October 2, 2015

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Dear Mr. Fiore,

On behalf of the National Athletic Trainers' Association (NATA), I am writing in regards to the United States Army Medical Command's (MEDCOM) (hereinafter referred to collectively as "the Army") Memorandum for Commanders, MEDCOM Regional Medical Commands re: Athletic Trainer Policy dated July 29, 2015 (hereinafter "Athletic Trainer Policy"). NATA seeks to ensure federal policies and programs are implemented that recognize the specialized role athletic trainers play in the provision of medical care. We appreciate the opportunity to offer our comments on the proposed Athletic Trainer Policy, and we thank you for your attention to our concerns.

NATA is a professional organization serving more than 40,000 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 the leading organization representing athletic trainers, NATA has very serious concerns that the Army's Athletic Trainer Policy will harm the athletic training profession and hinder the ability of athletic trainers to provide the highest quality of care to military service members.

The purpose of this letter is to provide you with information regarding the educational, licensure, and certification requirements for athletic trainers, and express NATA's concerns, recommendations, and suggestions regarding the draft Athletic Trainer Policy proposed by the Army.

Educational Requirements for Athletic Trainers

Athletic trainers are highly qualified, multi-skilled health care professionals who specialize in preventing, diagnosing, and treating muscle and bone injuries and illnesses.[1] Using a

[1] Department of Labor Occupational Outlook Handbook (2012). Retrieved from: http://www.bls.gov/ooh/healthcare/athletic-trainers-and-exercise-physiologists.htm (Last visited October 2, 2015).

medical-based education model, athletic trainers serve in the role of physician extenders with an emphasis on clinical reasoning skills. Athletic trainers are included under the allied health professions category as defined by the Department of Health and Human Services and are assigned National Provider Identifiers ("NPIs"). In addition to employment by the United States military, athletic trainers are employed by both professional and amateur athletic organizations, hospitals, physician clinics, orthopedic clinics, occupational health departments, and wellness facilities.

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.

All certified athletic trainers must hold a bachelor's or master's degree from an accredited college or university. Athletic training education programs requiring a degree in athletic training are accredited by the Commission on Accreditation of Athletic Training Education (CAATE). The CAATE sets forth rigorous standards for the preparation of athletic training graduates that include a strong scientific base and didactic and clinical education that addresses the continuum of care that would prepare a student to function in a variety of settings. Each year, approximately 3,336 baccalaureate students and 294 post-baccalaureate students graduate from an accredited athletic training program. While this initial proposal is only intended to cover several branches, should the Army's proposed Athletic Trainer Policy be implemented and other branches choose to adopt it, more than 200 athletic trainers currently employed by the U.S. military could be impacted in the future.

Licensure and 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 was incorporated in 1989 to "provide a certification program for entry-level athletic trainers. The BOC establishes and regularly reviews the standards for the practice of athletic training and the continuing education requirements for BOC certified athletic trainers."[2]

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 (3) pillars: the BOC certification examination; BOC Standards of Professional Practice and disciplinary guidelines; and continuing competence requirements. BOC Certification is recognized by the National Commission for Certifying Agencies and is the only accredited certification program for athletic trainers.

[2] For more information on the BOC, please visit www.bocatc.org/.

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 entry-level athletic trainer fall into three (3) categories: (1) Understanding, Applying, and Analyzing; (2) Knowledge and Decision-Making; and (3) Special Performance Abilities.[3]

To retain certification, Certified Athletic Trainer (ATC®) credential holders must demonstrate completion of a prescribed number of medically related continuing education credits every two years and adhere to the *BOC Standards of Professional Practice*,[4] including the following:

- Direction
- Prevention
- Immediate care
- Clinical Evaluation and Diagnosis
- Treatment, Rehabilitation, and Reconditioning
- Program Discontinuation
- Organization Administration

In 49 states and the District of Columbia, athletic trainers are licensed or otherwise statutorily regulated.[5] In states that license athletic trainers, the statutes may require the individual represent themselves with a designation other than the trademarked ATC®, such as LAT (licensed athletic trainer).

NATA's Comments on Memorandum for Commanders, MEDCOM Regional Medical Commands re: Athletic Trainer Policy

NATA appreciates the Army's intent to develop standard guidance for the use of services performed by athletic trainers operating within the military setting and the Army's recognition that athletic trainers are credentialed providers. While we acknowledge that no official Army or MEDCOM regulations exist that standardize the athletic training profession within the military, we note that the proposal, as currently drafted – aligned with the Tex. Admin. Code §871 – is flawed. NATA has serious concerns regarding the Athletic Trainer Policy as outlined below.

