LEGISLATIVE COMMITTEE ON NEW LICENSING BOARDS

Assessment Report
for

Athletic Trainers

Senate Bill 660
House Bill 824

LEGISLATIVE COMMITTEE ON NEW LICENSING BOARDS

May 19, 1997

The Legislative Committee on New Licensing Boards is pleased to release this assessment report on the licensing of athletic trainers. This report constitutes both the preliminary and final assessment report.

W. Frank Mitchell

Representative Frank Mitchell, Chairman

Linwood Jones

Prepared by:
Linwood Jones, Counsel

LEGISLATIVE COMMITTEE ON NEW LICENSING BOARDS

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Counsel: Mr. Linwood Jones
Mrs. Linda Attarian

90LLJ-0265A

PREFACE

The Legislative Committee on New Licensing Boards is a 9-member joint committee of the House and Senate created and governed by statute (Article 18A of Chapter 120 of the General Statutes). The primary purpose of the Committee is to evaluate the need for a new licensing board or the proposed licensing of previously unregulated practitioners by an existing board. The Committee has been in existence since 1985.

The Committee solicits written and oral testimony on each licensing proposal in carrying out its duty to determine whether the proposal meets the following criteria:

(1) Whether the unregulated practice of the profession can substantially endanger the public health, safety, or welfare, and whether the potential for such harm is recognizable and not remote or dependent upon tenuous argument.

(2) Whether the profession possesses qualities that distinguish it from ordinary labor.

(3) Whether practice of the profession requires specialized skill or training.

(4) Whether a substantial majority of the public has the knowledge or experience to evaluate the practitioner's competence.

(5) Whether the public can effectively be protected by other means.

(6) Whether licensure would have a substantial adverse economic impact upon consumers of the practitioner's good or services.

The Committee issues an assessment report on its findings and recommendations. The recommendation in the report is not binding on other committees considering the proposal.

Athletic Trainers

Athletic trainers provide preventive and rehabilitative care for injuries to athletes. The National Athletic Trainers Association Board of Certification, the national voluntary credentialing organization for athletic trainers, has defined five domains of practice for athletic trainers in its most recent recent Role Delineation Study: prevention of athletic injuries; recognition, evaluation, and immediate care of athletic injuries; rehabilitation and reconditioning of athletic injuries; health care administration; and professional development and responsibility. (The Study is on file with the Committee Counsel). Athletic trainers have evolved to the point where they are now considered part of the allied health care system by the American Medical Association.

Under Senate Bill 660 and House Bill 824, athletic trainers would be licensed to practice upon completion of the education or experience requirements proposed in the bills, passage of the examination, and payment of the required fee. Local school units could hire unlicensed trainers as long as they those trainers do not hold themselves out as "athletic trainers." Although the high school trainer is therefore not required to be licensed, the prohibition on the unlicensed trainer holding himself or herself out as an athletic trainer would allow students participating in high school sports, their parents, and others to know that the trainer has not met the qualifications the State has determined is necessary for competence to practice as an athletic trainer.

Early intervention by athletic trainers can help prevent injuries and reduce the severity of other injuries. The modalities and rehabilitative equipment used by athletic trainers can, is misused, cause significant harm to the athlete that is being treated. An unqualified trainer may worsen an athletic injury or increase the risk of re-injury. Recognizing these risks and the potential harm, 33 states have now have licensure or certification provisions in place for athletic trainers. The bill sponsors estimate that approximately 600 persons would be regulated. They also estimate that approximately 1/2 million persons in this State receive care from athletic trainers.

The Legislative Committee on New Licensing Boards finds that the sponsors have met the six statutory criteria by which the Committee judges licensure proposals, as follows:

(1) The unregulated practice of the profession can substantially harm or endanger the public health, safety, or welfare, and the potential for such harm is recognizable and not remote nor dependent upon tenuous argument.

(2) The practice of the profession possesses qualities that distinguish it from ordinary labor.

(3) The practice of the profession requires specialized skill and training.

(4) A substantial majority of the public does not have the knowledge or experience to evaluate the practitioner's competence.

(5) The public cannot be effectively protected by other means.

(6) Licensure would not have a substantial adverse economic impact upon consumers.

