Minutes of the Meeting of the Board of Athletic Trainers
May 29, 2021
The Lodge, Gulf Shores, Alabama

**Members Present**
Stephen Guthrie
Clarke Jackson
Chris King
Wes Richardson
James Robinson, MD
Kyle Southall
Ciara Taylor
Lydia Thurston

**Members Absent**
Robert Agee, MD
Eric Law, MD

**Others Present**
Rodney Brown
R. T. Floyd
Leah Taylor, Executive Secretary

Chairman King declared a quorum present and called the meeting to order at 1:00 p.m. He welcomed everyone and thanked them for their attendance.

Chairman King then called for consideration of the minutes of the February 23, 2021, Board Meeting contained in the meeting folder and called for discussion or corrections.

(Attachment 1)  
*A motion was made by Dr. James Robinson to approve the minutes of the February 23, 2021, meeting as written. The motion was seconded by Stephen Guthrie and was unanimously approved.*

Chairman King called on Leah Taylor to present the Financial Report.

(Attachment 2)  
*A motion was made by Lydia Thurston and seconded by Dr. James Robinson to accept the Financial Report as submitted. Motion approved unanimously.*

Chairman King then called the Board’s attention to the License Renewals for Confirmation listing contained in the meeting materials, the list of whom is attached hereto and made a part hereof. (Attachment 3) He explained that these are renewed licenses which were submitted during the period between the last Board Meeting and the expiration of the grace period for renewing on March 31, 2021.  
*Wes Richardson moved that the Board confirm the renewed licenses of all 39 licensees as presented. Stephen Guthrie seconded the motion, and it carried unanimously.*
Moving into New Business, Chairman King reported that ALATA held the Board Member Elections during the Town Hall Meeting on May 28. Lydia Thurston and Ciara Taylor were both re-elected for additional four-year terms.

Chairman King referred to the notice from the Examiners of Public Accounts regarding the Board/Commission Member Training for 2021. (Attachment 4) He stated that the training availability was extended from May 31, 2021, until June 11, 2021, and he encouraged anyone who had not participated to do so before June 11. Discussion followed, and Ms. Taylor will resend the notice via email so that everyone will have quick access to the links and login information. Participants were asked to notify Ms. Taylor when they had completed the training.

Chairman King reported that Act 2021-113 (Attachment 5) goes into effect July 1, 2021. He explained that some of the changes will be immediate (Attachment 6), but other changes will occur more slowly through the work of the newly created Advisory Council. He explained the role of the Advisory Council and reported that the Alabama Board of Medical Examiners had already appointed their physician members who are Dr. Eric Law (3-year term), Dr. James Robinson (2-year term), and Dr. Beverly Jordan (1-year term). He explained that a priority item for the Advisory Council will be to develop a general AT protocol, followed by employment-setting-specific protocols in the near future; however, there will be several levels of approvals required before any proposed changes can ever be submitted for publication, public comment, final approvals, and certification.

Chairman King discussed the current protocol and other protocols (Attachment 7) contained in the meeting folder. He reported that R. T. Floyd had studied the references on our currently approved protocol and updated them with the BOC’s “Practice Analysis, 7th Edition,” the most current information available. Utilizing the current “Practice Analysis” information as provided to each Board Member, a recommendation for the “2021 Licensed Athletic Training Protocol” was developed. (Attachment 8) Discussion followed. Chairman King explained that this protocol is what he would like to present to the Advisory Council for adoption and requested that each member review the material prior to the July Board Meeting at which time there will be further discussion.

Following discussion, Chairman King presented his recommendations for the athletic trainers to represent the Board on the Advisory Council. Explaining that each candidate had been very involved in the development of the legislation and would transition easily into the Advisory Council role, he recommended R. T. Floyd (3-year term), Chris King (2-year term), and Kyle Southall (1-year term). Discussion followed. A motion was made by Wes Richardson to appoint to the Advisory Council R. T. Floyd for a 3-year term, Chris King for a 2-year term, and Kyle Southall for a 1-year term. Stephen Guthrie provided the second to the motion, and it carried unanimously.

Chairman King then presented the names of 18 new licensees for license confirmation/ratification, a list of whom is attached hereto and made a part hereof. (Attachment
9) Clarke Jackson moved that the Board ratify the licenses of all 18 licensees presented. Ciara Taylor provided the second to the motion, and it carried unanimously.

