



September 16, 2016

The Standard Occupational Classification Policy Committee
U.S. Bureau of Labor Statistics
Suite 2135
2 Massachusetts Avenue, NE
Washington, DC 20212

Re: 2018 SOC; Public Comments on the Standard Occupational Classification (SOC) Policy Committee's Recommendations for the 2018 SOC; 81 Fed. Reg. 48306 (July 22, 2016)

Dear Standard Occupational Classification Policy Committee Members:

On behalf of the National Athletic Trainers' Association (NATA), I want to thank you for providing the opportunity to offer written comments on the Standard Occupational Classification Policy Committee's (SOCPC) recommendations for the proposed 2018 SOC.

NATA is a professional organization serving more than 43,000 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.

NATA appreciates the opportunity to provide comments on the draft 2018 SOC. While we are supportive of SOCPC's efforts to develop an updated list of detailed occupations and groupings, based on similar job duties, skills, education, and training, NATA has concerns that the proposed 2018 SOC fails to accurately acknowledge the education, certification, licensure, training, and qualifications of athletic trainers.

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). Their insight and understanding of patient services furnish professional opportunities beyond the sports industry. 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 in a number of other health care settings.

Athletic trainers are highly qualified, multi-skilled health care professionals. To provide appropriate care for athletes, athletic trainers receive training in prevention, recognition, and treatment of critical situations, including concussions, heat stroke, and sudden cardiac death. Sudden cardiac death is the



leading cause of death in exercising young athletes.¹ Strategies to prevent sudden cardiac death include pre-participation screening and the creation and implementation of emergency action plans. If a student collapses and is unresponsive, athletic trainers promptly administer CPR, assess the patient's airway, breathing, circulation, and heart rhythm, and as appropriate, provide chest compressions and defibrillation. To recognize a catastrophic brain injury, an athletic trainer conducts an initial clinical evaluation, incorporating the use of a comprehensive objective concussion assessment battery that includes symptom, cognitive, and balance measures. Following injury, athletic trainers provide daily medical management and develop an individualized, comprehensive medical management plan for the injured athlete.²

They must graduate from an accredited baccalaureate or master's program, and it is required that their 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 in the next few years. 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.

Statistics

In July 2010, approximately 23,000 of our members were certified athletic trainers and an additional 5,900 members were graduate and undergraduate students. Comparatively, as of July 2016, 29,500 of our members are certified athletic trainers; an additional 8,600 members are undergraduate students or graduate students, and approximately 4,000 members are student certified (i.e., these students have passed the qualifying Board of Certification, Inc. (BOC) examination but have not yet become licensed in their state of residence). Over the previous 15 years, the number of our members who are certified athletic trainers has nearly doubled.

There is a high demand for athletic trainers by physicians, rural and urban hospitals, clinics, emergency rooms, and urgent and ambulatory care centers because of their versatile injury and illness prevention skills and the wellness services they provide. Currently, approximately 8,000 of our members are employed by a clinic or hospital. Athletic trainers commonly work with patients with asthma, diabetes, and heart disease, as well as patients who suffer from amputations, spinal cord injuries, or stroke. Physician offices use athletic trainers in a manner similar to that of registered nurses, physical therapists and other professional clinical personnel. A diverse group of employers utilize athletic trainers for their knowledge and skills in manual therapy and similar treatments for musculoskeletal conditions.

¹ NATA Position Statement: Preventing Sudden Death in Sports. Retrieved from: <http://natajournals.org/doi/pdf/10.4085/1062-6050-47.1.96>; see also Maron, BJ. "Sudden death in young athletes." *New England Journal of Medicine* 2003; 349:1064-1075.

² http://www.nata.org/sites/default/files/Preventing-Sudden-Death-Position-Statement_1.pdf



Educational Requirements for Athletic Trainers

According to the U.S. Bureau of Labor Statistics (BLS), “athletic trainers specialize in preventing, diagnosing, and treating muscle and bone injuries and illnesses.”³ Using a medical-based education model, athletic trainers serve in the role of physician extenders 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 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. Each year, approximately 3,336 baccalaureate students and 294 post-baccalaureate students graduate from an accredited athletic training program.

