

Scope of Practice: Factors to Consider



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Introduction

Over the past two decades, athletic training education has grown in uniformity, breadth, and depth as the profession streamlined the educational preparation of athletic trainers.¹⁻² In addition, the practice of athletic training has continued to grow and evolve, resulting in dynamic changes in practice settings and practice skills. These changes are demonstrated in the latest Practice Analysis and its changed structure and content.³

From a regulatory standpoint, questions about scope of practice tend to fall into one of two categories: (1) "Turf battles" between two or more professions; or (2) Litigation or questions of negligent practice.

The turf battle scenario refers to the all too common question of "my practice includes this skill so it can't be part of yours." Health care practice has developed in such a way that most professions today share some skills or procedures with other professions. In fact, the breadth of athletic training education makes this a guaranteed proposition. It is no longer reasonable to expect each profession to have a completely unique scope of practice, exclusive of all others.⁴ Regulatory boards should reflect this reality, and view scope of practice issues in the context of the evolution of abilities of each discipline independently.

Litigation or adjudication related questions about scope of practice should address the education and training of the individual in question, as well as the general educational scope of educational preparation and continuing education (CE) practices for the profession of athletic training. For example, although an athletic training task might be part of the athletic training scope of practice, if the individual athletic trainer is not personally competent in the task, he or she should not perform the activity, as it is not within his or her scope of practice. Thus, each practitioner should know his or her individual scope of practice and be able to adequately articulate and demonstrate his or her practice skills.

This document is written from the perspective of one licensed athletic trainer who has served on a regulatory board. As part of their role, regulatory boards are commonly asked to address questions related to athletic training scope of practice. This document can be used by athletic trainers to assist in understanding their scope of practice.

This document tries to provide a rational and useful way to make decisions when considering scope of practice issues, which primarily is focused on client/public safety. The central question regulatory boards and athletic training professionals must grapple with is whether a professional is both trained to provide and capable to

execute a proposed service in a safe and effective manner. In the end, regulation of practice, according to Schmitt and Shimberg, is intended to:

1. "Ensure that the public is protected from unscrupulous, incompetent and unethical practitioners;"
2. "Offer some assurance to the public that the regulated individual is competent to provide certain services in a safe and effective manner;" and
3. "Provide a means by which individuals who fail to comply with the profession's standards can be disciplined, including the revocation of their licenses."⁵

Scope of Practice

Athletic trainers are health care professionals who collaborate with physicians to optimize patient physical capacity, health and well-being. 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 limitations⁶. The practitioner's scope of practice in athletic training is determined by several factors, including (A) entry-level practice; (B) CE or advanced qualification in a skill; (C) state regulation; and (D) public protection.

A: Entry-Level Practice

When considering the scope of practice for an athletic trainer, one should begin with two professional publications: the Athletic Training Educational Competencies⁷ (Competencies) published by the National Athletic Trainers' Association (NATA) and the current Practice Analysis Study (PAS), conducted and published by the Board of Certification, Inc. (BOC). The ability to take the BOC certification examination is contingent upon completion of a program accredited by the Commission on Accreditation of Athletic Training Education (CAATE), which requires that all programs must instruct students on all of the competencies within their curriculum. These competencies identify the minimum knowledge and skills that athletic training students are required to master during their educational preparation in accredited Athletic Training Education Programs (ATEPs).

The breadth and depth of the Competencies are designed to exceed that of the PAS, while still containing all of the knowledge and skills identified by the PAS.⁷ The knowledge (cognitive competencies), skills (psychomotor competencies), and application (clinical proficiencies) statements contained within the competencies are organized across eight content areas. Additionally, the PAS 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. Thus, any athletic trainer who passes the BOC examination should have been adequately exposed to entry-level content and skills through the competencies and passed an entry-level examination based upon the PAS demonstrating their competence for entry-level practice. The competencies and the PAS define the minimal professional preparation necessary for entry into the practice of athletic training.

Given this disciplined educational path to certification, athletic trainers at the entry-level are educated in the minimum knowledge and skills necessary for the practice within the five Domains of athletic training. Athletic trainers are trained and educated in injury and illness prevention strategies that focus on optimizing health to improve an individual's quality of life; they also are trained and educated in how to examine patients/clients who have acute, subacute, or chronic musculoskeletal disorders and medical conditions and arrive at a differential diagnosis regarding suspected pathologies, provide immediate and emergency care procedures to patients and clients, and to recognize when consultation with other health care providers is necessary and refer accordingly.⁶

Additionally, athletic trainers are educated and trained to assess the status of a patient 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. Additionally, athletic trainers possess the skills necessary to develop, administer, and manage a health care facility and associated venues that provide health care services. Athletic trainers have the skill set to utilize human, physical, and fiscal resources to provide efficient and effective health care services.⁶

