

**Exhibit Number: 1**

---

**This exhibit exceeds 10-page maximum; therefore only a small portion of the exhibit is scanned for your research. The original exhibit is on file at the Montana Historical Society and may be viewed there**

BUSINESS & LABOR

EXHIBIT NO. 1  
DATE 5/6/05  
BILL NO. HB 461

INTRO

- I would like to begin by thanking the members of the committee and Patrick Hughes for his efforts and all the others that have given their support for this bill.
- Historically, certified athletic trainers in Montana began their quest for Licensure in 1983 holding their first meeting in Butte. Now, twenty-two years later our state organization has matured and gathered enough support to present this bill to you today. This is truly a momentous occasion for our profession in Montana.

UMATEP

- The formal athletic training curriculum at The University of Montana began in 1971,
- hall of famer Naseby Rhinehart and Dr. Wally Schwank.
- Produced many successful professionals in athletic training and other allied health professionals nationally, regionally, and in the state of Montana.  
Presently
- ATEPs prepare competent entry-level athletic trainers for employment in educational and clinical settings or post-graduate study.
- *Curriculums are designed to help students develop sound knowledge and skills in (Educational competencies and Clinical Proficiencies):*
  - Acute care of injuries/illnesses
  - Pathology of athletic injuries
  - Risk management and injury prevention
  - Assessment and Evaluation
  - Pharmacology
  - Therapeutic Modalities
  - Therapeutic Exercise
  - General Medical Conditions and Disabilities
  - Nutritional aspects of Injury/Illnesses
  - Psychosocial Intervention and Referral
  - Health Care Administration
  - Professional Development and Responsibility



# The FACTS About Certified Athletic Trainers and The National Athletic Trainers' Association

*This document corrects misinformation frequently cited about Certified Athletic Trainers (ATCs). It is provided to all who are interested in the facts about the athletic training profession in the 21<sup>st</sup> century. Readers should note that the treatment of an adolescent or adult person does not change simply because the injury or treatment location changes. Whether the person is on a soccer field or manufacturing floor, athletic trainers are qualified and capable of developing treatment plans and recognizing conditions that need a referral to a physician.*

## **1. FACT: All athletic trainers have a bachelor's degree from an accredited college or university. Athletic trainers are mid-level professionals equivalent to physical, occupational, speech, language and other similar therapists.**

ALL certified or licensed athletic trainers **must have a bachelor's or master's degree** from an accredited college or university. Degrees are complementary to accredited athletic training majors and include established academic curricula. Prior to obtaining a bachelor's degree with an athletic training major, athletic trainers gained bachelor's degrees in pre-medical sciences, kinesiology, exercise physiology, biology, exercise science and physical education. Academic programs accredited through an independent process by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) via the Joint Review Committee on educational programs in Athletic Training (JRC-AT).

## **2. FACT: This is the educational content for Athletic Training Programs. The standards require the following content areas:**

- Acute care of injury and illness
- Assessment of injury/illness
- Exercise physiology
- General medical conditions and disabilities
- Health care administration
- Human anatomy
- Human physiology
- Kinesiology/biomechanics
- Medical ethics and legal issues
- Nutritional aspects of injury and illness
- Pathology of injury/illness
- Pharmacology
- Professional development and responsibilities
- Psychosocial intervention and referral
- Risk management and injury/illness prevention
- Statistics and research design
- Strength training and reconditioning
- Therapeutic exercise and rehabilitative techniques
- Therapeutic modalities
- Weight management and body composition

### **These are the competency areas:**

- Risk Management and Injury Prevention
- Pathology of Injury and Illness
- Assessment and Evaluation
- Acute Care of Injury and Illness
- Pharmacology
- Therapeutic Modalities
- Therapeutic Exercise
- General Medical Conditions and Disabilities
- Nutritional Aspects of Injury and Illness
- Psychosocial Intervention and Referral
- Health Care Administration
- Professional Development and Responsibilities

## **3. FACT: 70% of athletic trainers have a master's or doctorate degree.**

Certified athletic trainers are highly educated. Seventy (70) percent of ATC credential holders have a master's degree or higher. Reflective of the broad base of skills valued by the athletic training profession, these master's

degrees may be in athletic training (clinical), education, exercise physiology, counseling or health care administration or promotion. This great majority of practitioners who hold advance degrees is comparable to other allied health care professionals, including physical therapists, occupational therapists, registered nurses, speech therapists and many other mid-level health care practitioners.