The Legislative Committee on New Licensing Boards recommends the licensing of athletic trainers. This assessment report constitutes both the preliminary and the final assessment report for the licensing of athletic trainers. The report is based on the proposed licensing of athletic trainers as set out in Senate Bill 660 and House Bill 824, the response to the Committee's questionnaire (attached), and testimony before the Committee on May 12, 1997.

ATHLETIC TRAINERS

QUESTIONNAIRE

1. In what ways has the marketplace failed to regulate adequately the profession or occupation?

At the present time any person can represent himself/herself as an athletic trainer in North Carolina without any prior educational or practical work experience being required. There is no requirement of a formal educational program that would prepare a person to be an athletic trainer. Nor is there a requirement for a supervised practical experience. This educational background is necessary to insure that persons practicing as athletic trainers are prepared and qualified to perform professional tasks. There is, however, no regulation of the profession.

Universities, colleges, high schools, and other institutions need to know who they are hiring and that the persons are professionally qualified. Under the present system there is no way to know the quality and qualifications of the persons that they employ.

The health care environment is continually evolving and changing. Prevention is a very important part of this system. One of the major roles and responsibilities of the athletic trainer is prevention. It is a specialized skill, and there is a need for regulation in this profession.

2. Have there been any complaints about the unregulated profession or occupation? Please give specific examples including (unless confidentiality must be maintained) complainants' names and addresses.

See question # 3.

3. In what ways has the public health, safety, or welfare sustained harm or is in imminent danger of harm because of the lack of state regulation? Please give specific examples.

Unqualified persons giving treatment has caused injury or worsened conditions. Because of the lack of educational and practical training, the incidence of re-injury is increased and athletes have received inadequate care. Athletic trainers, with the proper educational background, have the ability to recognize potential health problems. This training is necessary to reduce the potential health risks that the athlete will face.

See exhibit A for specific examples.

4. Is there potential for substantial harm or danger by the profession or occupation to the public health, safety, or welfare? How can this potential for substantial harm or danger be recognized?

Athletic training in the past twenty years has gone through a tremendous change. Through the implementation of didactic and clinical educational programs athletic trainers have become an integral part of the allied health care system. The profession has been

recognized as an allied health care profession by the American Medical Association. Athletic trainers receive educational training in prevention, recognition, care, treatment, rehabilitation, and conditioning. These skills provide the athletic trainer with the necessary tools to be a member of the health care profession.

These need for regulation of athletic trainers is shown in the letters in exhibit B.

5. Has this potential harm or danger to the public been recognized by other states or the federal government through the licensing or certification process? Please list the other states and any applicable federal law (including citations).

Yes. The following is a list of the thirty-three states that have a licensure process in place.

The following are statutory citations:

Alabama SB 318, HB 383
Arizona ARS 32-2021
California 5UR 5593
Colorado 12-36 106 CRS
Connecticut Con Gen St 19a-16a
Delaware 24 Del c. chap. 26
Florida (code not available)
Georgia OCGA 43-5-1; 53-1
Hawaii HRS 461 j-3
Illinois 225 Ill Conp St 1992 PA 84-1080
Iowa IA HF 2387 (1994)
Kentucky KRS Ann 311.900
Louisiana L.A. R.S. 37: 330z
Massachusetts 259CMR 1.0-5.1
Mississippi MS Code 36-29
Nebraska PS NB 71-1240
New Jersey 45: 9-37. 34a
New Mexico 61-14d-1
New York NYSB 3834-B
North Dakota ND cert 43-39-01
Ohio ORC 4765-60
Oklahoma OK code 525
Oregon SB 167 (1993)
Pennsylvania 49 PA Code 40-5
Idaho ID Code 54-3911
Indiana IC 25-5.1
Rhode Island RI Code 5-60-1
South Carolina 44-75-20
Tennessee 63-24-101
Texas 451-2d
Minnesota 1993 Minn ALS 232
Missouri 334.704 RS.MO
New Hampshire RSA 328-B:10

6. What will be the economic advantages of licensing to the public?

Athletic trainers are a part of a cost effective health care delivery system. Health care is looking at prevention which is the cornerstone of managed care. The athletic trainers' ability to provide preventative care will help to reduce medical costs. Immediate on field evaluations and screening of athletes will decrease the number of unnecessary emergency room, physician, and clinic visits and will also help to reduce medical costs. Re-injury rate would be decreased because of the increased level of care and this would reduce the number of individuals asking for medical care.