[3] See NATA Athletic Training Education Overview. Retrieved from: http://www.nata.org/athletic-training-education-overview (Last visited October 2, 2015).
[4] Board of Certification for the Athletic Trainer (2006). BOC Standards of Professional Practice. Retrieved from: http://www.bocatc.org/images/stories/resources/boc_standards_of_professional_practice_1401bf.pdf (Last visited October 2, 2015).
[5] In contrast to Lines 102-103 as referenced in the Memorandum for Commanders, MEDCOM Regional Medical Commands (July 29, 2015), which indicates athletic trainers are licensed or regulated in 47 states. California is the only state in which athletic trainers are not statutorily regulated or required to be licensed.

The Athletic Trainer Policy outlines what services may be performed by athletic trainers and specifically, the clinical direction and oversight responsibilities of physical therapists and physicians as such responsibilities relate to athletic training services. Athletic Trainer Policy references the Tex. Admin. Code §871, which "authorizes [athletic trainer] AT services 'under the direction of a physician licensed in the state or another qualified, licensed health professional who is authorized to refer for health care services within the scope of the person's license.' "[6] It appears the Texas Administrative Code serves as the basis of the Athletic Trainer Policy's overarching supervisory guideline, which state "AT services provided on Army installations shall be performed under the supervision of a physician, and a designated privileged provider, such as a physical therapist (PT)."

Relying on the Texas Administrative Code, it appears the Athletic Trainer Policy is affording physical therapists supervisory responsibilities as they pertain to athletic trainers. NATA feels, however, that the Army has misinterpreted the Texas Administrative Code. We acknowledge that Tex. Admin. Code §871.2, which discusses the scope of practice of licensed athletic trainers, states that a licensed athletic trainer prevents, recognizes, assesses, manages, treats, disposes of, and reconditions athletic injuries and illnesses under the "direction of a physician . . . **or** another qualified, licensed health professional who is authorized to refer for health care services within the scope of the person's license." The Texas Administrative Code does not permit physical therapists to supervise licensed athletic trainers. While the Texas Administrative Code does not define a **qualified, licensed health professional who is authorized to refer for health care services within the scope of the person's license**, the Tex. Oc. Code §453.0001(9) states that a "referring practitioner means a **qualified licensed health care professional who, within the scope of professional licensure, may refer a person for health care services** [emphasis added]. The term includes:

> (A) a physician licensed to practice medicine by a state board of medical examiners;
> (B) a dentist licensed by a state board of dental examiners;
> (C) a chiropractor licensed by a state board of chiropractic examiners; and
> (D) a podiatrist licensed by a state board of podiatric medical examiners.

The definition of referring practitioner, included within the Texas Occupations Code that governs physical therapists (Tex. Oc. Code §453.001 (i.e., a qualified licensed health care professional who may refer a person for health care services) does **not** include a physical therapist. Thus, the Army's reliance on Tex. Admin. Code §871.2 as support for its policy that allows a designated privileged provider, *such as a physical therapist*, to supervise the provision of athletic training services is in error. Given this error, we encourage the Army to revise the supervisory language included within the Athletic Trainer Policy and recommend the Army define what other health care professionals qualify as a "designated privileged provider."

[6] See Page 3 of Memorandum for Commanders, MEDCOM Regional Medical Commands (July 29, 2015). *See also* Tex. Oc. Code Chapter 453 §453.001(3).

Moreover, in an e-mail correspondence between you and Mr. Tim Kelly, Head Athletic Trainer, United States Military Academy dated September 11, 2015 (enclosed), you stated "the intent of the policy is not to eliminate the supervisory role of the physician, but to supplement it by including a supervisory role for physical therapists."[7] It is important to note that the Athletic Trainer Policy lists physical therapists as an example of a designated privileged provider without expanding on what other professionals may be considered a "designated privileged provider." You also stated the Army's policy governing supervisory responsibilities of physical therapists was consistent with Texas Administrative Code, Title 22, Chapter 871, Subchapter 8. In this regard, the Tex. Admin. Code §871.8 states that a ***student*** athletic trainer may perform the activities of an athletic trainer if the student "is directly supervised in the setting by a licensed athletic trainer, licensed physician, or licensed physical therapist"[8] and meets additional requirements. NATA is extremely concerned that in the development of this policy, the section of the Texas Administrative Code governing student athletic trainers, which permits a licensed physical therapist (or licensed athletic trainer or physician) to supervise ***student*** athletic trainers, may have been relied upon (albeit incorrectly) as evidence that physical therapists may supervise ***licensed*** athletic trainers. Again, we emphasize that the Tex. Admin. Code §871.8 permits physical therapists to supervise student athletic trainers, but does not permit physical therapists to supervise licensed athletic trainers.

