and the proposed credential constitute the core of the proposal. Also, please describe how the proposal would be administered. The application comprises the documentation and other materials that are provided in support of the proposal.

This section is not applicable.

5) Describe in detail the functions typically performed by practitioners of this occupation and identify what if any specific statutory limitations have been placed on these functions. If possible, explain why Legislature created these restrictions.

The education, training, and skills of athletic training have evolved. The Board of Certification for Athletic Trainers (BOC) *Practice Analysis, 7th Edition*, depicts the current knowledge and skills entry-level athletic trainers possess within domains and tasks (2015). The athletic training domains include:

1. Injury and Illness Prevention and Wellness Promotion;
2. Examination, Assessment and Diagnosis;
3. Immediate and Emergency Care
4. Therapeutic Intervention; and
5. Healthcare Administration and Professional Responsibility.

Within each domain are identified task statements and the knowledge and skills required to complete that task. Below is a breakdown by domain, and tasks within each domain:

Domain 1: Injury and Illness Prevention and Wellness Promotion	
Task Statement 1:	Identifying risk factors by administering assessment, pre-participation examination and other screening instruments, and reviewing individual and group history and injury surveillance data.
Functions:	Providing educational resources
	Performing baseline screening for concussions
	Administering screening tools
	Reviewing information systematically
	Analyzing data based upon collected outcomes
	Performing physical examinations
	Identifying conditions that may limit participation
	Interpreting injury surveillance data
	Exercising clinical judgment consistent with evidence-based principles and practices

Domain 1: Injury and Illness Prevention and Wellness Promotion	
Task Statement 2:	Implement plans to aid in risk reduction using currently accepted and applicable guidelines.
Functions:	Communicating inherent risks
	Identifying pathologies
	Managing pathologies
	Interpreting and applying policies and procedures, position statements and consensus statements
	Recognizing safety and sanitation standards
	Providing educational resources
	Applying preventive measures (e.g., safety rules, accepted biomechanical techniques, ergonomics, nutrition guidelines)
	Communicating effectively

Domain 1: Injury and Illness Prevention and Wellness Promotion	
Task Statement 3:	Educate individuals and stakeholders about the appropriate use of personal equipment.
Functions:	Communicating effectively
	Educating all stakeholders on standard equipment
	Interpreting rules regarding protective equipment
	Identifying injuries, illnesses and related conditions that warrant the application of devices
	Complying with manufacturer recommendations for equipment and devices

Domain 1: Injury and Illness Prevention and Wellness Promotion	
Task Statement 4:	Minimize the risk of injury and illness by monitoring and implementing plans to comply with regulatory requirements and standard operating procedures for physical environments and equipment.
Functions:	Providing educational resources
	Maintaining a safe and sanitary environment in compliance with established standards
	Recognizing malfunction of therapeutic and rehabilitation equipment or furnishings in clinical and treatment areas
	Selecting and teaching appropriate exercises
	Communicating effectively
	Identifying appropriate resources
	Identifying and characterizing risks

Domain 1: Injury and Illness Prevention and Wellness Promotion	
Task Statement 5:	Facilitate individual and group safety by monitoring and responding to environmental conditions (e.g., weather, surfaces and client work setting).
Functions:	Conducting inspections and recognizing hazards
	Using monitoring techniques (e.g., weight charts, fluid intake, body composition)
	Recognizing environmental conditions and ergonomic risks
	Recognizing predisposing factors (e.g., environmental conditions, underlying medical conditions)
	Recognizing characteristics in participants that would predispose them to environmental and ergonomic risks
	Recognizing signs and symptoms of illnesses and injuries that result from exposure to environmental conditions
	Recommending and implementing appropriate methods for addressing hazards
	Communicating effectively

Domain 1: Injury and Illness Prevention and Wellness Promotion	
Task Statement 6:	Optimize wellness (e.g., social, emotional, spiritual, environmental, occupational, intellectual, physical) for individuals and groups.
Functions:	Developing a comprehensive conditioning program
	Assessing appropriateness of participation in conditioning programs
	Correcting or modifying inappropriate, unsafe or dangerous activities
	Accessing information concerning accepted guidelines
	Educating individuals on nutrition guidelines, nutritional disorders, maladaptation, substance abuse and overtraining
	Recognizing signs and symptoms of social, emotional, mental and stress-related disorders
	Providing educational resources
	Administering and interpreting baseline screening tools
	Communicating effectively

Domain 2: Examination, Assessment and Diagnosis	
Task Statement 1:	Obtain an individual's history through observation, interview and review of relevant records to assess injuries and illnesses and to identify comorbidities.
Functions:	Communicating effectively
	Identifying signs and symptoms
	Building patient rapport
	Obtaining and recording information related to injuries, illnesses and conditions
	Identifying anatomical structures
	Identifying nutrition as a factor related to injuries, illnesses and conditions
	Identifying psychosocial factors related to injuries, illnesses and conditions
	Identifying the extent and severity of injuries, illnesses and conditions
	Identifying the impact of prescription and non-prescription medications and supplements
	Interpreting medical records and related reports
	Recognizing predisposing factors
	Relating signs and symptoms to specific injuries, illnesses and conditions
	Identifying valid and reliable information to assist in decision-making

Domain 2: Examination, Assessment and Diagnosis	
Task Statement 2:	Perform a physical examination that includes diagnostic testing to formulate differential diagnoses.
Functions:	Analyzing biomechanics
	Assessing neurocognitive function
	Assessing neurological response
	Assessing balance
	Assessing immediate and delayed physiological responses to injuries, illnesses and conditions
	Assessing pre-existing structural abnormalities and relating them to pathomechanics of injuries, illnesses and conditions
	Identifying bony surface landmarks and soft tissue abnormalities of specific and special injuries, illnesses and conditions
	Interpreting the relationships among and severity of pathological signs of injuries, illnesses and conditions
	Palpating appropriate structures in order to assess the integrity of human anatomical and physiological systems
	Recognizing severity of pathological signs and symptoms of injuries, illnesses and conditions
	Assessing muscle strength
	Assessing joint range of motion
	Identifying appropriate special tests
	Performing special tests
	Interpreting results of special tests
	Identifying location, type, function and actions of joints
	Identifying structural and functional integrity of anatomical structures
	Exercising clinical judgment consistent with evidence-based principles and practices
	Using valid and reliable information to assist in decision-making

Domain 2: Examination, Assessment and Diagnosis	
Task Statement 3:	Formulate a clinical diagnosis by interpreting history and the physical examination to determine the appropriate course of action.
Functions:	Interpreting and integrating examination findings
	Establishing differential diagnoses
	Identifying appropriate courses of action
	Interpreting the pertinent information from the examination and assessment
	Synthesizing applicable information from the examination and assessment
	Developing prognoses and plans of care
	Implementing best practices
	Using valid and reliable information to assist in decision-making

Domain 2: Examination, Assessment and Diagnosis	
Task Statement 4:	Interpret signs and symptoms of injuries, illnesses or other conditions that require referral, utilizing medical history and physical examination to ensure appropriate care.
Functions:	Collaborating with interdisciplinary healthcare providers
	Directing referrals to the appropriate professionals
	Formulating differential diagnoses
	Identifying appropriate courses of action
	Interpreting the pertinent information from examinations and assessments
	Synthesizing applicable information from examinations and assessments
	Using standard medical terminology and nomenclature

Domain 2: Examination, Assessment and Diagnosis	
Task Statement 5:	Educate patients and appropriate stakeholders about clinical findings, prognosis and plan of care to optimize outcomes and encourage compliance.
Functions:	Building patient rapport
	Communicating effectively
	Collaborating appropriately with other healthcare providers
	Using appropriate counseling techniques
	Using standard medical terminology and nomenclature
	Implementing best practices

Domain 3: Immediate and Emergency Care	
Task Statement 1:	Establish Emergency Action Plans (EAPs) to guide appropriate and unified response to events and optimize outcomes.
Functions:	Communicating effectively
	Educating individuals (e.g., facilities, healthcare professionals, patients, guardians, organizational personnel) regarding standard emergency care
	Developing, documenting, organizing and rehearsing EAP's.

Domain 3: Immediate and Emergency Care	
Task Statement 2:	Triage to determine if conditions, injuries or illnesses are life-threatening.
Functions:	Implementing emergency action plans
	Implementing national and state occupational, safety and health guidelines
	Using standard and emergency medical equipment
	Measuring, interpreting and monitoring vital signs
	Using a primary survey for life-threatening medical situations (e.g., respiratory, central nervous, cardiovascular)
	Applying pharmacological and therapeutic intervention usage for immediate and emergent conditions
	Managing patients in triage systems

Domain 3: Immediate and Emergency Care	
Task Statement 3:	Implement appropriate emergency and immediate care procedures to reduce the risk of morbidity and mortality.
Functions:	Performing cardiopulmonary resuscitation techniques and procedures
	Implementing emergency action plans
	Implementing national and state occupational, safety and health guidelines
	Implementing immobilization and transfer techniques
	Measuring, interpreting and monitoring vital signs and patient status
	Managing emergency situations and life-threatening conditions
	Managing non-life-threatening conditions
	Removing protective equipment using appropriate removal devices and/or manual techniques
	Using standard and emergency medical equipment
	Applying therapeutic interventions for immediate and emergent conditions
	Debriefing stakeholders

Domain 3: Immediate and Emergency Care	
Task Statement 4:	Implement referral strategies to facilitate the timely transfer of care.
Functions:	Implementing emergency action plan(s)
	Measuring, interpreting and monitoring vital signs and patient status
	Documenting and communicating referrals
	Directing referrals to appropriate stakeholders

Domain 4: Therapeutic Interventions	
Task Statement 1:	Optimize patient outcomes by developing, evaluating and updating the plan of care.
Functions:	Interpreting examinations and assessments
	Clinical reasoning
	Assessing outcomes
	Managing patient care
	Communicating effectively
	Establishing patient goals
	Examining and re-examining injuries and illnesses
	Assessing and reassessing therapeutic interventions
	Positioning and preparing patients for therapeutic intervention

Domain 4: Therapeutic Interventions	
Task Statement 2:	Optimize patient outcomes by developing, evaluating and updating the plan of care.
Functions:	Communicating effectively
	Providing guidance for the patient during the therapeutic intervention process
	Developing homecare programs
	Providing appropriate referral
	Clinical decision-making and reasoning

Domain 4: Therapeutic Interventions	
Task Statement 3:	Administer therapeutic exercises to patients using appropriate techniques and procedures to aid recovery to optimal function.
Functions:	Interpreting examination results
	Clinical reasoning
	Assessing outcomes
	Managing patient care (e.g., progressions, regressions, discontinuation)
	Communicating effectively with appropriate professionals and individuals regarding referral and treatment
	Establishing patient goals
	Examining and re-examining injuries and illnesses
	Assessing and reassessing therapeutic interventions
	Developing therapeutic exercise programs
	Implementing therapeutic exercise programs
	Progressing patients through therapeutic exercise programs

Domain 4: Therapeutic Interventions	
Task Statement 4:	Administer therapeutic devices to patients using appropriate techniques and procedures to aid recovery to optimal function.
Functions:	Interpreting examination
	Clinical reasoning
	Assessing outcomes
	Managing patient care
	Communicating effectively
	Establishing patient goals
	Examining and re-examining injury and illness
	Assessing and reassessing therapeutic interventions
	Applying electromagnetic, mechanical, thermal and acoustical devices
	Recognizing the status of systemic response related to the application of therapeutic devices

Domain 4: Therapeutic Interventions	
Task Statement 5:	Administer manual techniques to patients using appropriate methods and procedures to aid recovery to optimal function.
Functions:	Interpreting examinations and assessments
	Clinical reasoning
	Assessing outcomes
	Managing patient care
	Communicating effectively with appropriate professionals and individuals regarding referral and treatment
	Establishing patient goals
	Examining and re-examining injuries and illnesses
	Assessing and reassessing therapeutic interventions
	Using manual techniques appropriately
	Fabricating taping techniques and orthotic devices appropriately
	Using taping techniques and orthotic devices appropriately

Domain 4: Therapeutic Interventions	
Task Statement 6:	Administer therapeutic interventions for general medical conditions to aid recovery to optimal function.
Functions:	Interpreting examination results
	Clinical reasoning
	Assessing outcomes
	Managing patient care
	Communicating effectively with appropriate professionals and individuals regarding referral and treatment
	Establishing patient goals
	Examining and re-examining injury and illness
	Assessing and reassessing therapeutic interventions
	Performing cognitive assessments
	Basing interpretation and rehabilitation on cognitive assessments
	Advocating for cognitive and functional return to optimal activity level decisions
	Recognizing and managing systemic illnesses, communicable diseases and infections

Domain 4: Therapeutic Interventions	
Task Statement 7:	Determine patients' functional status using appropriate techniques and standards to return to optimal activity level.
Functions:	Interpreting examination results
	Clinical reasoning
	Assessing outcomes
	Managing patient care
	Communicating effectively with appropriate professionals and individuals regarding referral and treatment
	Establishing patient goals
	Examining and re-examining injury and illness
	Assessing and reassessing therapeutic interventions
	Performing biomechanical, functional and gait analyses
	Interpreting biomechanical, functional and gait analyses
	Making decisions about functional progressions
	Making decisions about return to optimal activity level

Domain 5: Healthcare Administration and Professional Responsibility	
Task Statement 1:	Evaluate organizational, personal and stakeholder outcomes.
Functions:	Formulating and managing budgets
	Using computers, various software and various technologies
	Formatting and presenting data
	Applying various search methods for resource allocation
	Communicating effectively
	Collaborating with professionals (e.g., teamwork strategies)
	Providing leadership appropriate to situations and people

Domain 5: Healthcare Administration and Professional Responsibility	
Task Statement 2:	Develop policies, procedures and strategies to address risks and organizational needs.
Functions:	Developing, documenting, organizing and rehearsing emergency action plans
	Analyzing utilization rates and trends
	Using computer software applications (e.g., Microsoft Office platform)
	Implementing human resources policies
	Interacting with appropriate administrative leadership
	Writing policies and procedures
	Identifying and characterizing risks
	Identifying and characterizing organizational needs (e.g., SWOT)
	Formulating budgets
	Writing job descriptions

Domain 5: Healthcare Administration and Professional Responsibility	
Task Statement 3:	Practice within local, state and national regulations, guidelines, recommendations and professional standards.
Functions:	Creating and completing medical documentation
	Making ethical decisions that are consistent with professional practice and guidelines
	Implementing current position statements, regulatory changes and legislated requirements
	Using standard medical terminology and nomenclature
	Accessing professional practice acts and requirements
	Communicating effectively

Domain 5: Healthcare Administration and Professional Responsibility	
Task Statement 4:	Use established documentation procedures to ensure best practice.
Functions:	Prescreening participation guidelines
	Creating and completing the documentation process
	Obtaining, interpreting, evaluating and applying relevant data
	Using computer software applications (e.g., word processing, database spreadsheet and Internet applications)
	Reviewing documentation
	Interpreting documentation
	Updating documentation

The current statutes pertaining to athletic training in Nebraska are limiting in several ways. First, is in the area of patient populations athletic trainers are able to treat. In Nebraska, athletic trainers are currently only able to treat athletes. During the last 407 review completed in 1998, there was criticism athletic trainers lacked the education and training to treat non-athletic patient populations. *The Standards of Education for Professional Athletic Training Education Programs* has required clinical experiences that expose students to a wide variety of patient populations that address the continuum of care from pediatrics to geriatrics, which includes patients with different comorbidities (CAATE, 2012 & CAATE, 2020). An athletic trainer's education combined with the statutory language requiring athletic trainers to practice under guidelines established with a physician, prepares athletic trainers to work with a diverse patient population. Athletic trainers should not be limited from providing services to these patients by statutory language which fails to reflect their professional preparation.

Athletic training education and best practices have also evolved regarding the use of therapeutic modalities. Athletic trainers are currently limited to the therapeutic modalities listed in statute, which has limited the care they can provide to patients. In 2016, the Nebraska Office of the Attorney General rendered an opinion that athletic trainers could not perform dry needling, a mechanical modality. This was due to mechanical modalities not being identified as a permissible modality in the existing statute. Athletic trainers are educated and trained to perform a variety of modalities through didactic coursework and clinical experiences, including mechanical modalities. Athletic training licensees are also able to receive education and training

in these modalities through continuing education opportunities. Many of the continuing education opportunities regarding mechanical modalities are the same courses other health care professionals, such as chiropractors and physical therapists attend to gain education and training to incorporate these techniques into their clinical practice.

When the current athletic training statutes were enacted in 1998, the education and training of an athletic trainer was substantially different than what it is today. Current statutes are not reflective of the education and training of athletic trainers and the advancements in their education over the last 20 years. In 2003, the internship “route” for certification eligibility was eliminated. Since then athletic training students must graduate from either an accredited undergraduate or entry-level graduate athletic training education program to be eligible to sit for the BOC Certification Exam. Athletic training education is currently transitioning to a master’s level professional degree requirement to be eligible for the BOC Certification Exam. Baccalaureate programs will not be allowed to enroll, admit or matriculate students into their programs after the fall of 2022. More information regarding the professional degree and athletic training education can be found in question 11.

6) Identify other occupations that perform some of the same functions or similar functions.

Occupations that carry out similar functions are physical therapy, occupational therapy, chiropractic, and emergency medical services.

7) What functions are unique to this occupation? What distinguishes this occupation from those identified in question 6?

Athletic trainers have an array of health care skills which make them unique in comparison to other occupations. Athletic trainers provide care for patients from the onset of injury/illness, back to normal function or to their discharge from care. This is done through evaluation, immediate care and management of injuries (including emergency care), referral to appropriate health care providers, rehabilitation of injuries, and return to functional activities. Athletic trainers work collaboratively with other health care professionals to provide optimal care for patients. Athletic trainers are experts in musculoskeletal injuries and management of concussions to provide a safe return to school, work, or play. Athletic trainers instruct patients on preventative techniques to avoid injury and also perform ergonomic assessments. These measures can generate cost savings and decreases in lost time for employers and employees. “Injury prevention has always been, and still is, the primary focus for athletic trainers in the workplace setting. What has changed is the scope of work and the expertise athletic trainers are bringing to this industry as well as the types of industries utilizing athletic training services.” (Sitzler, B., 2019).

8) Identify other occupations whose members regularly supervise members of this occupation, as well as other occupations whose members are regularly supervised by this occupation. Describe the nature of the supervision that occurs in each of these practice situations.

Per Nebraska Athletic Training Statute, athletic trainers are not directly supervised by a licensed physician but work under guidelines established with a licensed physician. If the athletic trainer is working in a hospital outpatient department or clinic or an outpatient-based medical facility a referral from a licensed physician is required for athletic training services. Athletic trainers work under the direction of or in collaboration with a physician (BOC Practice Standard 1). Athletic trainers do work as part of health care teams, in a variety of settings and in collaboration with physicians and other health care professionals to optimize care and patient outcomes.

An athletic training student who is enrolled in an accredited athletic training education program and who is practicing under the supervision of a licensed athletic trainer is exempt from the licensure requirements of the Athletic Training Practice Act. Neb. Stat. 38-410 (2)

9) What actions, judgments, and procedures of this occupation can typically be carried out without supervision or orders? To what extent is this occupation, or portions of its practice, autonomous?

Athletic Trainers work under the guidelines established with a licensed physician. This relationship provides the ability for the athletic trainer to function relatively autonomously in the performance of the skills identified within the current scope of practice. The educational standards require a progression of clinical supervision that leads to autonomous practice upon graduation (2012 Standard: 46, 2020 Standard: 15). When athletic training is provided in hospital outpatient departments or clinics or an outpatient-based medical facility, the athletic trainer provides care to patients with a referral from a licensed physician, effectively outlining the guidelines for the treatment of their injury or condition.

10) Approximately how many people are performing the functions of this occupation in Nebraska, or are presenting themselves as members of this occupation? To what extent are these people credentialed in Nebraska?

The profession of athletic training is already regulated in Nebraska. The NSATA membership and Department of Health and Human Services (DHHS) licensure data support the following numbers of people performing the functions of athletic training:

- As of 4/23/2020, the NATA showed there are 441 NSATA members in the state of Nebraska.
- The DHHS showed there are 479 licensed athletic trainers in the state of Nebraska on 4/23/2020.

11) Describe the general level of education and training possessed by the practitioners of this occupation, including any supervised internship or fieldwork required for credentialing. Typically, how is this education and training acquired?

EDUCATIONAL STANDARDS:
The CAATE is currently the agency responsible for the accreditation of more than 360 professional (entry-level) athletic training programs, 16 post-professional degree programs and 2 residencies (CAATE, n.d.). The CAATE is transitioning each accredited program from the 2012 Educational Competencies (See Appendix C) to the 2020 Standards (See Appendix D). The CAATE is accredited by the Council for Higher Education Accreditation (CHEA). "CHEA is an association of degree-granting colleges and universities and recognizes institutional and programmatic accrediting organizations." (CHEA: 2019, July). CHEA promotes academic quality and advances student achievement, demonstrates public accountability for performance and transparency, and sustains an effective accreditation structure and organization. Some of the accrediting organizations that CHEA oversees are American Physical Therapy Association Commission on Accreditation in Physical Therapy Education; Accreditation Review Commission on Education for the Physician Assistant, Inc; American Occupational Therapy Association Accreditation Council for Occupational Therapy Education; and Commission on Accreditation of Allied Health Education Programs.

The 2020 Standards reflect suggestions from faculty and administrators of athletic training education programs, program students and graduates, practicing athletic trainers, the CAATE's Commissioners and Executive Committee, Executive Boards from the Strategic Alliance partners (Comprised of the NATA, BOC, CAATE, NATA Research & Education Foundation), and the CAATE's affiliated physician associations. (CAATE, 2018, March) The 2020 Standards reflects the 5th edition of the NATA Educational Competencies and the 7th edition of the BOC Practice Analysis and can be seen in the 2020 Standards for Accreditation of Professional Athletic Training Programs Crosswalk (See Appendix E).

"The *2020 Standards* will be implemented, with the exception of those with a qualifying timeline of implementation provided within the document, for the 2020-2021 academic year. This would mean that professional master's programs whose self-study is slated to open on July 1, 2019 would write the self-study, and conduct the subsequent site visit, on the *2020 Standards*. Professional undergraduate programs will continue to be evaluated on the *2012 Standards* until the time at which they transition to the master's degree or voluntarily withdraw their accreditation. Bachelor's degree programs, however, must teach the content in Section IV of the *2020 Standards* beginning the 2020-2021 academic year. The baccalaureate programs may not admit, enroll, or matriculate students into the athletic training program after the start of the fall term 2022." (CAATE; 2018, March).

PROGRAM STANDARDS (CAATE, 2012 & CAATE, 2018)
The current (2012) educational competencies indicate athletic training programs must be sponsored by an institution that is accredited by a recognized post-secondary accrediting agency (2012: Standard 1) and these programs must lead to a degree in athletic training (2012: Standard 2). According to the new 2020 Standards for Accreditation of Professional Athletic

Training Programs put forth by the CAATE, professional education for athletic trainers must result in the granting of a master's degree in athletic training (2020: Standard 20).

Educational programs are held to stringent standards by the CAATE to demonstrate students are competent, prudent professionals. Athletic training programs must continually assess program design, delivery and assessment (2012: Standard 4; 2020: Standard 2). Programs are required to assess and collect student achievements on an annual basis, including but not limited to, program graduation rates, retention rates, graduate placement rates, and BOC examination success rate (2012: Standard 6 and 7; 2020: Standard 5). To ensure proficiency in graduates, programs must demonstrate a minimum three-year aggregate of 70% first-time pass rate on the BOC examination of their students (2012: Standard 13; 2020: Standard 6).

CLINICAL EDUCATION (CAATE, 2012 & CAATE, 2018)

In addition to programmatic standards, the CAATE has set forth specific clinical education requirements within the accreditation standards to guide academic programs. Students must perform clinical education spanning a minimum of two academic years (2012: Standard 55; 2020: Standard 14) and follow a logical progression of increasingly complex and autonomous patient care and client-care experiences (2012: Standard 46; 2020: Standard 15). Students must also be provided experiences working with a variety of client/patient populations (2012: Standard 50; 2020: Standard 17) including but not limited to, patients throughout the lifespan (e.g. pediatric, adult, elderly), sexes, socioeconomic statuses, varying physical activity ability, and non-sporting populations (e.g. military, industrial, occupational, etc.). In addition to patient populations, programs must demonstrate students are exposed to a wide-variety of health conditions including but not limited to conditions related to emergent, behavioral (mental health), musculoskeletal, neurological, endocrine, dermatological, cardiovascular, respiratory, gastrointestinal, genitourinary, otolaryngological, ophthalmological, dental, and environmental conditions (2012: Standard 50 (Refers directly to Role Delineation Study/Practice Analysis; 2020: Standard 18).

These clinical experiences must be under the direct supervision of a preceptor who is either an athletic trainer or physician (2012: Standard 37; 2020: Standard 31). Students must fulfill all athletic training clinical experience requirements and curricular content standards within the professional program (2012: Standard 53; 2020: Standard 10). At all sites where clinical education occurs, academic programs are required to create affiliation agreements endorsed by appropriate administrators of each site/institution (2012: Standard 3; 2020: Standard 22). In addition, programs must perform continual evaluation of clinical sites to maintain quality assurance for students' education (2012: Standards 4, 6, 9, 11, and 12; 2020: Standards 29, 32, 33, 34, and 35).

Sample educational and clinical requirements are provided below from University of Nebraska-Omaha and Nebraska Wesleyan University.

Sample Entry-Level Master's Program
University of Nebraska at Omaha
Master of Arts in Athletic Training with Thesis Option

Courses	Credits	Lecture Hours	Lab Hours	Total
Prerequisites				
General Chemistry	3	48	-	48
General Physics	3	48	-	48
General Biology	3	48	-	48
Biomechanics	3	48	-	48
Exercise Physiology	3	48	-	48
Introduction to Nutrition	3	48	-	48
Introduction to Psychology	3	48	-	48
Anatomy & Physiology	6	96		96
			Total=	**432**

Didactic Coursework

Courses	Credits	Lecture Hours	Lab Hours	Total
Program Courses				
Athletic Training Techniques + Lab*	2	32	16	48
Emergency Management + Lab	2	32	16	48
Therapeutic Interventions 1 (Pathophysiology/Basic Modalities) + Lab	2	32	16	48
Evidence-Based Practice in Sports Medicine**	3	48	-	48
Orthopedic Assessment I (Lower Extremity Evaluation	2	32	16	48
Therapeutic Interventions 2 (Rehab - Therapeutic Exercise)	2	32	16	48
Clinical Practicum 1	2	32	-	32
Orthopedic Assessment 2 (Upper Extremity Evaluation)	2	32	16	48
Therapeutic Interventions 3 (Rehab - Manual Therapy)	2	32	16	48
General Medical Pathology	3	48	-	48
Clinical Practicum 2	2	32	-	32
Internship in Athletic Training	2	32	-	32
Athletic Training Administration	2	32	-	32
Orthopedic Assessment 3 (Head/Neck/Spine Evaluation	2	32	16	48
Therapeutic Interventions 4 (Pharmacology/Nutrition/Counseling	2	32	-	32
Clinical Practicum 3	2	32	-	32
Thesis/Elective	3	48	-	48
Topics in Sports Medicine	3	48	-	48
Thesis/Elective	3	48	-	48
Clinical Practicum 4	2	32	-	32
			Total=	**848**

*One-hour non-credit lab held weekly

**Replaces previous requirement of Research Methods and Advanced Statistics courses.

Clinical Education

- Students will obtain a variety of experiences during clinical education. By the time the student graduates, they will complete:
  - One rotation at a high school
  - One rotation that involves equipment-intensive athletics
  - Experience with men's and women's sports
  - Experience with upper-and lower-extremity dominant sports
  - Experience with non-traditional patients and settings
- Weekly clinical education requirements will total an average of 20 hours per week over approximately 15 weeks in the course of a semester.
- Athletic training students completing internships are required to complete a minimum of 300 hours.
- Total clinical hours completed by students over the course of the program is approximately 1200-1300 hours.

Total Program Hours

Prerequisite Coursework	Program Coursework	Clinical Hours	Total Hours
432	848	1,200	**2,480**

Sample Undergraduate Athletic Training Education Program
Nebraska Wesleyan University
Bachelor of Science in Athletic Training

Courses	Credits	Lecture Hours	Lab Hours	Total
Program Courses				
Human Anatomy & Physiology with Lab	4	48	48	96
Human Anatomy & Physiology with Lab	4	48	48	96
Health Psychology	4	64	-	64
Advanced Emergency Care	1	16	-	16
Prevention & Care of Athletic Injuries	3	48	-	48
Physical Exam of the Lower Extremity*	3	48	16	64
Physical Exam of the Upper Extremity*	3	48	16	64
Therapeutic Modalities of Athletic Injuries*	3	48	16	64
Rehabilitation of Athletic Injuries*	3	48	16	64
Health Assessment	3	48	-	48
Organization & Administration of Athletic Training	3	48	-	48
Drugs in Modern Society	3	48	-	48
Basic Human Nutrition	2	32	-	32
Strength Training & Conditioning	2	32	-	32
Biomechanics & Kinesiology	4	48	16	64
Physiology of Exercise	4	48	16	64
Senior Capstone	1	16	-	16
Clinical Experience I**	2	16		16
Clinical Experience II**	2	16	-	16
Clinical Experience III**	2	16	-	16
Clinical Experience IV**	2	16	-	16
Clinical Experience V**	2	16	-	16
				1,008

Didactic Coursework
*One-hour non-credit lab held weekly
**One-hour practicum class held weekly

Clinical Education

- Athletic training students will be assigned to a Preceptor to gain experience with the following:
  - Individual and team sports (university and/or high school)
  - Sports requiring protective equipment (university, high school, and/or youth)
  - Experience with patients of different sexes
  - Non-sport patient populations (rehabilitation clinics, medical clinics, and/or physician offices)
  - A variety of conditions other than orthopedics (medical clinics and/or physician offices)
  - Students are also assigned to sports traditionally associated with having upper extremity injuries and sports traditionally associated with having lower extremity injuries
  - Athletic training students are required to complete 100-500 hours over the course of each semester
  - Most athletic training students complete 1,000-1,200 hours over the course of the program

Total Program Hours

Program Coursework	Clinical Hours	Total Program Hours
1,008	1,000	**2,008**

In addition to completing the education requirements from an accredited athletic training program in order to become a Certified Athletic Trainer, one must successfully complete an examination approved by the board. That examination is currently the Athletic Training Certification Examination administered by the BOC.

