As healthcare delivery evolves and the Affordable Care Act continues to be implemented, questions arise as to the ways in which athletic trainers (ATs) are affected. ATs have moved into expanded roles with physicians, and the types of services and/or functions they perform allow them to practice to the full extent of their scope of practice. Unfortunately, employers or their legal staffs may not be aware of the ATs scope of practice.

Athletic trainers are healthcare professionals who collaborate with physicians. The services provided by ATs comprise prevention, emergency care, clinical diagnosis, therapeutic intervention and rehabilitation of injuries and medical conditions.

ATs are responsible to stay within their scope of practice and skill set and to exercise clinical judgment about potential adverse interactions.

The Centers for Medicare and Medicaid Services (CMS) has stated that healthcare professionals may enter medication, laboratory and radiology orders from eligible providers into computerized health records. It is the position of the NATA that athletic trainers meet this standard. CMS specifically identifies medical assistants as able to enter orders; entry-level athletic trainers have more education and training. As physicians are “eligible providers” under CMS rules, they are able to make the decision of who may enter orders on their behalf.

In addition to requiring a minimum of a bachelor’s degree from an accredited institution and certification by a nationally recognized credentialing agency, Board of Certification, Inc., ATs are statutorily regulated in 49 states and the District of Columbia. ATs are regulated by agencies such as state Boards of Medicine or Health Departments. They are approved for inclusion in the, “American Medical Association’s (AMA) Health Professions Career and Education Directory,” and have been for more than fifteen years. ATs receive National Provider Identifier numbers and have assigned procedure codes in the AMA’s Current Procedural Terminology®.