Chairman King recognized Kyle Southall to bring the ALATA report. He reported that the Annual Meeting had been very successful thus far and was well attended. He also reported that ALATA was one of only two states that had experienced an increase in membership. He also discussed future meetings stating that the rotation will place the meeting in Birmingham next year and Montgomery the following before being back at the beach. There was discussion regarding membership at the state level only versus NATA membership, and more discussion followed.

Ms. Taylor was recognized by Chairman King, and she provided information regarding travel reimbursement. She answered a few questions and emphasized that receipts are required for reimbursement of hotel, parking, tolls, and conference registration.

Chairman King called for any other business. There being none, he set the next meeting date as July 27, at 6:30 p.m. The tentative location for the meeting is Briarwood Christian School in Birmingham. Further information will be provided at a later date.

There being no further business Clarke Jackson moved and Ciara Taylor seconded that the meeting be adjourned. The motion carried unanimously. The meeting adjourned at 2:55 p.m.

Respectfully submitted,

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Chris King, Chairman

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Lydia Thurston, Secretary
AGENDA
ALABAMA BOARD OF ATHLETIC TRAINERS
BOARD MEETING
MAY 29, 2021

Call to Order

Approval of Minutes
February 23, 2021, Meeting

Financial Report
Leah Taylor

Old Business
➢ Confirmation of Renewed Licenses
  Chris King

New Business
➢ Board Elections Update
  Chris King
➢ Examiners of Public Accounts Training
  Chris King
➢ Act #2021-113
  o Immediate Changes
  o Future Changes
➢ Appointment of Board Reps to Advisory Council
  Chris King
➢ Ratification/Confirmation of New Licenses
  Chris King

Other Business
➢ ALATA Report
  Kyle Southall
➢ Travel Reimbursement
  Leah Taylor

Next Meeting Date
Chris King

Adjourn
Attachment 1
Minutes
Minutes of the Meeting of the Board of Athletic Trainers
February 23, 2021
Virtual Meeting

Members Present
Robert Agee, MD
Stephen Guthrie
Clarke Jackson
Chris King
Eric Law, MD
James Robinson, MD
Kyle Southall
Ciara Taylor
Lydia Thurston

Members Absent
Wes Richardson

Others Present
Leah Taylor, Executive Secretary

Chairman King called the meeting to order at 6:34 p.m. Declaring a quorum present, he welcomed all and thanked them for their service to the Board, the athletic training community, and the people of the State.

Chairman King then called for consideration of the minutes of the December 8, 2020, Board Meeting contained in the meeting folder and called for discussion or corrections. (Attachment 1)  A motion was made by Lydia Thurston to approve the minutes of the December 8, 2020, meeting as written. The motion was seconded by Dr. James Robinson and was unanimously approved.

Chairman King called on Leah Taylor to present the Financial Report. (Attachment 2)  A motion was made by Dr. Robert Agee and seconded by Dr. James Robinson to accept the Financial Report as submitted. Motion approved unanimously.

Chairman King then reported that the Emergency Contract Request made by the Board to the Purchasing Department had been approved and there was no lapse in Board management services. The emergency contract allows for up to a 12-month extension of the existing contract. We still have no guidance regarding future requirements for securing a contract for Board management. Matt Bledsoe acted as the Board’s liaison with the Purchasing Department in the matter and will continue to monitor the situation for updates.
Chairman King called on Leah Taylor to present a report on the ongoing license renewal process. Ms. Taylor called the Board’s attention to the Renewal Status Report contained in the meeting materials. (Attachment 3) A brief discussion followed.

Chairman King then called the Board’s attention to the License Renewals for Confirmation listing contained in the meeting materials, the list of whom is attached hereto and made a part hereof. (Attachment 4) He explained that these are renewed licenses which need confirmation and were not included among the 703 renewed licenses confirmed at the meeting on December 8, 2020. **Ciara Taylor moved that the Board confirm the renewed licenses of all 91 licensees as presented. Dr. James Robinson seconded the motion, and it carried unanimously.**

Moving into New Business, Chairman King reported that HB-54 (Attachment 5), which recommends continuance of the Board until October 1, 2025, is currently working its way through the legislative process and is expected to pass without any problems. The Sunset process was briefly discussed.

