

# **ATHLETIC TRAINING SERVICES**

**An Overview of Skills and Services Performed by Certified Athletic Trainers**

**National Athletic Trainers' Association  
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# TABLE OF CONTENTS

	Page
Introduction.....	7
Domain I: Injury/illness prevention and wellness protection.....	9
Domain II: Clinical evaluation and diagnosis .....	11
Domain III: Immediate and emergency care .....	13
Domain IV: Treatment and rehabilitation .....	15
Domain V: Organizational and professional health and well-being .....	17
Appendix A.....	19
Appendix B.....	21
Appendix C.....	23
Appendix D.....	25



## **Introduction**

Athletic trainers are health care professionals who collaborate with physicians to optimize patient and client activity and participation in athletics, work and life. The practice of athletic training encompasses the prevention, examination and diagnosis, treatment, and rehabilitation of emergent, acute, subacute, and chronic neuromusculoskeletal conditions and certain medical conditions in order to minimize subsequent impairments, functional limitations, disability, and societal limitations.

The Athletic Training Scope of Practice is defined within two professional publications: the *Athletic Training Educational Competencies (Competencies)* published by the National Athletic Trainers' Association (NATA) and the *Role Delineation Study (RDS)* conducted and published by the Board of Certification, Inc. (BOC). Eligibility for the BOC exam is contingent upon completion of a program accredited by the Commission on Accreditation of Athletic Training Education (CAATE) that must instruct the *Competencies* within the curriculum. Passage of the certifying examination is a requirement for licensure in most states.

Athletic trainers' work settings can include high schools, colleges, universities, professional sports teams, hospitals, rehabilitation clinics, physicians' offices, corporate and industrial institutions, the military, and the performing arts. Regardless of their practice setting, athletic trainers practice athletic training (or provide athletic training services) according to their education and state practice act.

While the core documents (the *Competencies* and the *RDS*) define the minimal professional preparation necessary for entry into the practice of athletic training, other variables such as individual state practice acts and their implementing regulations must also be considered. Also, athletic trainers participate in continuing education as part of professional practice requirements. This continuing education may result in the achievement of additional qualifications and enhanced skill sets.

This *Athletic Training Services* document was created to provide a clear and concise description of the qualifications and skills of athletic trainers, as well as their role in the delivery of quality health care. The clinical tasks routinely performed by athletic trainers are organized according to the five domain areas established by the *RDS*.

I	Injury/illness prevention and wellness protection
II	Clinical evaluation and diagnosis
III	Immediate and emergency care
IV	Treatment and rehabilitation
V	Organizational and professional health and well-being

Because this document represents a synthesis of the 4<sup>th</sup> edition of the *Athletic Training Educational Competencies* and the 6<sup>th</sup> edition of the *Role Delineation Study*, brief overviews of these two publications are provided in Appendix A and B, respectively. Both the *Competencies* and the *RDS* are generally revised every five years to ensure that they reflect the most current science and evidence-based clinical practice guidelines. Consequently, this *Athletic Training Services* document will also be updated regularly to reflect the current clinical practice guidelines presented in the *Competencies* or *RDS*.

Athletic trainers are also expected to practice ethically and professionally, regardless of their position, work setting, or patient/client population. Published as part of the *Competencies*, the Foundational Behaviors provide a framework for the affective behaviors that athletic trainers should display when entering the profession. The BOC Standards of Professional Practice also provide an outline for the professional expectations of athletic trainers. The Foundational Behaviors and the BOC Professional Standards of Practice are included in Appendix C and D, respectively.

This document addresses the competencies of entry-level athletic training as practiced by a graduate of an accredited athletic training education program. Post-professional education and training, as well as continuing education, may prepare individuals to perform services, modalities, functions or procedures beyond the professional education. Those individual qualifications must be considered on a case-by-case basis.



