

To whom this may concern:

I am writing to you with regard to the SB 356 act concerning athletic training. My name is Nicholas Grasso and I have been a licensed athletic training for the past six years. I have also gone on to earn my MBA from Sacred Heart University and am in the unique position of associate director at a physical therapy company. I work with and manage eight physical therapists, four physical therapist assistants and two athletic trainers on the clinical side of our company. My background as an athletic trainer has allowed me to excel in this position and my clinical knowledge and background working in outpatient orthopedic rehabilitation allows me to make informed decisions for our organization.

The current practice act for athletic trainers in the state of Connecticut does not allow licensed athletic trainers to use the full skillset they acquire through their education. Having worked in the outpatient physical therapy setting for the past six years, I can confidently say that our education prepares athletic trainers to not only work with the athletic population in a sport setting but also prepares athletic trainers to work with all populations in an orthopedic setting. The education an athletic trainer receives is consistent with other health care providers that work in an orthopedic setting.

The foundation of education includes a similar course load to healthcare providers. We are required to have biology, chemistry, physics, anatomy and physiology, kinesiology, psychology, as well as other science related courses to give students a background for the specialized training they receive later in the program. The curriculum also includes acute care for orthopedic and non-orthopedic injuries, upper and lower extremity orthopedic evaluation, physical rehabilitation, training in modalities and human performance. These courses give athletic trainers the knowledge and training to be able to evaluate, diagnosis and implement a strategy assisting an individual in their journey back to their normal lifestyle.

The biggest criticism I have of our current practice act is that it limits the scope to individuals who are vaguely described as athletes. It is true that our education and training revolves around working with the athletic population but it limits our ability to use these skills on the majority of the population who suffer from the same injuries and conditions. My experience in the physical therapy setting has confirmed to me that it is easy to transfer these skills over to the general population. The principles that an athletic trainer implement on the athletic population can easily be transferred to any individual with an orthopedic injury. I have worked with physical therapists for the past six years and they will come to me with questions about evaluation and rehabilitation ideas for patients who are not considered “athletes” in the athletic trainer practice act in CT.

One of the growing fields of athletic training is working with the industrial population in an effort to prevent injury on the jobsite. Organizations have identified that they are able to reduce overall healthcare costs and reduce lost time from employees but investing in preventive education and training for their employees. Currently I am working on a project with United Illuminating to create a dynamic warm-up program that their workers can preform on the jobsite to properly prepare their bodies for the rigors of the job. This is another example of how a

licensed athletic trainer can make an impact on our healthcare system and how our clinical knowledge can help reduce healthcare costs for a variety of different populations.

Athletic trainers have the skillset and education to make a great impact on the current healthcare system. I have worked in an outpatient physical therapy setting for six years and the current practice act limits my ability to assist the population in returning to health. My skillset transfers very well to the general orthopedic population and this act can allow athletic trainers across the state to properly use their education and skillset within our healthcare system. Athletic trainers have the knowledge to evaluate and treat orthopedic injuries due to the training that we receive in school. Throughout our education and clinical rotations we are asked complete as part of our graduation requirements athletic trainers are asked to evaluate orthopedic injuries, develop rehabilitation, learn and practice emergency care principles and provide supportive documentation justifying the interventions we choose. This experience and skillset that we practice has the ability to help a large population of Connecticut residents if we can change the language in our practice act.

The decision to vote to implement this revision to the athletic trainer's practice act will have a positive impact, not only on the athletic trainer population, but the citizens of our state. This act will give the general population access to a number of skilled healthcare providers who can assist in their orthopedic needs. This act will also allow organizations to reduce overall healthcare costs by allowing a skilled population access to providing care to their employees. The ability for an athletic trainer to evaluate, diagnose and implement a plan of care to return individuals with orthopedic injuries back to their healthy lifestyle should be permitted by the State of Connecticut's athletic trainers practice act.

I understand that there are financial implications for a variety of organizations. The APTA (American Physical Therapy Association) will oppose some of the changes in this act and this has been a confrontation has existed for along time. Physical therapists and athletic trainers can form a great team in assisting individuals in their journey to a healthy lifestyle. The APTA can put together a variety of different arguments why athletic trainers should not be working in the settings they currently occupy. Their biggest concern is that athletic trainers will take away jobs from members of their organization. One thing that has always bothered me is that physical therapists assistants receive an associate's degree, and very little classroom training in learning the principles necessary to effectively provide good patient care. The new graduate PTAs that our organization have hired take months to get to a point where they are clinically ready to provide good care to our patient population. They lack the skillset that athletic trainers do when it comes to working with an outpatient orthopedic population and a good part of their learning comes on the job, while working with active patients. Athletic trainers receive a bachelor's degree, with more clinical experience and training. Athletic trainers have extensive education that gives them the ability to evaluate, diagnosis, manage and rehab orthopedic injures regardless of the population and makes them more qualified to work with orthopedic injuries then a physical therapist assistant.

I appreciate the time you have taken to read my insight and I hope I have helped assist in the process of an informed decision being made on this act. This act would allow a skilled and talented healthcare provider population to have a greater impact on the great citizens of

Connecticut. The changes recommended in act SB 356 are justifiable based on the curriculum that athletic trainers study and the clinical knowledge and training that they receive. I have been in the unique situation where I have had to prove myself, as an athletic trainer, to get to where I am in my career and I have been able to do so because of the knowledge and skillset I developed as an athletic trainer. Managing a healthcare provider in a setting that my skills are not recognized to their fullest potential is challenging but having the clinical understanding and skills to relate to these providers. I can confidently say that the changes recommended in act SB 356 would benefit the patients, citizens and athletic trainers in the State of Connecticut.

Thank you,

Nicholas Grasso MBA ATC CSCS