Athletic training education programs 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. In May 2015, NATA and leaders of other key athletic training organizations announced that professional education for athletic trainers will officially move to the master’s degree; thus, 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. Education leading to the professional degree in Athletic Training uses a competency-based approach in both classroom and clinical settings. Using a medical-based education model, Athletic Training students are provided the skills to serve in a health care professional role with an emphasis on clinical reasoning skills. Educational content must incorporate current knowledge and skills that represent best practices. Students must receive formal instruction in the following subject matter areas:

Foundational Courses⁴	Professional Courses
Human anatomy	Risk management and injury/illness prevention
Human physiology	Pathology of injury/illness
Exercise physiology	Assessment of injury/illness
Kinesiology/biomechanics	General medical conditions and disabilities
Nutrition	Therapeutic modalities

³ U.S. Department of Labor, Bureau of Labor Statistics Occupational Outlook Handbook (2015). <http://www.bls.gov/ooh/healthcare/athletic-trainers-and-exercise-physiologists.htm>

⁴ National Athletic Trainers’ Association (2005). Athletic Training Education Overview.



Foundational Courses	Professional Courses
Statistics and research design	Therapeutic exercise and rehabilitation
Strength training and reconditioning	Health care administration
Acute care of injury and illness	Weight management and body composition
	Psychosocial intervention and referral
	Pharmacology
	Professional development and responsibilities

Students are required to participate in a minimum of two years of academic and clinical education. A segment of the clinical education experience must be directed toward a patient population having general medical ailments (e.g., cardiorespiratory or metabolic issues). Using an outcomes-based approach, students are instructed and evaluated by preceptors, including physicians, in clinics and hospitals.

Athletic training graduates must 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.

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 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.”⁵

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: (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 entry-level athletic trainer fall into three (3) categories: (1) Understanding, Applying, and Analyzing; (2) Knowledge and Decision-Making; and (3) Special Performance Abilities.⁶

⁵ For more information on the BOC, please visit www.bocac.org/

⁶ NATA Athletic Training Education Overview. <http://www.nata.org/athletic-training-education-overview>



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,⁷ including the following:

- Direction
- Prevention
- Immediate Care
- Examination, Assessment, and Diagnosis
- Therapeutic Intervention
- Program Discontinuation
- Organization Administration

In states that license athletic trainers, the statutes may require that the individual represent themselves with a designation other than the trademarked ATC®, such as LAT (licensed athletic trainer).

Suggested Revisions to the SOC for Athletic Trainers

NATA appreciates the SOCPC's efforts to revise the SOC for 2018. As outlined above, athletic trainers provide medical services to all types of patients, not just athletes participating in sports, and work in a variety of job settings. Athletic trainers help to relieve widespread current and future workforce shortages in primary care support and outpatient rehabilitation, and provide an unparalleled continuum of care for patients. Athletic trainers improve functional outcomes and specialize in patient education to prevent injury and re-injury. Preventative care provided by an athletic trainer also has a positive return on investment for employers. Athletic trainers are able to reduce injury and shorten rehabilitation time for their patients, translating to lower absenteeism from work or school and reduced health care costs.

Job Titles

Athletic training encompasses the prevention, diagnosis, and intervention of emergency, acute, and chronic medical conditions involving impairment, functional limitations, and disabilities. Athletic trainers work under the direction of physicians, as prescribed by state licensure statutes. Certified athletic trainers often are employed under different job titles, including wellness/occupational health manager, physician extender, and rehabilitation specialist.

NATA has reviewed the Direct Match Title File, updated in 2013, and encourage the SOCPC to update the titles that correspond to athletic trainers. We urge the SOCPC to revise clinical athletic instructor and replace it with the title of athletic trainer educator or athletic trainer instructor. Further, we recommend that you remove resident athletic trainer and replace it with resident assistant athletic trainer or athletic training graduate assistant, to reflect those students who have a Bachelor's degree and currently are enrolled in an athletic training graduate studies program.

⁷ Board of Certification, Inc. BOC Standards of Professional Practice (2016). Retrieved from: <http://www.bocate.org/images/stories/resources/sopp-2016vf.pdf>



Definition of Athletic Trainers

Associate members: Members in TX who haven't passed certification exam, they just have passed the licensure exam. They can be a regular member only with certification (they don't have it). TX is only state that doesn't require BOC exam.

NATA believes strongly that the education, training, scope of practice, and experience of athletic trainers goes far beyond the current definition of athletic trainer included within the proposed 2018 SOC. The current SOC definition of athletic trainers is as follows:

Evaluate and advise individuals to assist recovery from or avoid athletic-related injuries or illnesses, or maintain peak physical fitness. May provide first aid or emergency care.