### **Injury/Illness Prevention and Wellness Protection**

Athletic trainers are educated and trained in injury and illness prevention strategies that focus on optimizing health to improve an individual's quality of life. Athletic trainers are the only health care professionals whose expertise in prevention ranges from minor sprains to catastrophic head and neck injuries, and from minor illnesses to exertional heat syndrome. Nutrition and wellness also play an integral role in the athletic trainers' work in preventing injury and illness. Athletic trainers recognize when consultation with other health care providers is necessary and refer accordingly.

This list identifies examples of skills that athletic trainers routinely use for injury and illness prevention.

1. Assess patients or clients to screen for potential injuries/illnesses or risk factors that would increase their risk of injury/illness. These screening procedures may include, but are not limited to:
  - pre-participation physical exams
  - musculoskeletal flexibility assessment
  - muscular strength and endurance assessment
  - cardiovascular fitness assessment
  - postural and ergonomic assessment
  - body composition assessment
2. Design and implement conditioning programs (flexibility, strength, cardiovascular fitness) to reduce the risk of injury and illness.
3. Design and implement emergency action plans to ensure medical personnel are prepared in an emergency situation.
4. Obtain and interpret environmental (e.g., ambient temperature, relative humidity, heat index, lightning) and patient/client data (e.g., hydration status) to make appropriate recommendations for patient or client safety and the continuance or suspension of activity.
5. Educate patients or clients, coaches, and parents on the importance of acclimatization and fluid and electrolyte balance in the prevention of heat illness.

6. Inspect facilities to ensure they are free of hazards, are sanitary, and that equipment is maintained properly.
7. Select, apply, evaluate, and modify prophylactic and protective equipment and other custom devices for patients/clients to minimize the risk of injury or re-injury.
8. Educate and advise patients and clients regarding the nutritional aspects of physical activity. Proper nutrition can enhance performance, prevent injury and illness, and assist patients or clients in maintaining a healthy lifestyle, and the athletic trainer is often the first point of contact for active patients/clients with nutritional questions. With regard to nutrition, athletic trainers:
  - Educate patients or clients about dietary needs related to the amount and type of activity being performed
  - Effectively explain the difference in the role of carbohydrates, proteins, fats, minerals, vitamins, fluids, electrolytes in the diet of an active individual
  - Refer patients or clients to appropriate medical professional for assessment or evaluation of nutritional needs
  - Identify and explain illnesses attributed to poor nutrition and advise patients/clients accordingly or refer to another medical professional
  - Educate patients or clients regarding nutrition habits prior to, during, and after physical activity
  - Educate patients or clients regarding ergogenic aids and other performance enhancing substances, and also understand FDA regulation of dietary products
  - Educate patients or clients regarding weight loss/gain, weight control methods, and strategies for performance enhancement
  - Communicate risks regarding substance abuse (social or performance enhancing) or improper dietary habits

## **Clinical Evaluation and Diagnosis**

Athletic trainers are educated and trained to examine patients/clients who have acute, subacute, or chronic musculoskeletal disorders and medical conditions and to arrive at a differential diagnosis regarding suspected pathologies. Based on this assessment, athletic trainers determine the impairments, functional limitations and the disabilities that result from these injuries and illnesses. Effective examination requires a thorough understanding of musculoskeletal and systemic anatomy, and the physiological response to injury and illness. Examination is an ongoing process focused on meeting the changing needs of the patient/client. Athletic trainers recognize when consultation with other health care providers is necessary and refer accordingly.

This list identifies examples of skills that athletic trainers routinely use when examining patients or clients with orthopedic and medical conditions and illnesses.

