



March 10, 2017

Acting Administrator Patrick Conway, MD
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attention: CMS-6012-P
Mail Stop C4-26-05
7500 Security Boulevard
Baltimore, MD 21244

Re: *Medicare Program; Establishment of Special Payment Provisions and Requirements for Qualified Practitioners and Qualified Suppliers of Prosthetics and Custom-Fabricated Orthotics (CMS-6012-P)*

Dear Acting Administrator Conway:

On behalf of the National Athletic Trainers' Association (NATA), we appreciate the opportunity to comment on the Centers for Medicare and Medicaid Services' (CMS or Agency) proposed rule, *Establishment of Special Payment Provisions and Requirements for Qualified Practitioners and Qualified Suppliers of Prosthetics and Custom-Fabricated Orthotics (CMS-6012-P)*. **NATA strongly recommends CMS recognize the level of education, training, and skills of athletic trainers and include athletic trainers within the list of professionals eligible to become qualified practitioners of custom-fabricated orthotics.**

NATA is a professional organization serving more than 44,000 certified athletic trainers, students of athletic training, and other health care professionals. Our mission is to represent, engage, and foster the continued growth and development of the athletic training profession and athletic trainers as unique health care providers. Athletic trainers are health care professionals who collaborate with physicians to provide preventative services, emergency care, clinical diagnosis, therapeutic intervention, and rehabilitation of injuries. As part of the health care team, services provided by athletic trainers include injury and illness prevention, wellness promotion and education, emergent care, examination and clinical diagnosis, therapeutic intervention, and rehabilitation of injuries and medical conditions.¹

NATA appreciates the opportunity to provide comments on the custom-fabricated orthotics proposed rule and is supportive of CMS' efforts to implement statutory requirements and specify the qualifications needed for qualified practitioners to furnish and fabricate prosthetics and custom-fabricated orthotics. As discussed below, NATA strongly believes that athletic trainers' education, training, licensure and credentialing, and expertise in orthotics are exceedingly similar to the professionals identified by CMS as eligible to become qualified practitioners of custom-fabricated orthotics and should be included in the list of eligible professionals who can become qualified practitioners. The American Orthopaedic Society for Sports Medicine (AOSSM), representing more than 3,000 orthopedic surgeons and allied health professionals, also supports

¹ <http://www.bocate.org/about-us/defining-athletic-training>



the recognition of athletic trainers as qualified to furnish and fabricate custom-fabricated orthotics. AOSM believes CMS should include athletic trainers in the list of professionals eligible to be qualified practitioners that can furnish custom-fabricated orthotics to Medicare beneficiaries.

Overview of the Athletic Training Profession

Athletic trainers are thoroughly trained to provide urgent and acute care of injuries; they specialize in preventing, diagnosing, and treating muscle and bone injuries and illnesses. Athletic trainers are included under the allied health professions category as defined by the U.S. Department of Health and Human Services (HHS), and are assigned National Provider Identifier numbers (NPIs). In addition to employment by sports and athletic organizations, athletic trainers are employed by hospitals, clinics, occupational health departments, wellness facilities, the United States military, and numerous other health care settings.

Athletic trainers are highly qualified, multi-skilled health care professionals. To provide appropriate care for patients, athletic trainers receive training in prevention, recognition, and treatment of critical situations. They must graduate from an accredited baccalaureate or master's program, and it is required that athletic trainers' academic curriculum and clinical training follow the medical model. Leaders of key athletic training organizations, including NATA, have jointly decided to change the athletic training degree level to be a master's; this change is in process and will become effective by 2022. Currently, 70 percent of athletic trainers already have advanced degrees beyond a bachelor's degree. Athletic trainers are licensed or otherwise regulated in 49 states and the District of Columbia.

Educational Requirements for Athletic Trainers

Using a medical-based education model, athletic trainers serve as an allied health professional with an emphasis on clinical reasoning skills. The curriculum of an accredited athletic training program must include a comprehensive basic and applied science background and is similar to that of their peers in health care, although it is uniquely specialized to the athletic training profession. Education leading to the professional degree in athletic training uses a competency-based approach in both the classroom and clinical settings.