**4. FACT: Athletic trainers know and practice the medical arts at the highest professional standards.**

Athletic trainers meet the qualifications and standards of any group—including Medicare and Medicaid—necessary to render skilled services and gain reimbursement for services rendered. Athletic trainers specialize in injury and illness prevention, assessment, treatment and rehabilitation for all physically active people, including the general public.

**5. FACT: Athletic trainers are regulated and licensed health care workers.**

While practice act oversight varies by state, the athletic trainer practices under state statute recognizing them as a health care professional similar to physical therapists, occupational therapists and similar mid-level professionals. Athletic training licensure/regulation exists in 43 states, with aggressive efforts underway to pursue licensure in the remaining states. Athletic trainers practice under the direction of physicians.

**6. FACT: An independent national board certifies athletic trainers.**

The independent Board of Certification Inc. (BOC) nationally certifies athletic trainers. Athletic trainers must pass an examination and hold a bachelor's degree to become an Athletic Trainer, Certified (ATC). To retain certification, ATC credential holders must obtain 80 hours of medically related continuing education credits every three years and adhere to a code of ethics. The BOC is accredited by the National Commission for Certifying Agencies.

**7. FACT: Athletic trainers are recognized allied health care professionals.**

ATCs are highly qualified, multi-skilled allied health care professionals, and have been part of the *American Medical Association's Health Professions Career and Education Directory* for more than a decade. Additionally, the American Academy of Family Physicians, American Academy of Pediatrics and American Orthopaedic Society for Sports Medicine are all strong clinical and academic supporters of athletic trainers.

**8. FACT: 40 percent of NATA's certified athletic trainer members work outside of school athletic settings, and provide services to physically active people of all ages.**

Certified athletic trainers work in physician offices as physician extenders. They also work in rural and urban hospitals, hospital emergency rooms, urgent and ambulatory care centers, military hospitals, physical therapy clinics, high schools, colleges/universities, commercial employers, professional sports teams and performance arts companies. They are multi-skilled health care workers who, like others in the medical community with science-based degrees, are in great demand because of the continuing and increasing shortage of registered nurses and other health care workers. The skills of ATCs have been sought and valued by sports medicine specialists and other physicians for more than 50 years. As the U.S. begins its fight against the obesity epidemic, it is important that people have access to health care professionals who can support lifelong physical activity for all ages.

**9. FACT: Athletic trainers have designated CPT/UB Codes.**

The American Medical Association (AMA) granted Current Procedural Terminology (CPT) codes for athletic training evaluation and re-evaluation (97005, 97006) in 2000. The codes became effective in 2002. In addition, the American Hospital Association established Uniform Billing (UB) codes—or revenue codes—for athletic training in 1999, effective 2000.

<p><i>The FACTS About Certified Athletic Trainers</i> <a href="http://www.NATA.org">www.NATA.org</a>; <a href="mailto:info@nata.org">info@nata.org</a> V 214.637.6282 * F 214.637.2206</p>	<p><i>National Athletic Trainers' Association</i> 2952 Stemmons Frwy, Ste. 200 Dallas, TX 75247</p>
--	---

**10. FACT: CPT and UB codes are not provider specific.**

The AMA states that the term "provider," as found in the Physical Medicine section of the CPT code, is a general term used to define the individual performing the service described by the code. According to the AMA, the term therapist is not intended to denote any specific practice or specialty field. Physical therapists and/or any other type of therapists are not the exclusive providers of general physical medicine examinations, evaluations and interventions. Similar to the athletic training evaluation and re-evaluation codes, other therapists have their own specific evaluation codes.

**11. FACT: ATCs improve patient functional and physical outcomes.**

Results from a nationwide Medical Outcomes Survey conducted 1996-1998 demonstrate that care provided by ATCs effects a significant change in all outcomes variables measured, with the greatest change in functional outcomes and physical outcomes. The investigation indicates that care provided by ATCs generates a change in health-related quality of life patient outcomes. (ref: Albohm MJ, Wilkerson GB. An outcomes assessment of care provided by certified athletic trainers. J Rehabil. Outcomes Meas. 1999; 3(3):51-56.)