Chairman King referred to the Statement of Economic Interests filing notice in the meeting materials (Attachment 6) and reminded the members they are responsible for filing this report no later than April 30, 2021. A brief discussion followed before moving to the next item of business.

Referring to the BOC Care Conference information (Attachment 7) in the meeting materials, Chairman King announced that this year’s conference has been postponed until July, 2022. The meeting will be held July 15-16, 2022, at the Omaha Marriott Downtown Capitol District, and details will be made available at a later date.

Moving to the next agenda item, Chairman King requested the Board Members review the Education Grant Report (Attachment 8) in the meeting materials. The report was prepared by Danielle Platt and summarized the expenditures of the 2020 grant funds awarded. Due to the ALATA Annual Meeting being cancelled due to COVID restrictions, a virtual meeting was held. As a result, $4,000 of the funds were not spent, and the Board previously approved carrying those funds over for use in 2021. Discussion followed and led into the next item of business, ALATA’s 2021 Grant Request Application.
Chairman King recognized Kyle Southall and requested he discuss the content of the 2021 Grant Request Application submitted by ALATA (Attachment 9). Mr. Southall summarized the request for $10,000 and explained that $6,000 of the funds will be used for awarding undergraduate/graduate scholarships to qualifying athletic training students and $4,000 applied toward speakers’ fees and associated expenses so that the attendees can benefit from quality speakers to meet the EVP continuing education requirement to maintain their national certification. Discussion followed. **Ciara Taylor moved that the Board award ALATA an education grant in the total amount of $10,000 for education-related expenses associated with the ALATA 2021 annual meeting to be expended as proposed in the Grant Request Application. Dr. James Robinson provided the second, and the motion passed unanimously.**

Following passage of the grant award, additional discussion ensued and it was suggested that ALATA might want to consider more diversity in the use of future grant funds. It was also suggested that future Grant Reports provide more detail regarding expenditures as well as their impact.

Chairman King then presented the names of 21 new licensees for license confirmation/ratification, a list of whom is attached hereto and made a part hereof. (Attachment 10) **Dr. James Robinson moved that the Board ratify the licenses of all 21 licensees presented. Lydia Thurston provided the second to the motion, and it carried unanimously.**

Chairman King requested Leah Taylor report on the upcoming Board Elections. She identified Ciara Taylor and Lydia Thurston as having terms expiring December 31, 2021, stating that both current Board Members are eligible for continued Board service. She further stated that ALATA would establish the process and method of nominations for the positions, hold the election, and appoint the winning candidates to the upcoming vacancies. These positions represent the PT/ATC and Black positions on the Board.

Chairman King recognized Kyle Southall to bring the ALATA report. His report included information on the legislative effort underway to pass a bill modernizing the language in the Athletic Trainers Act, the grassroots support, and the Annual Meeting in Gulf Shores. Discussion followed.

Chairman King then discussed the legislative effort underway by ALATA and reported the status of HB-382 and SB-73. Discussion followed.

Chairman King called for any other business. There being none, he discussed possible dates and venues for the May Board Meeting. After discussion, Chairman King set the
tentative date of Saturday, May 29, 2021, at The Lodge in Gulf Shores, Alabama. The time and 
exact meeting room will be established following ALATA’s scheduling meeting with The 
Lodge. Should the Board be unable to hold a face-to-face meeting, other dates and venues will 
be considered. A virtual meeting will not be ruled out if the Governor’s Emergency Order is still 
active.

There being no further business **Lydia Thurston moved and Dr. James Robinson 
seconded that the meeting be adjourned. The motion carried unanimously.** The meeting 
adjourned at 7:50 p.m.

Respectfully submitted,

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Chris King, Chairman

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Lydia Thurston, Secretary
Attachment 2
Financial Report
ALABAMA BOARD OF ATHLETIC TRAINERS
FINANCIAL REPORT

February 1, 2021 – February 28, 2021

$ 322,112.53  Beginning Fund Balance

$ 1,525.00    Receipts

$ (106.17)    FRMS, SBS & Comptroller Services
$ (39.90)     Printing

$ 323,491.46  Ending Fund Balance

March 1, 2021 – March 31, 2021

$ 323,491.46  Beginning Fund Balance

$ 2,850.00    Receipts

$ (430.64)    Board Member Compensation
$ (121.85)    Postage
$ (378.29)    Telephone (2 months)
$ (221.20)    Data Processing Services (2 months)
$ (106.17)    FRMS, SBS & Comptroller Services
$ (421.30)    Printing
$ (6,400.00)  Board Management Services (2 months)
$ (10,000.00) ALATA Grant