Athletic trainers' professional education courses vary, but typically include exercise physiology, kinesiology, biomechanics, care and prevention of musculoskeletal injuries, orthotics, and manual therapy, which affords athletic training professionals a unique skill set based on their specialized education and experience gained through hands-on training. Athletic trainers complete educational and certification requirements similar to those of an orthotics and prosthetics practitioner certified by the American Board for Certification in Orthotics, Prosthetics, & Pedorthics (ABC) or the Board for Orthotist/Prosthetist Certification International, Incorporated.

Athletic training education programs are accredited by the Commission on Accreditation of Athletic Training Education (CAATE). The CAATE is recognized by the Council for Higher



Education Accreditation (CHEA).² The CAATE sets forth rigorous standards for the preparation of athletic training graduates that are scientific-based and didactic. Athletic training programs are comprised of clinical education that addresses the continuum of care that would prepare a student to function in a variety of settings. With the move to the master's degree, the Standards for Accreditation of Professional Athletic Training Programs will be changed to include a requirement that professional athletic training programs be at the master's degree level.

The curriculum of an accredited program is similar to that of athletic trainers' peers in health care and must include a comprehensive basic and applied science background. Using a medical-based education model, athletic training students are educated to provide comprehensive patient care in five domains of clinical practice: prevention; clinical evaluation and diagnosis; immediate and emergency care; treatment and rehabilitation; and organization and professional health and well-being. Educational content must incorporate current knowledge and skills that represent best practices, and as a part of the curriculum, athletic trainers engage in hands-on use of both custom and manufactured durable medical equipment (DME) and orthotic devices.

Students must receive formal instruction in the following specific subject matter areas identified in the Competencies:

- Evidence-based practice
- Prevention and health promotion
- Clinical examination and diagnosis
- Acute care of injury and illness
- Therapeutic interventions
- Psychosocial strategies and referral
- Health care administration
- Professional development and responsibility

Athletic training graduates have an extensive supervised clinical education that provides authentic, real-time opportunities to practice and integrate knowledge, skills, and clinical abilities, including decision-making and professional behaviors required of the profession. Clinical education is required across a variety of settings with patients engaged in a range of activities across the continuum of care.

CAATE also administers post-professional athletic training residency programs. The purpose of post-professional residency programs in athletic training is to provide advanced preparation of athletic training practitioners through a planned program of clinical and didactic education in specialized content areas using an evidence-based approach to enhance the quality of patient care, optimize patient outcomes, and improve patients' health-related quality of life.

² CHEA is an association of 3,000 degree-granting colleges and universities, and recognizes 60 institutional and programmatic accrediting organizations. <http://caate.net/chea-recognition/>



Certification of Athletic Trainers

Following completion of an accredited athletic training program, athletic trainers are required to pass a comprehensive examination administered by the Board of Certification, Inc. (BOC). The BOC establishes and regularly reviews the standards for the practice of athletic training and the continuing education requirements for BOC certified athletic trainers.³ Specifically, the BOC certification program ensures that individuals have the knowledge and skills necessary to perform tasks critical for the safe and competent practice as an athletic trainer.

Athletic trainers who pass the BOC's examination are awarded the ATC® credential. The credibility of the BOC program and the ATC® credential it confers are supported by three pillars: (1) the BOC certification examination; (2) BOC Standards of Practice and disciplinary guidelines; and (3) continuing competence requirements. BOC Certification is recognized by the National Commission for Certifying Agencies and is the only accredited certification program for athletic trainers. The BOC traditionally conducts annual examination development meetings during which certified athletic trainers and recognized experts in the science of athletic training develop, review, and validate examination items and problems. The knowledge, skills, and abilities required for competent performance as an athletic trainer fall into three categories: (1) Understanding, Applying, and Analyzing; (2) Knowledge and Decision-Making; and (3) Special Performance Abilities.⁴

Athletic trainers must complete a predetermined number of continuing education units (CEUs) during the certification maintenance period. Continuing education requirements are intended to promote continued competence, development of current knowledge and skills, and enhancement of professional skills and judgment. These activities must focus on increasing knowledge, skills, and abilities related to the practice of athletic training. Every two years, athletic trainers must complete 50 CEUs, which includes at least 10 evidence-based practice CEUs.

