

To whom it may concern

Senator Gerratana, Representative Ritter and distinguished Members of the Public Health Committee thank you for the opportunity to provide written testimony regarding House Bill 356, AN ACT CONCERNING ATHLETIC TRAINERS. I am writing you today to support the planned changes to the scope of practice for athletic trainers in the state of Connecticut. I have been a certified and licensed athletic trainer in the state of Connecticut for two years. In that time I have worked with high school and collegiate athletes, the general public in a physical therapy setting, and with high work capacity jobs such as police officers. My experiences in a wide variety of settings allows me to testify to the expertise and education needed to be a licensed athletic trainer.

Athletic trainers provide valuable care to athletes and active individuals on a daily basis. Athletic trainers have extensive knowledge in emergency care, general medical conditions, rehabilitative exercise, and musculoskeletal injuries. All certified athletic trainers must pass an in depth examination that tests all aspects of athletic training and exercise physiology that has been covered during their four years of undergraduate studies. Furthermore, athletic trainers must maintain their credentials through in depth continuing education that includes continuing education in evidence-based practice.

The current proposed changes would allow athletic trainers in the state of Connecticut to use their knowledge and expertise to help those in need beyond just athletes. The current state practice act limits who athletic trainers can work with and this is not only a disadvantage to the profession of athletic trainers but the general public. Athletic trainers can provide safe, affordable health care to all ages and demographics. There is no clinical difference between a sprained ankle sustained by a collegiate athlete and a sprained ankle sustained by a 50-year-old male stepping off a curb. The mechanism of injury remains the same and the rehabilitative process for the most part remains the same. What differs is the athlete needs to be rehabilitated beyond just activities of daily living to the ability to perform at a high intensity level. Athletic trainers have an extensive knowledge of musculoskeletal injuries and the rehabilitative process. By allowing athletic trainers to treat beyond just athletes will allow the general public to have access to quality care by highly trained licensed health care professionals.

The argument can be made that athletic trainers are not equipped or trained to work with the elderly, neurologically impaired, or patients with extensive comorbidities. While these populations require further knowledge beyond that which is received during an undergraduate level education, athletic trainers are trained in identifying conditions that need special attention and/or referral. Like all health care professionals, athletic trainers are well-educated individuals but know when to refer to a more specialized health care provider when necessary. To limit our scope of practice based on the argument that we are not trained to work with a very small percentage of the population would be a detriment to the majority of the general public in which our services could of be great use.

Currently, athletic trainers are utilized in a wide variety of settings in other states. Ranging from treating the industrial athlete to being a physician extender in an outpatient orthopedic clinic. Athletic trainers use their education and experience to safely treat the patient. Whether

this is in fact a true athlete or an individual with a musculoskeletal injury, an athletic trainer will take care of this individual with the best care possible.

Allowing Bill 356 to pass will open up jobs and help reduce health care costs across Connecticut. Again, I would like to thank you for considering my testimony in support for the expansion of the athletic training state practice act.

Sincerely,  
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Temple Physical Therapy