

Dear Chair Representative Williamson, Vice Chair Representatives McLane and Rayfield, and members of the committee,

I urge you to include athletic trainers in the list of qualified health care providers with reference to SB 1547. The athletic trainer offers both a neutral and objective assessment on an athlete's fitness to play with respect to injuries, including concussions.

I was certified as an athletic trainer after graduating from an accredited undergraduate education program and successfully completing the athletic training Board of Certification exam, I am one of the 70% of athletic trainers who holds a master's degree, I served as a certified graduate assistant providing health care to two teams while completing my two years of graduate work, worked clinically with a division I men's soccer team and men's tennis team for three years and now working in the academic field. As a certified athletic trainer, I evaluated an innumerable amount of concussions in my five clinical years, and feel very strongly that one of the most qualified health care professionals to be on the list for SB 1547 is athletic trainers. The training, educational competencies, and required continuing education on concussion by the Oregon Athletic Training Practice Act offer thorough explanation for why athletic trainers should remain on the list.

I understand that there have been concerns raised about ATs and pressure from coaches to return athletes too soon. It is important to note, the current concussion laws require any youth athlete suspected of concussion to be removed from play and cannot be returned to play until they no longer exhibit signs or symptoms of a concussion and receive a release from a "qualified" medical professional. However, if an athletic trainer evaluates the athlete and determines the athlete does not have a concussion, the athlete can return to play. This implicitly acknowledges that the athletic trainer has the knowledge and skills to diagnose a concussion and make a return to play decision.

As far as concern regarding the pressure an AT may experience, I find this to be a concern of little value on the sidelines. Of more concern however, is the pressure the coaches are under to perform and win competitions. Despite the proximity of an athletic trainer to the athletic arena where other entities experience pressure to return an athlete to play, the athletic trainer is solely focused on the health and well being of the athlete. Their job is not contingent on wins, but rather sound medical decision making within their scope of practice. As explained above, determination of the presence of a concussion or an athlete being returned to play following evaluation if determined to not have a concussion is already within the scope of practice of an AT.

The Oregon Athletic Training Practice Act also requires athletic trainers to collaborate with a physician when a condition is beyond their scope or the patient is not responding to treatment. In short, it is a core principle of athletic trainers to work closely with physicians when additional expertise is needed.

Thank you for your attention on this most important issue.

Sincerely,

Catherine S. Lenhardt, MA, ATC-R