NATA Concerns

Patient Access

NATA has concerns related to implementation of this rule and how it may inadvertently compromise patient access to orthotics, prosthetics, and pedorthics. Within the proposed rule, CMS acknowledges there currently are 13,000 health care professionals enrolled as Durable Medical Equipment Prosthetics, Orthotics, and Supplies (DMEPOS) suppliers and who have met applicable state licensure requirements, but only 7,100 of those health care professionals are accredited by the ABC or Board for Orthotist/Prosthetist Certification International, Incorporated and recognized by CMS as currently satisfying the requirements of the proposed rule. Within the proposed rule, CMS asserts that the majority of physicians and health care professionals would elect and become accredited to provide custom-fabricated orthotics and prosthetics if they have

³ For more information on the BOC, please visit www.bocac.org/

⁴ NATA Athletic Training Education Overview. <http://www.nata.org/athletic-training-education-overview>



not already done so. Contrary to CMS’ belief, NATA believes the number of physicians and health care professionals recognized by CMS as qualified practitioners will not significantly increase following implementation of the rule. The majority of the 5,900 health care professionals identified by the Agency as not currently certified by the ABC, Board for Orthotist/Prosthetist Certification International, Incorporated, or any organization with similar standards, such as the BOC, likely are not specifically trained in furnishing and fabricating custom-fabricated products and will not be able to satisfy the requirements to become a qualified practitioner.

While CMS’ goal is to achieve the *Triple Aim* – better care for individuals; better health for populations; and reducing per capita costs, we anticipate that this rule, if finalized, will serve a contrary purpose to the *Triple Aim*, causing patient harm by significantly narrowing the number of qualified providers across the nation. As such, Medicare beneficiaries, particularly those in rural areas, will have relatively or extremely limited options when choosing providers, potentially leading to a decline in patient outcomes. To ensure patient access is not negatively impacted by implementation of this rule, we recommend that CMS recognize additional health care professionals who are qualified to furnish custom-fabricated orthotics and their ability to meet the demand of the nation’s growing health care needs. Currently, more than 8,000 athletic trainers work in hospitals, orthopedic clinics, and physician practices. To ensure patient access remains adequate while promoting overall patient health and safety, NATA strongly recommends that CMS recognize athletic trainers’ training and education in furnishing and fabricating custom-fabricating orthotics and include them in the list of professionals eligible to be qualified practitioners.

Patient Cost-Sharing Burdens

Additionally, should CMS proceed with implementation of the rule, hospitals, physician offices, and other facilities will be required to employ a narrow set of health care professionals who demand significantly higher wages than other health care professionals who are as qualified, if not more qualified, to provide such services, and who have been providing such services for years. These costs will inevitably be passed on to the patients in the form of increased copayments, deductibles, or co-insurance. Within the proposed rule, CMS outlines the hourly wages for those professionals deemed to satisfy the definition of qualified practitioner:

Table 4—Bureau of Labor Statistics (BLS) Mean Hourly Wages Using May 2015 Data

BLS category	BLS mean hourly wage (\$)	Hourly wage with fringe benefits and overhead (\$)
Orthotists and Prosthetists *	33.63	67.26
Physicians and Surgeons	97.33	194.66
Physical Therapists	41.25	** 82.50
Occupational Therapists	39.27	** 78.54

* Includes ocularists and pedorthists.

** The average mean hourly wage for physical and occupational therapists combined, which we will use in our analysis, is \$80.52 (or (\$82.50 + \$78.54)/2).



In comparison, according to the BLS Occupational Outlook Handbook, athletic trainers' median salary in 2015 was \$44,670, equating to an hourly wage of \$21.50. Athletic trainers furnish high-quality, cost-effective care and provide greater efficiencies through care coordination, resulting in improved patient outcomes.

Financial and Administrative Burden

Within the proposed rule, CMS references the estimated hour and costs burdens associated with becoming a qualified practitioner; CMS estimates the hour burden per submission to be 10 hours. While we strongly believe that athletic trainers should be listed as an eligible professional who can become a qualified practitioner, and our current education and training will satisfy all potential education and training standards for qualified practitioners, we have concerns associated with CMS' estimate of the hour and cost burdens associated with becoming a qualified practitioner.

