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Re: SB 217

Athletic training as defined by the Oregon Athletic Training Practice Act includes:

- a) Prevention of athletic injuries;
- b) Recognition, evaluation and immediate care of athletic injuries;
- c) Rehabilitation and reconditioning of athletic injuries;
- d) Health care administration; and
- e) Education and counseling.

Athletic trainers (ATs) work in collaboration with physicians and other allied health personnel and serve as members of the athletic health care team at secondary schools, colleges and universities, sports medicine clinics, professional sports programs and other athletic health care settings. Athletic training is recognized by the American Medical Association as a health care profession.

Specific to concussions, the *entry-level* knowledge of ATs (as defined in the Athletic Training Education Competencies and the Athletic Trainers' Role Delineation) involves clinical evaluation and diagnosis of athletic injuries including assessment of neurological function. Additionally, knowledge and skill in return to activity following injury, including concussion is a core component of all ATs' education. Further, the next edition of the proposed athletic training entry-level educational standards include the following:

- Evaluate and treat a patient who has sustained a brain injury, including:
 - a) Performing a comprehensive examination designed to recognize concussion or other brain injury in keeping with current best practice (including but not limited to neurocognitive evaluation, assessment of the vestibular and vision systems, psychological assessment, sleep assessment, exertional testing, nutritional status, clinical interview)
 - b) Re-examination of the patient on an on-going basis.
 - c) Recognition of an atypical response to brain injury
 - d) Implement a treatment plan (addressing vestibular and vision disturbance, vision, psychological needs, nutrition, sleep, hygiene, exercise, academic and behavioral accommodations, and risk reduction.)
- Develop and implement a management plan for a person with a brain injury, including:
 - a) Education of all stakeholders
 - b) Recognition, appraisal, and mitigation of risk factors
 - c) Selection and interpretation of baseline testing
 - d) Agreement on a protocol to be followed including immediate management, referral, and progressive return to activities of daily living, including school, sport, occupation, and recreation

The Oregon Athletic Training Practice Act also requires ATs to “complete two hours of continuing education specifically on Concussion and Traumatic Brain Injury once every three years.”

Furthermore, according to the National Athletic Trainers' Association, at least 30 states directly or indirectly recognize ATs to make return-to-play decisions following concussion.

Taken together it is clear ATs have the knowledge and skills, as well as examples from laws in half of the states in the country, to appropriately treat athletes with a concussion. Additionally as noted, ATs collaborate with physicians on a regular basis and are required to when the "injury is beyond the AT's scope of practice or expertise, or in those instances where the injury is not responding to treatment."

Lastly, while the Oregon Athletic Trainers' Society supports ATs being added to the list of health care providers in the law, as well as the requirement for additional concussion training, we have concerns about the liability insurance mandate. Not only do we believe this would be setting new precedent to include in a condition specific statute, it will directly impact high schools. One, schools will have a difficult time knowing if the clearing health care provider's liability insurance will actually cover them in that setting. Two, many schools already have a difficult time finding physicians to volunteer as team physicians and this provides another hurdle to overcome – which may result in fewer physicians providing services.

Thank you for your time.

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