

**Ohio House Health Committee**  
**HB 176 (Carfagna, Hall) Athletic Training**  
**Proponent Testimony**  
**Tuesday, March 23, 2021**

Chairman Lipps, Ranking Minority Member West and Committee members, thank you for the opportunity to testify today in support of HB 176 (Carfagna, Hall) Athletic Training. I am Mark Merrick, the Dean of the College of Health and Human Services at the University of Toledo and a full-professor in Athletic Training. I formerly Directed the Division of Athletic Training at Ohio State University for 20 years. I am also the Past President of the Commission on Accreditation of Athletic Training Education (CAATE), which is the body that establishes the national educational standards for athletic training.

For a bit of background on licensed athletic trainers in Ohio:

- Currently, Ohio requires a minimum of baccalaureate degree from nationally accredited Athletic Training program
- Must pass the national Board of Certification (BOC) exam in Athletic Training
- State licensure exam administered by the OTPTAT Board
- Licensed ATs are required to have 25 CEUs every 2 years
- Currently there are over 2,000 licensed athletic trainers in Ohio
- All regulatory oversight and disciplinary actions are determined by the OTPTAT Board

However, beginning in 2022 the national education standards by CAATE require all students entering entry level AT programs to earn a master's degree in Athletic Training. As part of the CAATE leadership that created this national standard,, I would like to share with you the rationale, curriculum and training that athletic trainers receive in their classroom and clinical experience.

As the sole accrediting body for Athletic Training degree programs, CAATE seeks to assure accreditation excellence across the AT education continuum to enhance our clinical health care practice. CAATE works to ensure that the curriculum of our AT students prepares them for real life emergent care experiences. After 2012, the national discussion began to explore migrating from a bachelor's degree to a master's degree as the minimum qualification for entry level athletic trainers. The national decision was finalized in 2015 and programs began updating their curricula to the master's degree almost immediately in preparation for the 2022 deadline. In Ohio, we currently have 24 athletic training degree programs, 22 of which are entry-level (i.e. "professional level").

The national education standards required by CAATE currently require graduates to demonstrate competence, knowledge and skills in 41 specific curricular content standards such as:

- Patient-Centered Care
- Interprofessional Practice and Education
- Evidence Based Practice
- Quality Improvement
- Health Care Informatics and Electronic Health and Medical Records
- Professionalism
- Developing Plans of Care and partnering with Physicians to deliver that care

- Examination, Diagnosis, and Intervention for acute, emergent, and life-threatening conditions including spinal injury, brain injury, drug overdose, and more.
- Administering medications upon the order of a physician and educating patients to use their medications safely and correctly
- Evaluating and treating patients with concussion using established guidelines
- Identifying and referring patients with behavioral/mental health needs
- Mitigating risk for long-term health conditions
- Preparing for and responding to Critical Incidents and medical emergencies
- ... and more

Programs include formal instruction in basic and applied sciences including; human anatomy, human physiology, chemistry, biology, physics, statistics and research design, rehabilitation, exercise physiology, and kinesiology/biomechanics. In addition, students are required to participate in a minimum of two years of supervised academic clinical education with a variety of different patient populations that address the continuum of care.

### **Clinical Examination and Diagnosis**

ATs are trained to follow an evidence-based model to conduct examinations and assessments of injuries and illnesses to form relevant related diagnosis with the understanding of the injury pathology and any comorbidities of the affected individual. ATs are required to obtain a thorough patient history. Then the AT is able to provide a clinical diagnosis as it relates only to their care of the physical injury being examined. ATs are taught to interpret signs and symptoms of injuries, illnesses, or other conditions that require referral to ensure appropriate care; and can establish plan of care.

### **Therapeutic Intervention and Rehabilitation**

Under therapeutic intervention and rehabilitation, ATs are trained in rehabilitation and reconditioning injuries, illnesses, and general medical conditions with the goal of achieving optimal activity level based on core concepts using the applications of therapeutic exercise, modality devices, and manual techniques. Moreover, ATs are trained in the use of non-opioid pain management therapies including, but not limited to, the following:

- Manual therapy: joint mobilizations, manual muscle techniques, massage, muscle energy techniques
- Therapeutic exercise: range of motion, isometric, isotonic, isokinetic, and balance/proprioceptive exercises
- Therapeutic modalities: cryotherapy, cupping, dry needling, electrical stimulation, laser, thermotherapy, and ultrasound.

This education positions the AT as a resource to provide more non-opioid pain management, as an alternative to opioid medication and could be utilized to treat more patients in response to our current public health crisis due opioid addiction.

### **Prevention and Health Promotion**

ATs have always been trained and are known for their expertise in prevention of injuries, which includes promoting healthy behaviors such as diet and exercise, proper sleep, stretching, hydration, etc. to minimize the risk of injury and illnesses. With more focus on wellness within health care, ATs are an underutilized resource to assist their patients, especially younger patients to adopt

healthy habits early on. An example is the role ATs have played in promoting the effects of traumatic brain injuries (TBI), including physical, mental, academic and social to the community and public that they serve.

HB 176 will provide a long overdue update to the athletic trainer scope of practice act that reflects the advancement of and contemporary standards for clinical practice, training and education of athletic trainers. Thank you Chairman and member of the Committee. I am happy to answer any questions you may have on this important legislation.