For a full accounting of entry-level education, please refer to the complete documents containing the competencies⁷ and PAS.³ The BOC generally conducts a new role delineation study every five years in order to ensure the content validity of the BOC Certification Examination. The Competencies, in concert with the revised PAS, are critically reviewed and revised every five years to ensure that they reflect the most current science and evidence-based practice guidelines. These documents serve to provide an adequate accounting of entry-level knowledge and skills for the athletic training profession. If necessary, additional information about the types of services provided by athletic trainers can be found in the document, *ATHLETIC TRAINING SERVICES: An Overview of Skills and Services Performed by Certified Athletic Trainers*.⁶

From a regulatory standpoint, questions to be considered to determine if a skill is within the professions entry-level scope of practice:

1. Are these practices contained in the current Role Delineation Study?
2. Does current entry-level education prepare practitioners to practice this skill?
3. Is it possible that the knowledge and skill currently is tested on the entry-level BOC exam?⁸

B. Continuing Education and Training

CE requirements are intended to promote continued competence, further development of an individual's current knowledge and skills, and further enhancement of the professional skills and judgment. CE programs must focus on increasing knowledge, skills, and abilities related to the practice of athletic training beyond that of an entry-level practitioner. CE programs must be intended for credentialed health care providers and wellness professionals. Such programs can expand the scope of an athletic trainer's practice as he or she learns advanced skills that allow for greater patient benefit. It is important to understand that as information continually changes, professionals must stay abreast of the latest athletic training skills added to the entry-level competencies as well as any changes in advanced skills they have acquired. CE requirements are meant to ensure that athletic trainers continue to:

- Stay on the cutting edge in the field of athletic training
- Obtain current professional development information
- Explore new knowledge in specific content areas
- Master new athletic training related skills and techniques
- Expand approaches to effective athletic training
- Further develop professional judgment
- Conduct professional practice in an ethical and appropriate manner⁹

Every CE cycle, athletic trainers must complete and maintain emergency cardiac care (ECC) throughout the cycle. Acceptable ECC providers are those adhering to the most current International Guidelines for Cardiopulmonary Resuscitation (CPR) and ECC. Examples of courses that provide the above requirements include, but are not limited to:

- CPR/Automatic External Defibrillator (AED) for the Professional Rescuer through the American Red Cross
- Basic Life Support (BLS) Healthcare Provider through the American Red Cross
- BLS Healthcare Provider through the American Heart Association⁹

In addition to ECC, athletic trainers must accumulate 50 continuing education units (CEUs) every two years. These hours must come from two levels of CE with different categories in each level. Level I categories are for competence activities and programs that require a level of BOC approval. Level II categories are competence

activities and programs that do not require BOC approval. Each category specifies a minimum and/or a maximum number of CEUs.⁹

The Level I category contains BOC Approved Evidence Based Practice (EBP) Programs and BOC Approved Provider Programs. Each athletic trainer is required to accumulate a minimum of 10 CEUs of EBP with no maximum on the number of hours that can be taken from EBP courses. An athletic trainer can choose to take BOC Approved Provider Programs, but only can take a maximum of 40 CEUs from this category.

The Level II category contains Professional and Scholarly Activities, Post Certification College/University Coursework, and Non-Approved Provider Programs. A maximum of 33 CEUs can be accumulated through Professional and Scholarly Activities per cycle. A maximum of 40 CEUs can be accumulated through Post Certification College/University Coursework per cycle. A maximum of 28 CEUs can be accumulated through Non-Approved Provider Programs.⁹

Medical knowledge is accelerating at an ever increasing level. It is estimated that the doubling time of medical knowledge in 1950 was 50 years; in 1980, seven (7) years; and in 2010, three and a half (3 1/2) years. In 2020, it is projected to be less than one (0.2) year — just 73 days.¹⁰ Rapid advancements in medicine require athletic trainers to continuously work to maintain a minimal level of competence in entry-level knowledge and skills. It is incumbent upon athletic trainers to understand the ongoing changes in the field. In fact, it is the ongoing responsibility of every practitioner, regardless of employment location, to ensure he or she stays current with entry-level practice.

Continued learning and maintaining competence as a health care provider are important aspects of professionalism, which have not gone unnoticed by society; in fact, society demands that all professionals are qualified and competent within their respective fields.⁹ This spirit is reflected in the cycle for review of the competencies as well as a shortened cycle and requirement that athletic trainers report 50 CEUs every two years to encourage and assure an athletic trainer's ongoing competence in the ever changing landscape of health care knowledge and skill.

Tasks added to scopes of practice often are skills learned through advanced skills professional training. Over time, a practitioner's scope of practice increases as he or she learns and becomes competent in advanced skills. This expands their individual scope of practice. There should be appropriate accredited post-professional training programs and competence assessment tools that indicate whether the practitioner is competent to perform the advanced skill safely; once this is accomplished, the athletic trainer's personal scope of practice is expanded. If, over time, a sufficient number of professionals acquire and use a particular new skill, the role delineation study reflects their value and use within professional practice. As such, years later they may become entry-level skills and would be taught as such in entry-level curricula. It is not realistic to require a skill or activity be taught in an entry-level program before it becomes part of a professional's scope of practice. If this were the standard, there would be few, if any, increases in individual's scope of practice.