NATA strongly disagrees with CMS' estimation of 10 hours being necessary to satisfy the Agency's requirements related to the provision and fabrication of custom-fabricated orthotics, which are not as of yet determined, as they are likely to be much more time-intensive than currently recognized by the Agency. Should the education and training standards require health care professionals to undergo additional training or achieve additional certifications, health care professionals will face significant financial and administrative hurdles as they attempt to satisfy CMS' requirements, which diverts time away from patient care and also will require additional attention from support staff who must assist the professionals in acquiring, assembling, and submitting the required information. The amount of time and resources associated will impose a significant burden on practitioners.

Loss of Employment

NATA also has concerns that implementation of the proposed rule as currently drafted will hinder the ability of qualified health care professionals not currently recognized within the proposed rule from providing services that they have been performing through the duration of their careers, e.g., furnishing and fabricating custom-fabricated orthotics to patients. There are a significant number of athletic trainers currently providing custom-fit and/or custom-fabricated orthotics to patients in inpatient and outpatient settings. Additionally, athletic trainers frequently work with orthotic manufacturers in the measurement and fitting of braces, including custom-fabricated braces. Unfortunately, the provisions of the proposed rule do not recognize the current qualifications of athletic trainers, as CMS significantly limits the types of non-physician health care professionals deemed qualified to provide custom-fabricated orthotics. Should CMS implement the proposed rule without making adjustments to the list of professionals eligible to be qualified practitioners, athletic trainers will face a severe reduction in their job outlook, causing a decline in projected athletic training employment growth.

Implementation of the proposed rule may result in negative consequences, albeit unintended, including reduced patient access; an increase in patients' cost-sharing burdens; an overwhelming financial and administrative burden; a restriction of athletic trainers' practice capabilities; and a decline in employment of health care professionals qualified to provide custom-fabricated orthotics, such as athletic trainers. Accordingly, NATA strongly encourages the Agency not to



proceed with implementation of this rule until such issues have been further evaluated and addressed. However, should CMS proceed with establishing education and training standards that qualified practitioners must meet to furnish and fabricate custom-fabricated orthotics, NATA strongly encourages CMS to acknowledge the qualifications of athletic trainers, and the benefit they provide to the health care system, and include athletic trainers within the list of professionals eligible to become qualified practitioners.

NATA Recommendations

To ensure the final rule is not disadvantageous to the health care community, NATA proposes the following standards by which the Agency should determine that qualified practitioners are specifically trained and educated to provide and manage the provision of pedorthics, prosthetics, and orthotics. As discussed in more detail below, athletic trainers have significant expertise in orthotics and DME and should be included within the list of eligible professionals who can become qualified practitioners.

Athletic trainers work in conjunction with other health care providers in providing orthotic services to patients in integrated health systems, hospital-based, multidisciplinary orthopedic practices, outpatient rehabilitation clinics, and physician offices. An athletic trainer who works with DME, including custom-fabricated orthotics, determines the most appropriate and cost-efficient product for a patient by conducting a comprehensive assessment, taking into consideration the patient's diagnosis, the measurements for the device, and a thorough evaluation of the patient's motion and gait. This process includes evaluating, measuring, fabricating, fitting, ordering, and modifying orthotics, as well as providing instruction to the patient on the application, and use and care of the device. Athletic trainers also provide patients hands-on education and instruction related to custom-fit and custom-fabricated products.

As CMS strives to clarify the training and education standards for health care professionals qualified to furnish and fabricate custom-fabricated orthotics, we propose that CMS conduct a comprehensive assessment of a health care profession's education, training, certification, and continuing education, while also giving deference to state licensure. While we support CMS' efforts to quantify the education and training standards of qualified practitioners, we strongly believe CMS should evaluate such professionals based on education in measuring, evaluating, fitting, and fabricating orthotics; formal or on-the-job training in furnishing and fabricating custom-fabricated orthotics; satisfaction of continuing education requirements; certification; and licensure or statutory regulation by the states in which they practice, where applicable.