**12. FACT: ATCs frequently work in rural, frontier and medically underserved areas and with physically active people of all ages.**

ATCs are accustomed to working in urgent care environments that have challenging, sometimes-adverse work and environmental conditions. The athletic training tradition and hands-on clinical and academic education combine to create a health care professional who is flexible and inventive—ideal managers of patient care and health care delivery. ATCs are generally a replacement—not an addition—to other types of physical medicine therapies performed. *ATCs are an "or" not an "and" and therefore costs for providing therapy are not increased with the use of athletic training services.*

**13. FACT: ATCs specialize in patient education to prevent injury and re-injury and reduce rehabilitative and other health care costs.**

Recent studies, reports, outcomes measures surveys, total joint replacement studies and many other case studies demonstrate how the services of ATCs save money for the employers and improve quality of life for the patient. For each \$1 invested in preventive care, employers gained up to a \$7 return on investment, according to one NATA survey. The use of certified athletic trainers supports a market-driven health care economy that increases competition in order to reduce patient and disease costs. Through the use of proper rehabilitation and evaluation, athletic trainers prevent re-injury. The patient's standard of care is enhanced with ATCs, not sacrificed.

**14. FACT: ATCs provide the same or better outcomes in clinical settings as other providers, including physical therapists.**

Results of a comparative analysis of care provided by certified athletic trainers and physical therapists in a clinical setting indicated that ATCs provide the same levels of outcomes, value and patient satisfaction as physical therapists in a clinical setting. (ref: *Reimbursement of Athletic Training* by Albohm, MJ; Campbell, Konin, pp.25) Patient satisfaction ratings are more than 96 percent when treatment is provided by ATCs.

**15. FACT: The National Athletic Trainers' Association represents 30,000 members.**

The National Athletic Trainers' Association (NATA), founded in 1950, represents more than 30,000 members of the international profession. Of the total membership, 24,000 are ATCs, which represents more than 90 percent of all athletic trainers practicing in the United States. Annual membership retention averages 92 percent. NATA accurately claims the distinction of representing the great majority of the athletic training professionals.

May04

## **FREQUENTLY ASKED QUESTIONS**

Following are suggested responses to frequently asked questions. These points may also be helpful in formulating advocacy pieces and testimony.

**Please Note:** Consistent use of the term athletic trainer will help to avoid the all-too-common confusion with personal trainers. The term athletic trainer should be used in all formal and informal communication. Since most athletic trainers are certified by the Board of Certification, an alternatively acceptable term is "ATC" or Athletic Trainer, Certified.

### **Who are Athletic Trainers?**

Certified athletic trainers (ATCs) are unique health care providers who specialize in the prevention, assessment, treatment and rehabilitation of injuries and illnesses that occur to athletes and the physically active.

ATCs are mid-level health care professionals, equivalent to physical, occupational, speech, language, and similar therapists.

Athletic trainers hold at least a bachelor's degree from an accredited institution of higher learning.

Entry-level athletic training education uses a competency-based approach in both the classroom and clinical settings. Using a medical-based education model, athletic training students are educated to serve in the role of physician extenders, with an emphasis on clinical reasoning skills.

Educational content is based on cognitive (knowledge), psychomotor (skill), affective competencies (professional behaviors) and clinical proficiencies (professional, practice-oriented outcomes).

### **What is an ATC?**

The independent Board of Certification, Inc., (BOC) located in Omaha, NE, certifies more than 90% of athletic trainers in the U.S. These individuals are commonly referred to as ATCs, or Athletic Trainers, Certified.

Certification results from a rigorous 3-part exam offered by the BOC – the *only* nationally accredited certification agency for athletic trainers.

The ATC credential and the BOC requirements are currently recognized by 43 states for licensure and/or regulation of the practice of athletic trainers. Three pillars support the credibility of the BOC program and the ATC credential it awards: the BOC certification examination, BOC's Standards of Practice and Disciplinary Process, and its continuing competence requirements.