(Neb. Stat. 38-411) Applicant for licensure; qualifications; examination. (1) An applicant for licensure as an athletic trainer shall at the time of application provide proof to the department that he or she meets one or more of the following qualifications: (a) Graduation after successful completion of the athletic training curriculum requirements of an accredited college or university approved by the board; or (b) Graduation with a four-year degree from an accredited college or university and completion of at least two consecutive years, military duty excepted, as a student athletic trainer under the supervision of an athletic trainer approved by the board. (2) In order to be licensed as an athletic trainer, an applicant shall, in addition to the requirements of subsection (1) of this section, successfully complete an examination approved by the board. Source: Laws 1986, LB 355, § 4; R.S.1943, (2003), § 71-1,241; Laws 2007, LB463, § 183.

12) Identify the work settings typical of this occupation (e.g., hospitals, private physicians' offices, clinics, etc.) and identify any supervised internship or fieldwork required for credentialing. Typically, how is this education and training acquired?

Athletic trainers work in secondary schools, colleges/universities, clinics/hospitals, professional teams/organizations, the performing arts, industrial settings, public safety, and military. An outline of the knowledge and skills needed to be employed as an athletic trainer in areas known as emerging settings can be seen in Appendix F.

CLINICAL EDUCATION (CAATE, 2012 & CAATE, 2018)

In addition to programmatic standards, the CAATE has set forth specific clinical education requirements within the accreditation standards to guide academic programs. Students must perform clinical education spanning a minimum of two academic years (2012: Standard 55; 2020: Standard 14) and follow a logical progression of increasingly complex and autonomous patient care and client-care experiences (2012: Standard 46; 2020: Standard 15). Students must also be provided experiences working with a variety of client/patient populations (2012: Standard 50; 2020: Standard 17) including but not limited to, patients throughout the lifespan (e.g. pediatric, adult, elderly), sexes, socioeconomic statuses, varying physical activity ability, and non-sporting populations (e.g. military, industrial, occupational, etc.). In addition to patient populations, programs must demonstrate students are exposed to a wide-variety of health conditions including but not limited to conditions related to emergent, behavioral (mental health), musculoskeletal, neurological, endocrine, dermatological, cardiovascular, respiratory, gastrointestinal, genitourinary, otolaryngological, ophthalmological, dental, and environmental conditions (2012: Standard 50 (Refers directly to Role Delineation Study/Practice Analysis; 2020: Standard 18).

These clinical experiences must be under the direct supervision of a preceptor who is either an athletic trainer or physician (2012: Standard 37; 2020: Standard 31). Students must fulfill all athletic training clinical experience requirements and curricular content standards within the professional program (2012: Standard 53; 2020: Standard 10). At all sites where clinical education occurs, academic programs are required to create affiliation agreements endorsed by appropriate administrators of each site/institution (2012: Standard 3; 2020: Standard 22). In addition, programs must perform continual evaluation of clinical sites to maintain quality assurance for students' education (2012: Standards 4, 6, 9, 11, and 12; 2020: Standards 29, 32, 33, 34, and 35).

13) Do practitioners routinely serve members of the general population: Are services frequently restricted to certain segments of the population (e.g., senior citizens, pregnant women, etc.)? If so, please specify the type of population served.

The current scope of practice limits athletic trainers to work with only athletes per Nebraska Statutes 38-403, 38-404, and 38-405. However, the term "athlete" is not defined in the statute. Webster dictionary defines "athlete" as a person who is trained or skilled in exercises, sports, or games requiring physical strength, agility, or stamina.

As previously mentioned in other questions, the educational standards require experiences with a variety of patients including pediatrics, adults, and elderly. The education programs must expose students to patients with varying degrees of activity level and a variety of health conditions. Refer to question 11, the 2012 Educational Competencies and the 2020 CAATE Standards for more information.

The following are examples from states whose statutory language does not limit the type of patients seen, allowing athletic trainers the ability to provide best practices in patient care:

States	***Setting***	***Company***
Missouri	Industrial	Cerner Corporation
Washington	Industrial	Boeing
Nation-wide	Industrial	Amazon
Illinois	Worker's Compensation	ATI, Athletico
Georgia	Physician Practice	Peachtree Orthopedics, Emory University Hospital
Washington DC	Public Safety	Police
Texas	Public Safety	Fire & Rescue
Alabama	Government	NASA
Virginia	Government	Military
Nevada	Performing Arts	Cirque du Soleil

14) Identify the typical reasons a person would have for using the services of a practitioner. Are there specific illnesses, conditions, or situations that would be likely to require the services of a practitioner? If so, please specify.

Athletic trainers are a unique health care provider in the aspect they are trained and educated in a wide variety of areas. Although this is not an exhaustive list, those areas include musculoskeletal injuries and conditions, dermatologic conditions, general medical conditions and illnesses, risk mitigation, rehabilitation, emergency care, and injury prevention. As a result, the typical reasons an individual would use the service of an athletic trainer encompasses a wide variety of answers, including the following examples.

The most common situations where an individual would require the services of an athletic trainer are in the traditional settings of college, high school, and youth sports. Athletic trainers have a well-established presence in this space and provide care in a number of areas, including those listed above. Some examples include: caring for student-athletes presenting with sprains and strains from evaluation to return to play; treating an emergent situation of anaphylaxis, respiratory compromise, or cardiac emergency; referring a wrestler to a physician for treatment of an identified skin lesion of methicillin-resistant Staphylococcus aureus (MRSA), identifying the need for immediate referral for an abdominal injury sustained during a game, or recognizing and managing concussions.

Another area an individual would require the services of an athletic trainer would be situations where the individual needs to access outpatient rehabilitation. Athletic trainers are skilled in providing rehabilitation services from evaluation through completion of the plan of care. A few examples of typical situations include rehabilitating individuals with musculoskeletal injuries, post-surgical needs, unresolved concussion issues, the need for gait analysis and training, and return to play progressions.

Additionally, the services of an athletic trainer are utilized in areas where the profession is currently expanding its role. Those areas include serving the needs of performing artists, military personnel, assisting public safety individuals such as law enforcement and fire & rescue, industrial workers, and assisting in physician practice settings. Examples of this would be an

individual having access to the musculoskeletal expertise of an athletic trainer in a physician office, an on-duty law enforcement officer being assessed by an athletic trainer to ensure the officer could safely continue work, or a factory worker being able to seek immediate on-site treatment for an injury.

Finally, athletic trainers are also experts in evaluating and managing concussions. A study published in 2011 by Meehan, et. al. surveyed 192 US high schools and of those high schools it was reported that athletic trainers assessed 94.4% of the concussions reported. Concussions are not only reported by athletes. They are also reported non-athletic populations, coaches, teachers, and other school personnel. Schools often rely on athletic trainers to drive their concussion management teams and assist other professionals. For example, collaborating with school nurses on coordinating a student's return to educational and physical activities. Adults also experience concussion and could rely on the expertise of athletic trainers in managing and treating that injury as the individual navigates the multitude of providers involved in their care.

It would be impossible to list all scenarios where an individual would utilize the services of an athletic trainer due to the inherent nature of the profession because they have been educated and trained in such a diverse set of skills. This section outlines potential areas and demonstrates that athletic trainers are utilized in a number of ways outside of the traditional athletic setting. Unfortunately, in Nebraska the availability of athletic trainers to individuals in the above examples is limited by statute.

15) Identify typical referral patterns to and from members of this occupational group. What are the most common reasons of referral?

Depending on the setting, an athletic trainer may see a patient directly (high school, college, professional sports). They will evaluate, treat, and/or refer those patients within the guidelines they have established with a licensed physician. When athletic training is provided in a hospital outpatient department/clinic or an outpatient-based medical facility, the athletic trainer will perform the functions described in section 38-408 with a referral from a licensed physician for athletic training. If the treatment required for a patient is outside of the athletic trainer's education and training, they will refer to the appropriate health care professional. The referral would be based upon the type of illness or injury; such as musculoskeletal, cardiac, skin conditions, concussions, internal organ conditions, etc., that athletic trainers are educated and trained to treat or refer.

16) Is a prescription or order from a practitioner of another health occupation necessary in order for services to be provided?

Nebraska statutes require athletic trainers to work under guidelines established with a licensed physician. When athletic training services are provided in a hospital or outpatient rehabilitation setting athletic trainers are required to have a referral to provide care.

17) How is continuing competence of credentialed practitioners evaluated?

It is important for athletic trainers to renew their national certification and maintain licensure, as it shows they value professional development, evidence-based practice, and they are committed to the BOC mission of serving in public protection. In the state of Nebraska, athletic trainers are required to demonstrate the completion of CEU's for both the BOC (ATC credential) and the Nebraska DHHS (state license) seen in Neb. Stat. 38-412. The continuing education requirements established by the BOC promote continued competence, develop current knowledge and skills, and enhance professional skills and judgment. Athletic trainers must complete a predetermined number of continuing education units (CEUs) during the certification maintenance period. An explanation of the continuing education requirements for Nebraska DHHS and BOC are below.

NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES: (DHHS, n.d.)
According to the DHHS each person holding an active athletic training credential must, on or before the date of expiration of the credential, comply with the continuing competency requirements for his or her profession, unless the requirements are waived in accordance with 172 NAC17-005.03 and 172 NAC 17-005.04. The DHHS states each credentialed individual is responsible for maintaining certificates or records of continuing competency activities. Each athletic trainer who has an active license must complete 25 hours of continuing education during the preceding 24-month period and hold a current cardiopulmonary certificate from a nationally recognized organization that issues CPR certificates on or before May 1 of each odd-numbered year:

- Have current certification from the BOC or
- Complete 25 hours of continuing education during the preceding 24-month period; and
- Hold a current cardiopulmonary (CPR) certificate from a nationally recognized organization that issues CPR certificates

BOARD OF CERTIFICATION: (BOC, n.d.)
The BOC sets the national standards for certification and the continuing education required to maintain the ATC Credential. The current period ends December 31, 2021.

- Athletic trainers certified in 2019 or before must complete 50 CEUs, which must include at least 10 Evidence Based Practice (EBP) CEUs.
- Athletic trainers certified in 2020 must complete 25 CEUs, which must include at least 5 Evidence Based Practice (EBP) CEUs.

Along with the CEU requirements for the BOC an athletic trainer must be able to demonstrate ongoing certification of Emergency Cardiac Care throughout the reporting period. Athletic trainers are also required to comply with the BOC Standards of Professional Practice, which consists of Practice Standards and the Code of Professional Responsibility which can be seen at https://www.bocatc.org/athletic-trainers#maintain-certification.

18) What requirements must the practitioner meet before his or her credentials may be renewed?

Department of Health and Human Services Renewal (DHHS, n.d.):
All athletic training licenses expire on May 1 of every odd-numbered year. An athletic trainer must meet the following requirements to be eligible for renewal:

- Have current certification from the BOC or
- Complete 25 hours of continuing education during the preceding 24-month period; and
- Hold a current cardiopulmonary (CPR) certificate from a nationally recognized organization that issues CPR certificates

If the above are met an athletic trainer will need to complete a renewal application, attest to having met the continuing competency requirements, and submit a renewal fee.

19) Identify other jurisdictions (states, territories, possessions, or the District of Columbia) wherein this occupation is currently regulated by the government, and the scopes of practice typical for this occupation in these jurisdictions.

According to the BOC there are currently 49 states and the District of Columbia that regulate the practice of athletic training. All 49 states and the District of Columbia have their own scope of practice and each is different. Below is a list of state statutes referenced for the proposal.

38-403 Athletic Injuries, defined.	
Current Statute	**Proposed Language**
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.

Statutes Referenced	
State	**Language**
Colorado	"injuries and illnesses" includes those conditions in an athlete for which athletic trainers, as the result of their education, training, and competency, are qualified to provide care.
Idaho	"Athletic injury" means a physical injury, harm, hurt or common condition (such as heat disorders), incurred by an athlete, preventing or limiting participation in athletic activity, sports or recreation, which athletic trainers are educated to evaluate and treat or refer to the directing physician.
Washington	"Athletic injury" means an injury or condition sustained by an athlete that affects the person's participation or performance in exercise, recreation, sport, or games and the injury or condition is within the professional preparation and education of an athletic trainer.
Wyoming	"Athletic injury" means: (A) An injury or athletic-related illness or both that affects the athlete's participation or performance in sports, games and exercise related to participation with an educational institution or professional, amateur or recreational sports club or organization; and (B) A condition that is within the scope of practice of on athletic trainer identified by a directing physician as benefiting from athletic training services.

38-404 Athletic Trainer, defined.	
Current Statute	**Proposed Language**
Athletic trainer means a person who is responsible for the prevention, emergency care, first aid, treatment, and rehabilitation of athletic injuries under guidelines established with a licensed physician and who is licensed to perform the functions set out in section 38-408. When athletic training is provided in a hospital outpatient department or clinic or an outpatient-based medical facility, the athletic trainer will perform the functions described in section 38-408 with a referral from a licensed physician for athletic training.	Athletic Trainer means a health care professional who is licensed to practice athletic training under the act and who under guidelines established with a licensed physician performs the functions outlined in section 38-405. When athletic training is provided in a hospital outpatient department or clinic or an outpatient-based medical facility, the athletic trainer will perform the functions described in section 38-405 with a referral from a licensed physician, osteopathic physician, podiatrist, advanced practice registered nurse, physician assistant, dentist, or chiropractor.

Statutes Referenced	
State	**Language**
Washington	"Athletic trainer" means a person who is licensed under this chapter. An athletic trainer can practice athletic training through the consultation, referral, or guidelines of a licensed health care provider working within their scope of practice.
Michigan	(Within the definition of “Practice of Athletic Training”)...and performed under the direction of, on the prescription of, or in collaboration with an individual licensed under part 170or 175...
Vermont	(Within the definition of “Athletic Training”)...With a referral from a physician, osteopathic physician, advanced practice registered nurse, physician assistant, dentist or chiropractor...
Virginia	(Within the definition of “Practice of athletic training”)...under the direction of the patient’s physician or under the direction of any doctor of medicine, osteopathy, chiropractic, podiatry or dentistry...

38-405 Athletic training, defined.	
Current Statute	**Proposed Language**
Athletic training means the prevention, evaluation, emergency care, first aid, treatment, and rehabilitation of athletic injuries utilizing the treatments set out in section 38-408.	Athletic training or practice of athletic training means providing the following regarding injuries and illnesses; • Prevention and wellness promotion; • Examination, assessment and impression; ○ Impression defined: The estimated identification of the disease underlying a patient's complaints based on the signs, symptoms, medical history and physical examination of the patient rather than on laboratory examination or medical imaging. • Immediate and emergency care including the administration of emergency drugs. Drugs include those as defined in 38-2819 except for controlled substances; • Therapeutic intervention/rehabilitation of injury and illness in the manner, means, and methods deemed necessary to affect care, rehabilitation, or function; • Therapeutic modalities including but not be limited to, physical modalities, mechanical modalities, water, heat, light, sound, cold, and electricity; • Health care administration, risk management and professional responsibility; • Pursuant to 38-2025 (18) the Practice of Medicine and Surgery, no athletic trainer shall hold themselves out to be a physician, surgeon, or qualified to prescribe medications.

Statutes Referenced	
State	**Language**
Colorado	Injuries and illnesses includes those conditions in an athlete for which athletic trainers, as the result of their education, training, and competency, are qualified to provide care.
Indiana	Athletic training means the practice of prevention, recognition, assessment, management, treatment, disposition, and reconditioning of athletic injuries under the direction of a licensed physician, osteopath, podiatrist, or chiropractor. However, in a clinic accessible to the general public, the term means practicing athletic training only upon the referral and order of a licensed physician, osteopath, podiatrist, or chiropractor. The term includes the following: (1) Practice that may be conducted by an athletic trainer through the use of heat, light, sound, cold, electricity, exercise, rehabilitation, or mechanical devices related to the care and the conditioning of athletes. (2) The organization and administration of educational programs and athletic facilities. (3) The education and the counseling of the public on matters related to athletic training.

Missouri	"Athletic trainer", a person who meets the qualifications of section 334.708 and who, upon the direction of the team physician and/or consulting physician, practices prevention, emergency care, first aid, treatment, or physical rehabilitation of injuries incurred by athletes in the manner, means, and methods deemed necessary to effect care or rehabilitation, or both;
Nevada	The prevention, recognition, assessment, management, treatment, disposition or reconditioning of the athletic injury of an athlete: 1. Whose condition is within the professional preparation and education of the licensed athletic trainer; and 2. That is performed under the direction of a physician.
North Dakota	"Athletic training" means doing any of the following under the guidance of a physician: • Preventing, recognizing, and evaluating injuries and illnesses sustained while participating in physical activity; • Managing and administering the initial treatment of injuries or illnesses sustained while participating in physical activity; • Giving emergency care or first aid for an injury or illness sustained while participating in physical activity; • Under verbal, standing, or written orders, except in the case of providing services in a clinical setting which requires written orders, rehabilitating injuries or illnesses sustained while participating in physical activity; • Under verbal, standing, or written orders, except in the case of providing services in a clinical setting which requires written orders, rehabilitating and physically reconditioning injuries or illnesses that impede or prevent an individual from returning to participating in physical activity, if the individual recently participated in, and intends to return to participation in, physical activity; • Establishing or administering risk management, conditioning, and injury prevention programs; • Providing injury screening or physician extender services; or • Referring a patient to an appropriate health care provider as needed.
Pennsylvania	Athletic training services. The management and provision of care of injuries to a physically active person as defined in this act with the direction of a licensed physician. The term includes the rendering of emergency care, development of injury prevention programs and providing appropriate preventative and supporting devices for the physically active person. The term also includes the assessment, management, treatment, rehabilitation and reconditioning of the physically active person whose conditions are within the professional preparation and education of a licensed athletic trainer. The term also includes the use of modalities such as mechanical stimulation, heat, cold, light, air, water, electricity, sound, massage and the use of therapeutic exercises, reconditioning exercise and fitness programs. Athletic training services shall not include surgery, invasive procedures or prescription of any controlled substance.

Wisconsin	"Athletic training" means doing any of the following: • Preventing, recognizing and evaluating injuries or illnesses sustained while participating in physical activity. • Managing and administering the initial treatment of injuries or illnesses sustained while participating in physical activity. • Giving emergency care or first aid for an injury or illness sustained while participating in physical activity. • Rehabilitating and physically reconditioning injuries or illnesses sustained while participating in physical activity. • Rehabilitating and physically reconditioning injuries or illnesses that impede or prevent an individual from returning to participation in physical activity, if the individual recently participated in, and intends to return to participation in, physical activity. • Establishing or administering risk management, conditioning, and injury prevention programs.

Additional Questions an Applicant Group Must Answer about their Proposal

1) **What is the problem created by not regulating the health professional group under review, or by not changing the scope of practice of the professional group under review?**

A lack of regulation and, in this instance licensure, poses a significant risk to public safety. Regulation is the mechanism we possess that ensures that a standard has been met by those licensed to practice. This standard offers some assurance to the public they can expect to receive care in a safe manner.

The current scope of practice identifies who athletic trainers can treat (athletes), not the conditions athletic trainers are educated to treat. "Non-athletes" sustain the same injuries and suffer from the same illnesses and conditions as athletes. Limiting the patient population to athletes limits access for patients that could benefit from athletic training services. Athletic trainers no longer specialize in treating only athletes. If the proposed changes are approved, and with the appropriate guidelines or referrals in place, athletic training services can be safely provided to a broader patient population.

The current scope of practice also limits the services that can be provided by limiting the ability of the athletic trainers to utilize resources they are trained to use. Section 38-408 is outdated and has not kept up with the modalities that are available to athletic trainers, those which athletic trainers are educated to use, and those which would benefit the patients whom athletic trainers serve. Additionally, the current scope of practice prevents athletic trainers from employing potentially life-saving skills and practices that are becoming ever-more accessible and standard in caring for emergency conditions (epi-pens for example).

2) **If the proposal is for the regulation of a health professional group not previously regulated, all feasible methods of regulation, including those methods listed below, and the impact of such methods on the public, must be considered. For each of the following evaluate the feasibility of applying it to the profession and the extent to which the regulatory method would protect the public.**
    a) **Inspection requirements**
    b) **Injunctive relief**
    c) **Regulating the business enterprise rather than individual providers**
    d) **Regulating or modifying the regulation of those who supervise the providers under review**
    e) **Registering the providers under review**
    f) **Certifying the providers under review by the State of Nebraska**
    g) **Licensing the providers under review**

Not applicable. Athletic trainers are already a licensed health professional group.

3) **What is the benefit to the public of regulating the health professional group under review or changing the scope of practice of the regulated health profession under review?**

The proposed wording better defines what an athletic trainer is and what athletic trainers are trained to do. The current wording limits the population served, therapeutic interventions, and emergency services athletic trainers can provide. The proposed wording allows athletic trainers to practice to the fullest scope of their education and training and provide safe and optimal care for all patients.

Currently, Nebraska athletic training statutes limit athletic trainers in the populations they can serve, the therapeutic interventions they can utilize, and their ability to provide emergency services to an individual. These limitations prevent athletic trainers from providing comprehensive care to the individuals they currently serve as well as prevent athletic trainers from providing care to some groups of individuals all together. If allowed to work to the full extent of their education and training, individuals will have increased opportunity to see the health care professional of their choice, as well as improved access to the care provided by athletic trainers. Those who are currently receiving athletic training services will benefit from the athletic trainer being equipped with their entire clinical “toolbox”. This would afford them the ability to employ best practices utilizing the therapeutic interventions and emergency care in which athletic trainers have been trained to deliver.

4) What is the extent to which the proposed regulation or the proposed change in scope of practice might harm the public?

The extent to which the proposed language might harm the public is considered to be minimal. The main purpose of regulation is public protection and should be of top priority in scope of practice decisions (National Council of State Board of Nursing, 2012). This includes the public having access to providers who practice safely and competently (National Council of State Board of Nursing, 2012). Evidence suggests public harm has not been shown to increase as a result of less restrictive scope of practice for health care professionals (Mark & Patel, 2019). Research has also shown restrictive scopes "can negatively affect practitioner employment and earnings while raising health-care costs and limiting patient access to care" (Adams & Markowitz, 2018).

5) What standards exist or are proposed to ensure that a practitioner of the health professional group under review would maintain competency?

The Nebraska DHHS requires completion of 25 hours of continuing education during the preceding 24-month period and a current cardiopulmonary (CPR) certificate from a nationally recognized organization that issues CPR certificates. The BOC requires 50 hours of continuing education every two years. Ten of these fifty hours need to be evidence-based practice. (DHHS, n.d.; BOC, n.d.)

6) What is the current and proposed role and availability of third-party reimbursement for the services provided by the health professional group under review?

Athletic trainers currently have the ability to bill for athletic training services provided in Nebraska. The current proposal does not change that in any way.

7) What is the experience of other jurisdictions in regulating the practitioners affected by the proposal? Identify appropriate statistics on complaints, describing actions taken, etc., by jurisdictions where the profession is regulated.

A survey conducted in March of 2020 by the BOC on state disciplinary actions taken against athletic trainers over the past five years showed there has been no change in disciplinary cases as a result of statute and/or rules and regulation changes. The BOC sent 49 states surveys with 11 states (Alabama, Florida, Georgia, Hawaii, Montana, Nevada, North Carolina, North Dakota, Oregon, West Virginia, and Wyoming) responding to the survey. The following is the data from the survey:

Results of The Questions Asked Based on The Last Five Years					
	2015	**2016**	**2017**	**2018**	**2019**
How many AT complaints did you receive?	17	20	29	34	27
How many AT discipline cases did you process?	10	10	19	19	15
How many AT cases were related to practice?	3	6	10	10	5
How many AT cases were related to criminal offenses?	2	0	2	0	0
How many complaints did you receive related to unlicensed practice as an AT?	9	15	15	26	19
How many cases were related to dismissal of employment or actions taken by another state regulatory entity?	0	0	0	0	0
How many AT cases were related to continuing education requirements?	0	0	0	0	0
How many AT cases resulted in dismissal?	10	11	11	19	9
How many AT cases resulted in disciplinary action?	10	14	13	17	15
How many AT cases resulted in denied license?	1	0	0	0	0
How many disciplinary actions affected the AT's ability to practice (i.e., revocation, suspension, conditional practice, etc.)?	2	1	0	1	0

Over the past five years the types of disciplinary action taken for violations were voluntary surrender (2), modified practice (1), probation (3), assigned corrective training/education (1), reprimand (5), denial of license (1), fined (3), and other/stayed suspension (1).

Of the 11 states that responded to the survey, 6 states have made changes in their athletic training statutes and/or rules and regulations within the last 5 years. All six states agreed there has been no change in the number of disciplinary cases as a result of the statute and/or rules and regulations change. The data shows there has been no increase in cases with states changing their statutes and/or rules and regulations. Therefore, we do not foresee this occurring in Nebraska based on similar changes being sought to modernize the statutes of athletic training.

8) What are the expected costs of regulating the health professional group under review, including the impact of registration, certification, or licensure on the costs of services to the public? What are the expected costs to the state and to the general public of implementing the proposed legislation?

The Nebraska DHHS already regulates the licensure of athletic training, therefore there would be no additional expected costs.

9) Is there any additional information that would be useful to the technical committee members in their review of the proposal?

The NSATA took several steps to ensure its membership had the opportunity to review the proposed scope of practice changes included in this application. A series of in-person town hall meetings were held in October 2019 for certified and student members to attend. Feedback from those meetings yielded further revisions to the proposed language. The NSATA membership had the opportunity to review those revisions in a series of virtual town hall meetings conducted in March 2020.

Additionally, a survey of NSATA members was conducted following the virtual town hall meetings. Links to recordings of both the October and March town hall meetings were included for those members who could not attend, as well as the proposed language. A total of 31% of members completed the survey and all responses were in favor of engaging in a credentialing review with the proposed language as submitted in this application. There were no negative responses.

This application is respectfully submitted by:

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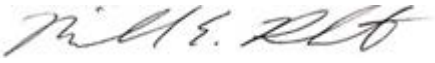
Signature: 

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Appendix A:

State of Nebraska Statutes Relating to the Practice of Athletic Training (2017)

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ATHLETIC TRAINING PRACTICE ACT

38-401. Act, how cited.
38-402. Definitions, where found.
38-403. Athletic injuries, defined.
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38-412. Continuing competency requirements.
38-413. Reciprocity; continuing competency requirements; military spouse; temporary license.
38-414. Fees.
71-1,238. Transferred to section 38-402.
71-1,239. Repealed. Laws 1999, LB 178, s. 6.
71-1,239.01. Transferred to section 38-410.
71-1,240. Transferred to section 38-409.
71-1,241. Transferred to section 38-411.
71-1,242. Repealed. Laws 2007, LB 463, § 1319.
71-1,243. Repealed. Laws 2003, LB 242, s. 154.1

STATUTES PERTAINING TO ATHLETIC TRAINING PRACTICE ACT

38-401. Act, how cited.
Sections 38-401 to 38-414 shall be known and may be cited as the Athletic Training Practice Act.
Source: Laws 2007, LB463, § 173.

38-402. Definitions, where found.
For purposes of the Athletic Training Practice Act and elsewhere in the Uniform Credentialing Act, unless the context otherwise requires, the definitions found in sections 38-403 to 38-407 apply.
Source: Laws 1986, LB 355, § 1; Laws 1996, LB 1044, § 477; Laws 1999, LB 178, § 2; Laws 1999, LB 828, § 140; Laws 2003, LB 242, § 65; R.S.1943, (2003), § 71-1,238; Laws 2007, LB296, § 359; Laws 2007, LB463, § 174.

38-403. Athletic injuries, defined.
Athletic injuries means 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.
Source: Laws 2007, LB463, § 175.

38-404. Athletic trainer, defined.
Athletic trainer means a person who is responsible for the prevention, emergency care, first aid, treatment, and rehabilitation of athletic injuries under guidelines established with a licensed physician and who is licensed to perform the functions set out in section 38-408. When athletic training is provided in a hospital outpatient department or clinic or an outpatient-based medical facility, the athletic trainer will perform the functions described in section 38-408 with a referral from a licensed physician for athletic training.
Source: Laws 2007, LB463, § 176.

38-405. Athletic training, defined.
Athletic training means the prevention, evaluation, emergency care, first aid, treatment, and rehabilitation of athletic injuries utilizing the treatments set out in section 38-408.
Source: Laws 2007, LB463, § 177.

38-406. Board, defined.
Board means the Board of Athletic Training.
Source: Laws 2007, LB463, § 178.

38-407. Practice site, defined.
Practice site means the location where the athletic trainer practices athletic training.
Source: Laws 2007, LB463, § 179.

38-408. Athletic trainers; authorized physical modalities.
(1) Athletic trainers shall be authorized to use the following physical modalities in the treatment of athletic injuries under guidelines established with a licensed physician:
(a) Application of electrotherapy;
(b) Application of ultrasound;
(c) Use of medical diathermies;
(d) Application of infrared light; and
(e) Application of ultraviolet light.
(2) The application of heat, cold, air, water, or exercise shall not be restricted by the Athletic Training Practice Act.
Source: Laws 2007, LB463, § 180.

38-409. License required; exceptions.
No person shall be authorized to perform the physical modalities set out in section 38-408 on any person unless he or she first obtains a license as an athletic trainer or unless such person is licensed as a physician, osteopathic physician, chiropractor, nurse, physical therapist, or podiatrist. No person shall hold himself or herself out to be an athletic trainer unless licensed under the Athletic Training Practice Act.
Source: Laws 1986, LB 355, § 3; Laws 1989, LB 342, § 27; Laws 1999, LB 178, § 3; Laws 2003, LB 242, § 67; R.S.1943, (2003), § 71-1,240; Laws 2007, LB463, § 181.
2

38-410. Licensure requirements; exemptions.
(1) An individual who accompanies an athletic team or organization from another state or jurisdiction as the athletic trainer is exempt from the licensure requirements of the Athletic Training Practice Act.
(2) An individual who is a graduate student in athletic training and who is practicing under the supervision of a licensed athletic trainer is exempt from the licensure requirements of the Athletic Training Practice Act.
Source: Laws 1999, LB 178, § 4; Laws 2003, LB 242, § 66; R.S.1943, (2003), § 71-1,239.01; Laws 2007, LB463, § 182.

38-411. Applicant for licensure; qualifications; examination.
(1) An applicant for licensure as an athletic trainer shall at the time of application provide proof to the department that he or she meets one or more of the following qualifications:
(a) Graduation after successful completion of the athletic training curriculum requirements of an accredited college or university approved by the board; or
(b) Graduation with a four-year degree from an accredited college or university and completion of at least two consecutive years, military duty excepted, as a student athletic trainer under the supervision of an athletic trainer approved by the board.
(2) In order to be licensed as an athletic trainer, an applicant shall, in addition to the requirements of subsection (1) of this section, successfully complete an examination approved by the board.
Source: Laws 1986, LB 355, § 4; R.S.1943, (2003), § 71-1,241; Laws 2007, LB463, § 183.

