

The Athletic Trainers' Scope of Practice Expansion Bill

*Introduced by the Minnesota Athletic Trainers' Association (MATA),
HF 2399/ SF 2336 drastically expands the scope of athletic training practice in MN.*

CURRENT STATUTE

Current statute limits the athletic training scope of practice to the treatment of “**athletes**”, which is defined as “a person participating in exercises, sports, games or recreation requiring physical strength, agility, flexibility, range of motion, speed, or stamina.” (MN 148.7802 Sub. 4)

Current statute also limits the scope of practice to the treatment of, “**athletic injuries**” defined as “sustained by a person AS A RESULT OF the person’s participation in exercises, sports, games, or recreation requiring physical strength, agility, flexibility, range of motion, speed, or stamina.” (MN 148.7802 Sub. 5)
(Capitalization added for emphasis)

Currently athletic trainers work under a blanket physician “**protocol**” that indicates which procedures and modalities can be provided to athletes. This protocol is signed once annually by a “primary physician” who serves as a medical consultant to the athletic trainer. The athletic trainer is not required by law to be employed by the primary physician and in most cases is not. There is NO requirement for supervision by any physician.

Under current statute, athletic trainers are allowed to treat **without referral** for “...30 days, or for a period of time as designated by the primary physician on the protocol form...”

Under current statute, athletic trainers in MN must be certified by their national Board of Certification, and registered by the state. They are regulated by the MN Board of Medical Practice and are represented by an advisory council.



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WHAT THIS BILL WILL DO

- Substitutes the word, “patient” for “athlete,” throughout the athletic training statute. Thus, all references to “athlete” are eliminated from statute.
- Deletes the word “athletic” from “athletic injuries” throughout the statute.
- Allows the athletic trainer 30-days direct access to patients, including non-athletes of all ages and complexity of conditions. This includes patients with cerebral palsy, cystic fibrosis, stroke, multiple sclerosis, amputations, circulatory disorders, vestibular problems, spinal cord injuries, heart conditions, and others.
- Allows the athletic trainer 30-days direct access to all types of patients WITHOUT any supervision at all.

SAFETY CONCERNS

Increasing the scope of practice without requiring an increase in education, training, and supervision would pose a risk to public safety. Entry level requirement for athletic trainers to practice in MN is a bachelor’s degree in athletic training.

Athletic trainers do NOT have the necessary background in pathology to recognize and treat individuals with disease and disability; their education focuses on injuries to otherwise healthy tissue that occur as a result of an athletic endeavor.

Academic preparation focuses on the evaluation and treatment of young, healthy, athletic individuals that make up a distinct population and not on the complicated patient with coexisting medical conditions and pathologies.

It is concerning that a state registered group called “athletic trainers” would not have any reference to “athlete” or “athletic” in their practice act.

Based on the concerns about athletic trainers’ academic preparation and clinical training in care for special populations, MN APTA strongly opposes HF 2399 / SF 2336.