$ 308,262.01  Ending Fund Balance

April 1, 2021 – April 30, 2021

$ 308,262.01  Beginning Fund Balance

$ 1,250.00    Receipts

$ (117.91)    Telephone
$ (48.10)     Data Processing Services
$ (156.17)    FRMS, SBS & Comptroller Services
$ (714.12)    Printing
$ (3,200.00)  Board Management Services

$ 305,275.71  Ending Fund Balance
Attachment 3
Renewed Licenses for Confirmation
LICENSE RENEWALS FOR CONFIRMATION

Aldridge, Randal (12)                      Melvin, Shannon (2379)
Avery, Diana (340)                        Minga, Joseph (636)
Bailey, Kimberly (700)                    Mullady, Emily (212)
Ballard, Marijean (610)                   Pellerin, John (1713)
Cabri, Daniel (665)                       Perry, Alexandria (2013)
Clowdus, Garrison (2361)                  Putira, Robin (2184)
Cole, Jennifer (1237)                     Ratliff, Dana (616)
Coots, Kristine (1443)                    Ratliff, Jonathan (702)
Crawford, Paul (248)                      Ready, Kevin (280)
Crisafulli, Gregory (2105)                Schaefer, Melanie (2426)
Daniels, Christoline (2017)               Smith, Theolishia (346)
Decker, Monica (571)                      Spiers, Logan (2073)
Dixon, Sydney (2087)                      Stanley-Coursey, Bria (2320)
Ellis, Charles (9)                        Taylor, Katelyn (1876)
Georgi, Ryan (1407)                       Trull, Hannah (2301)
Hasak, John (2043)                        Weedon, Steven (282)
Hendricks, Amanda (1283)                  Winkler, Jr., Robert (2204)
Hooks, Todd (2216)                        Woodham, William (650)
Martin, Jennifer (2349)                   Wyatt, Elizabeth (1797)
McNulty, Erin (2214)
Attachment 4
Board Member Training Notice
Rachel Laurie Riddle  
Chief Examiner  

March 31, 2021  

Dear Sir/Madam:  

The Examiners of Public Accounts Board/Commission Member Training for 2021 will not be in person this year but can be accessed online until May 31, 2021 at the links provided below. The training is divided into three sessions. You are required to register and review each session. Your participation will be documented in your Sunset Report to the Sunset Committee.

Please provide the following links and access codes to Board and Commission members, staff, accounting personnel and legal counsel. Please document for your records the names of staff and Board/Commission members that participated in the training.

Session 1:  
https://us02web.zoom.us/rec/share/zXKgusbAjVT2a9nTu20ETPjrdulfSor3biTZL7MhMpjSRMd61dBMOstHDNM  eHfhe.SJqi2XCb_Ymn57Wb  
Access Passcode: #Db7G5zv  

Session 2:  
https://us02web.zoom.us/rec/share/Pm6nYFmRwuqKYvHlb86AedNgXUPGQVp0QCJx6fUdhd0T-  dPBzfUMKeozEHZGir8.csGgqDOH07_C5-Cv  
Access Passcode: *#90Nc#R  

Session 3:  
https://us02web.zoom.us/rec/share/zhF1Zpgz1iT7t_jvNpNdxMKzh3UU8FUJ8S2pN7AAWm3SEYGioR9ztlH1aYu  EDjIC.H0R9kueseJmEPTT6  
Access Passcode: v#9GZVKZ  

If you have any questions or concerns please feel free to contact Rachel Laurie Riddle, Chief Examiner, or Maria L. Catledge, Operational Director at (334) 242-9200.

Thanks in advance for your cooperation and willingness to participate.

Sincerely,

Rachel Laurie Riddle  
Chief Examiner
Attachment 5
Act #2021-113
(not included due to size, but will be provided upon request)
Attachment 6
Immediate Change Highlights
HIGHLIGHTS OF SOME IMPORTANT CHANGES
TO THE AL ATHLETIC TRAINERS ACT
EFFECTIVE JULY 1, 2021

➢ Creation of Advisory Council of the State Board of Medical Examiners and the Alabama Board of Athletic Trainers for the purpose of recommending model practice protocols to be used by athletic trainers, subject to approval by both the State Board of Medical Examiners and the AL Board of Athletic Trainers.