38-412. Continuing competency requirements.
An applicant for licensure as an athletic trainer who has met the education and examination requirements in section 38-411, who passed the examination more than three years prior to the time of application for licensure, and who is not practicing at the time of application for licensure shall present proof satisfactory to the department that he or she has within the three years immediately preceding the application for licensure completed continuing competency requirements approved by the board pursuant to section 38-145.
Source: Laws 2007, LB463, § 184.

38-413. Reciprocity; continuing competency requirements; military spouse; temporary license.
(1) An applicant for licensure as an athletic trainer who has met the standards set by the board pursuant to section 38-126 for a license based on licensure in another jurisdiction but is not practicing at the time of application for licensure shall present proof satisfactory to the department that he or she has within the three years immediately preceding the application for licensure completed continuing competency requirements approved by the board pursuant to section 38-145.
(2) An applicant who is a military spouse may apply for a temporary license as provided in section 38-129.01.
Source: Laws 2007, LB463, § 185; Laws 2017, LB88, § 37. Operative Date: April 26, 2017

38-414. Fees.
The department shall establish and collect fees for initial licensure and renewal under the Athletic Training Practice Act as provided in sections 38-151 to 38-157.
Source: Laws 2007, LB463, § 186.

71-1,238. Transferred to section 38-402.
71-1,239. Repealed. Laws 1999, LB 178, s. 6.
71-1,239.01. Transferred to section 38-410.
71-1,240. Transferred to section 38-409.
71-1,241. Transferred to section 38-411.
71-1,242. Repealed. Laws 2007, LB 463, § 1319.
71-1,243. Repealed. Laws 2003, LB 242, s. 154.

APPENDIX B:

Effective Date August 25, 2012 | NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES | 172 NAC 17

TITLE 172 PROFESSIONAL AND OCCUPATIONAL LICENSURE

CHAPTER 17 LICENSURE OF ATHLETIC TRAINERS

17-001 SCOPE AND AUTHORITY: These regulations govern the credentialing of athletic trainers under Neb. Rev. Stat. §§ 38-401 to 38-414 and the Uniform Credentialing Act (UCA).

17-002 DEFINITIONS

Act means Neb. Rev. Stat. §§ 38-401 to 38-414, known as the Athletic Training Practice Act.

Accredited College or University means a college or university which is accredited by North Central Association of Colleges and Schools or a comparable regional accrediting body or one whose athletic training curriculum is accredited by the Commission on Accreditation in Athletic Training Education in conjunction with the Council for Higher Education Accreditation.

Active addiction means current physical or psychological dependence on alcohol or a substance, which develops following the use of alcohol or a substance on a periodic or continuing basis.

Alcohol or substance abuse means a maladaptive pattern of alcohol or substance use leading to clinically significant impairment or distress as manifested by one or more of the following occurring at any time during the same 12-month period:

1. Recurrent alcohol or substance use resulting in a failure to fulfill major role obligations at work, school, or home;
2. Recurrent alcohol or substance use in situations in which it is physically hazardous;
3. Recurrent legal problems related to alcohol or substance use; or
4. Continued alcohol or substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the alcohol or substance use.

Anghoff Method means a method of determining passing scores based on aggregate information obtained by having judges predict the probability that a hypothetical minimally competent candidate will correctly answer items in a test.

Athletic Injuries means 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.

Athletic Trainer means a person who is responsible for the prevention, emergency care, first-aid, treatment, and rehabilitation of athletic injuries under guidelines established with a licensed physician and who is licensed to perform the functions set out in Neb. Rev. Stat. § 38-408. When athletic training is provided in a hospital outpatient department or clinic or an outpatient-based medical facility, the athletic trainer will perform the functions described in Neb. Rev. Stat. §38-408 with a referral from a licensed physician for athletic training.

Athletic Training means the prevention, evaluation, emergency care, first aid, treatment, and rehabilitation of athletic injuries utilizing the treatments set out in Neb. Rev. Stat. § 38-408.

Attest or attestation means that the individual declares that all statements on the application are true and complete.

Authorized physical modalities means:

1. Athletic trainers are authorized to use the following physical modalities in the treatment of athletic injuries under guidelines established with a licensed physician:
   a. Application of electrotherapy;
   b. Application of ultrasound;
   c. Use of medical diathermies;
   d. Application of infrared light; and
   e. Application of ultraviolet light.

2. The application of heat, cold, air, water, or exercise is not restricted by the Athletic Training Practice Act.

Board means the Board of Athletic Training.

Complete application means an application that contains all of the information requested on the application, with attestation to its truth and completeness, and that is submitted with the required fees and all required documentation.

Confidential information means information protected as privileged under applicable law.

Consumer means a person receiving health or health-related services or environmental services and includes a patient, client, resident, customer, or person with a similar designation.

Continuing education activity means the various methods in which a licensee can obtain the necessary continuing education for license renewal.

Continuing education hours means the number of actual clock hours spent in direct participation in a structured education format.

1. One academic semester hour is equal to 15 contact hours. A three credit hour course provides 45 contact hours of continuing education credit.
2. One academic quarter hour is equal to ten contact hours. A three credit hour course provides 30 contact hours of continuing education credit.

Conviction means a plea or verdict of guilty or a conviction following a plea of nolo contendere or non vult contendere made to a formal criminal charge, or a judicial finding of guilt irrespective of the pronouncement of judgment or the suspension thereof, and includes instances in which the imposition or the execution of sentence is suspended following a judicial finding of guilt and the defendant is placed on probation.

Course of study means a program of instruction necessary to obtain a credential meeting the requirements set out for each profession in the appropriate practice act and rules and regulations and includes a college, a professional school, a vocational school, hours of training, or a program of instruction with a similar designation.

Credential means a license, certificate, or registration.
Department means the Division of Public Health of the Department of Health and Human Services.

Dependence means a maladaptive pattern of alcohol or substance use, leading to clinically significant impairment or distress, as manifested by three or more of the following occurring at any time in the same 12-month period:

1. Tolerance as defined by either of the following:
   a. A need for markedly increased amounts of alcohol or the substance to achieve intoxication or desired effect; or
   b. A markedly diminished effect with continued use of the same amount of alcohol or the substance;
2. Withdrawal as manifested by either of the following:
   a. The characteristic withdrawal syndrome for alcohol or the substance as referred to in the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, published by the American Psychiatric Association; or
   b. Alcohol or the same substance or a closely related substance is taken to relieve or avoid withdrawal symptoms;
3. Alcohol or the substance is often taken in larger amounts or over a longer period than was intended;
4. A persistent desire or unsuccessful efforts to cut down or control alcohol or substance use;
5. A great deal of time is spent in activities necessary to obtain alcohol or the substance, to use alcohol or the substance; or to recover from the effects of use of alcohol or the substance;
6. Important social, occupational, or recreational activities are given up or reduced because of alcohol or substance use; or
7. Alcohol or substance use continues despite knowledge of having had a persistent or recurrent physical or psychological problem that was likely to have been caused or exacerbated by alcohol or the substance.

Director means the Director of Public Health of the Division of Public Health or his/her designee.

Graduate student means an individual who is enrolled in an accredited graduate athletic training program in an accredited college or university.

Inactive credential means a credential which the credential holder has voluntarily placed on inactive status and by which action has terminated the right to practice or represent him/herself as having an active credential.

License means an authorization issued by the Department to an individual to engage in a profession or to a business to provide services which would otherwise be unlawful in this state in the absence of such authorization.

Licensure Examination means the Examination administered by the Board of Certification for the Athletic Trainer (BOC).

Military service means full-time duty in the active military service of the United States, or a National

Guard call to active service for more than 30 consecutive days, or active service as a commissioned officer of the Public Health Service or the National Oceanic and Atmospheric Administration. Military service may also include any period during which a servicemember is absent from duty on account of sickness, wounds, leave, or other lawful cause. (From the Servicemembers Civil Relief Act, 50 U.S.C. App. 501 et seq., as it existed on January 1, 2007.)

NAC means the Nebraska Administrative Code, the system for classifying State agency rules and regulations. These regulations are 172 NAC 17.

Official means issued by and under the original seal of the issuing agency.

Pattern of incompetent or negligent conduct means a continued course of incompetent or negligent conduct in performing the duties of the profession.

Profession means any profession or occupation named in subsection (1) or (2) of Neb. Rev. Stat. § 38-121.

Refereed means both the editor and one or more specialists in the field examine all manuscripts.

Served in the regular armed forces has the same meaning as "military service" in these regulations.

Student Athletic Trainer means a person who is practicing athletic training under the supervision of an athletic trainer approved by the Board in an educational institution, professional athletic organization, or an amateur athletic organization.

Supervision means a supervising athletic trainer must be physically present and immediately available and have the ability to intervene on behalf of the student athletic trainer/graduate student and patient.

17-003 INITIAL CREDENTIAL

17-003.01 Qualifications: To receive a credential to practice athletic training, an individual must meet the following qualifications:

1. Age and Good Character: Be at least 19 years old and of good character;
2. Citizenship/Lawful Presence: For purposes of Neb. Rev. Stat. §§4-108 to 4-114, a citizen of the United States or qualified alien under the Federal Immigration and Nationality Act. For purposes of Neb. Rev. Stat. §38-129, a citizen of the United States, an alien lawfully admitted into the United States who is eligible for a credential under the Uniform Credentialing Act, or a nonimmigrant lawfully present in the United States who is eligible for a credential under the Uniform Credentialing Act.
3. Education:
   a. Have graduated after successful completion of the athletic training curriculum requirements of an accredited college or university as defined in 172 NAC 17-002; or
   b. Have graduated with a four-year degree from an accredited college or university and completion of at least two consecutive years as a student athletic trainer, military duty excepted, under the supervision

of an athletic trainer approved by the Board. In order for the supervising trainer to be approved by the Board, the trainer must have been overseen under the supervision of an athletic trainer who was licensed in Nebraska or an athletic trainer in another state who met Nebraska licensure requirements at the time the student athletic training was performed;

4. Student Athletic Training:
   a. Occurred at an educational institution, professional athletic organization, or an amateur athletic organization where the supervising athletic trainer and student athletic trainer were performing athletic training activities;
   b. Included the daily personal contact of the supervising athletic trainer at the site where the student athletic trainer was performing athletic training activities; and
   c. Required that the supervising athletic trainer completed regular evaluations of the student athletic trainer's performance to include review of physical modalities to assure the proper techniques were being utilized.
5. Examination: Have passed the licensure examination with a passing score as determined by using the Anghoff Method.

17-003.01A Passed Licensure Examination But Is Not Practicing. An applicant who has met the education, and examination requirements as specified in 172 NAC 17-003.01 items 3 and 4, who passed the examination more than three years prior to the time of application for licensure, and who is not practicing at the time of application for licensure, must present proof to the Department, that s/he has within the three years immediately preceding the application for licensure:

1. Completed 25 hours of continuing education pursuant to 172 NAC 17-004; and
2. Holds a current cardiopulmonary (CPR) certificate from a nationally recognized organization that issues the certificates; or
3. Holds a current certification from the Board of Certification for Athletic Trainers (BOC); or
4. Has retaken and passed the licensure examination with a passing score determined by using the Anghoff method.

17-003.01B Licensed in Another Jurisdiction But Is Not Practicing. An applicant who has met the standards for licensure pursuant to 172 NAC 17-003.01 based on a license in another jurisdiction and who is not practicing at the time of application for licensure, must present proof to the Department that s/he has within the three years immediately preceding the application for licensure:

1. Completed 25 hours of continuing education pursuant to 172 NAC 17-004; and
2. Holds a current cardiopulmonary (CPR) certificate from a nationally recognized organization that issues these certificates; or
3. Holds a current certification from the Board of Certification for Athletic Trainers (BOC); or
4. Has retaken and passed the licensure examination with a passing score determined by using the Anghoff method.

17-003.02 Application: To apply for a credential to practice athletic training, the individual must submit a complete application to the Department. A complete application includes all required documentation, the required fee, and a written application. The applicant may obtain an application from the Department or construct an application that must contain the following information:

1. Written Application:
   a. Personal Information:
      (1) The legal name of the applicant, maiden name (if applicable), and any other names by which the applicant is known;
      (2) Date of birth (month, day, and year);
      (3) Place of birth (city and state or country if not born in the United States);
      (4) Mailing address (street, rural route, or post office address; and city, state, and zip code, or country information);
      (5) The applicant's:
         (a) Social Security Number (SSN);
         (b) Alien Registration Number ("A#"); or
         (c) Form I-94 (Arrival-Departure Record) number;
         Certain applicants may have both a SSN and an A# or I-94 number, and if so, must report both.
      (6) The applicant's telephone number including area code (optional);
      (7) The applicant's e-mail address (optional);
      (8) The applicant's fax number (optional);
   b. Student Athletic Training: If applicable, the applicant must state:
      (1) Dates of training;
      (2) Name of institution or organization where training occurred;
      (3) Mailing address (street, rural route, or post office address; and city, state, and zip code, or country information) of institution or organization;
      (4) Name of supervising athletic trainer; and
      (5) The work responsibilities as a student;
   c. Practice Before Application: The applicant must state:
      (1) That s/he has not practiced athletic training in Nebraska before submitting the application; or
      (2) If s/he has practiced athletic training in Nebraska before submitting the application, the actual number of days practiced in Nebraska before submitting the application for a credential and the name and location of practice; and
   d. Attestation: The applicant must attest that:
      (1) S/he has read the application or has had the application read to him/her;
      (2) All statements on the application are true and complete;
      (3) S/he is of good character;
      (4) S/he has not committed any act that would be grounds for denial under 172 NAC 17-006 or if an act(s) was committed, provide an explanation of all such acts; and

(5) S/he is:
(a) For purposes of Neb. Rev. Stat. §§4-108 to 4-114, a citizen of the United States or qualified alien under the Federal Immigration and Nationality Act; and
(b) For purposes of Neb. Rev. Stat. §38-129:
(i) A citizen of the United States;
(ii) An alien lawfully admitted into the United States who is eligible for a credential under the Uniform Credentialing Act; or
(iii) A nonimmigrant lawfully present in the United States who is eligible for a credential under the Uniform Credentialing Act.

2. Documentation: The applicant must submit the following documentation with the application:
a. Evidence of age, such as:
(1) Driver's license;
(2) Birth certificate;
(3) Marriage license that provides date of birth;
(4) Transcript that provides date of birth;
(5) U.S. State identification card;
(6) Military identification; or
(7) Other similar documentation;
b. Evidence of good character, including:
(1) Other Credential Information: If the applicant holds a credential to provide health services, health-related services, or environmental services in Nebraska or in another jurisdiction, the applicant must submit the name of the state, credential number, type of credential, date issued, and expiration date of each credential where the applicant has been or is currently credentialed. The applicant must have the licensing agency submit to the Department a certification of his/her credential;
(2) Disciplinary Action: A list of any disciplinary actions taken against the applicant's credential and a copy of the disciplinary action(s), including charges and disposition;
(3) Denial: If the applicant was denied a credential or denied the right to take an examination, an explanation of the basis for the denial;
(4) Conviction Information: If the applicant has been convicted of a felony or misdemeanor, the applicant must submit to the Department:
(a) A list of any misdemeanor or felony convictions;
(b) A copy of the court record, which includes charges and disposition;
(c) Explanation from the applicant of the events leading to the conviction (what, when, where, why) and a summary of actions the applicant has taken to address the behaviors/actions related to the

convictions;

(d) All addiction/mental health evaluations and proof of treatment, if the conviction involved a drug and/or alcohol related offense and if treatment was obtained and/or required;

(e) A letter from the probation officer addressing probationary conditions and current status, if the applicant is currently on probation; and

(f) Any other information as requested by the Board/Department;

c. Evidence that the applicant is:

(1) For purposes of Neb. Rev. Stat. §§4-108 to 4-114, a citizen of the United States or qualified alien under the Federal Immigration and Nationality Act; and

(2) For purposes of Neb. Rev. Stat. §38-129, a citizen of the United States, an alien lawfully admitted into the United States who is eligible for a credential under the Uniform Credentialing Act, or a nonimmigrant lawfully present in the United States who is eligible for a credential under the Uniform Credentialing Act.

d. Evidence of citizenship, lawful presence, and/or immigration status may include a copy of:

(1) A U.S. Passport (unexpired or expired);

(2) A birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal;

(3) An American Indian Card (I-872);

(4) A Certificate of Naturalization (N-550 or N-570);

(5) A Certificate of Citizenship (N-560 or N-561);

(6) Certification of Report of Birth (DS-1350);

(7) A Consular Report of Birth Abroad of a Citizen of the United States of America (FS-240);

(8) Certification of Birth Abroad (FS-545 or DS-1350);

(9) A United States Citizen Identification Card (I-197 or I-179);

(10) A Northern Mariana Card (I-873);

(11) A Green Card, otherwise known as a Permanent Resident Card (Form I-551), both front and back of card;

(12) An unexpired foreign passport with an unexpired Temporary I-551 stamp bearing the same name as the passport;

(13) A document showing an Alien Registration Number ("A#"). An Employment Authorization Card/Document is not acceptable; or

(14) A Form I-94 (Arrival-Departure Record) with visa status;

e. Documentation of education, including:

(1) Name and date of degree awarded; and

(2) Name of school, college, university that awarded the degree.

f. Documentation of examination, including:

(1) Name of examination;

(2) Date of examination; and

(3) Score received; and

g. Documentation that the applicant:
   (1) Requested that the examination score be sent directly to the Department from the appropriate examination service or State Board Office;
   (2) Requested that an official transcript of completion of an athletic training curriculum or transcript of a bachelor's degree be sent to the Department.
   (3) Met the requirements listed in 172 NAC 17-003.01A or 172 NAC 17-003.01B, if applicable;
   (4) Submitted any other documentation as requested by the Board/Department; and

h. Verification from the Supervising Athletic Trainer, if applicable, that s/he:
   (1) Supervised applicant and provided beginning and ending dates of supervision;
   (2) Has a license as an athletic trainer in Nebraska; or
   (3) Has passed the licensing examination; and
   (4) Was present at the site where the student athletic trainer was performing athletic training; and
   (5) Completed regular evaluations of the student athletic trainer's performance.

i. Documentation of licensure in another jurisdiction, including:
   (1) Certification from the other jurisdiction(s) verifying licensure, including:
      (a) Date of initial licensure;
      (b) The name of the examination on which licensure was based;
      (c) The score received on the examination;
      (d) Date of the examination:
      (e) Name of accredited program that the applicant presented a transcript from;
      (f) The nature of disciplinary actions, if any, taken against the applicant's credential; and
   (2) The dates and locations of practice prior to the date of the application.

j. Documentation of continuing competency if not practicing: Submit certificates of attendance verifying the 25 hours of continuing education pursuant to 172 NAC 17-004; or

k. Documentation of continuing competency if licensed in another jurisdiction but not practicing: Submit certificates of attendance verifying the 25 hours of continuing education pursuant to 172 NAC 17-004; and

3. Fee: The applicant must submit the required license fee according to 172 NAC 2, along with the application and all required documentation.

17-003.02A Prorated Fee: When a credential will expire within 180 days after its initial issuance date and the initial credentialing fee is $25 or more, the Department

will collect $25 or one-fourth of the initial credentialing fee, whichever is greater, for the initial credential, and the credential will be valid until the next subsequent renewal date.

17-003.03 Department Review: The Department will act within 150 days upon all completed applications for initial credentialing.

17-003.04 Denial of Initial Credential: If an applicant for an initial credential does not meet all of the requirements for a credential, the Department will deny issuance of a credential. If the applicant is found to have committed any act which would be grounds for denial of a credential as listed in 172 NAC 17-006, the Department may deny issuance of a credential. To deny a credential, the Department will notify the applicant in writing of the denial and the reasons for the determination. The denial will become final 30 days after mailing the notice unless the applicant, within that 30-day period, requests a hearing in writing. The hearing will be conducted in accordance with the Administrative Procedure Act and 184 NAC 1, the Department's Rules of Practice and Procedure for Administrative Hearings.

17-003.05 Withdrawn Applications: An applicant for a credential who withdraws his/her application or whose application is rejected by the Department prior to administration of the examination will be allowed the return of his/her fee, except for a $25 administrative fee to be retained by the Department.

17-003.06 Practice Prior to Credential: An individual who practices prior to issuance of a credential is subject to assessment of an administrative penalty under 172 NAC 17-009 or such other action as provided in the statutes and regulations governing the credential.

17-003.07 Confidentiality: Social Security Numbers obtained under this section are not public information but may be shared by the Department for administrative purposes if necessary and only under appropriate circumstances to ensure against any unauthorized access to this information.

17-003.08 Address Information: Each credential holder must notify the Department of any change to the address of record.

17-003.09 Non-English Documents: Any documents written in a language other than English must be accompanied by a complete translation into the English language. The translation must be an original document and contain the notarized signature of the translator. An individual may not translate his/her own documents.

17-004 CONTINUING COMPETENCY REQUIREMENTS: Each person holding an active credential must, on or before the date of expiration of the credential, comply with the continuing competency requirements for his/her profession, unless the requirements are waived in accordance with 172 NAC 17-005.03 and 172 NAC 17-005.04. Each credentialed individual is responsible for maintaining certificates or records of continuing competency activities.

17-004.01 General Requirements for Licensure: On or before May 1 of each odd numbered year each athletic trainer who has an active license must:

1. Provide proof of current certification from the National Athletic Trainers

Association Board of Certification (NATABOC); or

2. Complete 25 hours of continuing education during the preceding 24 month period; and
3. Hold a current cardiopulmonary (CPR) certificate from a nationally recognized organization that issues CPR certificates; and
4. Be responsible for maintaining until the next renewal period:
   a. Documentation of attendance at, or participation in, continuing education programs/activities.
      Documentation must include:
      (1) Signed certificate; and
      (2) Course brochure or course outline; and/or
      (3) Other requested documentation pursuant to 172 NAC 17-004.01D, items 3, 6, 7, and 8; or
      (4) Copy of current NATABOC certification card;
   b. If the licensee is presenting a program, documentation of the continuing education program. Documentation must include:
      (1) Course outline;
      (2) Course brochure; and
      (3) Statement of instructor's qualifications to teach the course, unless the qualifications are included in the brochure; or
5. When applicable, submit an application for waiver of the continuing competency requirements pursuant to 172 NAC 17-005.03 and 17-005.04.

17-004.01A Acceptable Continuing Education Program/Activity: The Board does not pre-approve continuing education but will accept as continuing education for renewal, continuing education programs specified in 172 NAC 17-004.01C. The Board retains final authority for acceptance of any educational program/activity submitted by the licensee to meet the continuing competency requirement. In order for a continuing education activity to be accepted for renewal or reinstatement of a license, the continuing education program/activity must relate to the practice of athletic training and must be open to all licensees.

17-004.01B It is the licensee's responsibility to attend or participate in continuing education programs/activities which meet the guidelines pursuant to 172 NAC 23-004.01D. Renewal of a license will be contingent upon the licensee fulfilling the continuing competency requirement and maintaining documentation for a possible audit. The continuing education program/activity must focus on one of the following performance domains:

1. Prevention;
2. Recognition;
3. Evaluation and assessment;
4. Immediate care;
5. Treatment;
6. Rehabilitation and reconditioning;
7. Organization and administration; and/or
8. Professional development and responsibility.

17-004.01C A continuing education activity, except formal and informal self-study

and participation in research, will be acceptable when:

1. It constitutes a formally organized and planned program of learning which directly contributes to the professional competency of the licensee;
2. The objectives of the continuing education activity relate to the practice of athletic training;
3. It has a date, location, course title, number of contact hours, certificate of attendance and is open to all licensees; and
4. The instructor has specialized experience or training to meet the course objectives; and

17.004.01D Continuing Education Program/Activity: The following is a list of acceptable continuing education programs/activities and the required documentation specified for each. One hour credit will be awarded for each 60 minutes of attendance. Each program/activity must be at least 60 minutes in length. Credit will not be awarded for breaks or meals.

1. Programs at State and National association meetings (for example, a meeting of Nebraska or other state athletic training associations and/or the National Athletic Trainers Association). Documentation must include:
   a. Certificate of attendance; and
   b. Program outline and/or objectives;
2. Workshops, seminars, and/or conferences, including monitored videotapes and in-service programs, where the content of the continuing education program/activity relates to athletic training where the subject is in one of the performance domains listed in 172 NAC 17-004.01B, items 1-8. Documentation must include:
   a. Certificate of attendance; and a
   b. Program outline and/or objectives;
3. University or college sponsored courses where the content of the course relates to athletic training. The subject does not have to be one of the performance domains listed in 172 NAC 17-004.01B, items 1-8. A licensee must provide documentation of successfully completing the course. Documentation must include:
   a. An official transcript; and a
   b. Program outline and/or objectives;
4. Formal self-study where the content of the self-study activity relates to athletic training. The subject does not have to be one of the performance domains listed in 172 NAC 17-004.01B items 1-8 for example, video tapes, internet courses, and correspondence courses. The self-study program must have a testing mechanism scored by the formal self-study provider. Licensees may complete a maximum of 12 hours of continuing education by formal self-study each renewal period;
   Documentation must include:
   a. Certificate of completion; and a
   b. Program outline and/or objectives.
5. Professional development courses which pertain to the practice of

athletic training. An athletic trainer may complete a maximum of ten hours of continuing education utilizing professional development courses each renewal period. Documentation must include:

a. Certificate of attendance; and a

b. Program outline and/or objectives.

6. Participation in research or other scholarly activities that result in professional publication or acceptance for publication that relates to athletic training and is intended for an audience of health care professionals. Licensees may earn up to a maximum of ten contact hours of continuing education each renewal period for:

a. Primary author of an article in a non-refereed journal. Five hours may be earned per article. Required documentation must include a copy of the article;

b. Primary or secondary author of an article in a refereed journal. Ten hours may be earned per article. Required documentation must include a copy of the article;

c. Primary, secondary or contributing author of a published textbook. Ten hours may be earned per book. Required documentation must include a copy of the title page;

d. Primary or secondary author of a poster presentation. Five hours may be earned per presentation. Required documentation must include a letter of acknowledgement;

e. Primary author of a home study course. Five hours may be earned per course. Required documentation must include a letter of approval.

7. Informal self-study: A licensee may earn up to a maximum of two contact hours of continuing education each renewal period for completion of the following activities or a combination of activities:

a. Reading articles related to athletic training practice; and

b. Viewing videotapes without a monitor.

Documentation must include:

(1) The name of the article, book, or videotape; and

(2) A brief synopsis of what was learned.

8. Scientific Presentation: A licensee acting as an essayist or a lecturer to athletic trainers or other credentialed health care professionals will be awarded one hour credit for each hour of scientific presentation at workshops, seminars, in-service training, conferences, or guest lectures if the program/activity relates to the practice of athletic training. A licensee may receive continuing education credit for only the initial presentation during a renewal period. Credit will not be given for subsequent presentations of the same program. A licensee may complete a maximum of four hours of continuing education credit for presentations in a renewal period. Documentation must include:

a. Program brochure that includes the licensee's name as presenter; and

b. Continuing competency course outline and/or objectives. and

c. Statement of instructor's qualification to teach the course, unless the qualifications are included in the brochure.

17-004.01E Non-acceptable Continuing Education: Continuing education credit will not be awarded for programs where the content does not relate to athletic training even if the subject is one of the performance domains listed in 172 NAC 004.01B, items 1 - 8 and include, but are not limited to:

1. Medical terminology courses;
2. Athletic training daily activities including:
   a. Activities included with contract employment;
   b. Supervision of student athletic trainers;
   c. Training room responsibilities; and
   d. Observation of other athletic trainers; or
3. Athletic training orientation programs/activities that include new policies, procedures, equipment, forms, responsibilities, and services.

17-005 RENEWAL: An individual who wants to renew his/her athletic training credential must request renewal as specified in 172 NAC 17-005.02. All athletic training credentials issued by the Department will expire on May 1, of each odd-numbered year.

17-005.01 Renewal Notice: At least 30 days before the expiration of a credential, the Department will notify each credential holder at the last known address of record. The renewal notice will include:

1. The type of credential;
2. The credential number;
3. The expiration date;
4. Continuing competency requirements for renewal;
5. The amount of the renewal fee; and
6. Information on how to request renewal and how to place a credential on inactive status.

17-005.02 Renewal Procedures: The request for renewal may be submitted in person or by mail or Internet, and must include all required documentation and the renewal fee, which must be paid no later than the expiration date. The applicant may obtain an application from the Department or construct an application.

1. Application: The applicant on his/her application:
   a. Must provide the following information:
      (1) The legal name of the applicant, maiden name (if applicable), and any other names by which the applicant is known;
      (2) Mailing address (street, rural route, or post office address; and city, state, and zip code, or country information);
      (3) The applicant's:
         (a) Social Security Number (SSN);
         (b) Alien Registration Number (A#); or
         (c) Form I-94 (Arrival-Departure Record) number;
         Certain applicants may have both a SSN and an A# or I-94 number, and if so, must report both.
   b. May provide the following information about him/herself:

(1) The applicant's telephone number including area code;
(2) The applicant's e-mail address; and
(3) The applicant's fax number;

c. Must attest that s/he:
(1) Is of good character;
(2) Has met the continuing competency requirements specified in 172 NAC 17-004 or has requested a waiver if s/he meets the requirements of 172 NAC 17-005.03 and/or 172 NAC 17-005.04;
(3) Has not, since the last renewal of the credential, committed any act which would be grounds for action against a credential as specified in 172 NAC 17-006.01, or if an act(s) was committed, provide an explanation of all such acts; and
(4) For purposes of Neb. Rev. Stat. §§4-108 to 4-114, a citizen of the United States or qualified alien under the Federal Immigration and Nationality Act; and
(5) For purposes of Neb. Rev. Stat. §38-129, a citizen of the United States, an alien lawfully admitted into the United States who is eligible for a credential under the Uniform Credentialing Act, or a nonimmigrant lawfully present in the United States who is eligible for a credential under the Uniform Credentialing Act.