NATA finds it imperative that the Army clarify whether it is their intent that an athletic trainer may be supervised by 1) a physical therapist in conjunction with a physician; or 2) whether the Athletic Trainer Policy authorizes physical therapists to independently supervise athletic trainers. The Athletic Trainer Policy as currently drafted is inconsistent, and NATA believes the distinction between the terms "and" and "or" when discussing the supervisory role of physicians and physical therapists is a critical discrepancy within the Athletic Trainer Policy that must be immediately rectified. For example, Page 3 of the Athletic Trainer Policy designates supervisory authority afforded to a physician, **and** a designated privileged provider, such as a physical therapist; subsequently, Page 8 of the Athletic Trainer Policy states that athletic trainers shall render service or treatment under the direction and supervision of a privileged provider (physician **or** physical therapist).

The Athletic Trainer Policy as currently drafted is unclear as to whether physical therapists will have sole supervisory authority of athletic trainers delivering medical care to patients. If this is the Army's intent, and the finalized Athletic Trainer Policy reflects as such, athletic trainers operating under the supervision of physical therapists will be in violation of their state practice acts and the BOC Standards of Professional Practice, which could result in loss of license and/or certification. Forty-five (45) states (including Texas), in addition to the District of Columbia, require athletic trainers to perform services only under the supervision or direction of a physician. As such, athletic trainers performing services under the supervision of physical therapists within the military setting in states other than

[7] September 11, 2015 e-mail correspondence from Mr. Uldric Fiore to Mr. Kelly.
[8] See Texas Administrative Code, Title 22, Chapter 871.8(1B)(iii).

Alabama, Arkansas, Delaware, Ohio, and Washington, which afford physical therapists a limited supervisory role over athletic trainers in defined settings, will breach their individual state practice acts and be subject to penalty. Given such conflict, we recommend the Army review N.H. St. § 326-G:1, which permits the provision of athletic trainer services "under the direction of a physician licensed in any state or in Canada."[9] All fifty (50) states and the District of Columbia recognize that a physician is authorized to supervise services performed by an athletic trainer. NATA encourages you to implement policy language similar to that included in N.H. St. § 326-G:1 to ensure athletic trainers are not in violation of their individual state practice acts when performing services within the military setting.

Further, upon review of the Athletic Trainer Policy, we note that the terms "direction" and "supervision" are utilized in various, and sometimes contradicting instances. For example, the Athletic Trainer Policy summarizes that athletic trainers work under the *direction* of a physician as prescribed by state licensing statutes.[10] However, the Athletic Trainer Policy subsequently states that athletic training services provided on Army installations shall be performed under the *supervision* of a physician, and a designated privileged provider, and later, the Athletic Trainer Policy states that "[athletic trainers] ATs shall render service or treatment under the *direction* **and** *supervision* (direct or indirect) of a privileged provider (physician **or** physical therapist)."[11] The Athletic Trainer Policy defines supervision as:

- Direct supervision: The AT and/or the physician/clinical supervisor (PT) are involved together in the evaluation and treatment of the patient at the time the service is rendered.
- Indirect supervision: The AT provides the assessment and treatment of the patient without the physician or clinical supervisor present. The physician or clinical supervisor is available for telephonic consultation if needed.[12]

The Athletic Trainer Policy is unclear as to whether the Army is proposing that athletic trainers perform services under the *direction* of a physician (and/or physical therapist), under the *supervision* of a physician (and/or physical therapist), or under both the *direction* **and** *supervision* of a physician (and/or physical therapist). NATA requests the Army provide clarification on the "direction" and "supervision" language included within the Athletic Trainer policy in addition to the role the Army intends a physical therapist to play in regards to the supervision of athletic trainers. NATA also recommends the Army include a definitions section within the Athletic Trainer Policy that explicitly defines all relevant terms, including "direction" and "supervision."