The responsibilities and clinical functions performed by an athletic trainer require a higher degree of specialized skill, scientific and technical knowledge, and medical judgment than that reflected by the current SOC definition of athletic trainer. As previously stated, athletic trainers are highly qualified, multi-skilled health care professionals who provide quality, evidence-based health services to patients, develops, implements, and maintains comprehensive health care programs, injury/illness prevention and wellness protection, clinical assessment, emergency care, and treatment and rehabilitation. 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.

Moreover, athletic trainers have been recognized by the BLS Occupational Outlook Handbook as health care professionals that “specialize in preventing, diagnosing, and treating muscle and bone injuries and illnesses.”⁸ The BLS Occupational Handbook also states that “athletic trainers work with people of all ages and all skill levels, from young children to soldiers and professional athletes. Athletic trainers are usually one of the first health care providers on the scene when injuries occur. They work under the direction of a licensed physician and with other health care providers, often discussing specific injuries and treatment options or evaluating and treating patients, as directed by a physician. Some athletic trainers meet with a team physician or consulting physician regularly.”⁹

Additionally, if state licensing agencies choose to adopt the SOC classification system when considering scope of practice issues, states may prohibit athletic trainers from practicing to the full extent of their skills, education, and training. We are concerned that the current definition of athletic trainers leads to consumer confusion about the athletic training profession and the health care services athletic trainers provide, particularly for individuals not familiar with the profession.

Given athletic trainers provide quality, evidence-based athletic health services to patients, develops and implements comprehensive health care programs for NATA urges the revision of the definition of athletic trainers in the 2018 SOC to better reflect the role they play as health

⁸ <http://www.bls.gov/ooh/healthcare/athletic-trainers.htm#tab-2>

⁹ *Id.*



professionals, which slightly differs from the current SOC definition. NATA urges the SOCPC to consider a new definition of athletic trainers similar to the one provided below:

Evaluate and assess active or musculoskeletal injuries or illnesses and design and implement rehabilitation and therapeutic intervention programs. May provide immediate and emergency care.

Minor and Broad Group Placement of Athletic Trainers

NATA appreciates that the Office of Management and Budget (OMB) is soliciting the public's input on the proposed hierarchical structure of the 2018 SOC, including changes to major, minor, broad, and detailed occupation groups. Athletic trainers currently are listed in the proposed 2018 SOC with a Detailed Occupation Number (29-9091) under the following grouping:

- Major Group (29-0000) **Healthcare Practitioners and Technical Occupations**
- Minor Group (29-9000) **Other Healthcare Practitioners and Technical Occupations**
- Broad Group (29-9090) **Miscellaneous Health Practitioners and Technical Workers**

NATA believes that the current placement of athletic trainers under the Broad Group of Miscellaneous Health Practitioners and Technical Workers (29-9090), grouped with surgical assistants and genetic counselors, is not only inaccurate, but clearly does not take into account the education, licensure and credentialing, training, qualifications, and practice setting of athletic trainers.

For example, athletic training differs greatly in education, certification, and licensure from surgical assistants and genetic counselors. A certified athletic trainer must hold a bachelor's degree (transitioning to a master's), satisfy BOC education requirements and pass its examination, and are licensed in 49 states and the District of Columbia, whereas surgical assistants require only an Associate's degree and completion of a training program, must pass a certification examination, and are licensed in 6 states and the District of Columbia. While a master's degree in genetic counseling is required, and genetic counselors must pass the American Board of Genetic Counseling certification examination, only 19 states require licensure.

Although the SOCPC has grouped athletic trainers with surgical assistants and genetic counselors, the rationale is unclear, as each profession's job duties, skills, education, and training share little to no alignment. Moreover, the BLS' occupational outlook handbook Similar Occupations list, which describes occupations that share similar duties, skills, interests, education, or training with the occupation covered in the profile, includes chiropractors, EMTs and paramedics, exercise physiologists, massage therapists, occupational therapists, physical therapists, physician assistants, and respiratory therapists,¹⁰ most of whom are classified under the Therapists group within the proposed 2018 SOC.