1. Perform a comprehensive examination of the patient/client with an orthopedic injury or medical condition that includes:
  - Obtaining a thorough medical history, including an assessment of underlying systemic disease and consideration of its potential contributions to the current disorder. This history includes obtaining a description of the current disorder, prior injuries and comorbidities that may influence the current condition, pertinent family history, and a detailed investigation of potential causative factors and resulting disabilities.
  - Conducting a physical examination, including (as relevant) observation of the patient/client performing functional tasks (such as walking, reaching, running, throwing); observation and palpation for any detectable changes; joint and muscle function assessment; review of systems; stress testing; joint play; assessments for neurological and vascular abnormalities; and special tests designed to detect selective tissue or organ involvement.
  - Arriving at a differential diagnosis (including those conditions that cannot be ruled out based on the exam), determining functional deficits and understanding the impact of the condition on the patient/client's life.

- Recognizing the role of medications in the management of orthopedic injuries and medical illnesses.
  - Identifying disordered eating and nutritional disorders and intervene and refer accordingly
3. Create a treatment plan based on the findings of the initial examination, subsequent examinations and the needs of the patient or client that assists with functional recovery.
  4. Communicate the nature of the examination and resulting treatment plan to the patient or client and other involved health care personnel, while respecting the privacy of the patient/client.

### **Immediate and Emergency Care**

Athletic trainers are educated and trained to provide standard immediate and emergency care procedures to patients and clients. Athletic trainers also recognize when consultation with other health care providers is necessary and refer accordingly.

This list identifies examples of skills that athletic trainers routinely use when providing immediate and emergency care.

1. Perform an initial assessment of the patient or client to determine his/her level of consciousness and the severity of the condition.
2. Implement appropriate emergency injury and illness management strategies following a pre-established emergency action plan (e.g., CPR, AED, splinting, use of spine board, control of bleeding, control of body temperature, use of epinephrine for anaphylaxis)
3. Perform a secondary assessment and employ the appropriate management strategies for non-life-threatening injuries or illnesses including, but not limited to:
  - Open and closed wounds (using universal precautions)
  - Head trauma
  - Environmental illness
  - Seizure
  - Acute asthma attack
  - Different types of shock
  - Thoracic, respiratory, and internal organ injury or illness
  - Acute musculoskeletal injuries
  - Spinal cord and peripheral nerve injuries
  - Diabetic emergency
  - Toxic drug overdose
  - Allergic, thermal, and chemical reactions of the skin
4. Formulate a differential diagnosis based on the results of the initial and/or secondary assessment(s).
5. Communicate the nature of the injury or illness and the resulting treatment plan to the patient/client and other involved health care personnel, respecting the privacy of the patient/client.



## **Treatment and Rehabilitation**

Athletic trainers are educated and trained to assess the status of a patient's or client's post-operative, chronic, acute and subacute musculoskeletal injuries, illnesses and/or conditions to determine impairments, functional limitations and disability. Based on this assessment, athletic trainers determine the appropriate treatment goals and therapeutic interventions to reduce the extent of a patient's or client's disability. Athletic trainers modify the treatment plans based on continual/regular assessment of the patient/client, and discharge the patient/client once treatment goals are met or the patient's or client's condition is no longer improving. Athletic trainers recognize when consultation with other health care providers is necessary and refer accordingly.

This list identifies examples of skills that athletic trainers routinely use when providing rehabilitation services.

1. Select, apply and evaluate the effectiveness of therapeutic interventions using best evidence to guide those decisions. Interventions used by athletic trainers include:
  - Manual therapy (e.g., massage, joint mobilization, proprioceptive techniques, muscle energy techniques)
  - Techniques to restore joint range of motion and muscle extensibility
  - Exercises to improve strength, endurance, speed and power
  - Proprioceptive activities to improve balance, neuromuscular control and coordination
  - Agility training
  - Exercises to improve cardiorespiratory fitness
  - Sports specific and/or functional exercises
  - Modalities
    - Thermal agents (e.g., hot pack, cold pack, etc.)
    - Electrical stimulation
    - Therapeutic ultrasound
    - Mechanical agents (e.g., traction)
    - Therapeutic laser
    - Biofeedback

2. Recommend, fit and apply braces, splints and assistive devices to facilitate the patient/client's recovery.
3. Assess the patient's or client's functional status, interpret the results and determine the patient's or client's ability to return to his or her desired activity.
  - Activity-specific skill assessment
  - Ergonomics
  - Work hardening/work conditioning
4. Recognize the role of medications in the recovery process.
5. Provide patient or client education necessary to facilitate recovery. This includes instruction in self-treatment and education about the condition and its expected course.



