The Connecticut Occupational Therapy Association

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Testimony of Susan Goszewski, President

Connecticut Occupational Therapy Association

Re:

S.B. No. 1051 (RAISED) 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 Committee, my name is Susan Goszewski and I am the current President of the Connecticut Occupational Therapy Association (ConnOTA). ConnOTA has several concerns related to the raised bill that we would like to share with you today.

Let me start my providing a brief explanation of Occupational Therapy. As of December 2010, there were 2025 licensed Occupational Therapists and 662 licensed Certified Occupational Therapy Assistants in the state of CT.

Occupational Therapy is a science-driven, evidence based profession that enables people of all ages to live life to its fullest by helping them promote health and prevent – or live better with their illness, injury of disability. Patients (clients) who receive our services range in age from the pre-mature infant to the geriatric patient

and all ages in-between. When we evaluate a patient (client) we take into account the complete person including his or her psychological, physical, emotional and social makeup so they can function at the highest possible level.

In reviewing Raised Bill No. 1051, ConnOTA is concerned that the proposed changes to the scope of practice of athletic trainers defines athletic training with few parameters and allows athletic trainers to treat almost any individual that has sustained an injury through any type of movement. Further, the athletic trainer scope of practice provisions as outlined by these changes are limited only by what is "within the limits of the education and training of an athletic trainer." This implies if the education of athletic training changes then the scope of practice could expand without the need of amending the practice act.

To offer more specifics, I would like to discuss:

1. The wide scope of practice this bill proposes for any individual to include provision of rehabilitation services
2. The removal of the "athlete" for a scope of practice of an athletic trainer
3. The change in definition of an "athletic injury" to injury
4. Educational preparedness to provide such services
5. The "Wellness care" scope of practice this bill proposes
6. The elimination of much oversight through "standing orders" and ability to practice without these orders
7. An Athletic Trainer holds a Bachelors Degree and does not have the same knowledge, skills, or training of that of an Occupational Therapist or Physical Therapist. They propose, however to do the similar interventions or more without direct oversight of a medical provider.

In Section 1. Section 20-65f of the general statues:

(1) This bill essentially states that an athletic trainer is able to provide evaluation and treatment to almost any individual, without regard to their current or prior level of function. This would include medical treatment provided to both acute and chronic injuries that can happen anywhere, and could have happened sometime in the past. Further, this bill states that intervention can be provided within the limits of education and training, which would imply that as educational or training programs are expanded their scope of practice would likewise expand. This may include the evaluation and treatment of traumatic brain injuries for an individual who might have a complex medical history. The bill does not what state what would be proposed for

Athletic Trainers currently in practice who have not had any formal educational training related to the scope of practice. The language includes “rehabilitation” which is an extremely broad area of practice.

(2) It is proposed the term “Athletic injury” be changed to any clinical condition sustained by a person living in every day life. It further states that they can evaluate and treat any “clinical condition” if deemed appropriate by a healthcare provider without additional regulation, clarification, or explanation as to the competency of the individual providing such services.

(3) Wellness care is introduced and “athlete” is removed from the definition. It is proposed that an Athletic Trainer would have the educational skills, knowledge and training to perform workplace ergonomics or injury intervention to almost anyone.

In my current review of their educational preparedness, I have not seen evidence that they have the knowledge, skills, and training to carry out what is proposed in this legislation and that there currently are well-trained, experienced, educated, and licensed medical professionals who are competently performing all of the proposed expansions to their scope of practice. To allow them to do so is seen as duplication and an infringement on the scope of practice of these professionals.

In reviewing the National Athletic Trainers Association 5th Edition Competencies Document, I do not see where competency in Ergonomics and Injury Prevention in the workplace exists even their own literature.

(4) This section seems to imply that the Athletic Trainer can work under “standing orders” which are not specific to the individual, are not specific to the unique medical history of the individual, and that also can be done to or for anyone. This includes evaluation and treatment of an individual with a traumatic brain injury or concussion and does not exempt any condition. Although the bill proposes “oversight, control and direction” it does not mention the frequency of what would be considered regular review, and allows for an Athletic Trainer to provide such interventions in the absence of a written or standing orders and without direction of a health care provider.

In Section 2. Section 20-65h of the general statutes

(a) Once again this removes the term “athlete” and suggests they have the necessary knowledge / skills / education to determine when it might be appropriate to refer to a medical provider if treatment is beyond their own scope of athletic training. This seems to indicate that the athletic trainer is able to define their ability to diagnosis a complex medical situation. As previously mentioned, this bill proposes that this would be done for anyone with an acute or chronic problem.

(b) This allows the Athletic Trainer to practice without consent or direction of a healthcare provider. This would include evaluation and temporary splinting of anyone, anywhere. There is not a limitation set here, and I wonder if they came across someone with a flexor tendon injury in the hand / finger if this bill would assume they have the medical expertise to provide a splint protecting the proper joints and they would know when additional medical intervention is required.

(c) And lastly, it is critical to highlight the educational preparedness of Athletic Trainers versus Occupational Therapists. Athletic Training produces clinicians at the baccalaureate level (4 years) with coursework focused upon skill competency; roughly 2 years of skill acquisition in addition to 2 years of general education. Occupational Therapists enter the profession at the Masters degree level (minimum qualification) having completed 3 or more years of professional coursework alone that encumbers not only skill acquisition, but more so the theory to ground our practice as a professionally-sound science. Our students spend many, many hours of preparation in domains including rehabilitation, biomechanical, ecology of human performance, and neurodevelopmental frameworks that guide their choices as professional clinicians in proven science. It is this difference that enables an OT to work within a larger scope, not narrowed to a specific population such as athletes and sport-related injury. I would therefore argue that to remove "athlete" from the practice act of Athletic Trainers would too require that their educational preparedness mandate additional study in underlying theory to safely guide treatment and ensure best-practice to our Connecticut residents.

I would like to thank the Committee for your time today, and for the opportunity to present concerns related to this proposed bill.

The Connecticut Occupational Therapy association is happy to work with the sponsors of this bill to address concerns. I look forward to working with you on this issue, and any others as appropriate throughout this session.

Respectfully Submitted

Susan Goszewski, MSM, OTR