Given an athletic trainer's role is to provide preventive services, emergency care and diagnosis, therapeutic intervention, and rehabilitation of injuries, and the SOC is designed to facilitate classification, grouping occupations with similar job duties, "and in some cases skills, education,

¹⁰ <http://www.bls.gov/ooh/healthcare/athletic-trainers.htm#tab-8>



and/or training” together,¹¹ we believe it is appropriate for the SOCPC to move athletic trainers from the current classification under Miscellaneous Health Practitioners and Technical Workers to the following grouping:

- Minor Group (29-1000) **Healthcare Diagnosing and Treating Practitioners**
- Broad Group (29-1120) **Therapists**

Several of the professions included within the Therapists grouping are similar in job duties, skill, education, and training to those of athletic trainers. As part of their education, athletic trainers are taught and use both diagnostic skills and treatment methods, which include a wide range of physical medicine and rehabilitation therapies, skills, and techniques. Much like athletic trainers, physical therapists, occupational therapists, speech language pathologists, and exercise physiologists 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 far more regulated, than the professions currently listed under Therapists (*see* Appendix A). For example, while exercise physiologists and recreational therapists must hold a bachelor’s degree and pass a certification examination, only one state requires licensure for exercise physiologists and only three states and the District of Columbia require licensure for recreation therapists. While a greater number of states regulate respiratory therapists and radiation therapists, both professions require only an Associate’s degree and the passage of a certification examination.

As detailed in Appendix A, it is apparent that athletic training, a profession that currently is transitioning to an entry-level master’s degree requirement, is a more highly educated, regulated profession than some professions included under the Therapists grouping, such as exercise physiologists, recreation therapists, respiratory therapists, and radiation therapists.

Moreover, classifying athletic trainers as miscellaneous health practitioners ignores the nature of the athletic trainers’ role and their extensive education in physiology, kinesiology, rehabilitation, and physical assessment. The misclassification of athletic trainers undermines athletic trainers’ ability to meet the demand of the nation’s growing health care needs. Grouping athletic trainers under the broad category of Therapists will assist in heightening the visibility of the career, which will benefit the public with increased access to quality health care. Additionally, classifying athletic trainers as Therapists will allow researchers to more accurately capture the data and statistics that represent the athletic training workforce, improving the quality and value of federal health care data.

Again, NATA urges the SOCPC to move athletic trainers under the Therapists group and encourage the Committee to recognize the level of skill, education, and training of athletic trainers, and our unique and important role in the health care delivery system. We strongly recommend that athletic trainers be moved from the SOCPC’s current group to the Therapists group to ensure that the 2018 SOC accurately reflects the athletic training profession.

¹¹ <http://www.bls.gov/soc/>



Conclusion

Thank you for the opportunity to provide our recommendations for revisions to the SOC for 2018. NATA strongly believes that the education, training, licensure, and clinical expertise of athletic trainers should be more accurately reflected in the 2018 SOC. On behalf of NATA, I urge you to strongly consider the recommendations we have provided.

Should you have any questions, please do not hesitate to contact me or Amy Callender, NATA Director of Government Affairs, at amyc@nata.org or (972) 532-8853.

Sincerely,

A handwritten signature in black ink, which appears to read 'Scott Sailor'.

Scott Sailor, EdD, ATC
NATA President



Appendix A

A. Comparison of Athletic Trainers to Other Health care Professionals

Appendix A

Comparison of Standard Occupational Classification Professions

Misc. Health & Tech Workers				Therapists			
Qualifications	Certified Athletic Trainer	Certified Surgical Assistant	Certified Genetic Counselor	Certified Exercise Physiologist	Certified Recreational Therapist	Certified Respiratory Therapist	Certified Radiation Therapist
Education	Bachelor's degree – soon to be Master's degree.	Successful completion of training program approved by the desired certification organization, and an Associate's degree.	Master's degree in genetic counseling required.	Bachelor's degree in exercise science.	Bachelor's degree in recreation therapy or recreation with an option in recreation therapy.	Associates degree in respiratory therapy.	Associates degree and completion of a radiation therapy training program.
Certification	Must meet Board of Certification for the Athletic Trainer (BOC) education requirements and pass its certification examination.	Must pass certification examination.	Must pass American Board of Genetic Counseling (ABGC) certification examination.	Must pass certification examination.	Must complete an internship and pass certification examination.	Must be at least 18 years of age and pass certification examination.	Must meet ethics requirements and pass certification examination.
Licensure	49 states and the District of Columbia require licensure, registration, or certification.	6 states and the District of Columbia require licensure, registration, or certification.	19 states require licensure.	1 state (LA) requires licensure.	3 states and the District of Columbia require licensure.	48 states, the District of Columbia, and Puerto Rico require licensure.	43 states require licensure.

Sources include: www.nata.org; <https://www.nsaa.net/>; <http://www.nsgc.org/>; <https://www.asep.org/>; <https://www.atra-online.com/>; <http://www.aarc.org/>; <https://www.rrt.org/index.aspx>