Based on such standards, in addition to several of the types of eligible professions listed within the proposed rule, we believe athletic trainers are qualified to furnish and fabricate custom-fabricated orthotics. Additionally, in response to CMS' request for feedback on standards by which the Agency should determine that qualified practitioners are specifically trained and educated to provide and manage the provision of pedorthotics, prosthetics, and orthotics, we recommend the following:

Education



To be classified as a practitioner qualified to provide custom-fabricated orthotics, NATA believes health care professionals should be educated in physiology, kinesiology, anatomy, and biomechanics, as well as measuring, fitting, and fabricating orthotics. We recommend that CMS require such health care professionals receive a specified number of credits or hours related to such topics.

The athletic training curriculum provides students with the knowledge, skill, and behaviors required for the practice of athletic training, incorporating orthotics and bracing, principles of rehabilitation, physiology, kinesiology, and physical assessment. Athletic trainers receive foundational knowledge related to DME, orthotic devices, taping, bracing, splinting, protective padding, and casting. They also are educated and trained in off-the-shelf, custom-fit, and custom-fabricated products, including ankle braces, knee braces, post-operative braces, walking boots, shoe inserts, etc. Students receive specific instruction regarding DME and orthotic construction and fitting and apply this knowledge during required clinical education experiences under the guidance of a credentialed health care provider. Athletic training programs devote significant course time dedicated to teaching students about orthotics and DME.

Several of the professions identified by CMS as eligible to be qualified practitioners are similar in job duties, skill, education, and training to that of athletic trainers. For example, as detailed in Appendix A, it is apparent that athletic training, while similar to orthotists in education and training, requires a greater number of continuing education credits and is far more regulated than orthotists. As part of their education, athletic trainers are taught to use both diagnostic skills and treatment methods, which include a wide range of physical medicine and rehabilitation therapies, skills, and techniques. Moreover, much like athletic trainers, physical therapists and occupational therapists engage in prevention, examination, and diagnosis, as well as treatment and rehabilitation after injury or post-event.

In other instances, athletic trainers receive more education and training, and are more regulated, than the professionals identified as eligible to be qualified practitioners (see Appendix A). For example, there currently are no schools that teach ophthalmology; a person must learn how to make artificial eyes through an apprenticeship. Additionally, the education required to become a podiatrist requires only a high school diploma or GED and completion of a pre-certification education course. It is apparent that athletic training, a profession that currently is transitioning to a master's degree, is a more highly educated profession than several of the professions identified by CMS as eligible to be qualified practitioners, including podiatrists and ophthalmologists.

Training/Experience

We recommend CMS require qualified practitioners receive clinical training related to furnishing and fabricating custom-fabricated orthotics as well as bracing, splinting, and casting, prior to being permitted to perform such services autonomously. Training, in addition to education, imparts expertise and promotes competency.

As part of the athletic training educational process, all athletic trainers are clinically trained on an educational concept and then must demonstrate competency in that concept, such as measuring,



fitting, and fabricating custom-fabricated orthotics. Additionally, athletic trainers receive training in orthotics by their employers. Employers frequently provide athletic trainers with internal training and education upon hiring. If the position requires a skillset for which a health care professional does not have the appropriate competence commensurate with that position, the health care professional is assigned to work directly with a staff member who has the appropriate skillset until the health care professional can provide such services autonomously. Employers frequently offer both internal and external continuing education opportunities to supplement their employees' education.

Certification and Continuing Education

Accredited certifying or credentialing organizations review the standards for the practice of the profession and the profession's continuing education requirements. NATA believes that practitioners deemed qualified to furnish and fabricate custom-fabricated orthotics must be evaluated via an examination administered by an accredited certifying organization that includes an assessment on competency related to DME and obtain and maintain certification from the ABC, Board for Orthotist/Prosthetist Certification International, Incorporated, or organization with equivalent standards, such as the BOC.