[9] New Hampshire Statutes. Retrieved from: http://www.gencourt.state.nh.us/rsa/html/NHTOC/NHTOC-XXX-326-G.htm (Last visited October 2, 2015).
[10] See Page 3 of Memorandum for Commanders, MEDCOM Regional Medical Commands (July 29, 2015).
[11] See Page 8 of Memorandum for Commanders, MEDCOM Regional Medical Commands (July 29, 2015).
[12] See Page 4 of Memorandum for Commanders, MEDCOM Regional Medical Commands (July 29, 2015).

NATA also has serious concerns that the Army's Athletic Trainer Policy requires athletic trainers to "complete and pass the clinical competency assessment (enclosure 5) prior to providing any AT services initially, and annually thereafter."[13] While NATA strongly supports efforts to ensure athletic trainers are qualified to provide treatment, we have concerns regarding the duplicative nature of the annual competency assessment and the continuing education already required of athletic trainers. As previously stated, to become a certified athletic trainer, graduates of an accredited athletic training program must complete a comprehensive examination administered by the BOC. To maintain certification, athletic trainers must acquire fifty (50) continuing education credits every two years, ten (10) of which must be in evidence-based practice. Requiring athletic trainers to complete a clinical competency assessment on an annual basis is unnecessarily redundant, given the BOC has implemented a successful, nationally-recognized program that repeatedly certifies the competencies of athletic trainers and the lack of justification for implementing an annual competency assessment for the athletic training profession. Further, NATA is unaware of similar competency assessment requirements for other health care professions operating within the military setting, such as physicians, and is concerned the assessment requirement is being arbitrarily bestowed upon the athletic trainers employed by the U.S. Army.

Moreover, NATA vehemently disagrees that physical therapists, serving as clinical supervisors, are qualified to assess the clinical skills and certify the clinical competency of each athletic trainer involved with the care of soldiers. As previously noted, physical therapists are qualified to monitor, advise, and assess ***student*** athletic trainers. There is an inherent conflict of interest in authorizing a clinical supervisor to assess the qualifications of his or her supervisee, which is in the purview of the BOC. Further, while the physical therapy and athletic training professions are complementary, the athletic training curriculum is vastly different from the physical therapy curriculum. Athletic trainers' professional education courses vary, but typically include exercise physiology, kinesiology, biomechanics, care and prevention of athletic injuries, sports nutrition, sports psychology, and manual therapy, which affords athletic training professionals a unique skill set based on their specialized education and experience gained through hands-on training. As such, we believe the BOC is the only organization exclusively qualified to evaluate athletic trainers. NATA urges the Army to recognize that the burden on athletic trainers to prepare and complete an annual clinical competency assessment will take time away from direct patient care. NATA encourages the Army to develop policies designed to increase soldiers' access to athletic trainers and reduce administrative burdens.

The Army's Athletic Trainer Policy acknowledges athletic trainers are credentialed providers, and NATA recommends the Army draft a policy that accurately reflects athletic trainers' qualifications and multi-faceted skill set. NATA also encourages the Army refer to New Hampshire's statute that regulates athletic trainers in the development of its Athletic Trainer Policy; however, should the Army prefer to use the Texas Administrative Code as a guidance document for such a policy, NATA strongly suggests the correct interpretation of

[13] See Page 5 of Memorandum for Commanders, MEDCOM Regional Medical Commands (July 29, 2015).

the Texas Administrative Code be utilized (i.e., the Texas Administrative Code does not permit physical therapists to supervise athletic trainers). Athletic trainers practice health care at the highest professional, ethical, and quality standards in order to protect their patients, and are committed to improving the quality of outcomes for patients and providing greater efficiencies through care coordination. To ensure patient safety and the quality of health care are maintained, we encourage the Army to consider our recommendations as outlined above. Many of NATA's members practice in the military setting, and it is imperative that the Army's policies help to ensure that these highly trained medical professionals are able to provide the highest quality of care to soldiers, one of our most vulnerable patient populations.

Again, thank you for the opportunity to provide our comments on this issue. We would like to offer ourselves as a resource to you when creating and drafting policies that affect the athletic training profession. NATA looks forward to working together to explore policies that facilitate the provision of quality care. Should you have any questions or if I can be of any assistance in the future, please do not hesitate to contact Amy Callender, NATA's Director of Government Affairs (972.532.8853 or amyc@nata.org). NATA thanks you for your service to this nation.

Respectfully submitted,

Scott Sailor, EdD, ATC
NATA President

cc: LTC Chad Koenig
Elizabeth Sadler