### **Organizational and Professional Health and Well-Being**

Athletic trainers possess the skills necessary to develop, administer and manage a healthcare facility and associated venues that provide healthcare services. Athletic trainers have the skill set to utilize human, physical, and fiscal resources to provide efficient and effective healthcare services.

This list identifies examples of administrative skills that athletic trainers routinely use in the delivery of athletic training services.

1. Use best evidence and the needs of the patient/client to guide their practice.
2. Ensure compliance with state and federal law and accrediting agencies' policies related to the delivery of healthcare:
  - Appropriately use protected information, documentation and patient education in conformance with the Health Insurance Portability and Accountability Act (HIPAA) and Federal Education Rights Privacy Act (FERPA)
  - Document and practice appropriate infection controls, equipment safety, environmental hazards safety and facility maintenance as mandated by the Occupational Safety and Health Administration (OSHA)
  - Administer programs appropriately per the accrediting agencies for healthcare facilities (e.g., Joint Commission on Accreditation of Healthcare Organizations [JCAHO], Accreditation Association for Ambulatory Health Care [AAAHC])
3. Utilize standard coding and reimbursement practices (ICD-9 and CPT codes) for documentation and billing.
4. Maintain medical records that meet legal and regulatory standards, including complete and accurate documentation, accepted abbreviations and correct medical terminology.
5. Abide by federal, state, and local regulations for the proper storage, transportation, dispensing (administering where appropriate), and documentation of commonly used medications.

6. Develop and implement policies and procedures related to employment, fiscal management and operations of a healthcare facility, including:
  - Human resource policy and employee handbook to guide the operation of athletic training services within a healthcare facility, and in conformance with state and federal employment law
  - Emergency action plans (EAP)
  - Risk management plans
  - Operational and capital budgets
  - Programs compliant with federal statutes and regulations (e.g., Title IX, Civil Rights Act, ADA and the Buckley Amendment, Medicare, CMS)

## APPENDIX A

### Overview of the NATA Athletic Training Educational Competencies

The Athletic Training Educational Competencies (*Competencies*), which are published by the National Athletic Trainers Association (NATA), identify the minimum knowledge and skills that athletic training students are required to master during their educational preparation in Commission on Accreditation of Athletic Training Education (CAATE) accredited Athletic Training Education Programs (ATEPs). The breadth and depth of the *Competencies* are designed to exceed that of the *RDS*, while still containing all of the knowledge and skills identified by the *RDS*. The knowledge (cognitive competencies), skills (psychomotor competencies), and application (clinical proficiencies) statements contained with the *Competencies* are organized across 12 content areas:

- (1) Risk Management and Injury Prevention
- (2) Pathology of Injuries and Illnesses
- (3) Orthopedic Clinical Examination and Diagnosis
- (4) General Medical Conditions and Disabilities
- (5) Acute Care of Injuries and Illnesses
- (6) Therapeutic Modalities
- (7) Conditioning and Rehabilitative Exercise
- (8) Pharmacology
- (9) Psychosocial Intervention and Referral
- (10) Nutritional Aspects of Injuries and Illnesses
- (11) Health Care Administration
- (12) Professional Development and Responsibilities.

It should be noted that the *Competencies* are not the only things an athletic training student must learn. To fully understand and apply the athletic training knowledge and skills, students must possess a comprehensive basic and applied science background. Additional coursework may include, but is not limited to, chemistry, biology, physics, physiology, psychology, and statistics. Also, students must complete extensive, structured and supervised clinical education rotations working with patients and clients in an athletic training clinical setting. These experiences provide students with the valuable opportunity to apply their knowledge and skills, while also developing vital clinical decision-making skills.

