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Department of Public Health
410 Capitol Avenue
Hartford, CT 06124

To Whom It May Concern,

Please consider this letter as testimony for *An Act Concerning the Practice of Athletic Training Raised Bill # 1051.* I'd like to submit testimony through discussion of two case studies. This case study clearly describes and delineates the roles of an athletic trainer as well as the role of the team physician and how they interact in a professional manner.

Case study #1: In October of 2010, an NCAA Division 1 men's ice hockey student-athlete was thrown off balance and landed on his left elbow, dislocating his shoulder. This incident occurred during a game which was covered by a Certified Athletic Trainer who is licensed in the state of Connecticut. There was a Physician's Assistant (PA) covering the game as well as a second Physician's Assistant (PA) who arrived at the time of the injury. Both individuals are employed by the same group that the Head Team Physician for our university belongs to. There were also two Emergency Medical Technicians providing emergency stand-by for the event as well as two athletic training undergraduate students. In addition to emergency action plans and standing orders being in place, emergency planning and communication are consistent at our university. This student-athlete's shoulder dislocation was reduced on-site by the PA's, assisted by the Certified Athletic Trainer and EMT's. The student-athlete's shoulder was immobilized and treated by the Certified Athletic Trainer. Within one week, x-ray and MRI studies were obtained by the physician. This student-athlete received treatment to decrease pain and swelling 5-6 days per week. Shortly thereafter, this student-athlete began a rehabilitation program to prepare him for surgical repair of his labrum in his shoulder. In December, his shoulder was repaired by an orthopedic surgeon. In January, he began post surgical rehabilitation with his Certified Athletic Trainer, following the protocol given by the physician that operated on the student-athlete. To date he is nine weeks post-op and participating in rehabilitation sessions 5 days per week. He will continue to do so through the end of the semester in May, when he will return home. In addition to his rehabilitation, he is being "counseled" proper diet and proper alteration of body composition in order to prepare him to return to college athletics with a body that is ready for competition, as well as a shoulder that is ready to withstand the rigors of Division 1 college ice hockey.

Case study #2: In February of 2011, an NCAA Division 1 men's ice hockey student-athlete was hit from behind during a game. He was thrown forward into the boards landing prone (on his stomach). Medical staff on site included a Certified Athletic Trainer as well as an orthopedic surgeon, two EMT staff and two athletic training students also working the event. Upon the immediate arrival of the Certified Athletic Trainer, the student-athlete is on his hands and knees, attempting to get up, complaining of pain in his thoracic spine on his left side. Symptoms do not decrease, so the student-athlete is subsequently evaluated by the orthopedic surgeon and sent to the emergency room for x-ray to rule out fracture and for further evaluation. During the process of the evaluation and a complete history by the Certified Athletic Trainer and orthopedic surgeon, the student-athlete admits that he cannot remember being hit. Actually, he cannot remember being prone on the ice. He does remember getting up and skating to the bench, where he sits in pain while the Certified Athletic Trainer attempts to evaluate him and make him comfortable. He never experiences a headache or any other symptom frequently associated with concussion. Because of the interaction with the Certified Athletic Trainer, this student-athlete is also referred to a neurologist for evaluation. During this evaluation, the student-athlete is diagnosed with a concussion, his reaction time is considered to be significantly low, and is held out for 10 days including 2 games, one being his last home game as a college senior. After re-evaluation by the neurologist, his reaction time is found to be in normal range and he is cleared to return to college hockey for his playoff game. Without the presence of the Certified Athletic Trainer, this student-athlete may very well have returned to play with potentially drastic results.

Though I could very well have cited portions of Bill # 1051 within both of these case studies, I did not find that to be necessary. These two case studies put the language in this bill into real life experience. I am proud to admit that I am the Certified Athletic Trainer that was involved in both of these cases. I am also proud to provide support to Bill # 1051. This bill allows Certified Athletic Trainers the freedom to do what they are educated and trained to do, while fostering a professional relationship with the team physician. If you have any questions or concerns, please feel free to contact me at any time.

Sincerely,

Julie G. Alexander, MSEd, ATC, LAT, CSCS