2. Documentation: The applicant must submit the following documentation with the application:

a. Alien or Non-Immigrant: Evidence of lawful presence, and/or immigration status may include a copy of:
(1) A Card, otherwise known as a Permanent Resident Card (Form I-551), both front and back of the card;
(2) An unexpired foreign passport with an unexpired Temporary I-551 stamp bearing the same name as the passport;
(3) A document showing an Alien Registration Number ("A#"). An Employment Authorization Card/Document is not acceptable; or
(4) A Form I-94 (Arrival-Departure Record);

b. Other Credential Information: If the applicant holds a credential to provide health services, health-related services, or environmental services in Nebraska or in another jurisdiction, the applicant must submit the name of the state, credential number, type of credential, date issued, and expiration date of each credential where the applicant has been or is currently credentialed;

c. Disciplinary Action: A list of any disciplinary actions taken against the applicant's credential and a copy of the disciplinary action(s), including charges and disposition;

d. Denial: If the applicant was denied a credential or denied the right to take an examination, an explanation of the basis for the denial;

e. Conviction Information: If the applicant has been convicted of a felony or misdemeanor, since his/her last renewal or during the time period since initial credentialing if such occurred within the previous two years, the applicant must submit to the Department:

(1) A list of any misdemeanor or felony convictions;
(2) A copy of the court record, which includes charges and disposition;
(3) Explanation from the applicant of the events leading to the conviction (what, when, where, why) and a summary of actions the applicant has taken to address the behaviors/actions related to the convictions;
(4) All addiction/mental health evaluations and proof of treatment, if the conviction involved a drug and/or alcohol related offense and if treatment was obtained and/or required;
(5) A letter from the probation officer addressing probationary conditions and current status, if the applicant is currently on probation; and
(6) Any other information as requested by the Board/Department; and

3. The renewal fee according to 172 NAC 2.

17-005.03 Waivers for Military Service: A credential holder who has served in the regular armed forces of the United States during part of the credentialing period immediately preceding the renewal date, or is actively engaged in military service as defined in 172 NAC 17-002, is not required to pay the renewal fee or to meet the continuing competency requirements if acceptable documentation is submitted to the Department. The individual must document his/her military service by submitting to the Department:

1. Military identification proving that s/he is in active service;
2. Military orders; or
3. A letter from his/her Commanding Officer indicating that s/he is on active duty.

Upon receipt of acceptable documentation, the Department will waive the fee and the continuing competency requirements and renew the credential. The credential will remain active until the next renewal period.

17-005.04 Waiver of Continuing Competency Requirements: The Department waives continuing competency requirements for individuals who were first credentialed within the 24-month period immediately preceding the renewal date.

17-005.04A The Department may waive continuing competency requirements, in whole or in part, upon submission by a credential holder of documentation that circumstances beyond his/her control have prevented completion of these requirements. These circumstances include proof that the credential holder was suffering from a serious or disabling illness or physical disability which prevented completion of the required number of continuing education hours during the 24 months immediately preceding the license renewal date.

17-005.05 Audit of Continuing Competency Requirements: The Department or the Board may biennially select, in a random manner, a sample of the renewal applications for audit of continuing competency requirements. Each credential holder selected for audit must

produce documentation of the continuing competency activities.

17-005.05A The Department will notify each selected credential holder by mail. Failure to notify the Department of a current mailing address will not absolve the credential holder from the requirement for audit.

17-005.05B Within 30 days, each selected credential holder must respond by submitting documentation that s/he has met the requirements for continuing competency. An extension beyond 30 days for submission of the documentation may be granted at the discretion of the Department. Documentation submitted by the credential holder will not be returned.

17-005.05C Acceptable documentation that the credential holder has met the continuing competency requirements includes:

1. Copies of certificates of attendance or participation in a continuing education activity; and
2. Course outline and/or objectives; or
3. Letters documenting attendance from providers; or
4. Copies of transcripts from educational institutions; or
5. Copy of the current BOC certification card; or
6. Other documentation pursuant to 172 NAC 17-004.01D, number 6, items a-e, and 172 NAC 17-004.01D, item 7.

17-005.05D The Department/Board will review the submitted documentation to determine if the credential holder has met the requirements for continuing competency activities for renewal of the credential. Only documented activities/hours that meet the continuing competency requirements will be counted toward the total requirements for renewal.

17-005.05E The Department/Board will notify the credential holder upon satisfactory completion of the audit.

17-005.05F The credential of any person who fails to comply with the conditions of the audit will expire 30 days after notice and an opportunity for a hearing.

17-005.05G The Board reserves the right to audit continuing competency requirements of any credential holder by notifying the credential holder and requesting that s/he produce the required documentation of attendance at or participation in acceptable continuing competency programs within 30 days of mailing.

17-005.06 Department Review: The Department will act within 150 days upon all completed applications for renewal.

17-005.06A False Information: The Department may refuse to renew a credential for falsification of any information submitted for renewal of a credential. The refusal will be made according to 184 NAC 1, the Department's Rules of Practice and Procedure for Administrative Hearings.

17-005.07 Address Information: Each credential holder must notify the Department of any change to the address of record.

17-005.08 Expiration of a Credential: A credential expires if a credential holder fails to:

1. Notify the Department that s/he wants to place his/her credential on inactive status upon its expiration;
2. Meet the requirements for renewal on or before the date of expiration of his/her credential; or
3. Otherwise fails to renew his/her credential.

17-005.08A Failure to Renew: A credential automatically expires without further notice or opportunity for hearing if a credential holder fails by the expiration date of the credential to either:

1. Submit documentation of continuing competency; or
2. Pay the required renewal fee.

17-005.08B Failure to Meet Continuing Competency Requirements: The Department will refuse to renew a credential, after notice and opportunity for hearing, if a credential holder fails to meet the continuing competency requirements for renewal by the expiration date of the credential.

17-005.08C Right to Practice: When an individual's credential expires, the right to represent him/herself as a credential holder and to practice athletic training terminates.

17-005.08D Practice After Expiration: An individual who practices after expiration of his/her credential is subject to assessment of an administrative penalty under 172 NAC 17-009 or such other action as provided in the statutes and regulations governing the credential.

17-005.08E Reinstatement of an Expired Credential: If a credential holder wants to resume the practice of athletic training after failing to renew his/her credential by the expiration date, s/he must apply to the Department for reinstatement as specified in 172 NAC 17-008.

17-005.09 Inactive Status: When an individual wants to have his/her credential placed on inactive status, s/he must notify the Department in writing. There is no fee to have a credential placed on inactive status and continuing competency is not required.

17-005.09A Request for Inactive Status: When the Department has received notification that an individual wants to have his/her credential placed on inactive status, the Department will notify the credential holder in writing of the acceptance or denial of the request.

17-005.09B Placement on Inactive Status: When an individual's credential is placed on inactive status, the credential holder must not engage in the practice of athletic training, but may represent him/herself as having an inactive credential.

17-005.09C Return to Active Status: A credential may remain on inactive status for an indefinite period of time. An individual who wants to have his/her credential returned to active status must apply to the Department for reinstatement and meet the requirements specified in 172 NAC 17-008.

17-006 DISCIPLINARY ACTIONS

17-006.01 Grounds for Action Against a Credential: A credential to practice a profession may have disciplinary actions taken against it on any of the following grounds:

1. Misrepresentation of material facts in procuring or attempting to procure a credential;
2. Immoral or dishonorable conduct evidencing unfitness to practice the profession in this state;
3. Abuse of, dependence on, or active addiction to alcohol, any controlled substance, or any mind-altering substance;
4. Failure to comply with a treatment program or an aftercare program, including, but not limited to, a program entered into under the Licensee Assistance Program established pursuant to Neb. Rev. Stat. § 38-175;
5. Conviction of:
   a. A misdemeanor or felony under Nebraska law or federal law, or
   b. A crime in any jurisdiction which, if committed within this state, would have constituted a misdemeanor or felony under Nebraska law and which has a rational connection with the fitness or capacity of the applicant or credential holder to practice the profession;
6. Practice of the profession:
   a. Fraudulently;
   b. Beyond its authorized scope;
   c. With gross incompetence or gross negligence; or
   d. In a pattern of incompetent or negligent conduct.
7. Practice of the profession while the ability to practice is impaired by alcohol, controlled substances, drugs, mind-altering substances, physical disability, mental disability, or emotional disability;
8. Physical or mental incapacity to practice the profession as evidenced by a legal judgment or a determination by other lawful means;
9. Illness, deterioration, or disability that impairs the ability to practice the profession;
10. Permitting, aiding, or abetting the practice of a profession or the performance of activities requiring a credential by a person not credentialed to do so;
11. Having had his/her credential denied, refused renewal, limited, suspended, revoked, or disciplined in any manner similar to 172 NAC 17-006.05 by another state or jurisdiction based upon acts by the applicant or credential holder similar to acts described in this part;
12. Use of untruthful, deceptive, or misleading statements in advertisements;
13. Conviction of fraudulent or misleading advertising or conviction of a violation of the Uniform Deceptive Trade Practices Act;
14. Distribution of intoxicating liquors, controlled substances, or drugs for any other than lawful purposes;
15. Violations of the Uniform Credentialing Act or the rules and regulations

relating to the particular profession;

16. Unlawful invasion of the field of practice of any profession regulated by the Uniform Credentialing Act which the credential holder is not credentialed to practice;
17. Failure to file a report required by Neb. Rev. Stat. §§ 38-1,124 or 38-1,125;
18. Failure to maintain the requirements necessary to obtain a credential;
19. Violation of an order issued by the Department;
20. Violation of an assurance of compliance entered into under Neb. Rev. Stat. § 38-1,108;
21. Failure to pay an administrative penalty; and/or
22. Unprofessional conduct as defined in 172 NAC 17-006.02.

17-006.02 Unprofessional Conduct: Unprofessional conduct means any departure from or failure to conform to the standards of acceptable and prevailing practice of a profession or the ethics of the profession, regardless of whether a person, consumer, or entity is injured, but does not include a single act of ordinary negligence. Unprofessional conduct also means conduct that is likely to deceive or defraud the public or is detrimental to the public interest. Unprofessional conduct includes but is not limited to:

1. Receipt of fees on the assurance that an incurable disease can be permanently cured;
2. Division of fees, or agreeing to split or divide the fees, received for professional services with any person for bringing or referring a consumer other than:
   a. With a partner or employee of the applicant or credential holder or his/her office or clinic;
   b. With a landlord of the applicant or credential holder pursuant to a written agreement that provides for payment of rent based on gross receipts; or
   c. With a former partner or employee of the applicant or credential holder based on a retirement plan or separation agreement.
3. Obtaining any fee for professional services by fraud, deceit, or misrepresentation, including, but not limited to, falsification of third-party claim documents;
4. Cheating on or attempting to subvert the credentialing examination;
5. Assisting in the care or treatment of a consumer without the consent of the consumer or his/her legal representative;
6. Use of any letters, words, or terms, either as a prefix, affix, or suffix, on stationery, in advertisements, or otherwise, indicating that the person is entitled to practice a profession for which s/he is not credentialed;
7. Knowingly disclosing confidential information except as otherwise permitted by law;
8. Failure to safeguard the consumer's dignity and right to privacy;
9. Commission of any act of sexual abuse, misconduct, or exploitation related to the practice of the profession of the applicant or credential holder;
10. Failure to keep and maintain adequate records of treatment or service;
11. Failure to comply with any federal, state, or municipal law, ordinance, rule, or regulation that pertains to the applicable profession;
12. Disruptive behavior, whether verbal or physical, which interferes with

consumer care or could reasonably be expected to interfere with the care;

13. Competence: Providing services for which the athletic trainer is not trained or experienced. Unprofessional conduct in the practice of athletic training includes, but is not limited to, performing or agreeing to perform procedures when the procedures are known to be a departure from standard or acceptable and prevailing practice in athletic training, but not to include a single act of ordinary negligence;
14. Committing any act which endangers public safety or welfare;
15. Confidentiality: Failure to hold in confidence information obtained from a client except otherwise required by law;
16. Professional Relationships: Failure to safeguard the welfare of the public and maintain professional relationships with clients. Commission of any of the following acts or behavior constitutes unprofessional conduct:
    a. Exploiting a client for financial gain or sexual favors;
    b. Performing or agreeing to perform athletic training services that have been requested when the services are known to be contraindicated or unjustified;
    c. Performing or agreeing to perform procedures that have been requested when the procedures are known to be outside of the athletic trainer's scope of practice;
    d. Verbally or physically abusing clients;
    e. Falsification or unauthorized destruction of client records;
    f. Delegating to other personnel those services for which the clinical skills and expertise of an athletic trainer are required;
    g. Encouraging or promoting the practice of athletic training by untrained or unqualified persons;
    h. Filing a false report or record in the practice of athletic training including, but not limited to, collecting a fee;
    i. Providing services or promoting the sale of devices, appliances, or products to a person who cannot reasonably be expected to benefit from the services, devices, appliances, or products;
    j. Providing services except in a professional relationship; and
    k. Discriminating in the provision of services to individuals on the basis of gender, race, religion, or national origin.
17. Sexual Harassment: Engaging in sexual misconduct which is defined as sexual harassment of clients. Sexual harassment includes, but is not limited to, making unwelcome sexual advances, requesting sexual favors, and engaging in other verbal or physical conduct of a sexual nature which results in:
    a. Providing or denying service to a client;
    b. Creating an intimidating, hostile, or offensive environment for the client; or
    c. Providing favorable reports for sexual favors.
18. Failure to follow policies or procedures implemented in the practice situation to safeguard the public;
19. Failure to exercise appropriate supervision over persons who are authorized to practice only under the supervision of an athletic trainer;
20. Failure to report suspected cases of child abuse or vulnerable adult abuse pursuant to Neb. Rev. Stat. §§ 28-717 and 28-384;

21. Practicing the profession of athletic training while his/her license is suspended or in contravention of any limitation placed upon his/her license;
22. Refusal of an applicant for a license or of a licensee to submit to a physical or mental examination requested by the Board, pursuant to Neb. Rev. Stat. § 38-1,112 to determine his/her qualifications to practice or to continue in the practice of the profession or occupation for which application was made or for which s/he is licensed;
23. Failure to make credential available upon request: Every person credentialed under the Uniform Credentialing Act must make the person's current credential available upon request. All signs, announcements, stationery, and advertisements of persons credentialed under the act shall identify the profession or business for which the credential is held; and/or
24. Failure of a licensee, who is the subject of a disciplinary investigation, to furnish the Board or its investigator with requested information or requested documents.

17-006.03 Temporary Suspension or Limitation

17-006.03A The Department may temporarily suspend or temporarily limit any credential issued by the Department without notice or a hearing if the Director determines that there is reasonable cause to believe that grounds exist under 172 NAC 17-006.01 for the revocation, suspension, or limitation of the credential and that the credential holder's continuation in practice or operation would constitute an imminent danger to the public health and safety. Simultaneously with the action, the Department will institute proceedings for a hearing on the grounds for revocation, suspension, or limitation of the credential. The hearing will be held no later than 15 days from the date of the temporary suspension or temporary limitation of the credential.

17-006.03B A continuance of the hearing will be granted by the Department upon the written request of the credential holder, and the continuance must not exceed 30 days unless waived by the credential holder. A temporary suspension or temporary limitation order by the Director will take effect when served upon the credential holder.

17-006.03C A temporary suspension or temporary limitation of a credential under 172 NAC 17-006.03 will not be in effect for more than 90 days unless waived by the credential holder. If a decision is not reached within 90 days, the credential will be reinstated unless and until the Department reaches a decision to revoke, suspend, or limit the credential or otherwise discipline the credential holder.

17-006.04 Department Action: The Department will follow the procedures delineated in the Uniform Credentialing Act to notify credential holders of any disciplinary action to be imposed and the time and place of the hearing.

17-006.05 Sanctions: Upon the completion of any hearing held regarding discipline of a credential, the Director may dismiss the action or impose the following sanctions:

1. Censure;
2. Probation;

3. Limitation;
4. Civil Penalty;
5. Suspension; or
6. Revocation.

17-006.05A Additional Terms and Conditions of Discipline: If any discipline is imposed pursuant to 172 NAC 17-006.05, the Director may, in addition to any other terms and conditions of that discipline:

1. Require the credential holder to obtain additional professional training and to pass an examination upon the completion of the training. The examination may be written or oral or both and may be a practical or clinical examination or both or any or all of the combinations of written, oral, practical, and clinical, at the option of the Director;
2. Require the credential holder to submit to a complete diagnostic examination by one or more physicians or other qualified professionals appointed by the Director. If the Director requires the credential holder to submit to an examination, the Director will receive and consider any other report of a complete diagnostic examination given by one or more physicians or other qualified professionals of the credential holder's choice if the credential holder chooses to make available the report or reports by his/her physician or physicians or other qualified professionals; and
3. Limit the extent, scope, or type of practice of the credential holder.

17-007 VOLUNTARY SURRENDER OR LIMITATION: A credential holder may offer to voluntarily surrender or limit a credential issued by the Department. The credential holder must make the offer in writing on a form provided by the Department or constructed by the credential holder, which must include the following information:

1. Personal Information:
   a. First, middle and last name;
   b. Mailing address (street, rural route, or post office address), city, state, and zip code;
   c. Telephone number; and
   d. Fax number.
2. Information Regarding the Credential Being Offered for Surrender or Limitation:
   a. List credential(s) and credential number(s) that would be surrendered or limited;
   b. Indicate the desired time frame for offered surrender or limitation:
      (1) Permanently;
      (2) Indefinitely; or
      (3) Definite period of time (specify);
   c. Specify reason for offered surrender or limit of credential; and
   d. Specify any terms and conditions that the credential holder wishes to have the Department consider and apply to the offer.
3. Attestation:
   a. Attest that all the information on the offer is true and complete; and
   b. Provide the credential holder's signature and date.

17-007.01 The Department may accept an offer of voluntary surrender or limitation of a credential based on:

1. An offer made by the credential holder on his/her own volition;
2. An offer made with the agreement of the Attorney General or the legal counsel of the Department to resolve a pending disciplinary matter;
3. A decision by the Attorney General to negotiate a voluntary surrender or limitation in lieu of filing a petition for disciplinary action; or
4. A decision by the legal counsel of the Department to negotiate a voluntary surrender or limitation in response to a notice of disciplinary action.

17-007.02 The Department may reject an offer of voluntary surrender of a credential under circumstances which include, but are not limited to, when the credential:

1. Is under investigation;
2. Has a disciplinary action pending but a disposition has not been rendered; or
3. Has had a disciplinary action taken against it.

17-007.03 When the Department either accepts or rejects an offer of voluntary surrender or limitation, the Director will issue the decision in a written order. The order will be issued within 30 days after receipt of the offer of voluntary surrender or limitation and will specify:

1. Whether the Department accepts or rejects the offer of voluntary surrender; and
2. The terms and conditions under which the voluntary surrender is accepted or the basis for the rejection of an offer of voluntary surrender. The terms and conditions governing the acceptance of a voluntary surrender will include, but not be limited to:
   a. Duration of the surrender;
   b. Whether the credential holder may apply to have the credential reinstated; and
   c. Any terms and conditions for reinstatement.

17-007.04 A limitation may be placed on the right of the credential holder to practice a profession or operate a business to the extent, for the time, and under the conditions as imposed by the Director.

17-007.05 Violation of any of the terms and conditions of a voluntary surrender or limitation by the credential holder will be due cause for the refusal of renewal of the credential, for the suspension or revocation of the credential, or for refusal to restore the credential.

17-007.06 Reinstatement following voluntary surrender is set out in 172 NAC 17-008.

17-008 REINSTATEMENT: This section applies to individuals previously credentialed in Nebraska who seek the authority to return to practice in Nebraska with a valid Nebraska credential. Individuals may apply for reinstatement as follows:

1. An individual whose credential has expired, been placed on inactive status,

voluntarily surrendered for an indefinite period of time, or suspended or limited for disciplinary reasons, may apply for reinstatement at any time.

2. An individual whose credential has been voluntarily surrendered for a definite period of time may apply for reinstatement after that period of time has elapsed.
3. An individual whose credential has been revoked may apply for reinstatement only after a period of two years has elapsed from the date of revocation.
4. An individual whose credential has been permanently voluntarily surrendered may not apply for reinstatement.

The voluntary surrender of a credential may be unrelated to disciplinary matters, or may be done to resolve a pending disciplinary matter, in lieu of disciplinary action, or in response to a notice of disciplinary action.

17-008.01 Reinstatement From Expired or Inactive Status or Following Voluntary Surrender Unrelated to a Disciplinary Matter:

The applicant must submit to the Department a written application on a form provided by the Department or constructed by the applicant.

1. Application: The applicant on his/her application:
   - a. Must provide the following information:
     - (1) The legal name of the applicant, maiden name (if applicable), and any other names by which the applicant is known;
     - (2) Mailing address (street, rural route, or post office address; and city, state, and zip code or country information);
     - (3) The applicant's:
       - (a) Social Security Number (SSN); or
       - (b) Alien Registration Number (A#); or
       - (c) Form I-94 (Arrival-Departure Record) number.

       Certain applicants may have both a SSN and an A# or I-94 number, and if so, must report both.
     - (4) If the applicant holds a professional credential in another state, a list of the state(s) and type of credential;
   - b. If the applicant is an alien or non-immigrant, s/he must submit evidence of lawful presence which may include a copy of:
     - (1) A Green Card, otherwise known as a Permanent Resident Card (Form I-551), both front and back of the card;
     - (2) An unexpired foreign passport with an unexpired Temporary I-551 stamp bearing the same name as the passport;
     - (3) A document showing an Alien Registration Number ("A#"). An Employment Authorization Card/Document is not acceptable; or
     - (4) A Form I-94 (Arrival-Departure Record);
   - c. May provide the following information about him/herself:
     - (1) Telephone number including area code;
     - (2) E-mail address:
     - (3) Fax number; and
   - d. Must attest that s/he:
     - (1) Is of good character;
     - (2) Has met the continuing competency requirements specified in

172 NAC 17-004 within the 24 months immediately preceding submission of the application;

(3) Has not practiced in Nebraska since s/he last held an active credential, or if the applicant has practiced in Nebraska since s/he last held an active credential, the actual number of days practiced;

(4) Has not committed any act which would be grounds for action against a credential as specified in 172 NAC 17-006 since the last renewal or issuance of the credential (whichever is later), or if an act(s) was committed, provide an explanation of all such acts; and

(5) For purposes of Neb. Rev. Stat. §§4-108 to 4-114, a citizen of the United States or qualified alien under the Federal Immigration and Nationality Act; and

(6) For purposes of Neb. Rev. Stat. §38-129:

(a) A citizen of the United States;

(b) An alien lawfully admitted into the United States who is eligible for a credential under the Uniform Credentialing Act: or

(c) A nonimmigrant lawfully present in the United States who is eligible for a credential under the Uniform Credentialing Act.

2. Fee(s): The following fee(s):

a. If the credential is expired or inactive, the reinstatement and renewal fees; or

b. If the credential was voluntarily surrendered, the renewal fee.

17-008.01A If an applicant has practiced while his/her credential was expired, inactive, or voluntarily surrendered, the Department may, with the recommendation of the Board, take one or more of the following actions:

1. Deny the application to reinstate the credential;
2. Reinstate the credential to active status and impose limitation(s) or other disciplinary actions on the credential; and/or
3. Reinstate the credential.

17-008.01B If an applicant has committed any other violation of the statutes and regulations governing the credential, the Department may:

1. Deny the application for reinstatement of the credential;
2. Reinstate the credential to active status and impose limitation(s) or other disciplinary actions on the credential; and/or
3. Reinstate the credential.

17-008.01C The Department will act within 150 days on all completed applications.

17-008.01D The Department's decision may be appealed to the Director by any party to the decision. The appeal must be in accordance with the Administrative Procedure Act.

17-008.02 Reinstatement from Non-Disciplinary Revocation or Lapsed Status: An individual whose credential was placed on non-disciplinary revocation or lapsed status before December 1, 2008 may apply for reinstatement as provided in 172 NAC 17-008.01.

17-008.03 Reinstatement Following Suspension, Limitation, Revocation, or Voluntary Surrender to Resolve a Pending Disciplinary Matter, In Lieu of Discipline, or In Response to a Notice of Disciplinary Action: An individual whose credential was suspended or limited may apply for reinstatement at any time. An individual whose credential has been revoked may apply for reinstatement after a period of two years has elapsed from the date of revocation. An individual whose credential was voluntarily surrendered may apply for reinstatement according to the order entered by the Director. The applicant must submit to the Board a written application on a form provided by the Department or constructed by the applicant.

1. Application: The applicant on his/her application:
   a. Must provide the following information:
      (1) The legal name of the applicant, maiden name (if applicable), and any other names by which the applicant is known;
      (2) Mailing address (street, rural route, or post office address; and city, state, and zip code or country information);
      (3) The applicant's:
         (a) Social Security Number (SSN);
         (b) Alien Registration Number (A#); or
         (c) Form I-94 (Arrival-Departure Record) number.
         Certain applicants may have both a SSN and an A# or I-94 number, and if so, must report both.
      (4) If the applicant holds a professional credential in another state, a list of the state(s) and type of credential;
      (5) A statement of the reason the applicant believes his/her credential should be reinstated;
   b. If the applicant is an alien or non-immigrant, s/he must submit evidence of lawful presence and/or immigration status which may include a copy of:
      (1) A Green Card, otherwise known as a Permanent Resident Card (Form I-551), both front and back of card;
      (2) An unexpired foreign passport with an unexpired Temporary I-551 stamp bearing the same name as the passport;
      (3) A document showing an Alien Registration Number ("A#"). An Employment Authorization Card/Document is not acceptable; or
      (4) A Form I-94 (Arrival-Departure Record);
   c. May provide the following information about him/herself:
      (1) Telephone number including area code;
      (2) E-mail address;
      (3) Fax number; and
   d. Must attest that s/he:
      (1) Is of good character;
      (2) Has met the continuing competency requirements specified in

172 NAC 17-004 within the 24 months immediately preceding submission of the application (or other requirements as specified by the practice act);

(3) Has not practiced in Nebraska since s/he last held an active credential, or if the applicant has practiced in Nebraska since s/he last held an active credential, the actual number of days practiced;

(4) Has not committed any act which would be grounds for action against a credential as specified in 172 NAC 17-006 since the last renewal or issuance of the credential (whichever is later), or if an act(s) was committed, provide an explanation of all such acts; and

(5) For purposes of Neb. Rev. Stat. §§4-108 to 4-114, a citizen of the United States or qualified alien under the Federal Immigration and Nationality Act; and

(6) For purposes of Neb. Rev. Stat. §38-129:

(a) A citizen of the United States;

(b) An alien lawfully admitted into the United States who is eligible for a credential under the Uniform Credentialing Act: or

(c) A nonimmigrant lawfully present in the United States who is eligible for a credential under the Uniform Credentialing Act.

2. Fee: The renewal fee.

17-008.03A The Board will make a recommendation regarding reinstatement following suspension, limitation, revocation, or voluntary surrender within 180 days of receipt of the application.

17-008.03B The Department, with the recommendation of the Board, may:

1. Conduct an investigation to determine if the applicant has committed acts or offenses prohibited by Neb. Rev. Stat. § 38-178;
2. Require the applicant to submit to a complete diagnostic examination, at the expense of the applicant, by one or more physician(s) or other professionals appointed by the Board. The applicant may also consult a physician(s) or other professionals of his/her own choice for a complete diagnostic examination and make available a report(s) of the examination(s) to the Department and to the Board;
3. Require the applicant to pass a written, oral, or practical examination or any combination of examinations at the expense of the applicant;
4. Require the applicant to successfully complete additional education at the expense of the applicant;
5. Require the applicant to successfully pass an inspection of his/her practice site; or
6. Take any combination of these actions.

17-008.03C On the basis of the written application, materials submitted by that applicant, and the information obtained under 172 NAC 17-008.03B, the Board may:

1. Deny the application for reinstatement; or
2. Recommend to the Department:
   a. Full reinstatement of the credential;
   b. Modification of the suspension or limitation; or
   c. Reinstatement subject to limitations or subject to probation with terms and conditions.

If the applicant has practiced while his/her credential was suspended, limited, revoked, or voluntarily surrendered, the Department may assess an administrative penalty pursuant to 172 NAC 17-009, in which case a separate notice of opportunity for hearing will be sent to the applicant.

17-008.03D An affirmative vote of a majority of the full membership of the Board as authorized by statute is required to recommend reinstatement of a credential with or without terms, conditions, or restrictions.

17-008.03E Full Reinstatement: If the Board recommends full reinstatement of the credential, modification of the suspension or limitation, or reinstatement of the credential subject to limitations or subject to probation with terms and conditions, the Board's recommendation will be sent to the applicant by certified mail. The following information will be forwarded to the Director for a decision:

1. The written recommendation of the Board, including any finding of fact or order of the Board;
2. The application for reinstatement;
3. The record of hearing, if any; and
4. Any pleadings, motions, requests, preliminary or intermediate rulings and orders, and similar correspondence to or from the Board and the applicant.

17-008.03F Denial, Modification, Limitation, or Probation: If the Board's initial decision is to deny the application for reinstatement, recommend modification of the suspension or limitation, or reinstatement of the credential subject to limitation or probation with terms and conditions, the Board's recommendation will be sent to the applicant by certified mail.

1. The initial decision or recommendation of the Board will become final 30 days after the decision or recommendation is mailed to the applicant unless the applicant requests a hearing within that 30-day period.

   a. If the applicant requests a hearing before the Board, the Department will mail a notice of the date, time, and location of the hearing. The notice will be sent by certified mail at least 30 days before the hearing.
   b. Following the hearing, the Board may deny the reinstatement or recommend full reinstatement of the credential, or

recommend modification of the suspension or limitation, or recommend reinstatement of the credential subject to limitations or probation with terms and conditions.

2. If the applicant has been afforded a hearing or an opportunity for a hearing on an application for reinstatement within two years before filing the current application, the Department may grant or deny the application without another hearing before the Board.

17-008.03G Denial Decision: If the Board's final decision is denial of the application for reinstatement, the applicant will be notified by certified mail. The applicant may appeal the Board's denial to District Court in accordance with the Administrative Procedure Act.

17-008.03H Board Recommendation: If the Board's final recommendation is full reinstatement of the credential, modification of the suspension or limitation, or reinstatement of the credential subject to limitations or probation with terms and conditions, the Board's recommendation will be sent to the applicant by certified mail. The following information will be forwarded to the Director for a decision:

1. The written recommendation of the Board, including any finding of fact or order of the Board;
2. The application for reinstatement;
3. The record of hearing, if any; and
4. Any pleadings, motions, requests, preliminary or intermediate rulings and orders, and similar correspondence to or from the Board and the applicant.

17-008.03I Director's Review: The Director, upon receipt of the Board's recommendation for full reinstatement, modification, or probation, will review the application and other documents and make a decision within 150 days of receipt of the Board's recommendation and accompanying documents. The Director will enter an order setting forth the decision. The Director may:

1. Affirm the recommendation of the Board and grant reinstatement; or
2. Reverse or modify the recommendation if the Board's recommendation is:
   a. In excess of statutory authority;
   b. Made upon unlawful procedure;
   c. Unsupported by competent, material, and substantial evidence in view of the entire record; or
   d. Arbitrary and capricious.

The order regarding reinstatement of the applicant's credential will be sent to the applicant by certified mail. The Director's decision may be appealed to District Court by any party to the decision. The appeal must be in accordance with the Administrative Procedure Act.