The *Competencies*, in concert with the revised *RDS*, are critically reviewed and revised every five years to ensure that they reflect the most current science and evidence-based practice guidelines.

(*Athletic Training Educational Competencies, 4<sup>th</sup> Edition. Dallas, TX: National Athletic Trainers' Association; 2006*)



## APPENDIX B

### Overview of the BOC Role Delineation Study (RDS)

The Role Delineation Study (*RDS*), which is conducted and published by the Board of Certification, Inc. (BOC), defines the minimum knowledge and skills necessary for the practice of Athletic Training and serves as the blueprint for developing the BOC Athletic Trainer Certification Examination. This document contains knowledge, skills and task statements organized across five domains. The five domains of the *RDS* are described below.

I	Injury/illness prevention and wellness protection	Educating participants and managing risk for safe performance and function.
II	Clinical evaluation and diagnosis	Implementing standard evaluation techniques and formulating a clinical impression for the determination of a course of action.
III	Immediate and emergency care	Employing standard care procedures and communicating outcomes for efficient and appropriate care of the injured.
IV	Treatment and rehabilitation	Reconditioning participants for optimal performance and function.
V	Organizational and professional health and well-being	Understanding and adhering to approved organizational and professional practices and guidelines to ensure individual and organizational well-being.

*Role Delineation Study. 6<sup>th</sup> ed. Omaha, NE: Board of Certification; 2009.*

The BOC generally conducts a new role delineation study every five years in order to ensure the content validity of the BOC Certification Examination (i.e., to ensure that the exam continues to reflect the athletic training tasks that are performed throughout the various clinical practice settings). The BOC, through the certification examination as well as continuing education requirements, works “to protect the public by identifying individuals who are competent to practice the profession of athletic training.” (*Role Delineation Study. 6<sup>th</sup> ed. Omaha, NE: Board of Certification; 2009:1*)



## APPENDIX C

### **Foundational Behaviors of Professional Practice**

These basic behaviors permeate every aspect of professional practice, and should be incorporated into instruction in every part of the educational program. The behaviors in this section comprise the application of the common values of the athletic training profession.

#### **Primacy of the Patient/Client**

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

#### **Teamed Approach to Practice**

- Recognize the unique skills and abilities of other health care professionals
- Understand the scope of practice of other health care professionals
- Understand and execute duties within the identified scope of practice for athletic trainers
- Include the patient/client (and family, where appropriate) in the decision making process
- Demonstrate the ability to work with others in effecting positive patient/client outcomes

#### **Legal Practice**

- Practice athletic training in a legally competent manner
- Recognize the need to document compliance with the laws that govern athletic training
- Understand the consequences of violating the laws that govern athletic training

#### **Ethical Practice**

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

### **Advancing Knowledge**

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

### **Cultural Competence**

- Understand the cultural differences of patients' or client's attitudes and behaviors toward health care
- Demonstrate knowledge, attitudes, behaviors, and skills necessary to achieve optimal health outcomes for diverse patient/client populations.
- Demonstrate knowledge, attitudes, behaviors, and skills necessary to work respectfully and effectively with diverse populations and in a diverse work environment

### **Professionalism**

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

Reference:

*National Athletic Trainers' Association (2006) Athletic Training Educational Competencies (4<sup>th</sup> ed.), Dallas, TX*



## APPENDIX D



# BOC Standards of Professional Practice

Implemented January 1, 2006

## Introduction

The mission of the Board of Certification Inc. (BOC) is to certify Athletic Trainers and to identify, for the public, quality healthcare professionals through a system of certification, adjudication, standards of practice and continuing competency programs. The BOC has been responsible for the certification of Athletic Trainers since 1969. Upon its inception, the BOC was a division of the professional membership organization the National Athletic Trainers' Association. However, in 1989, the BOC became an independent non-profit corporation.