➢ Removal of definition of Athlete thereby eliminating the practice restriction to participants in organized sports activities only. The term “athlete” replaced with "physically active individual" throughout the act.

➢ Board member compensation increases from $50 to $100 per meeting

➢ Clarification of working relationship between athletic trainers and physical therapists in a physical therapy clinic. “An athletic trainer employed in a physical therapy clinic shall work under the administrative supervision of a physical therapist in the context of an employer/employee relationship. The authority of the physical therapist may not supersede the authority of the physician regarding treatment, in accordance with physician supervision of the athletic trainer.

NEW DEFINITIONS

Athletic Injury – An injury or condition sustained as a result of, or limiting the preparation for or participation in, an exercise, sport, game, recreational activity, or any other activity that requires a level of strength, endurance, flexibility, or agility that is comparable to the level of strength, endurance, flexibility, or agility required for an exercise, sport, game, or recreational activity; or any injury that a physician deems would benefit from athletic training services.

Athletic Trainer – An individual licensed by the Alabama Board of Athletic Trainers and under the direction or referral, or both, of a licensed physician after meeting the requirement of this chapter and rules adopted pursuant to this chapter. (Major change: removed the words that restricted athletic trainer to practicing only on athletes.)
Athletic Training Practice – Practice by an athletic trainer of any of the following:

a. The application of care for an athletic injury, including the application or provision of
   (i) principles, methods, and procedures of recognition, examination, assessment, clinical evaluation, prevention, management, emergency care, disposition, or rehabilitation and reconditioning of athletic injuries,
   (ii) appropriate preventive and supportive devices,
   (iii) treatment using physical modalities such as heat, cold, light, mechanical devices, electric stimulation, manual therapy techniques, aquatic therapy, sound, or therapeutic exercise, and
   (iv) any other physical agent that is included within the written protocols allowed by the State Board of Medical Examiners and prescribed by a physician.

b. The organization and administration of athletic training programs, including health care administration and professional responsibility.

c. The provision of athletic training, education, and guidance to physically active individuals, coaches, medical personnel, and the community in the prevention and care of athletic injuries.

d. The recognition of potential illnesses and referrals to a physician for diagnosis and treatment.

e. The provision of injury prevention services developed for physically active individuals.

Injury Prevention – Care and guidance related to risk management, including biomechanics, conditioning, flexibility, energy requirements, strength training, and fitness.

Physician Supervision – a. An athletic trainer acting under the supervision of a physician if:

1. The activities are undertaken pursuant to a verbal or written order of the physician who has evaluated the physically active individual; or

2. The activity is undertaken in accordance with a written protocol signed by the physician that describes the athletic injury encountered and directs appropriate medical interventions consistent with the qualification, training, and experience of the athletic trainer. The State Board of Medical Examiners shall establish medical criteria for any protocol used by athletic trainers and shall specify those conditions and circumstances that require referral to the physician for further evaluation.
b. Physician supervision establishes a formal relationship between an athletic trainer and a physician under which the athletic trainer is authorized to practice as evidenced by a written protocol approved by the State Board of Medical Examiners and requires professional oversight and direction pursuant to the rules of the State Board of Medical Examiners and the Alabama Board of Athletic Trainers as recommended by the advisory council. No rule adopted pursuant to this paragraph shall be effective without the approval of both the State Board of Medical Examiners and the board.
Attachment 7
Protocols
LICENSED ATHLETIC TRAINER PROTOCOL

1. PREVENTION

A. Organization and implementation of preparticipation physical examinations/screening procedures
B. Physical conditioning of athletes
C. Fitting and maintenance of protective equipment
D. Application of taping and special pads and braces
E. Control of environmental risks
F. Identification and correction of common risk factors and causes of athletic injuries
G. Development and implementation of preventative maintenance rehabilitation programs

11. RECOGNITION AND EVALUATION

Conducts a thorough initial clinical evaluation of injuries commonly sustained by the competitive athlete and formulates an impression of the injury for the primary purpose of:

A. Administering proper first aid and emergency care
B. Making appropriate referrals to physicians for diagnosis and medical treatment (physician evaluation should occur within a 72 hour timeframe from the initial athletic trainer injury encounter)

111. MANAGEMENT, TREATMENT, AND DISPOSITION

The physician is the ultimate authority for the management, treatment, and disposition of athletic injuries. Working under the direction and supervision of the physician, the licensed athletic trainer serves the following roles:

A. Provision of appropriate first aid and emergency care for acute athletic injuries
B. Referral of injured athletes for appropriate medical intervention
C. Documentation of injuries and treatment progress in athlete's medical record
D. Development and implementation of a plan of care for athletic injuries under the direction and supervision of a physician
E. Utilization of therapeutic modalities and rehabilitation techniques as approved by a physician
F. Provision of wound care, including removal of staples and sutures upon physician order
G. Application of casts after reduction of fracture by physician; change or removal of casts upon physician order

IV. REHABILITATION

A. Rehabilitation of athletic injuries shall be performed under the referral of the physician
B. Under physician direction, develop and implement comprehensive rehabilitation programs, including determination of therapeutic goals and objectives, selection of therapeutic modalities and exercise, methods of evaluating and recording rehabilitation progress, and development of criteria for progression and return to competition
C. The licensed athletic trainer shall rehabilitate an athletic injury for no more than thirty days without a re-evaluation by the physician and referral for continuation of the rehabilitation program. Preventative care after resolution of the injury is not considered rehabilitation

V. ORGANIZATION AND ADMINISTRATION

Plan, coordinate, and supervise all administrative components of an athletic training program, including those pertaining to the following:

A. Health care services (physical examinations and screenings, first aid and emergency care, follow-up care and rehabilitation)
B. Financial management
C. Athletic training room management
D. Personnel management
E. Public relations
F. Athletic event/venue coverage

VI. EDUCATION AND COUNSELING

A. Provide health care information and counsel athletes, parents, and coaches on matters pertaining to the physical, psychological, and emotional health and well-being of the athlete.
B. Interpret the role of the licensed athletic trainer as a health care provider, promote athletic training as a professional discipline, and provide instruction in athletic training/sports medicine subject matter areas.
REFERENCES

1. NATA Standards for Athletic Training, 1989
2. Competencies in Athletic Training, NATA Professional Education Committee
3. NATA Role Delineation Study; NATA Board of Certification, 1990
LICENSED ATHLETIC TRAINER PROTOCOL

I. INJURY/ILLNESS AND WELLNESS PROTECTION

Educating participants and managing risk for safe performance and function.

A. Assess patients/clients to screen for potential injuries/illnesses or risk factors that would increase their risk of injury and illness.

B. Design and implement conditioning programs (flexibility, strength, cardiovascular fitness) to reduce the risk of injury and illness.

C. Design and implement emergency action plans to ensure medical personnel are prepared in an emergency situation.

D. Obtain and interpret environmental (i.e. ambient temperature, relative humidity, heat index, lightning) and patient/client data (i.e. hydration status) to make appropriate recommendations for patient/client safety and the continuance or suspension of activity.

E. Educate patients/clients, coaches, and parents on importance of acclimatization and fluid and electrolyte balance in the prevention of heat illness.

F. Inspect facilities to ensure they are free of hazards, are sanitary, and that equipment is maintained properly.

G. Select, apply, evaluate, and modify prophylactic and protective equipment and other custom devices for patients/clients to minimize the risk of injury or re-injury.

H. Educate and advise patients/clients regarding the nutritional aspects of physical activity. Proper nutrition can enhance performance, prevent injury and illness and assist patients/clients in maintaining a healthy lifestyle.

II. CLINICAL EVALUATION AND DIAGNOSIS

Implementing standard evaluation techniques and formulating a clinical impression for the determination of a course of action.

A. Perform a comprehensive examination of the patient/client with an orthopedic injury or medical condition.

B. Create a treatment plan based on the findings of the initial examination, subsequent examinations of the needs of the patient/client that assists with functional recovery.

C. Communicate the nature of the examination and resulting treatment plan to the patient/client and other involved health care personnel while respecting the privacy of the patient/client.
III. IMMEDIATE AND EMERGENCY CARE

Employing standard care procedures and communicating outcomes for efficient and appropriate care of the injured.