17-009 ADMINISTRATIVE PENALTY: The Department may assess an administrative penalty when evidence exists of practice without a credential to practice a profession or operate a business. Practice without a credential for the purpose of this regulation means practice:

1. Prior to the issuance of a credential;
2. Following the expiration of a credential; or
3. Prior to the reinstatement of a credential.

17-009.01 Evidence of Practice: The Department will consider any of the following conditions as prima facie evidence of practice without being credentialed:

1. The person admits to engaging in practice;
2. Staffing records or other reports from the employer of the person indicate that the person was engaged in practice;
3. Billing or payment records document the provision of service, care, or treatment by the person;
4. Service, care, or treatment records document the provision of service, care, or treatment by the person;
5. Appointment records indicate that the person was engaged in practice;
6. Government records indicate that the person was engaged in practice; and
7. The person opens a business or practice site and announces or advertises that the business or site is open to provide service, care, or treatment.

For purposes of this regulation, prima facie evidence means a fact presumed to be true unless disproved by some evidence to the contrary.

17-009.02 Penalty: The Department may assess an administrative penalty in the amount of $10 per day, not to exceed a total of $1,000 for practice without a credential. To assess the penalty, the Department will:

1. Provide written notice of the assessment to the person. The notice will specify:
   a. The total amount of the administrative penalty;
   b. The evidence on which the administrative penalty is based;
   c. That the person may request, in writing, a hearing to contest the assessment of an administrative penalty;
   d. That the Department will within 30 days following receipt of payment of the administrative penalty, remit the penalty to the State Treasurer to be disposed of in accordance with Article VII, section 5 of the Constitution of Nebraska; and
   e. That an unpaid administrative penalty constitutes a debt to the State of Nebraska which may be collected in the manner of a lien foreclosure or sued for and recovered in a proper form of action in the name of the state in the District Court of the county in which the violator resides or owns property. The Department may also collect in such action attorney's fees and costs incurred directly in the collection of the administrative penalty; and
   f. Failure to pay an administrative penalty may result in disciplinary action.

2. Send by certified mail, a written notice of the administrative penalty to the last known address of the person to whom the penalty is assessed.

17-009.03 Administrative Hearing: When a person contests the administrative penalty and requests a hearing, the Department will hold a hearing pursuant to the Administrative Procedure Act and 184 NAC 1, the Department's Rules of Practice and Procedure for Administrative Hearings.

17-010 METHOD OF IDENTIFICATION: Every person credentialed as an athletic trainer shall make his/her current credential available upon request. The method of identification shall be clear and easily accessed and used by the consumer. Identification may be done by the following methods: verbally; through signage; and/or written medium. All signs, announcements, stationery, and advertisements of athletic trainers shall identify the profession. The initials AT and ATC are acceptable identifiers.

17-011 FEES: Fees referred to in these regulations are set out in 172 NAC 2, unless otherwise specified.

These amended rules and regulations replace Title 172 NAC 17 Regulations Governing the Practice of Athletic Training, effective October 10, 2004.

Approved by Attorney General: July 23, 2012
Approved by Governor: August 20, 2012
Filed with Secretary of State: August 20, 2012
Effective Date: August 25, 2012
Forms may be obtained by contacting the Licensure Unit or by accessing the website at:
http://dhhs.ne.gov/publichealth/Pages/crl_profindex1.aspx

Nebraska Department of Health and Human Services
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APPENDIX C:

ATHLETIC TRAINING EDUCATION COMPETENCIES

5th Edition

Released 2011

NATIONAL ATHLETIC TRAINERS' ASSOCIATION

HEALTH CARE FOR LIFE & SPORT

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Preface

The 5th edition of the Athletic Training Education Competencies (Competencies) provides educational program personnel and others with the knowledge, skills, and clinical abilities to be mastered by students enrolled in professional athletic training education programs. Mastery of these Competencies provides the entry–level athletic trainer with the capacity to provide athletic training services to clients and patients of varying ages, lifestyles, and needs.

The Commission on Accreditation of Athletic Training Education (CAATE) requires that the Competencies be instructed and evaluated in each accredited professional athletic training education program. The Competencies serve as a companion document to the accreditation standards, which identify the requirements to acquire and maintain accreditation, published by CAATE.

The Professional Education Council (PEC) of the NATA was charged with creating the 5th edition of the Competencies. The PEC developed and executed a systematic plan to draft the Competencies and to solicit and integrate feedback from multiple sources as the draft was revised. First, the PEC orchestrated an initial open call for feedback on the 4th edition of the Competencies. Next, groups of subject-matter experts, including practicing athletic trainers, educators, and administrators, were identified. In addition to the feedback on the 4th edition, these subject-matter experts considered today's healthcare system, current best practice in athletic training, and their own expertise in creating an initial draft of the 5th edition. Many conversations ensued and subsequent drafts were submitted. Following revision for form and consistency of language, a draft of the Competencies was again posted for open feedback. This valuable feedback was considered in its entirety by the PEC, and final revisions were made.

We thank the members of the PEC for their untiring efforts in revising this document to reflect the changing needs of athletic training education. The advice, cooperation, and feedback from the Board of Certification and the CAATE have also been instrumental in this process. Finally, the diligent and perceptive feedback that was received from stakeholders during the public comment periods was instrumental in creating a document that ensures that entry-level athletic trainers are prepared to work in a changing healthcare system. Together we are improving healthcare by improving the education of athletic trainers.

- NATA Executive Committee for Education, December 2010

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Introduction

This document is to be used as a guide by administrative, academic, and clinical program personnel when structuring all facets of the education experience for students. Educational program personnel should recognize that the Competencies are the ***minimum requirements*** for a student's professional education. Athletic training education programs are encouraged to exceed these minimums to provide their students with the highest quality education possible. In addition, programs should employ innovative, student-centered teaching and learning methodologies to connect the classroom, laboratory and clinical settings whenever possible to further enhance professional preparation.

The acquisition and clinical application of knowledge and skills in an education program must represent a defined yet flexible program of study. Defined in that knowledge and skills must be accounted for in the more formal classroom and laboratory educational experience. Flexible in that learning opportunities are everywhere. Behaviors are identified, discussed, and practiced throughout the educational program. Whatever the sequence of learning, patient safety is of prime importance; students must demonstrate competency in a particular task before using it on a patient. This begins a cycle of learning, feedback, refinement, and more advanced learning. Practice with concepts by gaining clinical experience with real life applications readies the student for opportunities to demonstrate decision-making and skill integration ability, Clinical Integrated Proficiencies (CIP). CIPs are designed to measure of real life application. Students should be assessed in their performance of CIPs on actual patients. If this is not possible, standardized/simulated patients or scenarios should be used to measure student proficiency.

Also, inherent in this document is the understanding that a comprehensive basic and applied science background is needed for students to develop appropriate levels of professional competence in the discipline-specific knowledge and skills described in this document.

All facets of the educational programs must incorporate current knowledge and skills that represent best practice. Programs must select such content following careful review of the research literature and consideration of the needs for today's entry-level practitioner. Because the knowledge within a profession is dynamic, information regarding current best practice is fluid and requires on-going examination and reflection.

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SUMMARY OF MAJOR CHANGES INCLUDED IN 5TH EDITION

- The 12 content areas of the previous edition have been reorganized into 8 to eliminate redundancies and better reflect current practice.
    - The pathology content area was eliminated, and these competencies are addressed throughout other content areas.
    - The risk management/prevention and nutritional considerations content areas were combined to form the new **Prevention and Health Promotion (PHP)** content area. This change was made to reflect the current emphasis on prevention and wellness across health care and the lifespan.
    - The orthopedic clinical exam/diagnosis and medical conditions/disabilities content areas were combined to form the **Clinical Examination and Diagnosis (CE)** content area. This change was made to emphasize that athletic trainers use one standard clinical examination model that changes based on the findings and needs of the patient.
    - The therapeutic modalities, conditioning and rehabilitative exercise and pharmacology content areas were combined to form one content area that incorporates all aspects of **Therapeutic Interventions (TI)**.
    - A new content area was added to provide students with the basic knowledge and skills related to **Evidence-Based Practice (EBP).** The importance of using EBP concepts and principles to improve patient outcomes is being emphasized throughout the health care system and is reflected within this new content area.
- The **Acute Care (AC)** content area has been substantially revised to reflect contemporary practice.
    - The addition of skill in assessing rectal temperature, oxygen saturation, blood glucose levels, and use of a nebulizer and oropharyngeal and nasopharyngeal airways reflects recommendations of NATA position statements that are published or in development.
- The content areas now integrate knowledge and skills, instead of separate sections for cognitive and psychomotor competencies. The action verb used in each competency statement identifies the expected outcome. In some places, knowledge is the expectation and not skill acquisition. For example, acute care competency #9 (AC-9) requires that athletic training students be knowledgeable about the various types of airway adjuncts including oropharyngeal airways (OPA), nasopharyngeal airways (NPO) and supraglottic airways. However, the accompanying skill competency AC-10 does not require skill acquisition in the use of the supraglottic airways.
- The **Clinical Integration Proficiencies (CIP)**, which are ideally assessed in the context of real patient care, have been removed from the individual content areas and reorganized into a separate section. This reorganization reflects clinical practice and demonstrates the global nature of the Proficiencies. For example, rather than just assessing students' ability to examine a real patient in a real clinical setting, the new CIPs require that students demonstrate the ability to examine and diagnose a patient, provide appropriate acute/emergent care, plan and implement appropriate therapeutic interventions, and make decisions pertaining to safe return to participation. This approach to student assessment better reflects the comprehensive nature of real patient care.

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COMPARISON OF THE ROLE DELINEATION STUDY/PRACTICE ANALYSIS, 6TH ED AND THE COMPETENCIES

The Role Delineation Study/Practice Analysis, 6th ed (RDS/PA) of the Board of Certification serves as the blue print for the certification examination. As such, the Competencies must include all tasks (and related knowledge and skills) included in the RDS/PA. Working with the BOC, we compared the RDS/PA with this version of the Competencies and can confidently state that the content of the RDS /PA is incorporated in this version.

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5TH EDITION COMPETENCIES – PROJECT TEAM MEMBERS

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Foundational Behaviors of Professional Practice

These basic behaviors permeate professional practice and should be incorporated into instruction and assessed throughout the educational program.

Primacy of the Patient

- Recognize sources of conflict of interest that can impact the client's/patient's health.
- Know and apply the commonly accepted standards for patient confidentiality.
- Provide the best healthcare available for the client/patient.
- Advocate for the needs of the client/patient.

Team Approach to Practice

- Recognize the unique skills and abilities of other healthcare professionals.
- Understand the scope of practice of other healthcare professionals.
- Execute duties within the identified scope of practice for athletic trainers.
- Include the patient (and family, where appropriate) in the decision-making process.
- Work with others in effecting positive patient outcomes.

Legal Practice

- Practice athletic training in a legally competent manner.
- Identify and conform to the laws that govern athletic training.
- Understand the consequences of violating the laws that govern athletic training.

Ethical Practice

- Comply with the NATA's *Code of Ethics* and the BOC's *Standards of Professional Practice.*
- Understand the consequences of violating the NATA's *Code of Ethics* and BOC's *Standards of Professional Practice.*
- Comply with other codes of ethics, as applicable.

Advancing Knowledge

- Critically examine the body of knowledge in athletic training and related fields.
- Use evidence-based practice as a foundation for the delivery of care.
- Appreciate the connection between continuing education and the improvement of athletic training practice.
- Promote the value of research and scholarship in athletic training.
- Disseminate new knowledge in athletic training to fellow athletic trainers, clients/patients, other healthcare professionals, and others as necessary.

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Cultural Competence

- Demonstrate awareness of the impact that clients'/patients' cultural differences have on their attitudes and behaviors toward healthcare.
- Demonstrate knowledge, attitudes, behaviors, and skills necessary to achieve optimal health outcomes for diverse patient populations.
- Work respectfully and effectively with diverse populations and in a diverse work environment.

Professionalism

- Advocate for the profession.
- Demonstrate honesty and integrity.
- Exhibit compassion and empathy.
- Demonstrate effective interpersonal communication skills.

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Evidence-Based Practice (EBP)

Evidence-based practitioners incorporate the best available evidence, their clinical skills, and the needs of the patient to maximize patient outcomes. An understanding of evidence-based practice concepts and their application is essential to sound clinical decision-making and the critical examination of athletic training practice.

Practicing in an evidence-based manner should not be confused with conducting research. While conducting research is important to the profession of athletic training, developing the ability to conduct a research project is not an expectation of professional education. This section focuses on the knowledge and skills necessary for entry-level athletic trainers to use a systematic approach to ask and answer clinically relevant questions that affect patient care by using review and application of existing research evidence. One strategy, among others, is to use a five-step approach: 1) creating a clinically relevant question; 2) searching for the best evidence; 3) critically analyzing the evidence; 4) integrating the appraisal with personal clinical expertise and patients' preferences; and 5) evaluating the performance or outcomes of the actions. Each competency listed below is related to such a systematic approach and provides the building blocks for employing evidence-based practice. Other specific evidence-based practice competencies have also been included in appropriate content areas.

All items listed in parentheses (eg) are intended to serve as examples and are not all encompassing or the only way to satisfy the competency.

KNOWLEDGE AND SKILLS

EBP-1. Define evidence-based practice as it relates to athletic training clinical practice.

EBP-2. Explain the role of evidence in the clinical decision making process.

EBP-3. Describe and differentiate the types of quantitative and qualitative research, research components, and levels of research evidence.

EBP-4. Describe a systematic approach (eg, five step approach) to create and answer a clinical question through review and application of existing research.

EBP-5. Develop a relevant clinical question using a pre-defined question format (eg, PICO= Patients, Intervention, Comparison, Outcomes; PIO = Patients, Intervention, Outcomes).

EBP-6. Describe and contrast research and literature resources including databases and online critical appraisal libraries that can be used for conducting clinically-relevant searches.

EBP-7. Conduct a literature search using a clinical question relevant to athletic training practice using search techniques (eg, Boolean search, Medical Subject Headings) and resources appropriate for a specific clinical question.

EBP-8. Describe the differences between narrative reviews, systematic reviews, and meta-analyses.

EBP-9. Use standard criteria or developed scales (eg, Physiotherapy Evidence Database Scale [PEDro], Oxford Centre for Evidence Based Medicine Scale) to critically appraise the structure, rigor, and overall quality of research studies.

EBP-10. Determine the effectiveness and efficacy of an athletic training intervention utilizing evidence-based practice concepts.

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EBP-11. Explain the theoretical foundation of clinical outcomes assessment (eg, disablement, health-related quality of life) and describe common methods of outcomes assessment in athletic training clinical practice (generic, disease-specific, region-specific, and dimension-specific outcomes instruments).

EBP-12. Describe the types of outcomes measures for clinical practice (patient-based and clinician-based) as well as types of evidence that are gathered through outcomes assessment (patient-oriented evidence versus disease-oriented evidence).

EBP-13. Understand the methods of assessing patient status and progress (eg, global rating of change, minimal clinically important difference, minimal detectable difference) with clinical outcomes assessments.

EBP-14. Apply and interpret clinical outcomes to assess patient status, progress, and change using psychometrically sound outcome instruments.

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Prevention and Health Promotion (PHP)

Athletic trainers develop and implement strategies and programs to prevent the incidence and/or severity of injuries and illnesses and optimize their clients'/patients' overall health and quality of life. These strategies and programs also incorporate the importance of nutrition and physical activity in maintaining a healthy lifestyle and in preventing chronic disease (eg, diabetes, obesity, cardiovascular disease).

KNOWLEDGE AND SKILLS

General Prevention Principles

PHP-1. Describe the concepts (eg, case definitions, incidence versus prevalence, exposure assessment, rates) and uses of injury and illness surveillance relevant to athletic training.

PHP-2. Identify and describe measures used to monitor injury prevention strategies (eg, injury rates and risks, relative risks, odds ratios, risk differences, numbers needed to treat/harm).

PHP-3. Identify modifiable/non-modifiable risk factors and mechanisms for injury and illness.

PHP-4. Explain how the effectiveness of a prevention strategy can be assessed using clinical outcomes, surveillance, or evaluation data.

PHP-5. Explain the precautions and risk factors associated with physical activity in persons with common congenital and acquired abnormalities, disabilities, and diseases.

PHP-6. Summarize the epidemiology data related to the risk of injury and illness associated with participation in physical activity.

Prevention Strategies and Procedures

PHP-7. Implement disinfectant procedures to prevent the spread of infectious diseases and to comply with Occupational Safety and Health Administration (OSHA) and other federal regulations.

PHP-8. Identify the necessary components to include in a preparticipation physical examination as recommended by contemporary guidelines (eg, American Heart Association, American Academy of Pediatrics Council on Sports Medicine & Fitness).

PHP-9. Explain the role of the preparticipation physical exam in identifying conditions that might predispose the athlete to injury or illness.

PHP-10. Explain the principles of the body's thermoregulatory mechanisms as they relate to heat gain and heat loss.

PHP-11. Explain the principles of environmental illness prevention programs to include acclimation and conditioning, fluid and electrolyte replacement requirements, proper practice and competition attire, hydration status, and environmental assessment (eg, sling psychrometer, wet bulb globe temperatures [WBGT], heat index guidelines).

PHP-12. Summarize current practice guidelines related to physical activity during extreme weather conditions (eg, heat, cold, lightning, wind).

PHP-13. Obtain and interpret environmental data (web bulb globe temperature [WBGT], sling psychrometer, lightning detection devices) to make clinical decisions regarding the scheduling, type, and duration of physical activity.

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PHP-14. Assess weight loss and hydration status using weight charts, urine color charts, or specific gravity measurements to determine an individual's ability to participate in physical activity in a hot, humid environment.

PHP-15. Use a glucometer to monitor blood glucose levels, determine participation status, and make referral decisions.

PHP-16. Use a peak-flow meter to monitor a patient's asthma symptoms, determine participation status, and make referral decisions.

PHP-17. Explain the etiology and prevention guidelines associated with the leading causes of sudden death during physical activity, including but not limited to:

- **PHP-17a.** Cardiac arrhythmia or arrest
- **PHP-17b.** Asthma
- **PHP-17c.** Traumatic brain injury
- **PHP-17d.** Exertional heat stroke
- **PHP-17e.** Hyponatremia
- **PHP-17f.** Exertional sickling
- **PHP-17g.** Anaphylactic shock
- **PHP-17h.** Cervical spine injury
- **PHP-17i.** Lightning strike

PHP-18. Explain strategies for communicating with coaches, athletes, parents, administrators, and other relevant personnel regarding potentially dangerous conditions related to the environment, field, or playing surfaces.

PHP-19. Instruct clients/patients in the basic principles of ergodynamics and their relationship to the prevention of illness and injury.

Protective Equipment and Prophylactic Procedures

PHP-20. Summarize the basic principles associated with the design, construction, fit, maintenance, and reconditioning of protective equipment, including the rules and regulations established by the associations that govern its use.

PHP-21. Summarize the principles and concepts related to the fabrication, modification, and appropriate application or use of orthotics and other dynamic and static splints.

PHP-22. Fit standard protective equipment following manufacturers' guidelines.

PHP-23. Apply preventive taping and wrapping procedures, splints, braces, and other special protective devices.

Fitness/Wellness

PHP-24. Summarize the general principles of health maintenance and personal hygiene, including skin care, dental hygiene, sanitation, immunizations, avoidance of infectious and contagious diseases, diet, rest, exercise, and weight control.

PHP-25. Describe the role of exercise in maintaining a healthy lifestyle and preventing chronic disease.

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PHP-26. Identify and describe the standard tests, test equipment, and testing protocols that are used for measuring fitness, body composition, posture, flexibility, muscular strength, power, speed, agility, and endurance.

PHP-27. Compare and contrast the various types of flexibility, strength training, and cardiovascular conditioning programs to include expected outcomes, safety precautions, hazards, and contraindications.

PHP-28. Administer and interpret fitness tests to assess a client's/patient's physical status and readiness for physical activity.

PHP-29. Explain the basic concepts and practice of fitness and wellness screening.

PHP-30. Design a fitness program to meet the individual needs of a client/patient based on the results of standard fitness assessments and wellness screening.

PHP-31. Instruct a client/patient regarding fitness exercises and the use of muscle strengthening equipment to include correction or modification of inappropriate, unsafe, or dangerous lifting techniques.

General Nutrition Concepts

PHP-32. Describe the role of nutrition in enhancing performance, preventing injury or illness, and maintaining a healthy lifestyle.

PHP-33. Educate clients/patients on the importance of healthy eating, regular exercise, and general preventative strategies for improving or maintaining health and quality of life.

PHP-34. Describe contemporary nutritional intake recommendations and explain how these recommendations can be used in performing a basic dietary analysis and providing appropriate general dietary recommendations.

PHP-35. Describe the proper intake, sources of, and effects of micro- and macronutrients on performance, health, and disease.

PHP-36. Describe current guidelines for proper hydration and explain the consequences of improper fluid/electrolyte replacement.

PHP-37. Identify, analyze, and utilize the essential components of food labels to determine the content, quality, and appropriateness of food products.

PHP-38. Describe nutritional principles that apply to tissue growth and repair.

PHP-39. Describe changes in dietary requirements that occur as a result of changes in an individual's health, age, and activity level.

PHP-40. Explain the physiologic principles and time factors associated with the design and planning of pre-activity and recovery meals/snacks and hydration practices.

PHP-41. Identify the foods and fluids that are most appropriate for pre-activity, activity, and recovery meals/snacks.

Weight Management and Body Composition

PHP-42. Explain how changes in the type and intensity of physical activity influence the energy and nutritional demands placed on the client/patient.

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PHP-43. Describe the principles and methods of body composition assessment to assess a client's/patient's health status and to monitor changes related to weight management, strength training, injury, disordered eating, menstrual status, and/or bone density status.

PHP-44. Assess body composition by validated techniques.

PHP-45. Describe contemporary weight management methods and strategies needed to support activities of daily life and physical activity.

Disordered Eating and Eating Disorders

PHP-46. Identify and describe the signs, symptoms, physiological, and psychological responses of clients/patients with disordered eating or eating disorders.

PHP-47. Describe the method of appropriate management and referral for clients/patients with disordered eating or eating disorders in a manner consistent with current practice guidelines.

Performance Enhancing and Recreational Supplements and Drugs

PHP-48. Explain the known usage patterns, general effects, and short- and long-term adverse effects for the commonly used dietary supplements, performance enhancing drugs, and recreational drugs.

PHP-49. Identify which therapeutic drugs, supplements, and performance-enhancing substances are banned by sport and/or workplace organizations in order to properly advise clients/patients about possible disqualification and other consequences.

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Clinical Examination and Diagnosis (CE)

Athletic trainers must possess strong clinical examination skills in order to accurately diagnosis and effectively treat their patients. The clinical examination is an on-going process, repeated to some extent each time the patient is treated. The development of these skills requires a thorough understanding of anatomy, physiology, and biomechanics. Athletic trainers must also apply clinical-reasoning skills throughout the physical examination process in order to assimilate data, select the appropriate assessment tests, and formulate a differential diagnosis.

The competencies identified in this section should be considered in the context of the competencies identified in other domains. For example, the knowledge and skills associated with acute care and therapeutic interventions, while applicable for this domain, are not repeated here.

The clinical examination process is comprehensive and may include a review of the systems and regions identified below based on the patient's relevant history and examination findings. Consideration must also be given to the patient's behavioral and cognitive status and history; competencies addressing this content area are included elsewhere.

SYSTEMS AND REGIONS

a. Musculoskeletal
b. Integumentary
c. Neurological
d. Cardiovascular
e. Endocrine
f. Pulmonary
g. Gastrointestinal
h. Hepatobiliary
i. Immune
j. Renal and urogenital
k. The face, including maxillofacial region and mouth
l. Eye, ear, nose, and throat

KNOWLEDGE AND SKILLS

CE-1. Describe the normal structures and interrelated functions of the body systems.

CE-2. Describe the normal anatomical, systemic, and physiological changes associated with the lifespan.

CE-3. Identify the common congenital and acquired risk factors and causes of musculoskeletal injuries and common illnesses that may influence physical activity in pediatric, adolescent, adult, and aging populations.

CE-4. Describe the principles and concepts of body movement, including normal osteokinematics and arthrokinematics.

CE-5. Describe the influence of pathomechanics on function.

CE-6. Describe the basic principles of diagnostic imaging and testing and their role in the diagnostic process.

CE-7. Identify the patient's participation restrictions (disabilities) and activity limitations (functional limitations) to determine the impact of the condition on the patient's life.

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CE-8. Explain the role and importance of functional outcome measures in clinical practice and patient health-related quality of life.

CE-9. Identify functional and patient-centered quality of life outcome measures appropriate for use in athletic training practice.

CE-10. Explain diagnostic accuracy concepts including reliability, sensitivity, specificity, likelihood ratios, prediction values, and pre-test and post-test probabilities in the selection and interpretation of physical examination and diagnostic procedures.

CE-11. Explain the creation of clinical prediction rules in the diagnosis and prognosis of various clinical conditions.

CE-12. Apply clinical prediction rules (eg, Ottawa Ankle Rules) during clinical examination procedures.

CE-13. Obtain a thorough medical history that includes the pertinent past medical history, underlying systemic disease, use of medications, the patient's perceived pain, and the history and course of the present condition.

CE-14. Differentiate between an initial injury evaluation and follow-up/reassessment as a means to evaluate the efficacy of the patient's treatment/rehabilitation program, and make modifications to the patient's program as needed.

CE-15. Demonstrate the ability to modify the diagnostic examination process according to the demands of the situation and patient responses.

CE-16. Recognize the signs and symptoms of catastrophic and emergent conditions and demonstrate appropriate referral decisions.

CE-17. Use clinical reasoning skills to formulate an appropriate clinical diagnosis for common illness/disease and orthopedic injuries/conditions.

CE-18. Incorporate the concept of differential diagnosis into the examination process.

CE-19. Determine criteria and make decisions regarding return to activity and/or sports participation based on the patient's current status.

CE-20. Use standard techniques and procedures for the clinical examination of common injuries, conditions, illnesses, and diseases including, but not limited to:

- **CE-20a.** history taking
- **CE-20b.** inspection/observation
- **CE-20c.** palpation
- **CE-20d.** functional assessment
- **CE-20e.** selective tissue testing techniques / special tests
- **CE-20f.** neurological assessments (sensory, motor, reflexes, balance, cognitive function)
- **CE-20g.** respiratory assessments (auscultation, percussion, respirations, peak-flow)
- **CE-20h.** circulatory assessments (pulse, blood pressure, auscultation)
- **CE-20i.** abdominal assessments (percussion, palpation, auscultation)
- **CE-20j.** other clinical assessments (otoscope, urinalysis, glucometer, temperature, opthalmoscope)

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CE-21. Assess and interpret findings from a physical examination that is based on the patient's clinical presentation. This exam can include:

- **CE-21a.** Assessment of posture, gait, and movement patterns
- **CE-21b.** Palpation
- **CE-21c.** Muscle function assessment
- **CE-21d.** Assessment of quantity and quality of osteokinematic joint motion
- **CE-21e.** Capsular and ligamentous stress testing
- **CE-21f.** Joint play (arthrokinematics)
- **CE-21g.** Selective tissue examination techniques / special tests
- **CE-21h.** Neurologic function (sensory, motor, reflexes, balance, cognition)
- **CE-21i.** Cardiovascular function (including differentiation between normal and abnormal heart sounds, blood pressure, and heart rate)
- **CE-21j.** Pulmonary function (including differentiation between normal breath sounds, percussion sounds, number and characteristics of respirations, peak expiratory flow)
- **CE-21k.** Gastrointestinal function (including differentiation between normal and abnormal bowel sounds)
- **CE-21l.** Genitourinary function (urinalysis)
- **CE-21m.** Ocular function (vision, ophthalmoscope)
- **CE-21n.** Function of the ear, nose, and throat (including otoscopic evaluation)
- **CE-21o.** Dermatological assessment
- **CE-21p.** Other assessments (glucometer, temperature)

CE-22. Determine when the findings of an examination warrant referral of the patient.

CE-23. Describe current setting-specific (eg, high school, college) and activity-specific rules and guidelines for managing injuries and illnesses.

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Acute Care of Injuries and Illnesses (AC)

Athletic trainers are often present when injuries or other acute conditions occur or are the first healthcare professionals to evaluate a patient. For this reason, athletic trainers must be knowledgeable and skilled in the evaluation and immediate management of acute injuries and illnesses.

The competencies identified in this section should be considered in the context of the competencies identified in other domains. For example, the knowledge and skills associated with the process of examination and documentation, while applicable for this domain, are not repeated here. Likewise, the knowledge and skills associated with the administrative and risk management aspects of planning for an emergency injury/illness situation are not repeated here.

KNOWLEDGE AND SKILLS

Planning

AC-1. Explain the legal, moral, and ethical parameters that define the athletic trainer's scope of acute and emergency care.

AC-2. Differentiate the roles and responsibilities of the athletic trainer from other pre-hospital care and hospital-based providers, including emergency medical technicians/paramedics, nurses, physician assistants, and physicians.

AC-3. Describe the hospital trauma level system and its role in the transportation decision-making process.

Examination

AC-4. Demonstrate the ability to perform scene, primary, and secondary surveys.

AC-5. Obtain a medical history appropriate for the patient's ability to respond.

AC-6. When appropriate, obtain and monitor signs of basic body functions including pulse, blood pressure, respiration, pulse oximetry, pain, and core temperature. Relate changes in vital signs to the patient's status.

AC-7. Differentiate between normal and abnormal physical findings (eg, pulse, blood pressure, heart and lung sounds, oxygen saturation, pain, core temperature) and the associated pathophysiology.

Immediate Emergent Management

AC-8. Explain the indications, guidelines, proper techniques, and necessary supplies for removing equipment and clothing in order to access the airway, evaluate and/or stabilize an athlete's injured body part.

AC-9. Differentiate the types of airway adjuncts (oropharygneal airways [OPA], nasopharyngeal airways [NPA] and supraglottic airways [King LT-D or Combitube]) and their use in maintaining a patent airway in adult respiratory and/or cardiac arrest.

AC-10. Establish and maintain an airway, including the use of oro- and nasopharygneal airways, and neutral spine alignment in an athlete with a suspected spine injury who may be wearing shoulder pads, a helmet with and without a face guard, or other protective equipment.

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AC-11. Determine when suction for airway maintenance is indicated and use according to accepted practice protocols.

AC-12. Identify cases when rescue breathing, CPR, and/or AED use is indicated according to current accepted practice protocols.

AC-13. Utilize an automated external defibrillator (AED) according to current accepted practice protocols.

AC-14. Perform one- and two- person CPR on an infant, child and adult.

AC-15. Utilize a bag valve and pocket mask on a child and adult using supplemental oxygen.

