



Testimony of Vicky Graham, ATC in support of SB 1051 "AAC the Practice of Athletic Training"

March 2, 2011

Good afternoon Senator Gerratana, Representative Ritter, and honorable members of the Public Health Committee. My name is Vicky Graham. I am an athletic trainer at Wesleyan University, and President of the Connecticut Athletic Trainers' Association. I'm here today to testify in support of Raised SB 1051 "AAC the Practice of Athletic Training."

SB 1051 would update the athletic training practice act to reflect changes in current practice that are the result of growth of the profession. These changes would allow athletic trainers in Connecticut to practice to the fullest extent of their education and training, create jobs for athletic trainers, and improve the public's access to physical medicine and rehabilitation services during a time in which there is a tremendous demand for those services.

The current athletic training practice act restricts athletic trainers to treating "athletes" for "athletic injuries." Athletic trainers are highly trained in injury prevention and providing treatment that allows individuals to return to an extremely high level of function. They have transferred the skills and techniques that are successful in treating athletes to other practice settings, and are providing the same types of successful functional outcomes to individuals in industrial settings, the arts, and the military. This includes everything from treating a police officer or firefighter to a package delivery worker to an astronaut to a stage actor to a rock star to a ballet dancer to a Rockette to a Marine or Navy SEAL. It includes injury prevention services to industrial workers that help improve safety, minimize injuries at work, and decrease time lost from work. This ultimately saves companies money by increasing worker productivity and by helping keep workers healthy. These methods have also proved successful in helping individuals of all ages recover from injuries and return to normal function in their daily activities, work and recreation. According to the National Athletic Trainers' Association, over 50% of the 32,000 athletic trainers nationally work in settings other than traditional athletics (pro, college or secondary school). Right now, athletic trainers in Connecticut are either prevented from or significantly restricted in their ability to work with individuals in these settings. In fact, athletic training students in the state often leave the state for clinical rotations in these settings. SB 1051 would allow athletic trainers to work with athletes in practice settings in addition to athletics, and to more fully utilize their education and training.

Athletic trainers are required to graduate from an accredited athletic training education program with a Bachelor's degree. They must pass a national certification examination in order to be eligible for licensure in Connecticut, and are required to complete 70 hours of continuing education every three years in order to maintain their national certification (another requirement of ongoing licensure in Connecticut). While the entry-level educational requirement for athletic training is that of a Bachelor's degree, over 70% of athletic



trainers hold Master's or Doctoral degrees. The University of Connecticut, Central Connecticut State University, Southern Connecticut University, Quinnipiac University, and Sacred Heart University have accredited athletic training programs. 58% of the graduates of those programs leave the state after graduation. One of the reasons for this is that there are limited employment opportunities for them in Connecticut, particularly if they want to pursue employment somewhere other than with a college, university or secondary school. SB 1051 would help create expanded employment opportunities for those students that would result in many of them choosing to settle in the state after graduation.

Athletic trainers are trained to provide preventative and rehabilitative services, and can help improve the public's access to those services. With an aging population of Baby Boomers who are more active and will live longer than previous generations, there will continue to be unprecedented demand for preventative and rehabilitative services. SB 1051 would allow athletic trainers to help fill the need for providers of those services. Graduates of the state's five athletic training education programs would provide an immediate influx into the workforce, and increased practice opportunities would also bring students from neighboring states and other established professionals into Connecticut to help fill those positions.

On behalf of the Connecticut Athletic Trainers' Association, I urge you to support SB 1051, "AAC the Practice of Athletic Training." I have included some suggestions for minor revisions of language for your review. Thank you for the opportunity to speak today. I am happy to answer any questions.

Suggested revisions to SB 1051:

Proposed changes to lines 18-21

17 exercise, and [exercise equipment,] (iii) other modalities as prescribed
18 by a health care provider, and (C) ~~f~~the organization and administration
19 of athletic training programs, ~~and~~ (D) education and counseling to
20 athletes, coaches, medical personnel and ~~athletic~~ the communityies in the
21 area of the prevention and care of ~~athletic~~ injuries] (E) wellness care
22 services that are developed and applied in the treatment of
23 asymptomatic clients. For purposes of this [subdivision] section,
24 "health care provider" means a person licensed to practice medicine or



25 surgery under chapter 370, chiropractic under chapter 372, podiatry

26 under chapter 375 or natureopathy under chapter 373;

Proposed changes to lines 64-68:

64 Written standing orders ~~may~~ shall include guidelines for treatment and
65 management of traumatic brain injuries. ~~and concussions.~~ Written
66 standing orders shall be ~~periodically~~ annually reviewed by ~~a~~ the health care
67 provider and the athletic trainer and ~~may~~ shall be renewed on an annual
68 basis.

Proposed changes to line 89

83 (5) "Commissioner" means the Commissioner of Public Health.
84 Sec. 2. Section 20-65h of the general statutes is repealed and the
85 following is substituted in lieu thereof (*Effective October 1, 2011*):
86 (a) Each person who practices athletic training [under standing
87 orders] with the consent and under the direction of a health care
88 provider shall make a written or oral referral to a licensed health care
89 provider of any [athlete] individual who has an ~~athletic~~ injury or clinical condition whose
90 symptoms have not improved for a period of four days from the day of
91 onset, or who has any physical or medical condition that would
92 constitute a medical contraindication for athletic training or that may
93 require evaluation or treatment beyond the scope of athletic training.
94 [The injuries or conditions requiring a referral under this subsection



95 shall include, but not be limited to, suspected medical emergencies or
96 illnesses, physical or mental illness and significant tissue or
97 neurological pathologies.]

Proposed change to line 99

98 (b) Each person who practices athletic training, but [not under
99 standing orders] who does so without the [specific](#) consent and direction of a
100 health care provider, may perform initial evaluation and temporary
101 splinting and bracing of any [athlete] individual with an [athletic]
102 injury and shall, without delay, make a written or oral referral of such
103 [athlete] individual to a licensed health care provider. The limitations
104 on the practice of athletic training set forth in this subsection shall not
105 apply in the case of any [athlete] individual that is referred to such
106 person by a licensed health care provider, provided such practice shall
107 be limited to the scope of such referral.