NATA strongly believes the BOC's standards are equivalent in nature to the ABC and Board for Orthotist/Prosthetist Certification International, Incorporated. The BOC establishes and regularly reviews the standards for the practice of athletic training and continuing education requirements for certified athletic trainers. The BOC is committed to ensuring standards of competence in the provision of excellent patient care; the organization assesses athletic trainers' comprehensive knowledge and competency about the overall delivery of quality health care, including orthotic services. Specifically, the BOC tests athletic trainers on several domains, including Injury and Illness Prevention and Wellness and Therapeutic Intervention. Within these domains, athletic trainers must be able to –

- Educate individuals and stakeholders about the appropriate use of personal equipment.
 - Athletic trainers must have:
 - Knowledge of prophylactic and orthotic devices and their use.
 - Skill in identifying injuries, illnesses, and related conditions that warrant the application of devices; and
 - Skill in complying with manufacturer recommendations for equipment and devices.
- Demonstrate they can administer manual techniques to patients using appropriate methods and procedures to aid recovery to optimal function.
 - Athletic trainers must have:
 - Knowledge of orthotic devices and materials and methods for taping;
 - Skill in fabricating taping techniques and orthotic devices appropriately; and
 - Skill in using taping techniques and orthotic devices appropriately.



Additionally, qualified practitioners should be required to receive continuing education and timely complete their profession's required continuing education. As previously discussed, athletic trainers are required to complete 50 CEUs in a two-year period, 10 of which must be evidence-based practice units; certified orthotists and prosthetists are required to complete 75 continuing education credits during a five-year cycle. We recommend that CMS evaluate the continuing education requirements for all professionals eligible to be qualified practitioners.

State Licensure/State Regulation

The Social Security Act (Act) Section 1834(h)(1)(F)(iii) defines qualified practitioner as:

“a physician or other individual who—

(I) is a qualified physical therapist or a qualified occupational therapist; (II) in the case of a State that provides for the licensing of orthotics and prosthetics, is licensed in orthotics or prosthetics by the State in which the item is supplied; or (III) in the case of a State that does not provide for the licensing of orthotics and prosthetics, is specifically trained and educated to provide or manage the provision of prosthetics and custom–designed or –fabricated orthotics...”

The language of Section 1834(h)(1)(F)(iii) of the Act is vague and subject to varying interpretations. For example, an athletic trainer's scope of practice permits an athletic trainer to render services or treatment under the direction of a physician within their scope of education and training. As directed by a physician, an athletic trainer may provide orthotics to a patient. Therefore, it would not be unreasonable for CMS to interpret Section 1834(h)(1)(F)(iii) of the Act to mean that athletic trainers are licensed in orthotics. States have very strong licensure standards for providers to perform the fitting and fabricating of orthotics. One of our profession's priorities is to ensure the highest quality of care is delivered to our patients. We encourage CMS to ensure its actions do not overtake the role of state licensure boards, as it is not apparent that patient care has been compromised due to state licensure policies.

NATA recommends that professionals identified by CMS as satisfying the rule's final requirements should be licensed or regulated by the states in which they practice, where applicable. As previously referenced, athletic trainers are licensed or statutorily regulated in 49 states and the District of Columbia; however, several types of professionals identified as eligible to become qualified practitioners are licensed or regulated in very few or no states at all. We strongly encourage CMS to give significant deference to states to ensure that health care professionals, such as athletic trainers, are not prevented from practicing to the full extent of their scope of practice under their state practice acts.

Conclusion

In determining whether health care professionals satisfy the education and training standards of a qualified practitioner, CMS should assess whether such professionals receive a specified number of credits or hours in education related to physiology, kinesiology, anatomy, and biomechanics, and measuring, fitting, and fabricating orthotics; receive employer-based training or participate in



a DME clinical rotation or residency program; pass a certifying examination that assesses competency in orthotics; comply with their profession's continuing education requirements; and are licensed or statutorily regulated in states where applicable. Such health care professionals should be recognized by CMS as qualified to furnish and fabricate custom-fabricated orthotics. Moreover, to ensure patient access and network adequacy, we encourage CMS to revise the list of professionals eligible to be qualified practitioners and recognize the level of skill, education, and training of all health care professionals qualified to furnish and fabricate custom-fabricated orthotics, including that of athletic trainers, and the unique and important role such professionals play in the health care delivery system. Finally, given athletic trainers' expertise in orthotics, we strongly recommend that CMS consult with NATA, as well as other appropriate experts, as it establishes and updates the list of custom-fabricated items to which Section 1834(h)(1)(F)(ii)(II) of the Act applies.