From a regulatory standpoint questions to be considered to determine if an advanced skill is within an individual's scope of practice:

1. What training program(s) were attended to learn the new skill or technique?
2. Was the time spent adequate to acquire the skill?
3. Does the program meet the standards and criteria established for these types of programs?
4. How is competence determined through the advanced skill program?
5. What are the measures of competence used by the program and what is the validity of these measures?
6. Is there evidence within the profession related to the particular procedures and skills involved in the changes in scope?
7. Does the professional include clinical evidence/research validating this technique?
8. Is there evidence that the procedure or skill is beneficial to client care?⁸

C. State Regulation

Regulation of a medical practice generally takes one of several forms: Licensure, Certification, or Registration. Currently, 49 states and the District of Columbia regulate the practice of athletic training. Individuals must be legally recognized by the appropriate state regulatory agency prior to practicing athletic training. Licensure tends to be the most restrictive form of professional regulation; it often is referred to as right-to-practice.

Under licensure laws, it is illegal for a person to practice a profession without first meeting state standards and acquiring their license to practice. Currently, 43 states have licensure laws regulating athletic training practice. Two states (New York and South Carolina) currently regulate via certification; in these states, the state grants title protection (right-to-title) to persons meeting predetermined standards. Those without certification may perform the duties of the occupation, but may not use the title. Four states regulate via registration (West Virginia, Minnesota, Colorado and Oregon). Registration is the least restrictive form of regulation; it generally takes the form of requiring individuals to file their names, addresses, and qualifications with a government agency before practicing the occupation. This may include posting a bond or filing a fee. Only in the state of California is the practice of athletic training currently not regulated.

State licensure is inherently restrictive for the licensee and exclusive to the particular profession. Only those who "meet and maintain prescribed standards" established by the state's regulatory board will, for the protection and benefit of the public, be allowed to profess their qualifications and provide their services to the public. The public is dependent upon the state to evaluate and affirm the qualifications for licensure in athletic training. Licensing boards provide the necessary expertise for public protection through the regulation of the practice of athletic training. Most states have licensing board members who are appointed by an elected official, usually the governor. Public members are commonly included on boards, and serve as an appropriate voice for the consumer. The determination of what constitutes practice within the scope of athletic training is predominantly the responsibility of licensing board members. Because the scope of practice changes as contemporary practice evolves, boards may need to determine the appropriateness of athletic training procedures as they relate to both entry-level and evolving scope of practice.

In many cases, the item that most restricts a profession's scope of practice is the state's practice act itself. Many state practice acts restrict an individual's scope of practice to prevent the performance of tasks that are considered entry-level or otherwise common to the profession. Other state practice acts prohibit certain techniques or practice settings. Some states limit certain practices to only be performed by specified licensed professionals. Examples of these kinds of restrictions include the performance of surgery, the administration of injectable drugs, etc.

From a regulatory standpoint questions to be considered in this area include:

1. Is the expanded scope clearly prohibited by the states regulatory structure?
2. Is the practice clearly prohibited by the state practice act of another profession?⁸

D. Public Protection

The primary function of a state regulatory board is to protect consumers of athletic training services through proper licensing and regulation of athletic trainers. Public protection begins with the licensure process, which is designed to ensure that practicing athletic trainers have appropriate education and training and that they abide by recognized standards of professional conduct in treating patients. Licensed athletic trainers must periodically re-register with the board. During re-registration, an athletic trainer is required to demonstrate that they have maintained acceptable standards of ethical practice by a variety of means, such as compliance, with CE requirements.

In addition, it is typically the board's job to assure compliance with state law and board rules and regulations, as well as address issues of ethical violations, scope of practice, and complaints of substandard care. On its own initiative or upon receipt of information reported by others, the state board may investigate any evidence that appears to indicate that an athletic trainer is or may be incompetent, guilty of unprofessional or unethical

conduct, or mentally or physically unable to engage safely in the practice of athletic training. In addition, boards investigate any report that the state law and board rules and regulations have been violated. The state regulatory board has full discretion and authority with respect to disciplinary actions when it determines that a violation has occurred.

Ultimately, the primary responsibility and obligation of state athletic training boards is to protect consumers of athletic training services. If a task performed by an athletic trainer puts the public in harm's way due to unprofessional, improper, and incompetent training of the athletic trainer, then the task is outside the scope of the athletic training practice for that practitioner and should be treated as such. As stated above, it is important for professionals to stay abreast of the latest athletic training skills added to the entry-level competence, as well as any changes in advanced skills they have acquired.

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