7. What will be the economic disadvantages of licensing to the public?

None.

8. What will be the economic advantages to the licensing to the practitioners?

There may be an increase in the number of jobs available for athletic trainers in the state of North Carolina.

9. What will be the economic disadvantages of licensing to the practitioners?

For those already in the profession there would be a licensing fee and the cost of maintaining continuing education. Those entering the profession would have the cost of completing specific educational requirements.

10. Please give the potential benefits to the public of licensing that outweigh the potential harmful effects of licensure such as a decrease in the availability of practitioners and higher cost to the public.

Licensure guarantees a minimal level of competency of the athletic trainer. It also guarantees that the competency is maintained through continuing education. This will, in turn, guarantee a minimal level of care. On the high school and collegiate levels the delivery of health care could begin at the school instead of a medical facility such as an emergency room.

Athletic trainers work under the supervision of a medical doctor and they work closely with other health care professionals. The athletic trainer is considered an allied health care professional and is recognized by the American Medical Association.

Athletes are bigger, stronger, and faster. Therefore, there is an increased risk of injury to these persons. It is impossible to prevent all injuries incurred by athletes, but it is possible to provide a higher level of care than exists at the present time.

11. Please detail the specific specialized skills or training that distinguish the occupation or profession from ordinary labor.

The Role Delineation Study of the National Athletic Trainers Association contains the recognized standards required by the profession. See exhibit C.

12. What are other qualities of the profession or occupation that distinguish it from ordinary labor?

See the Role Delineation Study (exhibit C).

13. Will licensing requirements cover all practicing members of the occupation or profession? If any practitioners will be exempt, what is the rationale for the

exemption?

The licensure will cover all persons who hold themselves out as athletic trainers. The bill provides exemptions for other health care workers who have their own licensing process.

14. What is the approximate number of persons who will be regulated and the number of the persons who are likely to utilize the services of the occupation or profession?

Approximately 600 individuals will be regulated. The persons utilizing the services will receive care in high schools, colleges, universities, clinics, industry, and professional settings. It is estimated that approximately 1/2 million persons will receive care from the individuals that are regulated.

15. What kind of knowledge or experience does the public need to evaluate the services offered by the practitioner?

Without licensure the public will have no way to evaluate the services offered by an athletic trainer. Licensure will guarantee to the public that there is a minimal level of competency required to provide services.

16. Does the occupational group have an established code of ethics, a voluntary certification program, or other measures to ensure a minimum quality of service?

There is a code of ethics for athletic trainers (see exhibit D). The present certification is voluntary through the National Athletic Trainers Association. If the bill is enacted the certification will become mandatory.

Bryan Fass
3609 Huyton Court
Charlotte, N.C., 28215

Rick Proctor
Head Athletic Trainer
High Point College
University Station, Montlieu Ave.
High Point, N.C., 27262

Rick, I am an ATC working as a clinical trainer in Rowan county. Over the past two years I have been witness to many dangerous and stupid acts by un-certified Teacher/Trainers in the local High Schools. The worst was when the 'Trainer', who has no sports medicine background, received an Ultrasound machine from a local Chiropractor who wanted to drum up referrals. The 'Trainer' began using the device on every injury he saw, acute or chronic, he had no formal training nor did he posses knowledge of treatment parameters or contraindications.

I have seen the "so called" high school trainers perform sub-standard evaluations, improper taping/bracing techniques, and allowing injured athletes to continue playing. There have been few that were smart enough to ask for help from someone with a medical background.

I also heard from a fellow ATC that he was present a foot ball game and two players collided and received concussions. One was later diagnosed as grade two+. The scary part was that the player was allowed to play the very next week and when asked why he was playing, the answer given by the school trainer to my friend was that the player stated he felt O.K., and the school trainer saw no problem with allowing him to play!.

I hope these can be of some help, and I wish you all lots of luck in getting this through the state. If you need any further info or help, please let me know.