Accordingly, the BOC provides a certification program for the entry-level Athletic Trainer that confers the ATC® credential and establishes requirements for maintaining status as a Certified Athletic Trainer (to be referred to as "Athletic Trainer" from this point forward). A nine member Board of Directors governs the BOC. There are six Athletic Trainer Directors, one Physician Director, one Public Director and one Corporate/Educational Director.

The BOC is the only accredited certification program for Athletic Trainers in the United States. Every five years, the BOC must undergo review and re-accreditation by the National Commission for Certifying Agencies (NCCA). The NCCA is the accreditation body of the National Organization for Competency Assurance.

The *BOC Standards of Professional Practice* consists of two sections:

- I. Practice Standards
- II. Code of Professional Responsibility

## I. Practice Standards

### Preamble

The Practice Standards (Standards) establish essential practice expectations for all Athletic Trainers. Compliance with the Standards is mandatory.

The Standards are intended to:

- assist the public in understanding what to expect from an Athletic Trainer
- assist the Athletic Trainer in evaluating the quality of patient care
- assist the Athletic Trainer in understanding the duties and obligations imposed by virtue of holding the ATC® credential

The Standards are NOT intended to:

- prescribe services
- provide step-by-step procedures
- ensure specific patient outcomes

The BOC does not express an opinion on the competence or warrant job performance of credential holders; however, every Athletic Trainer and applicant must agree to comply with the Standards at all times.

### **Standard 1: Direction**

The Athletic Trainer renders service or treatment under the direction of a physician.

### **Standard 2: Prevention**

The Athletic Trainer understands and uses preventive measures to ensure the highest quality of care for every patient.

### **Standard 3: Immediate Care**

The Athletic Trainer provides standard immediate care procedures used in emergency situations, independent of setting.

### **Standard 4: Clinical Evaluation and Diagnosis**

Prior to treatment, the Athletic Trainer assesses the patient's level of function. The patient's input is considered an integral part of the initial assessment. The Athletic Trainer follows standardized clinical practice in the area of diagnostic reasoning and medical decision making.

### **Standard 5: Treatment, Rehabilitation and Reconditioning**

In development of a treatment program, the Athletic Trainer determines appropriate treatment, rehabilitation and/or reconditioning strategies. Treatment program objectives include long and short-term goals and an appraisal of those which the patient can realistically be expected to achieve from the program. Assessment measures to determine effectiveness of the program are incorporated into the program.

### **Standard 6: Program Discontinuation**

The Athletic Trainer, with collaboration of the physician, recommends discontinuation of the athletic training service when the patient has received optimal benefit of the program. The Athletic Trainer, at the time of discontinuation, notes the final assessment of the patient's status.

### **Standard 7: Organization and Administration**

All services are documented in writing by the Athletic Trainer and are part of the patient's permanent records. The Athletic Trainer accepts responsibility for recording details of the patient's health status.

## **II. Code of Professional Responsibility**

### **Preamble**

The Code of Professional Responsibility (Code) mandates that BOC credential holders and applicants act in a professionally responsible manner in all athletic training services and

activities. The BOC requires all Athletic Trainers and applicants to comply with the Code. The BOC may discipline, revoke or take other action with regard to the application or certification of an individual that does not adhere to the Code. The *Professional Practice and Discipline Guidelines and Procedures* may be accessed via the BOC website, [www.bocatc.org](http://www.bocatc.org).