A. Perform an initial assessment of the patient/client to determine his/her level of consciousness and the severity of the condition.

B. Implement appropriate emergency injury and illness management strategies following a pre-established emergency action plan (e.g. CPR AED, splinting, use of spineboard, control body temperature, use of epinephrine for anaphylaxis).

C. Perform a secondary assessment and employ the appropriate management strategies for non-life-threatening injuries or illnesses.

D. Formulate a differential diagnosis based on the results of the initial and/or secondary assessment(s).

E. Communicate the nature of the injury or illness and the resulting treatment plan to the patient/client and other healthcare personnel, respecting the privacy of the patient/client.

IV. TREATMENT AND REHABILITATION

Reconditioning participants for optimal performance and function.

A. Select, apply, and evaluate the effectiveness of therapeutic interventions using the best evidence to guide those decisions.

B. Recommend, fit, and apply braces, splints, and assistive devices to facilitate the patient/client’s recovery.

C. Assess the patient/client’s functional status, interpret the results, and determine the patient/client’s ability to return to his or her desired activity.

D. Recognize role of medications in the recovery process.

E. Provide patient/client education necessary to facilitate recovery. This includes instruction in self-treatment and education about the condition and its expected course.

V. ORGANIZATION AND PROFESSIONAL HEALTHCARE

PROFESSIONAL HEALTH AND WELL-BEING

Understanding and adhering to approved organizational and professional practices and guidelines to ensure individual and organizational well-being.

A. Use best evidence and the needs of the patient/client to guide practice.

B. Ensure compliance with state and federal law and accrediting agencies’ policies related to the delivery and healthcare.
C. Utilize standard coding and reimbursement practices for documentation and billing.

D. Maintain medical records that meet legal and regulatory standards, including complete and accurate documentation, accepted abbreviations, and correct medical terminology.

E. Abide by federal, state, and local regulations for the proper storage, transportation, dispensing (administering where appropriate), and documentation of commonly used medications.

F. Develop and implement policies and procedures related to employment, fiscal management, and operations of a healthcare facility.

References

1. NATA Standards for Athletic Training, 1989; *BOC Standards of Professional Practice, 2006*
2. Competencies in Athletic Training; NATA Professional Education Committee; *Athletic Training Educational Competencies, 2011*
3. NATA Role Delineation Study; NATA Board of Certification, 1990; *BOC Role Delineation Study/Practice Analysis (RD/PA), 6th Edition, 2011*
Outline for Possible Basic Protocol for Development Based Upon Definition of “Athletic Training Practice” in Act # 2021-113

I. APPLICATION OF CARE FOR AN ATHLETIC INJURY

(Would this address REHABILITATION – MANAGEMENT, TREATMENT, & DISPOSITION – IMMEDIATE & EMERGENCY CARE which are included in existing protocols approved by the board?)

A. Principles, methods, and procedures of recognition, examination/screening, procedures of recognition, examination, assessment, clinical evaluation, prevention, management, emergency care, disposition, or rehabilitation and reconditioning of athletic injuries

B. Appropriate preventive and supportive devices

C. Treatment using physical modalities such as heat, cold, light, mechanical devices, electric stimulation, manual therapy techniques, aquatic therapy, sound, or therapeutic exercise

D. Any other physical agent that is included within the written protocols allowed by the State Board of Medical Examiners and prescribed by a physician.

II. ORGANIZATION AND ADMINISTRATION

A. Athletic Training Programs

B. Health Care Administration

C. Professional Responsibility

III. EDUCATION AND COUNSELING

The provision of athletic training, education, and guidance to physically active individuals, coaches, medical personnel, and the community in the prevention and care of athletic injuries.
IV. RECOGNITION AND EVALUATION

A. Recognition of potential illnesses

B. Referrals to a physician for diagnosis and treatment.

V. PREVENTION

The provision of injury prevention services developed for physically active individuals.
Attachment 8
Proposed 2021 LAT Protocol
I. Injury and Illness Prevention and Wellness Promotion

Promoting healthy lifestyle behaviors with effective education and communication to enhance wellness and minimize the risk of injury and illness.

