



GUIDELINES FOR PRACTICING AS AN ATHLETIC TRAINER

The State of Ohio Athletic Training practice act defines the following:

1. "Athletic trainer" means a person who meets the qualifications of this chapter for licensure and is authorized to engage in the activities described in section 4755.621 (collaboration agreement) or 4755.622 (Standard Operating Procedure, SOP) of the Revised Code.
2. "Patient" means a person for whom the licensee has provided athletic training services, whether provided by mutual consent or implied consent. A patient includes any person who is receiving or has received athletic training services from the licensee.
3. "Physician" means an individual authorized under Chapter 4731. of the Revised Code to practice medicine and surgery, osteopathic medicine and surgery, or podiatric medicine and surgery.
4. "Collaboration agreement" means a person licensed as an athletic trainer pursuant to this chapter may enter into a collaboration agreement with one or more physicians. The agreement shall be in writing and signed by the athletic trainer and each physician with whom the athletic trainer collaborates. A copy of the agreement shall be maintained in the records of the athletic trainer and each collaborating physician. The agreement shall address all of the following:
 - a. The duties and responsibilities to be fulfilled by the athletic trainer when engaging in the activities described in division (C) of section 4755.621.
 - b. Any limitations on the athletic trainer's performance of the activities described in division (C) of section 4755.621.
 - c. A plan of care for patients treated by the athletic trainer
5. "Athletic training diagnosis" means the judgment made after examining, evaluating, assessing, or interpreting symptoms presented by a patient to establish the cause and nature of the patient's injury, emergent condition, or functional impairment and the plan of care for that injury, emergent condition, or functional impairment within the scope of athletic training. "Athletic training diagnosis" does not include a medical diagnosis.
6. "Athletic injury" means any injury sustained by an individual that affects the individual's participation or performance in sports, games, recreation, exercise, or other activity that requires physical strength, agility, flexibility, speed, stamina, or range of motion.
7. "Referral" is defined by the Ohio Revised Code 4755.623 as a written referral from the following individuals:
 - a. A physician;
 - b. A dentist licensed under Chapter 4715. of the Revised Code;
 - c. A physical therapist licensed under this chapter;
 - d. A chiropractor licensed under Chapter 4734. of the Revised Code;
 - e. Subject to division (B) of this section, an athletic trainer licensed under this chapter;
 - f. A physician assistant licensed under Chapter 4730. of the Revised Code;
 - g. A certified nurse practitioner licensed under Chapter 4723. of the Revised Code.

Referral Explanation: Referrals from any of these healthcare professionals must be according to that profession's practice act and the law must allow the delegation of such responsibilities. An AT may practice athletic training, upon referral as indicated above. Referrals may be made through a prescription written for the individual patient, through direct communications with the referring licensed provider, or through standard operating procedures.

Collaboration Agreements versus Standard Operating Procedures

<u>Under a Collaboration Agreement (Requires physician oversight)</u>		
<u>First Aid and Emergency Care</u>	<u>Routine (no injury present)</u>	<u>Restorative (injury present)</u>
NO COLLABORATION AGREEMENT NECESSARY	NO COLLABORATION AGREEMENT NECESSARY	COLLABORATION AGREEMENT NEEDED – Division (C) of 4755.621
Basic, immediate care given on site to stabilize and prepare for evacuation and further medical care as needed.	Preventative measures commonly used by athletic trainers and unlicensed professionals where no injury is evident. The sole intent of routine treatments used is to maintain normal function during participation and daily living.	The prevention, examination, and athletic training diagnosis of injuries or emergent conditions resulting from physical activities that require physical skill and utilize strength, power, endurance, speed, flexibility, range of motion, or agility;
Examples include provision of first aid/emergency care to individuals not covered under CA, such as visiting participants and sports camps.	Examples include warm-up, cool-down, ice bags, hot packs, and prophylactic taping.	Examples include management, treatment, therapeutic interventions, rehabilitation, and administration of drugs.

<u>Under Standard Operating Procedures</u>		
<u>First Aid and Emergency Care</u>	<u>Routine (no injury present)</u>	<u>Restorative (injury present)</u>
NO REFERRAL or SOP NECESSARY	NO REFERRAL or SOP NECESSARY	REFERRAL or SOP NEEDED
Basic, immediate care given on site to stabilize and prepare for evacuation and further medical care as needed.	Preventative measures commonly used by athletic trainers and unlicensed professionals where no injury is evident. The sole intent of routine treatments used is to maintain normal function during participation and daily living.	The practice of prevention, recognition, and assessment of an athletic injury;
Examples include provision of first aid/emergency care to individuals not covered under SOP, such as visiting participants and sports camps.	Examples include warm-up, cool-down, ice bags, hot packs, and prophylactic taping.	Examples include management, treatment, disposition, and reconditioning of acute athletic Injuries and the administration of <u>TOPICAL</u> drugs.

Collaboration agreements and standard operating procedures DO NOT transfer to visiting teams. Athletic trainers shall obtain informed consent from the patient. Athletic trainers should not attempt any treatment or procedure unfamiliar to them or outside their individual scope of athletic training practice. Some variances may be seen in treatment, depending upon educational background, facility or setting limitations, and patient response.