AC-16. Explain the indications, application, and treatment parameters for supplemental oxygen administration for emergency situations.

AC-17. Administer supplemental oxygen with adjuncts (eg, non-rebreather mask, nasal cannula).

AC-18. Assess oxygen saturation using a pulse oximeter and interpret the results to guide decision making.

AC-19. Explain the proper procedures for managing external hemorrhage (eg, direct pressure, pressure points, tourniquets) and the rationale for use of each.

AC-20. Select and use the appropriate procedure for managing external hemorrhage.

AC-21. Explain aseptic or sterile techniques, approved sanitation methods, and universal precautions used in the cleaning, closure, and dressing of wounds.

AC-22. Select and use appropriate procedures for the cleaning, closure, and dressing of wounds, identifying when referral is necessary.

AC-23. Use cervical stabilization devices and techniques that are appropriate to the circumstances of an injury.

AC-24. Demonstrate proper positioning and immobilization of a patient with a suspected spinal cord injury.

AC-25. Perform patient transfer techniques for suspected head and spine injuries utilizing supine log roll, prone log roll with push, prone log roll with pull, and lift-and-slide techniques.

AC-26. Select the appropriate spine board, including long board or short board, and use appropriate immobilization techniques based on the circumstance of the patient's injury.

AC-27. Explain the role of core body temperature in differentiating between exertional heat stroke, hyponatremia, and head injury.

AC-28. Differentiate the different methods for assessing core body temperature.

AC-29. Assess core body temperature using a rectal probe.

AC-30. Explain the role of rapid full body cooling in the emergency management of exertional heat stroke.

AC-31. Assist the patient in the use of a nebulizer treatment for an asthmatic attack.

AC-32. Determine when use of a metered-dose inhaler is warranted based on a patient's condition.

AC-33. Instruct a patient in the use of a meter-dosed inhaler in the presence of asthma-related bronchospasm.

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AC-34. Explain the importance of monitoring a patient following a head injury, including the role of obtaining clearance from a physician before further patient participation.

AC-35. Demonstrate the use of an auto-injectable epinephrine in the management of allergic anaphylaxis. Decide when auto-injectable epinephrine use is warranted based on a patient's condition.

AC-36. Identify the signs, symptoms, interventions and, when appropriate, the return-to-participation criteria for:

- **AC-36a.** sudden cardiac arrest
- **AC-36b.** brain injury including concussion, subdural and epidural hematomas, second impact syndrome and skull fracture
- **AC-36c.** cervical, thoracic, and lumbar spine trauma
- **AC-36d.** heat illness including heat cramps, heat exhaustion, exertional heat stroke, and hyponatremia
- **AC-36e.** exertional sickling associated with sickle cell trait
- **AC-36f.** rhabdomyolysis
- **AC-36g.** internal hemorrhage
- **AC-36h.** diabetic emergencies including hypoglycemia and ketoacidosis
- **AC-36i.** asthma attacks
- **AC-36j.** systemic allergic reaction, including anaphylactic shock
- **AC-36k.** epileptic and non-epileptic seizures
- **AC-36l.** shock
- **AC-36m.** hypothermia, frostbite
- **AC-36n.** toxic drug overdoses
- **AC-36o.** local allergic reaction

Immediate Musculoskeletal Management

AC-37. Select and apply appropriate splinting material to stabilize an injured body area.

AC-38. Apply appropriate immediate treatment to protect the injured area and minimize the effects of hypoxic and enzymatic injury.

AC-39. Select and implement the appropriate ambulatory aid based on the patient's injury and activity and participation restrictions.

Transportation

AC-40. Determine the proper transportation technique based on the patient's condition and findings of the immediate examination.

AC-41. Identify the criteria used in the decision-making process to transport the injured patient for further medical examination.

AC-42. Select and use the appropriate short-distance transportation methods, such as the log roll or lift and slide, for an injured patient in different situations.

Education

AC-43. Instruct the patient in home care and self-treatment plans for acute conditions.

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Therapeutic Interventions (TI)

Athletic trainers assess the patient's status using clinician- and patient-oriented outcome measures. Based on this assessment and with consideration of the stage of healing and goals, a therapeutic intervention is designed to maximize the patient's participation and health-related quality of life.

A broad range of interventions, methods, techniques, equipment, activities using body movement, and medications are incorporated into this domain. These interventions are designed to enhance function by identifying, remediating, and preventing impairments and activity restrictions (functional limitations) to maximize participation. Rehabilitation is conducted in a wide variety of settings (eg, aquatic, clinic) with basic and contemporary equipment/modalities and on a wide range of patients with respect to age, overall health, and desired level of activity. Therapeutic interventions also include the use of prescription and nonprescription medications. For this reason, the athletic trainer needs to be knowledgeable about common prescription and nonprescription drug indications, adverse reactions, and interactions.

The competencies identified in this section should be considered in the context of the competencies identified in other content areas. For example, the knowledge and skills associated with the process of examination and documentation, while applicable for this content area, are not included here.

Therapeutic interventions include:

- Techniques to reduce pain
- Techniques to limit edema
- Techniques to restore joint mobility
- Techniques to restore muscle extensibility
- Techniques to restore neuromuscular function
- Exercises to improve strength, endurance, speed, and power
- Activities to improve balance, neuromuscular control, coordination, and agility
- Exercises to improve gait, posture, and body mechanics
- Exercises to improve cardiorespiratory fitness
- Functional exercises (eg, sports- or activity-specific)
- Exercises which comprise a home-based program
- Aquatic therapy
- Therapeutic modalities
    - superficial thermal agents (eg, hot pack, ice)
    - electrical stimulation
    - therapeutic ultrasound
    - diathermy
    - therapeutic low-level laser and light therapy
    - mechanical modalities
        - traction
        - intermittent compression
        - continuous passive motion
        - massage
    - biofeedback
- Therapeutic medications (as guided by applicable state and federal law)

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KNOWLEDGE AND SKILLS

Physical Rehabilitation and Therapeutic Modalities

TI-1. Describe and differentiate the physiological and pathophysiological responses to inflammatory and non-inflammatory conditions and the influence of these responses on the design, implementation, and progression of a therapeutic intervention.

TI-2. Compare and contrast contemporary theories of pain perception and pain modulation.

TI-3. Differentiate between palliative and primary pain-control interventions.

TI-4. Analyze the impact of immobilization, inactivity, and mobilization on the body systems (eg, cardiovascular, pulmonary, musculoskeletal) and injury response.

TI-5. Compare and contrast the variations in the physiological response to injury and healing across the lifespan.

TI-6. Describe common surgical techniques, including interpretation of operative reports, and any resulting precautions, contraindications, and comorbidities that impact the selection and progression of a therapeutic intervention program.

TI-7. Identify patient- and clinician-oriented outcomes measures commonly used to recommend activity level, make return to play decisions, and maximize patient outcomes and progress in the treatment plan.

TI-8. Explain the theory and principles relating to expected physiological response(s) during and following therapeutic interventions.

TI-9. Describe the laws of physics that (1) underlay the application of thermal, mechanical, electromagnetic, and acoustic energy to the body and (2) form the foundation for the development of therapeutic interventions (eg, stress-strain, leverage, thermodynamics, energy transmission and attenuation, electricity).

TI-10. Integrate self-treatment into the intervention when appropriate, including instructing the patient regarding self-treatment plans.

TI-11. Design therapeutic interventions to meet specified treatment goals.

- **TI-11a.** Assess the patient to identify indications, contraindications, and precautions applicable to the intended intervention.
- **TI-11b.** Position and prepare the patient for various therapeutic interventions.
- **TI-11c.** Describe the expected effects and potential adverse reactions to the patient.
- **TI-11d.** Instruct the patient how to correctly perform rehabilitative exercises.
- **TI-11e.** Apply the intervention, using parameters appropriate to the intended outcome.
- **TI-11f.** Reassess the patient to determine the immediate impact of the intervention.

TI-12. Use the results of on-going clinical examinations to determine when a therapeutic intervention should be progressed, regressed or discontinued.

TI-13. Describe the relationship between the application of therapeutic modalities and the incorporation of active and passive exercise and/or manual therapies, including therapeutic massage, myofascial techniques, and muscle energy techniques.

TI-14. Describe the use of joint mobilization in pain reduction and restoration of joint mobility.

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TI-15. Perform joint mobilization techniques as indicated by examination findings.

TI-16. Fabricate and apply taping, wrapping, supportive, and protective devices to facilitate return to function.

TI-17. Analyze gait and select appropriate instruction and correction strategies to facilitate safe progression to functional gait pattern.

TI-18. Explain the relationship between posture, biomechanics, and ergodynamics and the need to address these components in a therapeutic intervention.

TI-19. Identify manufacturer, institutional, state, and/or federal standards that influence approval, operation, inspection, maintenance and safe application of therapeutic modalities and rehabilitation equipment.

TI-20. Inspect therapeutic equipment and the treatment environment for potential safety hazards.

Therapeutic Medications

TI-21. Explain the federal, state, and local laws, regulations and procedures for the proper storage, disposal, transportation, dispensing (administering where appropriate), and documentation associated with commonly used prescription and nonprescription medications.

TI-22. Identify and use appropriate pharmaceutical terminology for management of medications, inventory control, and reporting of pharmacological agents commonly used in an athletic training facility.

TI-23. Use an electronic drug resource to locate and identify indications, contraindications, precautions, and adverse reactions for common prescription and nonprescription medications.

TI-24. Explain the major concepts of pharmacokinetics and the influence that exercise might have on these processes.

TI-25. Explain the concepts related to bioavailability, half-life, and bioequivalence (including the relationship between generic and brand name drugs) and their relevance to the patient, the choice of medication, and the dosing schedule.

TI-26. Explain the pharmacodynamic principles of receptor theory, dose-response relationship, placebo effect, potency, and drug interactions as they relate to the mechanism of drug action and therapeutic effectiveness.

TI-27. Describe the common routes used to administer medications and their advantages and disadvantages.

TI-28. Properly assist and/or instruct the patient in the proper use, cleaning, and storage of drugs commonly delivered by metered dose inhalers, nebulizers, insulin pumps, or other parenteral routes as prescribed by the physician.

TI-29. Describe how common pharmacological agents influence pain and healing and their influence on various therapeutic interventions.

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TI-30. Explain the general therapeutic strategy, including drug categories used for treatment, desired treatment outcomes, and typical duration of treatment, for the following common diseases and conditions: asthma, diabetes, hypertension, infections, depression, GERD, allergies, pain, inflammation, and the common cold.

TI-31. Optimize therapeutic outcomes by communicating with patients and/or appropriate healthcare professionals regarding compliance issues, drug interactions, adverse drug reactions, and sub-optimal therapy.

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Psychosocial Strategies and Referral (PS)

Athletic trainers must be able to recognize clients/patients exhibiting abnormal social, emotional, and mental behaviors. Coupled with recognition is the ability to intervene and refer these individuals as necessary. Additionally, athletic trainers appreciate the role of mental health in injury and recovery and use interventions to optimize the connection between mental health and restoration of participation.

KNOWLEDGE AND SKILLS

Theoretical Background

PS-1. Describe the basic principles of personality traits, trait anxiety, locus of control, intrinsic and extrinsic motivation, and patient and social environment interactions as they affect patient interactions.

PS-2. Explain the theoretical background of psychological and emotional responses to injury and forced inactivity (eg, cognitive appraisal model, stress response model).

PS-3. Describe how psychosocial considerations affect clinical decision-making related to return to activity or participation (eg, motivation, confidence).

PS-4. Summarize and demonstrate the basic processes of effective interpersonal and cross-cultural communication as it relates to interactions with patients and others involved in the healthcare of the patient.

PS-5. Summarize contemporary theory regarding educating patients of all ages and cultural backgrounds to effect behavioral change.

Psychosocial Strategies

PS-6. Explain the importance of educating patients, parents/guardians, and others regarding the condition in order to enhance the psychological and emotional well-being of the patient.

PS-7. Describe the psychological techniques (eg, goal setting, imagery, positive self-talk, relaxation/anxiety reduction) that the athletic trainer can use to motivate the patient during injury rehabilitation and return to activity processes.

PS-8. Describe psychological interventions (eg, goal setting, motivational techniques) that are used to facilitate a patient's physical, psychological, and return to activity needs.

PS-9. Describe the psychosocial factors that affect persistent pain sensation and perception (eg, emotional state, locus of control, psychodynamic issues, sociocultural factors, personal values and beliefs) and identify multidisciplinary approaches for assisting patients with persistent pain.

PS-10. Explain the impact of sociocultural issues that influence the nature and quality of healthcare received (eg, cultural competence, access to appropriate healthcare providers, uninsured/underinsured patients, insurance) and formulate and implement strategies to maximize client/patient outcomes.

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Mental Health and Referral

PS-11. Describe the role of various mental healthcare providers (eg, psychiatrists, psychologists, counselors, social workers) that may comprise a mental health referral network.

PS-12. Identify and refer clients/patients in need of mental healthcare.

PS-13. Identify and describe the basic signs and symptoms of mental health disorders (eg, psychosis, neurosis; sub-clinical mood disturbances (eg, depression, anxiety); and personal/social conflict (eg, adjustment to injury, family problems, academic or emotional stress, personal assault or abuse, sexual assault or harassment) that may indicate the need for referral to a mental healthcare professional.

PS-14. Describe the psychological and sociocultural factors associated with common eating disorders.

PS-15. Identify the symptoms and clinical signs of substance misuse/abuse, the psychological and sociocultural factors associated with such misuse/abuse, its impact on an individual's health and physical performance, and the need for proper referral to a healthcare professional.

PS-16. Formulate a referral for an individual with a suspected mental health or substance abuse problem.

PS-17. Describe the psychological and emotional responses to a catastrophic event, the potential need for a psychological intervention and a referral plan for all parties affected by the event.

PS-18. Provide appropriate education regarding the condition and plan of care to the patient and appropriately discuss with others as needed and as appropriate to protect patient privacy.

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Healthcare Administration (HA)

Athletic trainers function within the context of a complex healthcare system. Integral to this function is an understanding of risk management, healthcare delivery mechanisms, insurance, reimbursement, documentation, patient privacy, and facility management.

KNOWLEDGE AND SKILLS

HA-1. Describe the role of the athletic trainer and the delivery of athletic training services within the context of the broader healthcare system.

HA-2. Describe the impact of organizational structure on the daily operations of a healthcare facility.

HA-3. Describe the role of strategic planning as a means to assess and promote organizational improvement.

HA-4. Describe the conceptual components of developing and implementing a basic business plan.

HA-5. Describe basic healthcare facility design for a safe and efficient clinical practice setting.

HA-6. Explain components of the budgeting process including: purchasing, requisition, bidding, request for proposal, inventory, profit and loss ratios, budget balancing, and return on investments.

HA-7. Assess the value of the services provided by an athletic trainer (eg, return on investment).

HA-8. Develop operational and capital budgets based on a supply inventory and needs assessment; including capital equipment, salaries and benefits, trending analysis, facility cost, and common expenses.

HA-9. Identify the components that comprise a comprehensive medical record.

HA-10. Identify and explain the statutes that regulate the privacy and security of medical records.

HA-11. Use contemporary documentation strategies to effectively communicate with patients, physicians, insurers, colleagues, administrators, and parents or family members.

HA-12. Use a comprehensive patient-file management system for appropriate chart documentation, risk management, outcomes, and billing.

HA-13. Define state and federal statutes that regulate employment practices.

HA-14. Describe principles of recruiting, selecting, hiring, and evaluating employees.

HA-15. Identify principles of recruiting, selecting, employing, and contracting with physicians and other medical and healthcare personnel in the deployment of healthcare services.

HA-16. Describe federal and state infection control regulations and guidelines, including universal precautions as mandated by the Occupational Safety and Health Administration (OSHA), for the prevention, exposure, and control of infectious diseases, and discuss how they apply to the practicing of athletic training.

HA-17. Identify key regulatory agencies that impact healthcare facilities, and describe their function in the regulation and overall delivery of healthcare.

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HA-18. Describe the basic legal principles that apply to an athletic trainer's responsibilities.

HA-19. Identify components of a risk management plan to include security, fire, electrical and equipment safety, emergency preparedness, and hazardous chemicals.

HA-20. Create a risk management plan and develop associated policies and procedures to guide the operation of athletic training services within a healthcare facility to include issues related to security, fire, electrical and equipment safety, emergency preparedness, and hazardous chemicals.

HA-21. Develop comprehensive, venue-specific emergency action plans for the care of acutely injured or ill individuals.

HA-22. Develop specific plans of care for common potential emergent conditions (eg, asthma attack, diabetic emergency).

HA-23. Identify and explain the recommended or required components of a pre-participation examination based on appropriate authorities' rules, guidelines, and/or recommendations.

HA-24. Describe a plan to access appropriate medical assistance on disease control, notify medical authorities, and prevent disease epidemics.

HA-25. Describe common health insurance models, insurance contract negotiation, and the common benefits and exclusions identified within these models.

HA-26. Describe the criteria for selection, common features, specifications, and required documentation needed for secondary, excess accident, and catastrophic health insurance.

HA-27. Describe the concepts and procedures for revenue generation and reimbursement.

HA-28. Understand the role of and use diagnostic and procedural codes when documenting patient care.

HA-29. Explain typical administrative policies and procedures that govern first aid and emergency care.

HA-30. Describe the role and functions of various healthcare providers and protocols that govern the referral of patients to these professionals.

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Professional Development and Responsibility (PD)

The provision of high quality patient care requires that the athletic trainer maintain current competence in the constantly changing world of healthcare. Athletic trainers must also embrace the need to practice within the limits of state and national regulation using moral and ethical judgment. As members of a broader healthcare community, athletic trainers work collaboratively with other healthcare providers and refer clients/patients when such referral is warranted.

KNOWLEDGE AND SKILLS

PD-1. Summarize the athletic training profession's history and development and how current athletic training practice has been influenced by its past.

PD-2. Describe the role and function of the National Athletic Trainers' Association and its influence on the profession.

PD-3. Describe the role and function of the Board of Certification, the Commission on Accreditation of Athletic Training Education, and state regulatory boards.

PD-4. Explain the role and function of state athletic training practice acts and registration, licensure, and certification agencies including (1) basic legislative processes for the implementation of practice acts, (2) rationale for state regulations that govern the practice of athletic training, and (3) consequences of violating federal and state regulatory acts.

PD-5. Access, analyze, and differentiate between the essential documents of the national governing, credentialing and regulatory bodies, including, but not limited to, the NATA *Athletic Training Educational Competencies*, the BOC *Standards of Professional Practice*, the NATA *Code of Ethics*, and the BOC *Role Delineation Study/Practice Analysis*.

PD-6. Explain the process of obtaining and maintaining necessary local, state, and national credentials for the practice of athletic training.

PD-7. Perform a self-assessment of professional competence and create a professional development plan to maintain necessary credentials and promote life-long learning strategies.

PD-8. Differentiate among the preparation, scopes of practice, and roles and responsibilities of healthcare providers and other professionals with whom athletic trainers interact.

PD-9. Specify when referral of a client/patient to another healthcare provider is warranted and formulate and implement strategies to facilitate that referral.

PD-10. Develop healthcare educational programming specific to the target audience (eg, clients/patients, healthcare personnel, administrators, parents, general public).

PD-11. Identify strategies to educate colleagues, students, patients, the public, and other healthcare professionals about the roles, responsibilities, academic preparation, and scope of practice of athletic trainers.

PD-12. Identify mechanisms by which athletic trainers influence state and federal healthcare regulation.

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Clinical Integration Proficiencies (CIP)

The clinical integration proficiencies (CIPs) represent the synthesis and integration of knowledge, skills, and clinical decision-making into actual client/patient care. The CIPs have been reorganized into this section (rather than at the end of each content area) to reflect their global nature. For example, therapeutic interventions do not occur in isolation from physical assessment.

In most cases, assessment of the CIPs should occur when the student is engaged in real client/patient care and may be necessarily assessed over multiple interactions with the same client/patient. In a few instances, assessment may require simulated scenarios, as certain circumstances may occur rarely but are nevertheless important to the well-prepared practitioner.

The incorporation of evidence-based practice principles into care provided by athletic trainers is central to optimizing outcomes. Assessment of student competence in the CIPs should reflect the extent to which these principles are integrated. Assessment of students in the use of Foundational Behaviors in the context of real patient care should also occur.

PREVENTION & HEALTH PROMOTION

CIP-1. Administer testing procedures to obtain baseline data regarding a client's/patient's level of general health (including nutritional habits, physical activity status, and body composition). Use this data to design, implement, evaluate, and modify a program specific to the performance and health goals of the patient. This will include instructing the patient in the proper performance of the activities, recognizing the warning signs and symptoms of potential injuries and illnesses that may occur, and explaining the role of exercise in maintaining overall health and the prevention of diseases. Incorporate contemporary behavioral change theory when educating clients/patients and associated individuals to effect health-related change. Refer to other medical and health professionals when appropriate.

CIP-2. Select, apply, evaluate, and modify appropriate standard protective equipment, taping, wrapping, bracing, padding, and other custom devices for the client/patient in order to prevent and/or minimize the risk of injury to the head, torso, spine, and extremities for safe participation in sport or other physical activity.

CIP-3. Develop, implement, and monitor prevention strategies for at-risk individuals (eg, persons with asthma or diabetes, persons with a previous history of heat illness, persons with sickle cell trait) and large groups to allow safe physical activity in a variety of conditions. This includes obtaining and interpreting data related to potentially hazardous environmental conditions, monitoring body functions (eg, blood glucose, peak expiratory flow, hydration status), and making the appropriate recommendations for individual safety and activity status.

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CLINICAL ASSESSMENT & DIAGNOSIS / ACUTE CARE / THERAPEUTIC INTERVENTION

CIP-4. Perform a comprehensive clinical examination of a patient with an upper extremity, lower extremity, head, neck, thorax, and/or spine injury or condition. This exam should incorporate clinical reasoning in the selection of assessment procedures and interpretation of findings in order to formulate a differential diagnosis and/or diagnosis, determine underlying impairments, and identify activity limitations and participation restrictions. Based on the assessment data and consideration of the patient's goals, provide the appropriate initial care and establish overall treatment goals. Create and implement a therapeutic intervention that targets these treatment goals to include, as appropriate, therapeutic modalities, medications (with physician involvement as necessary), and rehabilitative techniques and procedures. Integrate and interpret various forms of standardized documentation including both patient-oriented and clinician-oriented outcomes measures to recommend activity level, make return to play decisions, and maximize patient outcomes and progress in the treatment plan.

CIP-5. Perform a comprehensive clinical examination of a patient with a common illness/condition that includes appropriate clinical reasoning in the selection of assessment procedures and interpretation of history and physical examination findings in order to formulate a differential diagnosis and/or diagnosis. Based on the history, physical examination, and patient goals, implement the appropriate treatment strategy to include medications (with physician involvement as necessary). Determine whether patient referral is needed, and identify potential restrictions in activities and participation. Formulate and communicate the appropriate return to activity protocol.

CIP-6. Clinically evaluate and manage a patient with an emergency injury or condition to include the assessment of vital signs and level of consciousness, activation of emergency action plan, secondary assessment, diagnosis, and provision of the appropriate emergency care (eg, CPR, AED, supplemental oxygen, airway adjunct, splinting, spinal stabilization, control of bleeding).

PSYCHOSOCIAL STRATEGIES AND REFERRAL

CIP-7. Select and integrate appropriate psychosocial techniques into a patient's treatment or rehabilitation program to enhance rehabilitation adherence, return to play, and overall outcomes. This includes, but is not limited to, verbal motivation, goal setting, imagery, pain management, self-talk, and/or relaxation.

CIP-8. Demonstrate the ability to recognize and refer at-risk individuals and individuals with psychosocial disorders and/or mental health emergencies. As a member of the management team, develop an appropriate management plan (including recommendations for patient safety and activity status) that establishes a professional helping relationship with the patient, ensures interactive support and education, and encourages the athletic trainer's role of informed patient advocate in a manner consistent with current practice guidelines.

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HEALTHCARE ADMINISTRATION

CIP-9. Utilize documentation strategies to effectively communicate with patients, physicians, insurers, colleagues, administrators, and parents or family members while using appropriate terminology and complying with statues that regulate privacy of medical records. This includes using a comprehensive patient-file management system (including diagnostic and procedural codes) for appropriate chart documentation, risk management, outcomes, and billing.

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APPENDIX D:

Commission on Accreditation of Athletic Training Education
2020 Standards for Accreditation of Professional Athletic Training Programs
Master's Degree Programs
Adoption date: January 9, 2018
Effective date: July 1, 2020

SECTION I: PROGRAM DESIGN AND QUALITY

Standard 1 **The program has a written mission statement that addresses the professional preparation of athletic trainers and aligns with the mission of the institution and the program's associated organizational units.**

Annotation *Associated organizational units are those under which athletic training falls. For example, if an athletic training program is in a department and the department is in a school, then the mission must be congruent with these units.*

Standard 2 **The program has developed, implemented, and evaluated a framework that describes how the program is designed to achieve its mission and that guides program design, delivery, and assessment.**

Annotation *This written framework describes essential program elements and how they're connected; these elements include core principles, strategic planning, goals and expected outcomes, curricular design (for example, teaching and learning methods), curricular planning and sequencing, and the assessment plan. The framework is evaluated and refined on an ongoing basis.*

The framework includes program-specific outcomes that are defined by the program; these outcomes include measures of student learning, quality of instruction, quality of clinical education, and overall program effectiveness. Programs must minimally incorporate the student achievement measures identified in Standard 6 as outcomes. Improvement plans must include targeted goals and specific action plans for the communication and implementation of the program.

Standard 3 **Development, implementation, and evaluation of the framework engage all core faculty and include other stakeholders as determined by the program.**

Annotation *All core faculty must participate in the development, implementation, and evaluation of the framework on an ongoing basis. The nature and extent of participation by each core faculty member and other stakeholders is determined by the program.*

Standard 4 **The results of the program's assessment plan are used for continued program improvement.**

Annotation *The program analyzes the extent to which it meets its program-specific outcomes and creates an action plan for program improvement and identified deficiencies. The action plan minimally includes identification of responsible person or persons, listing of resources needed, a timeframe, and a strategy to modify the plan as needed.*

Standard 5 **The program collects student achievement measures on an annual basis.**

Annotation *The following student achievement measures must be collected:*

- *Program graduation rate*
- *Program retention rate*
- *Graduate placement rate*
- *First-time pass rate on the Board of Certification examination*

Standard 6 **The program meets or exceeds a three-year aggregate of 70% first-time pass rate on the BOC examination.**

Annotation *Procedures for review and action on this standard are described in the CAATE policies and procedures manual.*

Standard 7 **Programs that have a three-year aggregate BOC examination first-time pass rate below 70% must provide an analysis of deficiencies and develop and implement an action plan for correction of BOC-examination pass-rate deficiency.**

Annotation *This standard only applies in the event that a program is not compliant with Standard 6.*

SECTION II **PROGRAM DELIVERY**

Standard 8 **Planned interprofessional education is incorporated within the professional program.**

Annotation *Varying methods can be used to incorporate interprofessional education. To meet this standard, each student in the program must have multiple exposures to interprofessional education.*

Standard 9 **All courses used to fulfill athletic training clinical experience requirements and to meet the curricular content standards (Standards 56 through 94) are delivered at the graduate level.**

Annotation *Graduate-level courses award graduate credit. The determination of whether a course is graduate level is made by the institution.*

Standard 10 **Students fulfill all athletic training clinical experience requirements and curricular content standards (Standards 56 through 94) within the professional program.**

Annotation *Fulfillment of athletic training clinical experience requirements and curricular content standards prior to enrollment in the professional program is not sufficient to meet this standard. Athletic training clinical experiences must occur throughout the professional program.*

Standard 11 **The program uses clearly written syllabi for all courses that are part of the professional program.**

Annotation *Course syllabi include clearly written course objectives, assessment methods, and a daily/weekly schedule. Each syllabus includes sufficient information in the objectives and the daily/weekly schedule to ascertain the curricular content (see Section IV) that is being taught in the course.*

Standard 12 **Course credits are consistent with institutional policy or institutional practice.**

Annotation *Policy or practice must address credit allocation for all types of courses (for example, didactic, practicum, with associated athletic training and/or supplemental clinical experience components).*

Standard 13 **The program ensures that the time commitment for completing program requirements does not adversely affect students' progression through the program.**

Annotation *The program must identify policies and procedures used to ensure that students' program-related time commitments, including time spent in athletic training and supplemental clinical experiences, are not excessive.*

Standard 14 **A program's clinical education requirements are met through graduate courses and span a minimum of two academic years.**

Standard 15 **A program's athletic training clinical experiences and supplemental clinical experiences provide a logical progression of increasingly complex and autonomous patient-care and client-care experiences.**

Standard 16 **The clinical education component is planned to include at least one athletic training immersive clinical experience.**

Annotation *An athletic training immersive clinical experience is a practice-intensive experience that allows the student to experience the totality of care provided by athletic trainers. Students must participate in the day-to-day and week-to-week role of an athletic trainer for a period of time identified by the program (but minimally one continuous four-week period).*

Standard 17 **A program's clinical education component is planned to include clinical practice opportunities with varied client/patient populations. Populations must include clients/patients**

- **throughout the lifespan (for example, pediatric, adult, elderly),**
- **of different sexes,**
- **with different socioeconomic statuses,**
- **of varying levels of activity and athletic ability (for example, competitive and recreational, individual and team activities, high- and low-intensity activities),**
- **who participate in nonsport activities (for example, participants in military, industrial, occupational, leisure activities, performing arts).**

Annotation *These clinical practice opportunities should occur in athletic training clinical experiences with real clients/patients in settings where athletic trainers commonly practice. When this is not possible, the program may use simulation to meet portions of this standard. Students must have adequate real client/patient interactions (athletic training clinical experiences) to prepare them for contemporary clinical practice with a variety of patient populations.*

Standard 18 **Students gain experience with patients with a variety of health conditions commonly seen in athletic training practice.**

Annotation *Athletic trainers routinely practice in the areas of prevention and wellness, urgent and emergent care, primary care, orthopedics, rehabilitation, behavioral health, pediatrics, and performance enhancement. Within these areas of athletic training practice, the athletic training clinical experience provides students with opportunities to engage with patients with emergent, behavioral (mental health), musculoskeletal, neurological, endocrine, dermatological, cardiovascular, respiratory, gastrointestinal, genitourinary, otolaryngological, ophthalmological, dental, and environmental conditions. When specific opportunities are not possible, programs may use simulation to meet portions of this standard. Students must have adequate patient/client interactions (athletic training clinical experiences) to prepare them for contemporary clinical practice with patients with a variety of health conditions commonly seen in athletic training practice.*

SECTION III: INSTITUTIONAL ORGANIZATION AND ADMINISTRATION

Standard 19 **The sponsoring institution is accredited by an agency recognized by the United States Department of Education or by the Council for Higher Education Accreditation and must be legally authorized to provide a program of postsecondary education. For programs outside of the United States, the institution must be authorized to provide postsecondary education, and the program must be delivered in the English language.**

Standard 20 **Professional programs result in the granting of a master's degree in athletic training. The program must be identified as an academic athletic training degree in institutional publications.**

Annotation *The CAATE recommends a Master of Athletic Training degree. The degree must appear on the official transcript, similar to normal designations for other degrees at the institution. International programs must use language consistent with the host country's nomenclature and have CAATE approval of that language.*

Standard 21 **The program is administratively housed with similar health care profession programs that are subject to specialized programmatic accreditation.**

Annotation *The intent of this standard is to ensure the professional socialization of the athletic training program faculty and students within a health care profession culture. If the institution offers no other health care profession programs, or the athletic training program is not administratively housed with similar health care profession programs, explain how the existing organizational structure meets the intent of this standard.*

Standard 22 **All sites where students are involved in clinical education (excluding the sponsoring institution) have a current affiliation agreement or memorandum of understanding that is endorsed by the appropriate administrative authority at both the sponsoring institution and site.**

Annotation *When the administrative oversight of the preceptor differs from the affiliate site, affiliation agreements or memoranda of understanding must be obtained from all parties. All sites (excluding the sponsoring institution) must have affiliation agreements or memoranda of understanding. Any experience the student completes to meet clinical education requirements as an athletic training student must have an agreement. Credit and noncredit athletic training clinical experiences or supplemental clinical experiences, including internships, must have affiliation agreements or memoranda of understanding.*

Standard 23 **The institution/program has written policies and procedures that ensure the rights and responsibilities of program students. These policies and procedures are available to the public and must include the following:**

- **23A Academic dishonesty policy**
- **23B Grievance policy**
- **23C Matriculation requirements**
- **23D Nondiscrimination policies**
- **23E Policies for student withdrawal and refund of tuition and fees**
- **23F Technical standards or essential functions**

Annotation: Policies and procedures may be institutional and not specific to the athletic training program.