A. Identify risk factors by administering assessment, pre-participation examination and other screening instruments, and reviewing individual and group history and injury surveillance data.
B. Implement plans to aid in risk reduction using currently accepted and applicable guidelines.
C. Educate individuals and stakeholders about the appropriate use of personal equipment.
D. Minimize the risk of injury and illness by monitoring and implementing plans to comply with regulatory requirements and standard-operating procedures for physical environments and equipment.
E. Facilitate individual and group safety by monitoring and responding to environmental conditions (e.g., weather, surfaces and client work setting).
F. Optimize wellness (e.g., social, emotional, spiritual, environmental, occupational, intellectual, physical) for individuals and groups.

II. Examination, Assessment and Diagnosis

Utilizing an evidence-based model and relying on clinical expertise that integrates athletic training knowledge and skills, clinical experience, current best evidence, clinical circumstances and patient and societal values to form relevant related diagnoses. In forming relevant related diagnoses utilizes clinical acumen to obtain a thorough patient history, problem-solve through confounding data, exclude and confirm varied presentations of injury and illness, and prioritize relevant examination, assessment and diagnostic techniques.

A. Obtain an individual's history through observation, interview and review of relevant records to assess injuries and illnesses and to identify comorbidities.
B. Perform a physical examination that includes diagnostic testing to formulate differential diagnoses.
C. Formulate a clinical diagnosis by interpreting history and the physical examination to determine the appropriate course of action.
D. Interpret signs and symptoms of injuries, illnesses or other conditions that require referral, utilizing medical history and physical examination to ensure appropriate care.
E. Educate patients and appropriate stakeholders about clinical findings, prognosis and plan of care to optimize outcomes and encourage compliance.

III. Immediate and Emergency Care

Integrating best practices in immediate and emergency care for optimal outcomes.

A. Establish Emergency Action Plans to guide appropriate and unified response to events and optimize outcomes.
B. Triage to determine if conditions, injuries or illnesses are life-threatening.
C. Implement appropriate emergency and immediate care procedures to reduce the risk of morbidity and mortality.
D. Implement referral strategies to facilitate the timely transfer of care.
IV. Therapeutic Intervention

Rehabilitating and reconditioning injuries, illnesses and general medical conditions with the goal of achieving optimal activity level based on core concepts (i.e., knowledge and skillsets fundamental to all aspects of therapeutic interventions) using the applications of therapeutic exercise, modality devices and manual techniques.

A. Optimize patient outcomes by developing, evaluating and updating the plan of care.
B. Educate patients and appropriate stakeholders using pertinent information to optimize treatment and rehabilitation outcomes.
C. Administer therapeutic exercises to patients using appropriate techniques and procedures to aid recovery to optimal function.
D. Administer therapeutic devices to patients using appropriate techniques and procedures to aid recovery to optimal function.
E. Administer manual techniques to patients using appropriate methods and procedures to aid recovery to optimal function.
F. Administer therapeutic interventions for general medical conditions to aid recovery to optimal function.
G. Determine patients' functional status using appropriate techniques and standards to return to optimal activity level.

V. Healthcare Administration and Professional Responsibility

Integrating best practices in policy construction and implementation, documentation and basic business practices to promote optimal patient care and employee well-being.

A. Evaluate organizational, personal and stakeholder outcomes.
B. Develop policies, procedures and strategies to address risks and organizational needs.
C. Practice within local, state and national regulations, guidelines, recommendations and professional standards.
D. Use established documentation procedures to ensure best practice.

REFERENCES

- Pursuing and Maintaining Accreditation of Professional Programs in Athletic Training, Commission on Accreditation of Athletic Training Education
- 2020 Standards for Accreditation of Professional Athletic Training Programs Crosswalk, Commission on Accreditation of Athletic Training Education
Attachment 9
Licenses for Confirmation
LICENSES FOR CONFIRMATION/RATIFICATION
MAY 29, 2021

Barron, Michael Dillon
Bleimeyer, Ashlyn Leigh
Bush, Cheyne
Collins, Stone Lawson
Ferguson, Madison K
Graham, Sharrod *
Herrington, Brantley Ann
Hobbs, Sierra L
Locket, Darrell Joseph

Mays, Carlie Michelle
Mickey, Savanah Lee
Miller, John Michael
Purvis, Curtis DeWayne
Ruden, Paige Ingalls *
Sadler, Carly Terese
Stutts, Elliott Alexander
Takahashi, Yusuke
Trull, Korlan Quade

* Previously Licensed