



February 26, 2016

Chairperson
Public Health Committee
The State of Connecticut

Dear Chairperson,

I am writing this letter on behalf of the Connecticut Athletic Trainers' Association. As the chairperson for the National Athletic Trainers' Association, Executive Committee for Education, I provide oversight for all educational programming (professional education, post professional education, continuing education, and educational research) for a profession with over 40,000 licensed credential holders throughout the United States.

Athletic Training (AT), like nearly all other healthcare professions, has experienced dramatic growth and change over the course of the past several years. Much of that change has been the result of the increased breadth of the knowledge, skills, and abilities required in the professional preparation of highly skilled clinicians. Today's AT student must receive formal instruction and assessment in the following areas (as identified and defined in the *Athletic Training Education Competencies*):

- Evidence – Based Practice
- Injury and Disease Prevention and Health Promotion
- Clinical Examination and Diagnosis
- Acute Care of Injury and Illness
- Therapeutic Interventions
- Psychosocial Strategies and Referral
- Healthcare Administration
- Professional Development and Responsibility.

In addition to the didactic content areas listed above, students complete an extensive clinical education requirement (over a minimum of 2 years and frequently lasting 3 years) that mandates clinical experiences with a wide variety of patient populations that span the continuum of care. In order for students to be eligible for the BOC's certification exam (a nationally validated, standardized process) one must graduate from a CAATE accredited professional program.

Recently the profession made the intentional decision to transition professional education to the Master's Degree as a reflection of the increased complexity of the role of the AT in today's ever-changing healthcare delivery system. This natural, evolutionary step was necessitated because of the increased scope of care provided by AT's throughout the country.

As an integral component of the Interprofessional Education and Practice healthcare team, AT's provide care for patients not only in sport but in the US military, performing arts, business and industry (i.e. Boeing), private clinics, and hospitals. Their professional education allows AT's to recognize and care for patients with multiple comorbidities at various levels of disease (health) state.

Therefore, I would encourage your support of the Connecticut Athletic Trainers' Association legislation to strengthen their scope of practice to reflect current practice for AT's throughout the country. If I can be of further assistance or if you need examples of specific competencies that identify the scope of practice that professionally prepare AT's to work across the continuum of patients, please let me know.

Sincerely,

A handwritten signature in cursive script that reads "Russell J. Richardson".

Russell J. Richardson EdD, ATC/L
Chairman, NATA's Executive Committee for Education
Head Athletic Trainer/Associate Professor