Again, thank you for the opportunity to share NATA's comments on CMS' proposed rule establishing special payment provisions and requirements for qualified practitioners and qualified suppliers of prosthetics and custom-fabricated orthotics. NATA is committed to working with policymakers at all levels of government to promote and preserve the health of individuals and families. NATA stands ready to be a resource as the Agency engages in efforts to develop and implement policies that promote access to quality care for Medicare beneficiaries. Should you have any questions, please do not hesitate to contact Amy Callender, Director of Government Affairs, at amyc@nata.org or (972) 532-8853.

Sincerely,

A handwritten signature in black ink, appearing to read 'Scott Sailor', is written over a light blue horizontal line.

Scott Sailor, EdD, ATC
NATA President

cc: Secretary Tom Price, MD

Appendix A



1. Side-by-Side Analysis of Education, Certification, and Licensure of Certified Athletic Trainers, Pedorthists, and Certified Orthotists



Appendix A

Side-by-Side Analysis of Education, Certification, and Licensure of Certified Athletic Trainers, Pedorthists, and Certified Orthotists

Qualifications	Certified Athletic Trainer	Pedorthist	Certified Orthotist
<p>Educational Requirements</p>	<ul style="list-style-type: none"> • Athletic training program must be accredited by CAATE. • General education courses and prerequisite courses vary, but typically include: biology, chemistry, physics, statistics, psychology, human anatomy, human physiology, first aid, and emergency care. • Professional education courses vary, but typically include: exercise prescription, exercise physiology, biomechanics, 	<ul style="list-style-type: none"> • A high school diploma, GED, or college degree, and • Completion of a National Commission on Orthotic and Prosthetic Education (NCOPE) approved pedorthic pre-certification education course. 	<ul style="list-style-type: none"> • Orthotic program must be accredited by Commission on Accreditation of Allied Health Education Programs (CAAHEP). • General education courses and prerequisite courses vary, but typically include: biology, chemistry, physics, psychology, algebra, human anatomy, and human physiology. • Professional education courses vary, but typically include: functional anatomy and rehabilitation, physical examination of the lower extremity, physical



	<p>kinesiology, care and prevention of athletic injuries, therapeutic modalities, sports nutrition, sports psychology, therapeutic exercise, research methods, lower extremity injury assessment and care, upper extremity injury assessment and care, torso injury assessment and care, general medical conditions, manual therapy, organization and administration, and leadership in athletic training.</p> <ul style="list-style-type: none"> • On May 20, 2015, it was publicly announced that a Master's degree in athletic training will become the educational standard to be eligible to become certified as an athletic trainer. 		<p>examination of the upper extremity, physical examination of the torso/spine, disease and diagnosis, upper extremity prosthetic and orthotic (P&O) theory and application, lower extremity P&O theory and application, professional and practice issues, engineering concepts, outcome measures, introduction to research, gait, pediatric P&O, and critical evaluation of P&O literature.</p> <ul style="list-style-type: none"> • A Bachelor's degree or higher in orthotics and prosthetics or a Bachelor's degree or higher in any major with a post-graduate orthotics or prosthetics certificate is required. • Clinical education (CE) is completed over the course of one year. Students are exposed to a variety of clinical settings across the continuum of patient care.
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	<ul style="list-style-type: none"> • While enrolled in an athletic training program, students are required to complete a minimum of two years of clinical education (CE). CE is often completed in upper extremity, lower extremity, equipment intensive, emergency care, general medicine, and emerging practices covering the continuum of patient care. 		
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Appendix A

Side-by-Side Analysis of Education, Certification, and Licensure of Certified Athletic Trainers, Pedorthists, and Certified Orthotists

