



## Frequently Asked Questions on Athletic Training Practice Act Changes

1. What is required to be in a collaboration agreement?

The agreement shall address all of the following:

- a. The duties and responsibilities to be fulfilled by the athletic trainer when engaging in the activities described in division (C) of section 4755.621 of the Ohio Revised Code.
- b. Any limitations on the athletic trainer's performance of the activities described in division (C) of section 4755.621.
- c. A plan of care for patients treated by the athletic trainer.

2. Will the team physicians/health systems/colleges/universities create their own templates or best practices for developing a collaboration agreement?

Yes, it is the position of the board that a collaboration agreement shall be in writing and signed by the athletic trainer and each physician with whom the athletic trainer collaborates. It shall include the required elements described in the question above. A copy of the agreement shall be maintained in the records of the athletic trainer and each collaborating physician.

3. Will the AT Section develop a template for ATs similar to what the medical board provides to PAs and NPs?

The Board will develop a sample template. However, no specific template will be required.

4. What are some of the methods for proving competencies to demonstrate training/education for the expanded scope of practice for existing licensed ATs?

The Ohio Revised Code pertaining to athletic training does not specifically require or state methods for proving competency in an athletic trainer's scope of practice, therefore the following questions should be asked to determine whether the individual athletic trainer has competency within their athletic training scope of practice:

- a. Is the task represented in entry level education and practice?
- b. Has the practitioner had continuing education to adequately prepare them to perform the task?
- c. Has the skill been addressed in the collaboration agreement and approved by the physician?
- d. Does this task provide for safety and welfare of the client?
- e. Does the skill violate the practice act or a rule of any other profession?
- f. Is the task prohibited by any other applicable state or federal statute?

This foundation should provide the framework for analyzing and determining if a task is within one's "personal" scope of athletic training practice. If the professional can provide supporting evidence that adequately addresses these areas, then the task is considered within that athletic trainer's scope of athletic training practice. The AT Section would also refer ATs to two documents which will assist in determining entry-level education and athletic training practice. These documents include the Role Delineation Study/Practice Analysis, most recent edition which identifies the essential knowledge and skills for an entry-level athletic trainer, published by the Board of Certification, Inc. and can be found at <http://bocatc.org/resources/role-delineation-study-practice-analysis> and CAATE 2020 Standards as the knowledge, skills, and clinical abilities to be mastered by professional program students. The standards can be found at <https://caate.net/pp-standards/>

5. Can a collaboration agreement allow for the "full care" to a visiting team by the AT?

It is the position of the board that athletic trainers may provide visiting teams, traveling without an athletic trainer or physician, first aid/emergency care and routine care. ATs should not provide restorative treatments. A collaboration agreement that the visiting physician has with his/her school's athletic trainer would not "transfer" to the home team athletic trainer.

6. Can an athletic trainer perform an athletic training evaluation or come to an athletic training diagnosis on a visiting team patient?

It is the position of the board that an AT can perform an athletic training evaluation or come to an athletic training diagnosis on a visiting team patient. If the AT determines that an "athletic injury" has occurred, as defined as any injury sustained by an individual that affects the individual's participation or performance in sports, games, recreation, exercise, or other activity that requires physical strength, agility, flexibility, speed, stamina, or range of motion, then the AT should not provide restorative care.

7. Can an athletic trainer refer to another athletic trainer?

An AT may refer to another AT under a collaboration agreement with a physician.

"A person licensed as an athletic trainer pursuant to this chapter may practice upon the referral of an athletic trainer described in division (A) of section 4755.621 only if athletic training has already been recommended and referred by a health care provider described in division (A) of this Section (4755.621) who is not an athletic trainer."

While the new law specifically allows, under a collaboration agreement, AT to AT referral the previous law under a Standard Operating Procedure (SOP) did not preclude an AT to AT referral if the referral was originated by an approved referral source.

8. What documentation is required for an AT to AT referral?

The board recommends written documentation for an AT to AT referral. However, it is at the discretion of the receiving AT if they will take referrals in another manner such as verbally.

9. Can an AT provide return to play (RTP) for visiting teams?

In a situation where an athletic trainer has an established relationship with the patients of the visiting team including medical histories, consents to treat, notification and acceptance of privacy and HIPAA authorizations, then it would be acceptable for an athletic trainer to provide care beyond first aid/emergency care and routine care. Any additional care beyond first aid/emergency care and routine care should be addressed with a collaboration agreement or standard operating procedure. Without the foundation and established relationship as described above the board feels going beyond first aid/emergency care and routine care could potentially put the public at risk and in turn potentially even the athletic trainer providing care.

10. At what point should ATs begin developing a collaboration agreement with their team physician?

House Bill 176 is effective on January 27, 2022, and collaboration agreements can be in effect starting that date.

11. If an AT is working with multiple physicians, will a collaborative agreement be needed with each physician?

Yes, per section 4755.621 (B) A person licensed as an athletic trainer pursuant to this chapter may enter into a collaboration agreement with one or more physicians. The agreement shall be in writing and signed by the athletic trainer and each physician with whom the athletic trainer collaborates. A copy of the agreement shall be maintained in the records of the athletic trainer and each collaborating physician.

12. Other than intra-articular and intratendinous injections, are there any other limitations around administering injections, vaccines, IV Saline, etc.?

Potential limitations around the administration of injections, vaccines, IV Saline, etc. would fall under the scope of practice for the athletic trainer and the ability to procure, store, and dispose of the necessary medications and supplies per the regulations as set forth by the Ohio Board of Pharmacy.

13. Can ATs order diagnostic tests, such as Xrays, Labs, CT/MRI/EMG, Ultrasound, etc.? Can an AT sign-off on durable medical equipment (DME) forms?

An AT may only do so if it is included in Standard Operating Procedures or a Collaboration Agreement with a physician.

14. What is an AT diagnosis vs. medical diagnosis

AT Diagnosis: Sec. 4755.621. (A) As used in this section, "athletic training diagnosis" means the judgment made after examining, evaluating, assessing, or interpreting symptoms presented by a patient to establish the cause and nature of the patient's injury, emergent condition, or functional impairment and the plan of care for that injury, emergent condition, or functional impairment within the scope of athletic training.

Medical Diagnosis: Made by someone licensed by the Ohio Medical Board to practice medicine and surgery, osteopathic medicine and surgery, or podiatric medicine and surgery in Ohio under ORC 4731-10.

15. Could an AT work in urgent care and corporate health?

Ohio Revised Code pertaining to athletic training does not prohibit setting or location of practice. The board would encourage the specifics of the role be identified in a collaboration agreement.