



CONNECTICUT PHYSICAL THERAPY ASSOCIATION

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Testimony of Joan-Alice Taylor, PT, Psy.D., LPC, FABDA, CBT President, CT Physical Therapy Association

In opposition to

R.B. 1051, An Act Concerning the Practice of Athletic Training

Before the Joint Committee on Public Health

March 2, 2011

Chairperson Gerratana, Chairperson Ritter, Members of the Public Health Committee, my name is Joan-Alice Taylor and I am the President of the Connecticut Physical Therapy Association (CPTA). **I am here today to testify in opposition to Raised Bill 1051, An Act Concerning the Practice of Athletic Training.** This bill would allow direct access to Athletic Trainers in a wide variety of settings without any evidence of appropriate educational or clinical competency.

First, I'd like to say that many members of the CPTA are both physical therapists and athletic trainers. These members understand the competency of athletic trainers and the value they bring to health care. In addition, as a group that was actively involved in the original licensure bill for athletic trainers, which licensed physical therapist assistants at the same time, we are not opposed to athletic trainers working in appropriate settings.

Finally, it is also clear to us that the educational direction of the profession is much improved from the days of the original campaign to license athletic trainers. The NATA educational competencies show an understanding of the direction that athletic training must follow in order to serve a greater role in our overall health care system.

With that said, this bill is a dramatic overreach.

It is our interpretation that the definition of "Athletic Training" as proposed in this bill is virtually limitless. Athletic Trainers would be allowed to perform virtually any rehabilitative procedure as long as it is even a minimal part of their education and training or if a physician, chiropractor, natureopath or podiatrist believes the patient would benefit from it. Additionally, there would no longer be a limitation to an athletic population, but instead to a population that are athletes, want to be athletes or anyone else with the blessing of another health care provider.

No health care provider in Connecticut, or any other state we know of, has the opportunity to operate under such a loosely restricted scope of practice.

It is interesting to observe that in their attempt to function in additional settings and with more patients, the Athletic Training community proposes to eliminate the definitions of both "Athlete" and "Athletic Injury" from state statute.

As an independent physical therapist, I am more keenly aware of the pressures facing health care providers today than most. Dwindling payments from 3rd party payors and increasing competition from practices where physicians work to keep patients in house for all services, including rehabilitation put pressure on my business everyday. Despite that, I don't come to you today to encourage you to allow me to do surgery, even "with the consent and under the direction of a physician.

This bill would allow Athletic Trainers to work in settings where they have no experience, if a health care provider believes the patient can benefit. As a state, we do not delegate that authority - the ability for a health care professional to use untrained staff to provide direct care - to individual providers. The state has a regulatory scheme that involves more oversight than that.

As an example, this bill would allow athletic trainers to work with the following patients:

- A forty eight year old male with a history of cardiac disease who injures his shoulder in a car accident and can't play golf due to the injury;
- Eighty-two year old hypertensive female with knee replacement and would like to return to a walking regimen;
- Six year old with cerebral palsy who would like to dance;
- A sixty-seven year old woman with Sjogren's syndrome, a sprained ankle, and history of falls who wants to return to walking her dog twice daily
- Adult male with spinal fusion who wants to return to work;

Written standing orders do not substitute for professional judgment developed through education as well as clinical experience. These examples are but a few of those that either present challenging co-morbidities or a detailed knowledge of pathology. The Athletic Trainer's didactic and clinical education in no way provides them with this background

If as a committee you believe that health care providers, as defined in this bill, should be able to use untrained staff to provide direct care to patients, there is no reason to limit them to athletic trainers. I do not believe this Committee or this General Assembly would put the public at such risk.

We would be happy to work with the Committee and the CT Association of Athletic Trainers (CATA) and the other stakeholders in this effort to look at the advancement of education of athletic trainers since the original legislation was passed to determine if any expansion of scope is warranted. We would strongly encourage the Committee to not allow this bill to be the starting point for such discussions.

Thank you for the time today to present our position. I look forward to working with you throughout the session on this and other issues. I'd be more than happy to answer any questions you might have.