Standard 24 **Prospective and enrolled students are provided with relevant and accurate information about the institution and program. Available information must include the following:**

- **24A Academic calendars**
- **24B Academic curriculum and course sequence**
- **24C Admissions process (including prerequisite courses)**
- **24D All costs associated with the program, including (but not limited to) tuition, fees, refund policies, travel costs, and clothing**
- **24E Catalogs**
- **24F Criminal background check policies**
- **24G Degree requirements**

24H **Financial aid**
24I **Grade policies**
24J **Immunization requirements**
24K **Information about athletic training and supplemental clinical experiences, including travel expectations to clinical sites**
24L **Matriculation requirements**
24M **Nondiscrimination policies**
24N **Procedures governing the award of available funding for scholarships**
24O **Program mission, goals, and expected outcomes**
24P **Recruitment and admissions information, including admissions criteria, policies regarding transfer of credit, and any special considerations used in the process**
24Q **Technical standards or essential functions**

Annotation: Information may be institutional and not specific to the athletic training program.

Standard 25 The program posts data detailing its student achievement measures.

Annotation: Data on the following student achievement measures (stated in Standard 5) for the past three years must be posted on, or directly linked from, the program's home page:

- *Program graduation rate*
- *Program retention rate*
- *Graduate placement*
- *First-time pass rate on the Board of Certification examination*

Standard 26 Students are protected by and have access to written policies and procedures that protect the health and safety of clients/patients and the student. At a minimum, the policies and procedures must address the following:

26A **A mechanism by which clients/patients can differentiate students from credentialed providers**
26B **A requirement for all students to have emergency cardiac care training before engaging in athletic training and supplemental clinical experiences**
26C **Blood-borne pathogen protection and exposure plan (including requirements that students receive training, before being placed in a potential exposure situation and annually thereafter, and that students have access to and use of appropriate blood-borne pathogen barriers and control measures at all sites)**
26D **Calibration and maintenance of equipment according to manufacturer guidelines**
26E **Communicable and infectious disease transmission**
26F **Immunization requirements for students**
26G **Patient/client privacy protection (FERPA and HIPAA)**
26H **Radiation exposure (as applicable)**
26I **Sanitation precautions, including ability to clean hands before and after patient encounters**
26J **Venue-specific training expectations (as required)**
26K **Venue-specific critical incident response procedures (for example, emergency action plans) that are immediately accessible to students in an emergency situation**

Annotation: These policies and procedures pertain to all learning environments where students are involved in real or simulated client/patient care (including teaching laboratories). Inherent in the development of policies and procedures is the expectation that they are implemented.

Standard 27 The institution/program maintains appropriate student records in secure locations. Student records must include the following:

- **27A Program admissions applications**
- **27B Progression through the curriculum**
- **27C Disciplinary actions (if applicable)**
- **27D Clinical placements**
- **27E Verification of annual blood-borne pathogen training**
- **27F Verification of compliance with the program's technical standards requirements**
- **27G Verification of completed criminal background checks (if applicable)**
- **27H Verification of privacy training (for example, HIPAA and FERPA, as applicable)**
- **27I Verification of notification of communicable/infectious disease transmission policy and postexposure plan**
- **27J Compliance with immunization policies**
- **27K Verification that the program's students are protected by professional liability insurance**

Standard 28 Admission of students to the professional program is made in accordance with the program's identified criteria and processes, which are made publicly available.

Annotation: Admissions criteria and processes must be consistently reported anywhere they are published.

Standard 29 The program ensures that each student is oriented to the policies and procedures of their clinical site.

Annotation: Orientations must occur at the start of the experience and before a client/patient encounter at the site. The orientation for athletic training and supplemental clinical experiences must include (but is not limited to) the following:

- *Critical incident response procedures (for example, emergency action plans)*
- *Blood-borne pathogen exposure plan*
- *Communicable and infectious disease policies*
- *Documentation policies and procedures*
- *Patient privacy and confidentiality protections*
- *Plan for clients/patients to be able to differentiate practitioners from students*

The orientation for other clinical education opportunities that involve client/patients may vary based on the nature of the experience.

Standard 30 Educational opportunities and placements are not prejudicial or discriminatory.

Standard 31 Athletic training clinical experiences are supervised by a preceptor who is an athletic trainer or a physician.

Annotation: Note that supplemental clinical experience opportunities involve other health care providers as preceptors, but these opportunities would not fulfill clinical experience requirements as defined in Standards 56 through 94.

Standard 32 Regular and ongoing communication occurs between the program and each preceptor.

Annotation All parties are informed about the program framework, individual student needs, student progress, and assessment procedures. The regularity and nature of communication is defined by the program.

Standard 33 All active clinical sites are evaluated by the program on an annual basis.

Annotation The program determines the nature and components of the evaluation. These sites include those at the sponsoring institution. Active clinical sites are those where students have been placed during the current academic year.

Standard 34 All program policies, procedures, and practices are applied consistently and equitably.

Annotation This standard provides a mechanism for programs to respond to inquiries about compliance with program policies. Programs are not required to submit evidence of compliance for this standard within a self-study. Evidence of compliance is required only when programs are responding to specific inquiry about potential noncompliance. The nature of evidence requested will depend on the nature of the inquiry.

Standard 35 Program policies, procedures, and practices provide for compliance with accreditation policies and procedures, including the following:

- **Maintenance of accurate information, easily accessible to the public, on the program website regarding accreditation status and current student achievement measures**
- **Timely submission of required fees and documentation, including reports of program graduation rates and graduate placement rates**
- **Timely notification of expected or unexpected substantive changes within the program and of any change in institutional accreditation status or legal authority to provide postsecondary education**

Annotation: Associated due dates are established by the CAATE and are available in the CAATE Policy and Procedure manual. Programs are not required to submit evidence of compliance for this standard within a self-study. Evidence of compliance is required only when programs are responding to specific inquiry from the CAATE about potential noncompliance. The nature of evidence requested will depend on the nature of the inquiry.

Standard 36 The program/institution demonstrates honesty and integrity in all interactions that pertain to the athletic training program.

Annotation Programs are not required to submit initial evidence of compliance for this standard within a self-study. Evidence of compliance is required only when programs are responding to specific inquiry from the CAATE about potential noncompliance. The nature of evidence requested will be dependent on the nature of the inquiry.

Standard 37 The program director is a full-time faculty member whose primary assignment is to the athletic training program. The program director's experience and qualifications include the following:

- **An earned doctoral degree**
- **Contemporary expertise in the field of athletic training**
- **Certification and good standing with the Board of Certification**
- **Current state athletic training credential and good standing with the state regulatory agency in the state in which the program is housed (in states with regulation)**
- **Previous clinical practice as an athletic trainer**
- **Scholarship**
- **Previous full-time academic appointment with teaching responsibilities at the postsecondary level**

Annotation: The program director's faculty status, rights, and responsibilities are consistent with similar positions at the institution and provide appropriate program representation in institutional decisions.

Any person who is employed as a program director in a CAATE-accredited program as of July 1, 2020, will remain eligible for employment as a program director at a CAATE-accredited institution without an earned doctoral degree.

Standard 38 The program director is responsible for the management and administration of the program. This includes the following responsibilities:

- **Program planning and operation, including development of the framework**
- **Program evaluation**
- **Maintenance of accreditation**
- **Input into budget management**
- **Input on the selection of program personnel**
- **Input on the evaluation of program personnel**

Standard 39 The coordinator of clinical education is a core faculty member whose primary appointment is to the athletic training program and who has responsibility to direct clinical education. The coordinator of clinical education's experience and qualifications include the following:

- **Contemporary expertise in athletic training**
- **Certification and good standing with the Board of Certification**
- **Possession of a current state athletic training credential and good standing with the state regulatory agency in the state in which the program is housed (in states with regulation)**
- **Previous clinical practice in athletic training**

Annotation: The title of this individual is determined by the institution, and the position should be consistent with the responsibilities of others at the institution who have similar roles. This individual is not the same person as the program director.

Standard 40 The coordinator of clinical education is responsible for oversight of the clinical education portion of the program. This includes the following responsibilities:

- **Oversight of student clinical progression**
- **Student assignment to athletic training clinical experiences and supplemental clinical experiences**
- **Clinical site evaluation**
- **Student evaluation**
- **Regular communication with preceptors**
- **Professional development of preceptors**
- **Preceptor selection and evaluation**

Annotation: Communication with the preceptors includes familiarizing them with the program framework. Professional development of preceptors is specific to development of their role as preceptor.

Standard 41 Program faculty numbers are sufficient to meet the needs of the athletic training program and must include a minimum of three core faculty.

Annotation Program faculty may include core faculty, associated faculty, and adjunct faculty. The needs of the program include advising and mentoring students, meeting program outcomes, scholarship, program administration, recruiting and admissions, and offering courses on a regular and planned basis.

Programs are required to have sufficient numbers of faculty to meet the needs of the athletic training program by the date of the implementation of these standards. Compliance with the requirement that the program has a minimum of three core faculty is required after July 1, 2023.

Until July 1, 2023 programs will be required to maintain compliance with the 2012 Standard (Standard 30) requiring a minimum of two core faculty.

Standard 42 The core faculty have contemporary expertise in assigned teaching areas, demonstrated effectiveness in teaching, and evidence of scholarship.

Standard 43 The program director, coordinator of clinical education, and other core faculty have assigned load that is sufficient to meet the needs of the program.

Annotation: Faculty may have other institutional duties that do not interfere with the management, administration, and delivery of the program. Assigned load must be comparable to other faculty with similar roles within the institution or at other peer institutions.

Standard 44 All faculty who instruct athletic training skills necessary for direct patient care must possess a current state credential and be in good standing with the state regulatory agency (in states where their profession is regulated). In addition, faculty who are solely credentialed as athletic trainers and who teach skills necessary for direct patient care must be BOC certified.

Standard 45 Preceptors are health care providers whose experience and qualifications include the following:

- **Licensure as a health care provider, credentialed by the state in which they practice (where regulated)**
- **BOC certification in good standing and state credential (in states with regulation) for preceptors who are solely credentialed as athletic trainers**
- **Planned and ongoing education for their role as a preceptor**
- **Contemporary expertise**

Annotation: Preceptor education is designed to promote an effective learning environment and may vary based on the educational expectations of the experiences. The program must have a plan for ongoing preceptor training.

Standard 46 Preceptors function to supervise, instruct, and mentor students during clinical education in accordance with the program's policies and procedures. Preceptors who are athletic trainers or physicians assess students' abilities to meet the curricular content standards (Standards 56 through 94).

Standard 47 The number and qualifications of preceptors are sufficient to meet the clinical education needs of the program.

Standard 48 Program faculty and preceptors receive regular evaluations and feedback on their performance pertaining to quality of instruction and student learning.

Annotation: This evaluation process should be incorporated into the assessment plan that is a component of the framework (see Standard 2). The program must determine the regularity with which faculty and preceptors are evaluated.

Standard 49 The program has a medical director who is actively involved in the program.

Annotation: The medical director supports the program director in ensuring that both didactic instruction and athletic training and supplemental clinical experiences meet current practice standards as they relate to the athletic trainer's role in providing client/patient care.

Standard 50 The program has administrative and technical support staff to meet its expected program outcomes and professional education, scholarship, and service goals.

Standard 51 The available technology, the physical environment, and the equipment are of sufficient quality and quantity to meet program needs, including the following:

- **51A Classrooms and labs are of adequate number and size to accommodate the number of students, and they are available for exclusive use during class times.**
- **51B Necessary equipment required for teaching a contemporary athletic training curriculum is provided.**
- **51C Offices are provided for program staff and faculty on a consistent basis to allow program administration and confidential student counseling.**
- **51D The available technology is adequate to support effective teaching and learning.**

Annotation If a program incorporates remote learning or multi-campus locations, the evidence of compliance should describe how these standards are met at all locations.

Standard 52 The program's students have sufficient access to advising, counseling services, health services, disability services, and financial aid services.

Annotation Availability of student support services at remote locations (for example, during athletic training and supplemental clinical experiences) must be comparable to those for students located on campus.

Standard 53 Financial resources are adequate to achieve the program's stated mission, goals, and expected program outcomes.

Annotation: Funding must be available for expendable supplies, equipment maintenance and calibration, course instruction, operating expenses, faculty professional development, and capital equipment.

SECTION IV: CURRICULAR CONTENT

Prerequisite Coursework and Foundational Knowledge

Standard 54 The professional program requires prerequisite classes in biology, chemistry, physics, psychology, anatomy, and physiology at the postsecondary level.

Annotation The program determines the classes that meets these standards and supports the program's curricular plan. Additional prerequisite coursework may be required as determined by the program.

Standard 55 Students must gain foundational knowledge in statistics, research design, epidemiology, pathophysiology, biomechanics and pathomechanics, exercise physiology, nutrition, human anatomy, pharmacology, public health, and health care delivery and payor systems.

Annotation Foundational knowledge areas can be incorporated as prerequisite coursework, as a component of the professional program, or both.

- **Use data to drive informed decisions**
- **Search, retrieve, and use information derived from online databases and internal databases for clinical decision support**
- **Maintain data privacy, protection, and data security**
- **Use medical classification systems (including International Classification of Disease codes) and terminology (including Current Procedural Terminology)**
- **Use an electronic health record to document, communicate, and manage health-related information; mitigate error; and support decision making.**

Core Competencies: Professionalism

Standard 65 Practice in a manner that is congruent with the ethical standards of the profession.

Standard 66 Practice health care in a manner that is compliant with the BOC Standards of Professional Practice and applicable institutional/organizational, local, state, and federal laws, regulations, rules, and guidelines. Applicable laws and regulations include (but are not limited to) the following:

- **Requirements for physician direction and collaboration**
- **Mandatory reporting obligations**
- **Health Insurance Portability and Accountability Act (HIPAA)**
- **Family Education Rights and Privacy Act (FERPA)**
- **Universal Precautions/OSHA Bloodborne Pathogen Standards**
- **Regulations pertaining to over-the-counter and prescription medications**

Standard 67 Self-assess professional competence and create professional development plans according to personal and professional goals and requirements.

Standard 68 Advocate for the profession.

Annotation Advocacy for the profession takes many shapes. Examples include educating the general public, public sector, and private sector; participating in the legislative process; and promoting the need for athletic trainers.

Patient/Client Care

Care Plan

Standard 69 Develop a care plan for each patient. The care plan includes (but is not limited to) the following:

- **Assessment of the patient on an ongoing basis and adjustment of care accordingly**
- **Collection, analysis, and use of patient-reported and clinician-rated outcome measures to improve patient care**
- **Consideration of the patient's goals and level of function in treatment decisions**
- **Discharge of the patient when goals are met or the patient is no longer making progress**
- **Referral when warranted**

Examination, Diagnosis, and Intervention

Standard 70 **Evaluate and manage patients with acute conditions, including triaging conditions that are life threatening or otherwise emergent. These include (but are not limited to) the following conditions:**

- **Cardiac compromise (including emergency cardiac care, supplemental oxygen, suction, adjunct airways, nitroglycerine, and low-dose aspirin)**
- **Respiratory compromise (including use of pulse oximetry, adjunct airways, supplemental oxygen, spirometry, meter-dosed inhalers, nebulizers, and bronchodilators)**
- **Conditions related to the environment: lightning, cold, heat (including use of rectal thermometry)**
- **Cervical spine compromise**
- **Traumatic brain injury**
- **Internal and external hemorrhage (including use of a tourniquet and hemostatic agents)**
- **Fractures and dislocations (including reduction of dislocation)**
- **Anaphylaxis (including administering epinephrine using automated injection device)**
- **Exertional sickling, rhabdomyolysis, and hyponatremia**
- **Diabetes (including use of glucometer, administering glucagon, insulin)**
- **Drug overdose (including administration of rescue medications such as naloxone)**
- **Wounds (including care and closure)**
- **Testicular injury**
- **Other musculoskeletal injuries**

Standard 71 **Perform an examination to formulate a diagnosis and plan of care for patients with health conditions commonly seen in athletic training practice. This exam includes the following:**

- **Obtaining a medical history from the patient or other individual**
- **Identifying comorbidities and patients with complex medical conditions**
- **Assessing function (including gait)**
- **Selecting and using tests and measures that assess the following, as relevant to the patient's clinical presentation:**
    - **Cardiovascular system (including auscultation)**
    - **Endocrine system**
    - **Eyes, ears, nose, throat, mouth, and teeth**
    - **Gastrointestinal system**
    - **Genitourinary system**
    - **Integumentary system**
    - **Mental status**
    - **Musculoskeletal system**
    - **Neurological system**
    - **Pain level**
    - **Reproductive system**
    - **Respiratory system (including auscultation)**
    - **Specific functional tasks**
- **Evaluating all results to determine a plan of care, including referral to the appropriate provider when indicated**

Standard 72 **Perform or obtain the necessary and appropriate diagnostic or laboratory tests—including (but not limited to) imaging, blood work, urinalysis, and electrocardiogram—to facilitate diagnosis, referral, and treatment planning.**

Standard 73 **Select and incorporate interventions (for pre-op patients, post-op patients, and patients with nonsurgical conditions) that align with the care plan. Interventions include (but are not limited to) the following:**

- **Therapeutic and corrective exercise**
- **Joint mobilization and manipulation**
- **Soft tissue techniques**
- **Movement training (including gait training)**
- **Motor control/proprioceptive activities**
- **Task-specific functional training**
- **Therapeutic modalities**
- **Home care management**
- **Cardiovascular training**

Standard 74 **Educate patients regarding appropriate pharmacological agents for the management of their condition, including indications, contraindications, dosing, interactions, and adverse reactions.**

Standard 75 **Administer medications or other therapeutic agents by the appropriate route of administration upon the order of a physician or other provider with legal prescribing authority.**

Standard 76 **Evaluate and treat a patient who has sustained a concussion or other brain injury, with consideration of established guidelines:**

- **Performance of a comprehensive examination designed to recognize concussion or other brain injury, including (but not limited to) neurocognitive evaluation, assessment of the vestibular and vision systems, cervical spine involvement, mental health status, sleep assessment, exertional testing, nutritional status, and clinical interview**
- **Re-examination of the patient on an ongoing basis**
- **Recognition of an atypical response to brain injury**
- **Implementation of a plan of care (addressing vestibular and oculomotor disturbance, cervical spine pain, headache, vision, psychological needs, nutrition, sleep disturbance, exercise, academic and behavioral accommodations, and risk reduction)**
- **Return of the patient to activity/participation**
- **Referral to the appropriate provider when indicated**

Standard 77 **Identify, refer, and give support to patients with behavioral health conditions. Work with other health care professionals to monitor these patients' treatment, compliance, progress, and readiness to participate.**

Annotation *These behavioral health conditions include (but are not limited to) suicidal ideation, depression, anxiety disorder, psychosis, mania, eating disorders, and attention deficit disorders.*

Standard 78 **Select, fabricate, and/or customize prophylactic, assistive, and restrictive devices, materials, and techniques for incorporation into the plan of care, including the following:**

- **Durable medical equipment**
- **Orthotic devices**
- **Taping, splinting, protective padding, and casting**

Prevention, Health Promotion, and Wellness

Standard 79 **Develop and implement strategies to mitigate the risk for long-term health conditions across the lifespan. These include (but are not limited to) the following conditions:**

- **Adrenal diseases**
- **Cardiovascular disease**
- **Diabetes**
- **Neurocognitive disease**
- **Obesity**
- **Osteoarthritis**

Standard 80 **Develop, implement, and assess the effectiveness of programs to reduce injury risk.**

Standard 81 **Plan and implement a comprehensive preparticipation examination process to affect health outcomes.**

Standard 82 **Develop, implement, and supervise comprehensive programs to maximize sport performance that are safe and specific to the client's activity.**

Standard 83 **Educate and make recommendations to clients/patients on fluids and nutrients to ingest prior to activity, during activity, and during recovery for a variety of activities and environmental conditions.**

Standard 84 **Educate clients/patients about the effects, participation consequences, and risks of misuse and abuse of alcohol, tobacco, performance-enhancing drugs/substances, and over-the-counter, prescription, and recreational drugs.**

Standard 85 **Monitor and evaluate environmental conditions to make appropriate recommendations to start, stop, or modify activity in order to prevent environmental illness or injury.**

Standard 86 **Select, fit, and remove protective equipment to minimize the risk of injury or re-injury.**

Standard 87 **Select and use biometrics and physiological monitoring systems and translate the data into effective preventive measures, clinical interventions, and performance enhancement.**

Health Care Administration

Standard 88 **Perform administrative duties related to the management of physical, human, and financial resources in the delivery of health care services. These include (but are not limited to) the following duties:**

- **Strategic planning and assessment**

- **Managing a physical facility that is compliant with current standards and regulations**
- **Managing budgetary and fiscal processes**
- **Identifying and mitigating sources of risk to the individual, the organization, and the community**
- **Navigating multipayor insurance systems and classifications**
- **Implementing a model of delivery (for example, value-based care model)**

Standard 89 Use a comprehensive patient-file management system (including diagnostic and procedural codes) for documentation of patient care and health insurance management.

Standard 90 Establish a working relationship with a directing or collaborating physician.

Annotation This standard is specific to preparing an athletic trainer to fulfill the Board of Certification Standards of Professional Practice, specifically Standard 1, "The Athletic Trainer renders service or treatment under the direction of, or in collaboration with a physician, in accordance with their training and the state's statutes, rules and regulations."[1]

Standard 91 Develop, implement, and revise policies and procedures to guide the daily operation of athletic training services.

Annotation Examples of daily operation policies include pharmaceutical management, physician referrals, and inventory management.

Standard 92 Develop, implement, and revise policies that pertain to prevention, preparedness, and response to medical emergencies and other critical incidents.

Standard 93 Develop and implement specific policies and procedures for individuals who have sustained concussions or other brain injuries, including the following:

- **Education of all stakeholders**
- **Recognition, appraisal, and mitigation of risk factors**
- **Selection and interpretation of baseline testing**
- **Agreement on protocols to be followed, including immediate management, referral, and progressive return to activities of daily living, including school, sport, occupation, and recreation**

Standard 94 Develop and implement specific policies and procedures for the purposes of identifying patients with behavioral health problems and referring patients in crisis to qualified providers.

Glossary

Academic year: Customary annual period of sessions at an institution. The academic year is defined by the institution.

Action plan for correction of BOC examination pass-rate deficiency:

A. A review and analysis of the program's previously submitted action plans. This should include
   1. any assessment data used to evaluate the previous action plan,
   2. a discussion of strategies that have and have not worked, and
   3. any revisions that have been made to the previous action plan based on subsequent assessment data.

B. Analysis of the program's current BOC examination pass rate (for the most recent three years) and progress toward compliance, including
   1. the number of students enrolled in the program in each of the past three years,
   2. the number of students who have attempted the exam in each of the past three years,
   3. the cohort-by-cohort first-time pass rate for each of the past three exam cohorts, and
   4. the three-year aggregate first-time pass rate for each of the past three years.

C. Projection for the program's anticipated exam outcomes for next year.
   This is an analysis of how well the program believes its new action plan (see below) will improve exam performance for the next exam cohort and how they expect this to affect their three-year aggregate first-time pass rate in the next year. The analysis must include
   1. an analysis of the number of students expected to take the exam in the next year, based on current enrollment;
   2. a conservative estimated annual first-time pass rate for the upcoming year, given the steps outlined in the action plan (see below) and current student potential;
   3. a conservative estimated three-year aggregate first-time pass rate for the upcoming year, based on the projection provided (see above); and
   4. a narrative discussing the likelihood that the program will come into compliance with Standard 6 in the next year, given the data provided in C.1, C.2, and C.3 above.

   The action plan, developed as part of the analytic progress report, must include all of the elements identified in Standard 5. These include
   1. developing targeted goals and action plans to achieve the desired outcomes,
   2. stating the time lines for reaching the outcomes, and
   3. identifying the person or persons responsible for each element of the action plan.

D. Updating the elements of the action plan as they are met or as circumstances change.

Adjunct faculty: Individuals contracted to provide course instruction on a full-course or partial-course basis but whose primary employment is elsewhere inside or outside the institution. Adjunct faculty may be paid or unpaid.

Affiliation agreement: A formal agreement between the program's institution and a facility where the program wants to send its students for course-related and required off-campus clinical education. This agreement defines the roles and responsibilities of the host site, the affiliate, and the student. *See also* Memorandum of understanding.

Assessment plan: A description of the process used to evaluate the extent to which the program is meeting its stated educational mission, goals, and outcomes. The assessment plan involves the collection of information from a variety of sources and must incorporate assessment of the quality of instruction (didactic and clinical), quality of clinical education, student learning, and overall program effectiveness. The formal assessment plan must also include the required student achievement measures identified in Standard 5. The assessment plan is part of the framework.

Associated faculty: Individuals with a split appointment between the program and another institutional entity (for example, athletics, another program, or another institutional department). These faculty members may be evaluated and assigned responsibilities by multiple supervisors.

Athletic trainer: Health care professionals who render service or treatment, under the direction of or in collaboration with a physician, in accordance with their education and training and the state's statutes, rules, and regulations. As a part of the health care team, services provided by athletic trainers include primary care, injury and illness prevention, wellness promotion and education, emergent care, examination and clinical diagnosis, therapeutic intervention, and rehabilitation of injuries and medical conditions. An athletic trainer is state credentialed (in states with regulation), certified, and in good standing with the Board of Certification.

Athletic training clinical experiences: Direct client/patient care guided by a preceptor who is an athletic trainer or physician. Athletic training clinical experiences are used to verify students' abilities to meet the curricular content standards. When direct client/patient care opportunities are not available, simulation may be used for this verification. *See also* Clinical education.

Biometrics: Measurement and analysis of physical characteristics and activity.

Clinical education: A broad umbrella term that includes three types of learning opportunities to prepare students for independent clinical practice: athletic training clinical experiences, simulation, and supplemental clinical experiences.

Clinical site: A facility where a student is engaged in clinical education.

Contemporary expertise: Knowledge and training of current concepts and best practices in routine areas of athletic training, which can include prevention and wellness, urgent and emergent care, primary care, orthopedics, rehabilitation, behavioral health, pediatrics, and performance enhancement. Contemporary expertise is achieved through mechanisms such as advanced education, clinical practice experiences, clinical research, other forms of scholarship, and continuing education. It may include specialization in one or more of the identified areas of athletic training practice. An individual's role within the athletic training program should be directly related to the person's contemporary expertise.

Core faculty: Faculty with full faculty status, rights, responsibilities, privileges, and college voting rights as defined by the institution and who have primary responsibility to the program. These faculty members are appointed to teach athletic training courses, advise, and mentor students in the athletic training program. Core, full-time faculty report to, are evaluated by, and are assigned responsibilities by the administrator (chair or dean), in consultation with the program director, of the academic unit in which the program is housed. A core faculty member must be an athletic trainer or physician.

Durable medical equipment: Equipment that can withstand repeated use, is primarily and customarily used to serve a medical purpose, is generally not useful to a person in the absence of an illness or injury, and is appropriate for use in the home.[2]

Electronic health record: A real-time, patient-centered, and HIPAA-compliant digital version of a patient's paper chart that can be created and managed by authorized providers across more than one health care organization.

Evidence-based practice: The conscientious, explicit, and judicious use of current best evidence in making decisions about the care of an individual patient. The practice of evidence-based medicine involves the integration of individual clinical expertise with the best available external clinical evidence from systematic research. Evidence-based practice involves the integration of best research evidence with clinical expertise and patient values and circumstances to make decisions about the care of individual patients.[3]

Faculty: *See* Adjunct faculty; Associated faculty; Core faculty.

First-time pass rate on the Board of Certification examination: The percentage of students who take the Board of Certification examination and pass it on the first attempt. Programs must post the following data for the past three years on their website: the number of students graduating from the program who took the examination; the number and percentage of students who passed the examination on the first attempt; and the overall number and percentage of students who passed the examination, regardless of the number of attempts.

Foundational knowledge: Content that serves as the basis for applied learning in an athletic training curriculum.

Framework: A description of essential program elements and how they're connected, including core principles, strategic planning, curricular design (for example, teaching and learning methods), curricular planning and sequencing, and the assessment plan (including goals and outcome measures).

Goals: Specific statements of educational intention that describe what must be achieved for a program to meet its mission.

Graduate placement rate: Percentage of students within six months of graduation who have obtained positions in the following categories: employed as an athletic trainer, employed as other, and not employed. Programs must post the following data for the past three years on their website: the number of students who graduated from the program, the number and percentage of students employed as an athletic trainer, the number and percentage of students employed as other, and the number and percentage of students not employed.

Health care providers: Individuals who hold a current credential to practice the discipline in the state and whose discipline provides direct patient care in a field that has direct relevancy to the practice and discipline of athletic training. These individuals may or may not hold formal appointments to the instructional faculty.

