



January 27, 2015

Francis Yebesi, Acting Director  
Directorate of Evaluation and Analysis  
U.S. Department of Labor, Occupational Safety and Health Administration  
200 Constitution Avenue, NW, Room N-3622  
Washington, D.C. 20210

Dear Mr. Yebesi,

On behalf of the National Athletic Trainers' Association (NATA), I am writing in response to the Occupational Safety and Health Administration's (OSHA) letter of interpretation published on December 12, 2014. NATA seeks to ensure federal policies and programs are implemented that recognize the unique role athletic trainers play in the provision of medical care. Athletic trainers specialize in preventing, diagnosing, and treating muscle and bone injuries and illnesses.<sup>1</sup> Our association is extremely concerned by OSHA's recent decision to classify kinesiology tape as a medical treatment. NATA is comprised of almost 40,000 members, many of whom practice in the industrial/occupational setting, and it is imperative that occupational safety and health policy help to ensure that medical professionals are provided sufficient resources to provide care to companies' employees, i.e., our patients.

NATA appreciates OSHA's intent to clarify whether the use of kinesiology tape is considered medical treatment for OSHA recordkeeping purposes. However, OSHA's December 12, 2014 letter of interpretation, which reads "The use of kinesiology tape is akin to physical therapy and is considered medical treatment beyond first aid for OSHA recordkeeping purposes (see section 1904.7(b)(5)(ii)(M))" is misguided and will harm not only our patients, but also the athletic training profession. Although the effect of the letter of interpretation may be unintended, analogizing the use of kinesiology tape to medical treatment hurts the livelihood of athletic trainers. Numerous athletic trainers are employed in the industrial or occupational setting and provide injury prevention services and medical care to thousands of employees. In the industrial/occupational setting, athletic trainers' duties often are focused to injury prevention in accordance with OSHA level guidelines for first aid and early intervention. Athletic trainers apply protective or injury-preventive devices, such as tape, bandages, and supports, and recognize and evaluate injuries. More specifically, athletic trainers provide first aid treatment to their patients and commonly use massage techniques and non-rigid supportive devices, including athletic tape, non-rigid braces and supports, and kinesiology tape to prevent injury. Athletic trainers in the industrial/occupational setting practice athletic training according to their education, state practice statutes, and

<sup>1</sup> <http://www.bls.gov/ooh/healthcare/athletic-trainers-and-exercise-physiologists.htm>



employers' statements of work, and OSHA's December 12, 2014 letter of interpretation serves as an attempt to regulate the athletic trainers' scope of practice with their respective employers, an action that exceeds OSHA's statutory authority. OSHA's recent decision has far-reaching, real world significance for the athletic training community, and while we understand this may be unintended by OSHA, it is nonetheless harmful to our profession.

NATA also is concerned that OSHA has designated kinesiology tape "akin to physical therapy." Given that kinesiology tape is regularly sold to consumers online and presumably in stores, with step-by-step instructions for applying the tape, it is unclear how OSHA's Office of Occupational Medicine believes the application of kinesiology tape is analogous to physical therapy and rises to the level of medical treatment for recordkeeping purposes. Further, clinical studies regarding kinesiology tape are inconclusive regarding the impact on pain and have shown inconsistent results for outcome measures such as range of motion, strength, and muscle activity.<sup>2</sup> However, we continue to believe kinesiology tape can be an effective product when applied by a trained professional and used in conjunction with supplementary care provided by our athletic trainers. Hence, OSHA's classification of kinesiology tape as a medical treatment diminishes the importance of ancillary services provided by athletic trainers. Should OSHA's December 12, 2014 decision stand as is, athletic trainers' ability to provide efficient, cost-effective solutions to patients will be eroded, as removing a non-rigid product from the realm of first aid treatment will negatively impact patient outcomes.

While there may be limited circumstances when the use of kinesiology tape may be appropriately classified as a medical treatment, it is our belief that kinesiology tape undoubtedly falls under the definition of first aid treatment and should continue to be categorized as a first aid treatment. Pursuant to 29 C.F.R. Part 1904.7(b)(5)(ii)(F), first aid treatment includes the use of any "non-rigid means of support, such as elastic bandages, wraps, non-rigid black belts, etc. (devices with rigid stays or other systems designed to immobilize parts of the body are considered medical treatment for recordkeeping purposes)." Given that kinesiology tape is comprised of cotton and an adhesive material to attach to the skin, is branded as an elastic sports tape<sup>3</sup>, and is designed for muscle, ligament and tendon pain relief and support<sup>4</sup> (and not to "immobilize parts of the body"), categorizing kinesiology tape as a medical treatment directly conflicts with OSHA's definition of first aid treatment and non-rigid support. NATA urges OSHA to reconsider the interpretation of kinesiology tape as a medical treatment.

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<sup>2</sup> Kamper SJ and Henschke, N. *Br J Sports Med* Volume 47 (2013): Page 1128. *See also* Drouin, Jillian, L., McAlpine, Caitlin, T., Primak, Kari, A., and Kissel, Jaclyn. "The effects of kinesiotape on athletic-based performance outcomes in health active individuals: a literature synthesis."

*Journal of the Canadian Chiropractic Association* Volume 57 (2013).

(<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3845470/>).

<sup>3</sup> <http://www.kttape.com/store/kttape.html#tabDesc>

<sup>4</sup> <http://www.kttape.com/what-is-kt-tape/>



We request that OSHA reevaluate its classification of kinesiology tape as a medical treatment for recordkeeping purposes and instead clarify the limited circumstances in which the application of kinesiology tape rises to the level of medical treatment. We believe that in nearly all situations, the use of kinesiology tape would be deemed first aid treatment for recordkeeping purposes. For example, the application of kinesiology tape for shin splints would appropriately be classified as a first aid treatment and not as a medical treatment for recordkeeping purposes. However, should kinesiology tape be used for the treatment of a more severe condition, such as a torn anterior cruciate ligament injury (ACL), the use of kinesiology tape in that instance may be categorized as medical treatment for recordkeeping purposes. Additional clarification is necessary.

We know that you maintain a busy schedule, but we hope you are willing to meet with a group of representatives from our association sometime in early to mid-February. We would like to offer ourselves as a resource to you when rendering letters of interpretation and making decisions that involve recordable versus non-recordable injuries. Thank you for considering our request. We look forward to working together to explore policies that facilitate the provision of quality care. Amy Callender, NATA's director of Government Affairs, will follow up with your office shortly to arrange a meeting. Should you have any questions or if I can be of any assistance in the future, please do not hesitate to contact Amy at 972.532.8853 or [amyc@nata.org](mailto:amyc@nata.org).

Sincerely,

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

Jim Thornton, MA, ATC, CES  
President

cc: Dr. Michael Hodgson, Medical Director, Office of Occupational Medicine