### **Code 1: Patient Responsibility**

The Athletic Trainer or applicant:

- 1.1 Renders quality patient care regardless of the patient's race, religion, age, sex, nationality, disability, social/economic status or any other characteristic protected by law
- 1.2 Protects the patient from harm, acts always in the patient's best interests and is an advocate for the patient's welfare
- 1.3 Takes appropriate action to protect patients from Athletic Trainers, other healthcare providers or athletic training students who are incompetent, impaired or engaged in illegal or unethical practice
- 1.4 Maintains the confidentiality of patient information in accordance with applicable law
- 1.5 Communicates clearly and truthfully with patients and other persons involved in the patient's program, including, but not limited to, appropriate discussion of assessment results, program plans and progress
- 1.6 Respects and safeguards his or her relationship of trust and confidence with the patient and does not exploit his or her relationship with the patient for personal or financial gain
- 1.7 Exercises reasonable care, skill and judgment in all professional work

### **Code 2: Competency**

The Athletic Trainer or applicant:

- 2.1 Engages in lifelong, professional and continuing educational activities
- 2.2 Participates in continuous quality improvement activities
- 2.3 Complies with the most current BOC recertification policies and requirements

### **Code 3: Professional Responsibility**

The Athletic Trainer or applicant:

- 3.1 Practices in accordance with the most current BOC Practice Standards
- 3.2 Knows and complies with applicable local, state and/or federal rules, requirements, regulations and/or laws related to the practice of athletic training
- 3.3 Collaborates and cooperates with other healthcare providers involved in a patient's care
- 3.4 Respects the expertise and responsibility of all healthcare providers involved in a patient's care
- 3.5 Reports any suspected or known violation of a rule, requirement, regulation or law by him/herself and/or by another Athletic Trainer that is related to the practice of athletic training, public health, patient care or education
- 3.6 Reports any criminal convictions (with the exception of misdemeanor traffic offenses or traffic ordinance violations that do not involve the use of alcohol or drugs) and/or professional suspension, discipline or sanction received by him/herself or by another Athletic Trainer that is related to athletic training, public health, patient care or education

- 3.7 Complies with all BOC exam eligibility requirements and ensures that any information provided to the BOC in connection with any certification application is accurate and truthful
- 3.8 Does not, without proper authority, possess, use, copy, access, distribute or discuss certification exams, score reports, answer sheets, certificates, certificant or applicant files, documents or other materials
- 3.9 Is candid, responsible and truthful in making any statement to the BOC, and in making any statement in connection with athletic training to the public
- 3.10 Complies with all confidentiality and disclosure requirements of the BOC
- 3.11 Does not take any action that leads, or may lead, to the conviction, plea of guilty or plea of nolo contendere (no contest) to any felony or to a misdemeanor related to public health, patient care, athletics or education; this includes, but is not limited to: rape; sexual abuse of a child or patient; actual or threatened use of a weapon of violence; the prohibited sale or distribution of controlled substance, or its possession with the intent to distribute; or the use of the position of an Athletic Trainer to improperly influence the outcome or score of an athletic contest or event or in connection with any gambling activity
- 3.12 Cooperates with BOC investigations into alleged illegal or unethical activities; this includes but is not limited to, providing factual and non-misleading information and responding to requests for information in a timely fashion
- 3.13 Does not endorse or advertise products or services with the use of, or by reference to, the BOC name without proper authorization

**Code 4: Research**

The Athletic Trainer or applicant who engages in research:

- 4.1 Conducts research according to accepted ethical research and reporting standards established by public law, institutional procedures and/or the health professions
- 4.2 Protects the rights and well being of research subjects
- 4.3 Conducts research activities with the goal of improving practice, education and public policy relative to the health needs of diverse populations, the health workforce, the organization and administration of health systems and healthcare delivery

**Code 5: Social Responsibility**

The Athletic Trainer or applicant:

- 5.1 Uses professional skills and knowledge to positively impact the community

**Code 6: Business Practices**

The Athletic Trainer or applicant:

- 6.1 Refrains from deceptive or fraudulent business practices
- 6.2 Maintains adequate and customary professional liability insurance

*For information or to order copies of this document, please contact:*

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