Health care informatics: The interdisciplinary study of the design, development, adoption, and application of information-technology-based innovations in the delivery, management, and planning of health care services.[4]

Health literacy: The degree to which an individual has the capacity to obtain, process, and understand basic health information and services in order to make appropriate health decisions.[5]

Immersive clinical experience: A practice-intensive experience that allows the student to experience the totality of care provided by athletic trainers.

International Classification of Functioning, Disability, and Health (ICF): A conceptual model that provides a framework for clinical practice and research. The ICF is the preferred model for the athletic training profession.[6]

Interprofessional education: When students from two or more professions learn about, from, and with each other to enable effective collaboration and improve health outcomes.[7]

Interprofessional practice: The ability to interact with, and learn with and from, other health professionals in a manner that optimizes the quality of care provided to individual patients.

Medical director: Currently licensed allopathic or osteopathic physician who is certified by an ABMS- or AOA-approved specialty board and who serves as a resource regarding the program's medical content.

Memorandum of understanding: Document describing a bilateral agreement between parties. This document generally lacks the binding power of a contract.

Mission: A formal summary of the aims and values of an institution or organization, college/division, department, or program.

Outcomes: Indicators of achievement that may be quantitative or qualitative.

Patient-centered care: Care that is respectful of, and responsive to, the preferences, needs, and values of an individual patient, ensuring that patient values guide all clinical decisions. Patient-centered care is characterized by efforts to clearly inform, educate, and communicate with patients in a compassionate manner. Shared decision making and management are emphasized, as well as continuous advocacy of injury and disease prevention measures and the promotion of a healthy lifestyle.[8]

Physician: Health care provider licensed to practice allopathic or osteopathic medicine.

Physiological monitoring systems: Ongoing measurement of a physiological characteristic. Examples include heart rate monitors, pedometers, and accelerometers.

Preceptor: Preceptors supervise and engage students in clinical education. All preceptors must be licensed health care professionals and be credentialed by the state in which they practice. Preceptors who are athletic trainers are state credentialed (in states with regulation), certified, and in good standing with the Board of Certification. A preceptor's licensure must be appropriate to his or her profession. Preceptors must not be currently enrolled in the professional athletic training program at the institution. Preceptors for athletic training clinical experiences identified in Standards 14 through 18 must be athletic trainers or physicians.

Professionalism: Relates to personal qualities of honesty, reliability, accountability, patience, modesty, and self-control. It is exhibited through delivery of patient-centered care, participation as a member of an interdisciplinary team, commitment to continuous quality improvement, ethical behavior, a respectful demeanor toward all persons, compassion, a willingness to serve others, and sensitivity to the concerns of diverse patient populations.[9]

Professional preparation: The preparation of a student who is in the process of becoming an athletic trainer (AT). Professional education culminates with eligibility for Board of Certification (BOC) certification and appropriate state credentialing.

Professional program: The graduate-level coursework that instructs students on the knowledge, skills, and clinical experiences necessary to become an athletic trainer, spanning a minimum of two academic years.

Professional socialization: Process by which an individual acquires the attitudes, values and ethics, norms, skills, and knowledge of a subculture of a health care profession.[10]

Program graduation rate: Measures the progress of students who began their studies as full-time degree-seeking students by showing the percentage of these students who complete their degree within 150% of "normal time" for completing the program in which they are enrolled. Programs must post the following data for the past three years on their website: the number of students admitted to the program, the number of students who graduated, and the percentage of students who graduated.

Program personnel: All faculty (core, affiliated, and adjunct) and support staff involved with the professional program.

Program retention rate: Measures the percentage of students who have enrolled in the professional program who return to the institution to continue their studies in the program the following academic year. Programs must post the following data for the past three years on their website: the number of students who enrolled in the program, the number of students returning for each subsequent academic year, and the percentage of students returning for each subsequent academic year.

Quality assurance: Systematic process of assessment to ensure that a service is meeting a desired level.

Quality improvement: Systematic and continuous actions that result in measurable improvement in health care services and in the health status of targeted patient groups.[11] Quality improvement includes identifying errors and hazards in care; understanding and implementing basic safety design principles such as standardization and simplification; continually understanding and measuring quality of care in terms of structure, process, and outcomes in relation to patient and community needs; and designing and testing interventions to change processes and systems of care, with the objective of improving quality.[12]

Scholarship: Scholarly contributions that are broadly defined in four categories.[13]

- *Scholarship of discovery* contributes to the development or creation of new knowledge.
- *Scholarship of integration* contributes to the critical analysis and review of knowledge within disciplines or the creative synthesis of insights contained in different disciplines or fields of study.
- *Scholarship of application/practice* applies findings generated through the scholarship of integration or discovery to solve real problems in the professions, industry, government, and the community.
- *Scholarship of teaching* contributes to the development of critically reflective knowledge associated with teaching and learning.

Simulation: An educational technique, not a technology, to replace or amplify real experiences with guided experiences that evoke or replicate substantial aspects of the real world in a fully interactive manner.[14] *See also* Clinical education.

Social determinants of health: The conditions in which people are born, grow, live, work, and age. These circumstances are shaped by the distribution of money, power, and resources at global, national, and local levels.[15]

Socioeconomic status: The social standing or class of an individual or group, frequently measured in terms of education, income, and occupation. Socioeconomic status has been linked to inequities in access to resources, and it affects psychological and physical health, education, and family well-being.[16]

Supervision: Supervision occurs along a developmental continuum that allows a student to move from interdependence to independence based on the student's knowledge and skills as well as the context of care. Preceptors must be on-site and have the ability to intervene on behalf of the athletic training student and the patient. Supervision also must occur in compliance with the state practice act of the state in which the student is engaging in client/patient care.

Supplemental clinical experiences: Learning opportunities supervised by health care providers other than athletic trainers or physicians. *See also* Clinical education.

Technical standards: The physical and mental skills and abilities of a student needed to fulfill the academic and clinical requirements of the program. The standards promote compliance with the Americans with Disabilities Act (ADA) and must be reviewed by institutional legal counsel.

Value-based care models: Health care delivery system focused on the value of care delivered rather than on a fee-for-services approach.[17]

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APPENDIX E:

Commission on Accreditation of Athletic Training Education

2020 Standards for Accreditation of Professional Athletic Training Programs

Crosswalk

This Crosswalk is provided as a reference for program administrators. It is important to note that all domains of the BOC Practice Analysis, 7th Ed. have been addressed by the Curricular Content Standards. The NATA Educational Competencies, 5th Ed. have been mapped in this document for reference, but do **not** encompass the totality of the Curricular Content Standards.

Curricular Content Standards	BOC Practice Analysis, 7th Edition	NATA Educational Competencies, 5th Edition
54. The professional program requires prerequisite classes in biology, chemistry, physics, psychology, anatomy, and physiology at the postsecondary level.	—	—
55. Students must gain foundational knowledge in statistics, research design, epidemiology, pathophysiology, biomechanics and pathomechanics, exercise physiology, nutrition, human anatomy, pharmacology, public health, and health care delivery and payor systems.	—	—
56. Advocate for the health needs of clients, patients, communities, and populations.	0106, 0501	—
57. Identify health care delivery strategies that account for health literacy and a variety of social determinants of health.	0402, 0403, 0404, 0405, 0406	PHP-24, PS-4, PS-5, PS-10
58. Incorporate patient education and self-care programs to engage patients and their families and friends to participate in their care and recovery.	0102, 0205, 0402, 0403, 0404, 0405, 0406	PHP-19, PHP-24, CE-7, AC-36, TI-10, PS-4, PS-6, PS-18, PD-10
59. Communicate effectively and appropriately with clients/patients, family members, coaches, administrators, other health care professionals, consumers, payors, policy makers, and others.	0102, 0103, 0105, 0106, 0205, 0301, 0304, 0402, 0403, 0404, 0405, 0406	PHP-18, PHP-19, TI-31, PS-4, CIP-9
60. Use the International Classification of Functioning, Disability, and Health (ICF) as a framework for delivery of patient care and communication about patient care.	0205	EBP-11, CE-7
61. Practice in collaboration with other health care and wellness professionals.	0204, 0205	AC-2, TI-31, PS-4, HA-30, PD-8, PD-9

Curricular Content Standards	BOC Practice Analysis, 7th Edition	NATA Educational Competencies, 5th Edition
62. Provide athletic training services in a manner that uses evidence to inform practice.	0102, 0402, 0403, 0404, 0405, 0406, 0407	EBP-1, EBP-2, EBP-3, EBP4, EBP-5, EBP-6, EBP-7, EBP-8, EBP-9, EBP-10, EBP-11, EBP-12, EBP-13, EBP-14, CE-11, CE-12
63. Use systems of quality assurance and quality improvement to enhance client/patient care.	0401, 0501, 0502, 0503, 0504	EBP-4, EBP-11, EBP-12, EBP-13, EBP-14, PHP-4
64. Apply contemporary principles and practices of health informatics to the administration and delivery of patient care, including (but not limited to) the ability to do the following: • Use data to drive informed decisions • Search, retrieve, and use information derived from online databases and internal databases for clinical decision support • Maintain data privacy, protection, and data security • Use medical classification systems (including International Classification of Disease codes) and terminology (including Current Procedural Terminology) • Use an electronic health record to document, communicate, and manage health-related information; mitigate error; and support decision making.	0101, 0201, 0501, 0502, 0503, 0504	EBP-6, EBP-7, EBP-8, EBP-9, EBP-10, EBP-11, EBP-12, PHP-4, PHP-6, HA-11, HA-12, HA-28, CIP-9
65. Practice in a manner that is congruent with the ethical standards of the profession.	0502, 0503, 0504	AC-1, PD-5
66. Practice health care in a manner that is compliant with the BOC Standards of Professional Practice and applicable institutional/organizational, local, state, and federal laws, regulations, rules, and guidelines. Applicable laws and regulations include (but are not limited to) the following: • Requirements for physician direction and collaboration • Mandatory reporting obligations • Health Insurance Portability and Accountability Act (HIPAA) • Family Education Rights and Privacy Act (FERPA) • Universal Precautions/OSHA Bloodborne Pathogen Standards • Regulations pertaining to over-the-counter and prescription medications	0302, 0304, 0502, 0503, 0504	PHP-7, AC-1, HA-15, HA-16, HA-17, HA-18, PD-4, PD-6, CIP-9
67. Self-assess professional competence and create professional development plans according to personal and professional goals and requirements.	0501	PD-7

Curricular Content Standards	BOC Practice Analysis, 7th Edition	NATA Educational Competencies, 5th Edition
68. Advocate for the profession.	—	PD-1, PD-2, PD-3, PD-11, PD-12
69. Develop a care plan for each patient. The care plan includes (but is not limited to) the following: • Assessment of the patient on an ongoing basis and adjustment of care accordingly • Collection, analysis, and use of patient-reported and clinician-rated outcome measures to improve patient care • Consideration of the patient's goals and level of function in treatment decisions • Discharge of the patient when goals are met or the patient is no longer making progress • Referral when warranted	0203, 0204, 0205, 0304, 0401, 0402, 0403, 0404, 0405, 0406, 0407	EBP-11, EBP-12, EBP-13, EBP-14, CE-7, CE-8, CE-9, CE-14, CE-19, CE-23, TI-7, HA-30, PD-9
70. Evaluate and manage patients with acute conditions, including triaging conditions that are life threatening or otherwise emergent. These include (but are not limited to) the following conditions: • Cardiac compromise (including emergency cardiac care, supplemental oxygen, suction, adjunct airways, nitroglycerine, and low-dose aspirin) • Respiratory compromise (including use of pulse oximetry, adjunct airways, supplemental oxygen, spirometry, meter-dosed inhalers, nebulizers, and bronchodilators) • Conditions related to the environment: lightning, cold, heat (including use of rectal thermometry) • Cervical spine compromise • Traumatic brain injury • Internal and external hemorrhage (including use of a tourniquet and hemostatic agents) • Fractures and dislocations (including reduction of dislocation) • Anaphylaxis (including administering epinephrine using automated injection device) • Exertional sickling, rhabdomyolysis, and hyponatremia • Diabetes (including use of glucometer, administering glucagon, insulin) • Drug overdose (including administration of rescue medications such as naloxone) • Wounds (including care and closure) • Testicular injury • Other musculoskeletal injuries	0302, 0304, 0406	PHP-15, PHP-16, PHP-17, CE-15, CE-16, CE-22, AC-1, AC-4, AC-5, AC-6, AC-7, AC-8, AC-9, AC-10, AC-11, AC-12, AC-13, AC-14, AC-15, AC-16, AC-17, AC-18, AC-19, AC-20, AC-21, AC-22, AC-23, AC-24, AC-25, AC-26, AC-27, AC-28, AC-29, AC-30, AC-31, AC-32, AC-33, AC-34, AC-35, AC-36, AC-37, AC-38, AC-39, AC-40, AC-41, AC-42, HA-30, PD-9, CIP-6

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Curricular Content Standards	BOC Practice Analysis, 7th Edition	NATA Educational Competencies, 5th Edition
71. Perform an examination to formulate a diagnosis and plan of care for patients with health conditions commonly seen in athletic training practice. This exam includes the following: • Obtaining a medical history from the patient or other individual • Identifying comorbidities and patients with complex medical conditions • Assessing function (including gait) • Selecting and using tests and measures that assess the following, as relevant to the patient's clinical presentation: ○ Cardiovascular system (including auscultation) ○ Endocrine system ○ Eyes, ears, nose, throat, mouth, and teeth ○ Gastrointestinal system ○ Genitourinary system ○ Integumentary system ○ Mental status ○ Musculoskeletal system ○ Neurological system ○ Pain level ○ Reproductive system ○ Respiratory system (including auscultation) ○ Specific functional tasks • Evaluating all results to determine a plan of care, including referral to the appropriate provider when indicated	0201, 0202, 0203, 0204, 0406	CE-1, CE-2, CE-3, CE-4, CE-5, CE-6, CE-7, CE-8, CE-9, CE-10, CE-11, CE-12, CE-13, CE-14, CE-15, CE-16, CE-17, CE-18, CE-19, CE-20, CE-21, CE-22, CE-23, AC-4, AC-5, AC-6, AC-7, AC-8, HA-30, PD-9, CIP-4, CIP-5
72. Perform or obtain the necessary and appropriate diagnostic or laboratory tests—including (but not limited to) imaging, blood work, urinalysis, and electrocardiogram—to facilitate diagnosis, referral, and treatment planning.	0202, 0203, 0204	PHP-15, CE-6, CE-10, CE-11, CE-12, CE-20, HA-30, PD-9
73. Select and incorporate interventions (for pre-op patients, post-op patients, and patients with nonsurgical conditions) that align with the care plan. Interventions include (but are not limited to) the following: • Therapeutic and corrective exercise • Joint mobilization and manipulation • Soft tissue techniques • Movement training (including gait training) • Motor control/proprioceptive activities • Task-specific functional training • Therapeutic modalities • Home care management • Cardiovascular training	0203, 0204, 0401, 0402, 0403, 0404, 0405, 0406	CE-1, CE-5, CE-14, CE-19, TI-1, TI-2, TI-3, TI-4, TI-5, TI-6, TI-7, TI-8, TI-9, TI-10, TI-11, TI-12, TI-13, TI-14, TI-15, TI-17, TI-18, TI-19, TI-20, PS-7, PS-8, CIP-4, CIP-7

Curricular Content Standards	BOC Practice Analysis, 7th Edition	NATA Educational Competencies, 5th Edition
74. Educate patients regarding appropriate pharmacological agents for the management of their condition, including indications, contraindications, dosing, interactions, and adverse reactions.	0203, 0204, 0402, 0403, 0404, 0405	CE-13, AC-31, AC-32, TI-22, TI-23, TI-24, TI-25, TI-26, TI-29, TI-30, TI-31, PD-10, CIP-4
75. Administer medications or other therapeutic agents by the appropriate route of administration upon the order of a physician or other provider with legal prescribing authority.	0203, 0204	CE-13, AC-31, AC-32, AC-35, TI-21, TI-22, TI-23, TI-27, TI-28, TI-29, TI-30, TI-31, CIP-4
76. Evaluate and treat a patient who has sustained a concussion or other brain injury, with consideration of established guidelines: • Performance of a comprehensive examination designed to recognize concussion or other brain injury, including (but not limited to) neurocognitive evaluation, assessment of the vestibular and vision systems, cervical spine involvement, mental health status, sleep assessment, exertional testing, nutritional status, and clinical interview • Re-examination of the patient on an ongoing basis • Recognition of an atypical response to brain injury • Implementation of a plan of care (addressing vestibular and oculomotor disturbance, cervical spine pain, headache, vision, psychological needs, nutrition, sleep disturbance, exercise, academic and behavioral accommodations, and risk reduction) • Return of the patient to activity/participation • Referral to the appropriate provider when indicated	0201, 0202, 0203, 0204, 0401, 0407	EBP-13, EBP-14, CE-13, CE-14, CE-15, CE-16, CE-17, CE-22, AC-5, AC-34, AC-36, PD-9
77. Identify, refer, and give support to patients with behavioral health conditions. Work with other health care professionals to monitor these patients' treatment, compliance, progress, and readiness to participate.	0106	PHP-46, PHP-47, CE-22, PS-1, PS-2, PS-3, PS-4, PS-5, PS-6, PS-7, PS-8, PS-9, PS-11, PS-12, PS-13, PS-14, PS-15, PS-16, PS-17, PS-18, HA-30, PD-9, CIP-8
78. Select, fabricate, and/or customize prophylactic, assistive, and restrictive devices, materials, and techniques for incorporation into the plan of care, including the following: • Durable medical equipment • Orthotic devices • Taping, splinting, protective padding, and casting	0103, 0104	PHP-3, PHP-21, PHP-23, CE-4, TI-16, CIP-2

Curricular Content Standards	BOC Practice Analysis, 7th Edition	NATA Educational Competencies, 5th Edition
79. Develop and implement strategies to mitigate the risk for long-term health conditions across the lifespan. These include (but are not limited to) the following conditions: • Adrenal diseases • Cardiovascular disease • Diabetes • Neurocognitive disease • Obesity • Osteoarthritis	0101, 0102	PHP-1, PHP-3, PHP-5, PHP-6, PHP-25, PHP-43, PHP-45, CE-2, CE-3, TI-5, CIP-3
80. Develop, implement, and assess the effectiveness of programs to reduce injury risk.	0101, 0102, 0104	EBP-10, PHP-1, PHP-2, PHP-3, PHP-4, PHP-5, PHP-6, CIP-1, CIP-3
81. Plan and implement a comprehensive preparticipation examination process to affect health outcomes.	0101, 0104	PHP-8, PHP-9, CE-7, HA-23
82. Develop, implement, and supervise comprehensive programs to maximize sport performance that are safe and specific to the client's activity.	0106	PHP-26, PHP-27, PHP-28, PHP-29, PHP-30, PHP-31, CE-4, CE-5, CIP-1
83. Educate and make recommendations to clients/patients on fluids and nutrients to ingest prior to activity, during activity, and during recovery for a variety of activities and environmental conditions.	0101, 0104, 0105, 0402	PHP-10, PHP-11, PHP-14, PHP-32, PHP-33, PHP-34, PHP-35, PHP-36, PHP-37, PHP-38, PHP-39, PHP-40, PHP-41, PHP-42, PD-10
84. Educate clients/patients about the effects, participation consequences, and risks of misuse and abuse of alcohol, tobacco, performance-enhancing drugs/substances, and over-the-counter, prescription, and recreational drugs.	0106, 0402	PHP-48, PHP-49, PS-15, PD-10
85. Monitor and evaluate environmental conditions to make appropriate recommendations to start, stop, or modify activity in order to prevent environmental illness or injury.	0105	PHP-10, PHP-11, PHP-12, PHP-13, CIP-3
86. Select, fit, and remove protective equipment to minimize the risk of injury or re-injury.	0103, 0104	PHP-3, PHP-20, PHP-22, CIP-2
87. Select and use biometrics and physiological monitoring systems and translate the data into effective preventive measures, clinical interventions, and performance enhancement.	0101, 0104, 0105, 0106	—

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Curricular Content Standards	BOC Practice Analysis, 7th Edition	NATA Educational Competencies, 5th Edition
88. Perform administrative duties related to the management of physical, human, and financial resources in the delivery of health care services. These include (but are not limited to) the following duties: • Strategic planning and assessment • Managing a physical facility that is compliant with current standards and regulations • Managing budgetary and fiscal processes • Identifying and mitigating sources of risk to the individual, the organization, and the community • Navigating multipayor insurance systems and classifications • Implementing a model of delivery (for example, value-based care model)	0501, 0502	HA-3, HA-4, HA-5, HA-6, HA-7, HA-8, HA-13, HA-14, HA-15, HA-16, HA-17, HA-19, HA-20, HA-24, HA-25, HA-26, HA-27, HA-28, HA-29, CIP-9
89. Use a comprehensive patient-file management system (including diagnostic and procedural codes) for documentation of patient care and health insurance management.	0503, 0504	HA-9, HA-10, HA-11, HA-12, CIP-9
90. Establish a working relationship with a directing or collaborating physician.	0503	HA-15
91. Develop, implement, and revise policies and procedures to guide the daily operation of athletic training services.	0502	HA-1, HA-2, HA-3, HA-12, PD-10
92. Develop, implement, and revise policies that pertain to prevention, preparedness, and response to medical emergencies and other critical incidents.	0101, 0102, 0104, 0301, 0502	AC-2, AC-3, PS-17, HA-19, HA-20, HA-21, HA-22, PD-10, CIP-3
93. Develop and implement specific policies and procedures for individuals who have sustained concussions or other brain injuries, including the following: • Education of all stakeholders • Recognition, appraisal, and mitigation of risk factors • Selection and interpretation of baseline testing • Agreement on protocols to be followed, including immediate management, referral, and progressive return to activities of daily living, including school, sport, occupation, and recreation	0301, 0502	PD-10
94. Develop and implement specific policies and procedures for the purposes of identifying patients with behavioral health problems and referring patients in crisis to qualified providers.	0106, 0301, 0502	PHP-47, PS-11, HA-30, PD-10, CIP-8

Appendix F:

Emerging Settings: Advanced Knowledge and Skills

The skills and knowledge acquired in professional education translate to treating clients and patients effectively in a variety of employment settings. As employment in the emerging settings has increased, we have started to identify additional skills and knowledge that are beyond our entry-level education and specific to that setting. Identification of this specific content will help athletic trainers identify related continuing education and improve their ability to provide excellent care.

The following information was compiled by subject matter experts in the emerging settings. Athletic trainers can use these as a reference to guide their continuing education and improve their practice as it relates to that setting. Athletic trainers are not required to possess these skills in order to be employed in these settings, but such additional and advanced expertise would be advantageous.

These advanced skills and knowledge assume that the athletic trainer has acquired all of the skills and knowledge identified in the Board of Certification Role Delineation Study/Practice Analysis 6th Edition, and if the athletic trainer graduated from a CAATE-credentialed program, has successfully completed the 5th Edition Athletic Training Education Competencies. The athletic trainer must also appropriately apply those skills and knowledge to the respective emerging setting.

Clinical Setting Knowledge and Skills

- Justify the value of an athletic trainer, including return on investment and value of the BOC credential in the business world.
- Understand the effects of cash flow to a business and its importance for long-term business success.
- Understand the following basic business concepts: balance sheet, revenue vs. expenditures, cost of living raises, staff evaluations.
- Identify marketing and promotional strategies for a work setting (e.g. referrals, customer service, follow-up with past customers, educational outreach).
- Understand the importance of activities of daily living and functional rehabilitation, and related insurance limitations regarding progression of care.
- Assess patient activities of daily living to establish skilled care for a patient, including short and long-term goals regarding range of motion, strength, function, balance, and gait.
- Appreciate business skills related to leadership qualities, conflict resolution, and time management.

Hospital Setting Knowledge and Skills

- Describe the structure and components of an Athletic Training initial evaluation and re-evaluation specific to a rehabilitation visit. (CPT codes 97005 and 97006) Identify information which needs to be documented to satisfy third-party payers.
- Identify the available types of diagnostic procedures that may be associated with a physician office visit and specify reasons for which orthopedic and sports medicine conditions they would be used.
- Demonstrate the ability to apply and remove casts for common upper extremity (short arm, long arm, thumb spica) and lower extremity fractures (short leg - NWB, short leg – weight bearing, long leg).
- Demonstrate appropriate sterile procedures for both the orthopedic/sports medicine clinic and operating room environments.
- Demonstrate the ability to take and present a concise patient history to a physician in a clinical setting.

Occupational Health Setting Knowledge and Skills

- Having a complete understanding of orthopedic injuries, confidant evaluation skills, and a complete understanding of orthopedic protocols for acute, chronic and post-surgical rehabilitation.
- Have a thorough understanding of the job tasks that are performed within a company and be able to recognize safety issues.
- Describe kinesiology and ergonomics, and their roles in injury etiology and prevention. Perform an ergonomic assessment of both static and dynamic activities, including interactions with tools or workstations. Interpret the results and identify individual positive and negative behaviors relative to sustaining an injury or acquiring an illness.
- Fit employee with proper personal protective equipment (PPE), tool belt, climbers, and other donned equipment or tools.
- Develop a line of communication when dealing with an employee incident (i.e., workplace accident) including union stewards, worker compensation representatives, safety managers and the treating medical professional.
- Develop and record an accurate assessment of job duties by which necessary functional capacity exam standards can be established. Describe organization and administration of a basic functional capacity exam. Instruct a prospective employee to properly perform various tasks associated with a functional capacity exam.
- Become familiar and knowledgeable in regard to the company's established safety guidelines in additional to familiarization of OSHA guidelines, OSHA reporting, and any corporate injury reporting procedures.
- Be able to professionally research a given topic, create a presentation and present material to pertinent parties, whether it be employees, safety committee members or management.

Military Setting Knowledge and Skills

- Collect and analyze injury data (compare with previous injury surveillance) for a given military training activity/cycle. Brief the chain of command and medical assets regarding recommendations for decreasing/minimizing injuries and risks. Suggest alternate training scenarios, while maximizing existing training methods.
- Plan, organize, and implement an Injury Prevention Program to reduce injuries to soldiers undergoing basic training. The following areas should be addressed:
    1. Identification of individuals predisposed to injury
    2. Alternate training
    3. Communication with command and planning staff
    4. Soldier re-assignment and attrition
- Set up and organize a temporary field medical facility/site where acute training injuries can be evaluated and triaged. Consideration should be given to:
    1. Immediate treatment
    2. Evacuation
    3. Communication
    4. Equipment and supplies
    5. Allied health support
- Provide justification and rationale for retention and/or additional athletic trainer assets within a specific military setting. This should address the following areas:
    1. Return of investment
    2. Reduction of injury and enhanced productivity
    3. Reduced attrition and re-assignment
    4. Cost-avoidance

- Conduct periodic classroom presentations and provide educational materials/media to new service members in the following areas:
    1. Proper hygiene
    2. Sexually Transmitted Diseases
    3. Tobacco use
    4. Supplements
    5. Drugs and alcohol
    6. Boot fit
    7. Injury prevention

Performing Arts Setting Knowledge and Skills

- Identify occupational/ergonomic factors that impact performing artists including the following: musical instruments, costumes, footwear, lighting, floors, circus apparatus and performance props.
- Demonstrate basic knowledge of intrinsic and extrinsic risk factors that could play a role in acute and repetitive use injuries in various performing arts.
- Understand core and postural stability measures in regard to repetitive use injuries. Demonstrate and effectively instruct performing artist in appropriate core and postural control exercises in relation to the performer's specific functional activities.
- Demonstrate a basic understanding of the performing arts, including physical demands and general culture associated with each art. Explain the unique psychological impact of injury on the performing artist.
- Identify general performing arts terminology as it directly relates to injury or illness.
- Understand the demands and risk factors associated with rehearsal, theater, and touring.
- Identify theater safety and emergency procedures with an understanding that protocols may vary between venues.
- Appreciate current professional and legal issues in performing arts medicine.
- Understand the importance of aesthetics in the performing arts and its impact on the artist as it relates to body image. Know how to recognize and refer artists with eating disorders.
- Conduct, score, and document specific tests to evaluate the physical status and ability based on an artist's specialty. Identify and describe specific training programs.

Physician Practice Setting Knowledge and Skills

- Understand the management of a Durable Medical Equipment program, including measuring and fitting devices, documenting for possible reimbursement, and measuring the value of the product to both the patient and the program.
- Express understanding of patient education as it relates to post-procedure wound care. Demonstrate appropriate usage of instruments and supplies for wound care and suture / staple removal.
- Demonstrate the ability to safely apply and remove casts and splints for upper and lower extremities.
- Determine and respond to patient needs and concerns based on the diagnosis and treatment plan provided. Provide and explain patient education materials and other documentation (excuse notes, restrictions, worker's compensation forms, etc.) in a manner that is understandable to the patient.
- Demonstrate understanding of basic operating room policies and procedures (sterile vs. non-sterile, scrubbing in, patient positioning, patient transfers, etc.).

Practice Administration Knowledge and Skills

- Describe CMS guidelines for clinical documentation, including evaluation and management, physical medicine, and procedure reporting.
- Apply HCPCS II guidelines and instructional notes to select services, procedures, drugs and supplies that require coding including, but not limited to, durable medical equipment, casting supplies, and viscosupplements.

Public Safety Setting Knowledge and Skills

- Develop an understanding of the command structure of law enforcement, fire and rescue and where the athletic trainer fits in.
- Become familiar with the Incident Command Structure (ICS) and the National Incident Management System (NIMS) utilized in Public Safety.
- Know the common injuries found in public safety personnel. Instruct a public safety employee to complete a series of tasks related to skills needed to complete day-to-day tasks. This includes proper techniques lifting heavy loads and carrying equipment in one hand while performing tasks with the opposite extremity.
- Acquire a familiarity with the Critical Incident Stress Management Model utilized in Public Safety.
- Know how to establish effective lines of communication for public safety personnel to follow regarding in-the-line-of-duty injuries and illness. This should include:
    1. Department command reporting guidelines (e.g., Staff reports to Lieutenants, Lieutenants to Captains, Captains to Deputy Chiefs, Deputy Chiefs to Chiefs);
    2. Human resource policy and procedures for sick or injured workers;
    3. Policies and procedures for workers comp claims;
    4. Role of department Medical Director.
    5. Role of the worker's compensation panel of physicians
- Know the basics of the worker's compensation system, third party administrator (payor) and the relationship of both with agency risk management (and occupational health staff if applicable).
- Develop the ability to analyze proper posture, seat position, seatbelt attachment, loads of required safety equipment and attire, proper lifting for police, fire and EMS: utilizing a basic ergonomic scale; provide the employee with specific guidelines to remedy the causal agent.