Qualifications	Certified Athletic Trainer	Pedorthist	Certified Orthotist
Additional Training Opportunities/ Requirements	<ul style="list-style-type: none"> • Upon completion of the professional degree (and successful passing of the BOC examination), athletic trainers are eligible to enter professional practice. Many athletic trainers continue in advanced practice professional education at the Master's or Doctoral level (42%). In addition, there are a number of residency and internship opportunities. • Athletic training graduates may participate in post-professional athletic training residency 	<ul style="list-style-type: none"> • Completion of 1,000 hours of pedorthic patient care experience obtained either before or after completion of the pedorthic education program. 	<ul style="list-style-type: none"> • All graduates must obtain their clinical experience by completing a National Commission on Orthotic and Prosthetic Education (NCOPE)-accredited residency program. • This is a 12 month program, per discipline, or an 18 month dual discipline program in which a resident is tracked through the program with specific clinical experience. • Residents must successfully complete the residency program in order to meet the certification eligibility requirements.



	<p>programs. Post-professional athletic training residency programs are formal educational programs that offer structured curricula, including didactic and clinical components, to educate athletic trainers. They are designed to build upon and expand the athletic trainer's knowledge and experience acquired during professional education.</p>		
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Appendix A

Side-by-Side Analysis of Education, Certification, and Licensure of Certified Athletic Trainers, Pedorthists, and Certified Orthotists

Qualifications	Certified Athletic Trainer	Pedorthist	Certified Orthotist
<p>National Board Certification</p>	<ul style="list-style-type: none"> • To become certified, candidates must graduate with a degree in athletic training from an accredited athletic training program and successfully pass the BOC examination. • Examination Format • The BOC certification examination consists of the following: <ol style="list-style-type: none"> 1. Multiple choice questions - 175 items 	<ul style="list-style-type: none"> • To become a pedorthist, candidates must pass a certification examination from the ABC or Board for Orthotist/Prosthetist Certification International, Incorporated. (As of 7/31/2016, the Board for Orthotist/Prosthetist Certification International, Incorporated no longer accepts new applicants). • Examination Format • The 165 question, multiple choice examination measures knowledge of pedorthics. Knowledge assessed on the exam includes pedorthic assessment, implementation, 	<ul style="list-style-type: none"> • To become certified, candidates must pass certification examinations from the ABC or Board for Orthotist/Prosthetist Certification International, Incorporated. • Examination Format • The 165 question, multiple choice examination assesses knowledge of patient and practice management.



	<ul style="list-style-type: none"> 2. Stand Alone items 3. Alternative items 4. Focused Testlets <ul style="list-style-type: none"> o Scenario based examination <p>The BOC Examination is designed to assess the knowledge, skills, and abilities delineated for the profession of athletic training.</p> <p>The domains for examination questions consist of:</p> <ul style="list-style-type: none"> o Injury/illness prevention and wellness protection; o Clinical evaluation and diagnosis; o Immediate and emergency care; o Treatment and rehabilitation; and o Organizational and professional health and well-being. 	<p>practice management, ethics and professionalism.</p>	<ul style="list-style-type: none"> • Written Simulation Examination The interactive examination uses seven simulated case scenarios to test analytic and clinical problem solving skills. • Clinical Patient Management (CPM) Examination There are approximately five hands-on practical assessments of knowledge and skills through direct examiner and patient model interaction in a clinical environment along with two video-based scenarios involved in the provision of care.
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Appendix A

Side-by-Side Analysis of Education, Certification, and Licensure of Certified Athletic Trainers, Podiatrists, and Certified Orthotists

Qualifications	Certified Athletic Trainer	Podiatrist	Certified Orthotist
Continuing Education	<ul style="list-style-type: none"> To maintain certification, athletic trainers must complete 50 continuing education credits every two years. At least 10 of those units must be in Evidence-Based Practice. 	<ul style="list-style-type: none"> A total of 55 credits must be earned during the five-year cycle for the podiatrist's time limited certificate. 	<ul style="list-style-type: none"> A total of 75 credits must be earned during the five-year cycle for the certified orthotist's time-limited certificate.
State Licensure Requirements	<ul style="list-style-type: none"> In 49 states and D.C., certified athletic trainers are licensed or otherwise statutorily regulated. 	<ul style="list-style-type: none"> 12 states with licensure laws. 	<ul style="list-style-type: none"> 15 states with licensure laws. Two states have certification requirements, but do not issue licenses for orthotics and prosthetics.