Bryan Fass, AT.C

Livingstone College

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Salisbury, NC 28144

Telephone (704) 638-4126
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Rick Proctor
Head Athletic Trainer
High Point University
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High Point, NC 27262

To Rick Proctor:

I am the new head athletic trainer at Livingstone College in Salisbury. Bob Casmus asked me to write to you about some of the athletic trainer "horror" stories I have heard about the last athletic trainer, who was uncertified, at Livingstone. Bob thought you would like to pass these stories on to our state legislatures.

I would like to first state that these stories have been told to me by Livingstone College athletes and our team physician. I can not provide documented proof of the validity of these stories, but the following accounts have been passed on to me by more than one person on separate occasions.

The first, and scariest, story involves a female basketball player suffering from various lower extremity injuries. The previous athletic trainer placed the athlete in a full body ice whirlpool in the middle of winter. The athlete was also suffering from head and chest congestion prior to the whirlpool bath. As a result of the ice whirlpool combined with not ensuring the athlete was properly dry and warm before escorting her into the cold air the athlete suffered from walking pneumonia and had to be hospitalized for a period of at least one week. I would also like to mention that the whirlpools at Livingstone College do not meet required safety standards (i.e. there are no ground fault circuit brakers). Rest assured I am leaving the whirlpools in storage until I can have them properly hooked-up and they can be placed in an area in which I can supervise their use.

Another story also involves whirlpools. The previous trainer would routinely place hook-up the whirlpools in the outdoors and place football players in them. Obviously this also creates a safety hazard.

My physician tells me of an incident in which a football player dislocated his finger. The trainer reduced the dislocation and allowed the athlete to continue playing without any type

of splinting. After several weeks of pain he finally referred the athlete to the physician who discovered a fracture site on the involved finger.

There are also numerous accounts by several different athletes who told the trainer of various injuries. The athletes felt the trainer treated their injuries with indifference. The trainer would provide them with NSAIDs and allow them to return to competition without rehabilitation and before the injury had properly healed enough to return safely.

My last story involves numerous times in which the trainer would provide the athletes with prescription strength ibuprofen (800 mg). Sometimes, the athlete would not even be injured when the prescription strength ibuprofen was administered.

I have not mentioned the previous trainers name because I do not feel that it is relevant. He is no longer employed as athletic trainer at any institution or place of business at this time. If you have any questions please feel free to contact me at the above number and I will try to assist you in any way possible.

Sincerely,

Erik Zirkle

Erik Zirkle, A.T.C., M.S.
Head Athletic Trainer

HENDERSONVILLE
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Mr. Rick Proctor ATC
High Point University
High Point, N.C.

Dear Rick:

I present an event that I have personal knowledge of concerning improper care given by individuals representing themselves as athletic trainers but without having proper knowledge.

This event occurred in 1980 involving an East Henderson High School football player. During the course of a Friday night football game, the player was involved in several "good hits". The player did not report any problems the night of the game, however, during the following week there were supple indications there may be a problem. One was that the player was somewhat more talkative than normal, that he "just didn't seem himself". Another area of concern was the substantial loss in eye - foot coordination. This player went from the quickest player on the team in a coordination drill of lateral step ups to falling down on every attempt.

The following Friday, this young man was again playing football. Early in the first half he lined up in his defensive end position, staggered over into the opposing team, and collapsed. As that point the player began to suffer severe respiratory compromise and if not for the resuscitative measures of the team MD and paramedics, the player would have died on the field. He was placed in the intensive care unit at Memorial Mission Hospital in Asheville, N.C. where he remained in critical condition for several days. Fortunately, he did recover, however still feels the effect of the injury.

The athletic director told me the coaching staff felt they were very ill prepared if this event had occurred during a practice and not a game where the team MD was present. The individual that was serving as the athletic trainer for the team also told me that if had happened at practice he would have not felt at all prepared or trained to deal with this type of emergency.

The first issue here is that if a properly trained athletic trainer had been present, the chances of these supple indicators would have been noticed and this player monitored more closely. Second, the presence of a properly trained athletic trainer would have ensured that, if this event had occurred at practice, that someone present could handle the situation in a proper manner.

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Clearly, we must take measures to ensure that the care of our children must be handled by trained and competent professionals.

Sincerely;

Dwayne Durham M.Ed. A.T.,C.
Director

Post-it® Fax Note 7671	Date 2-7-97	# of pages ▶ 1
To Rick Proctor	From Jim Rankin	
Co./Dept. HP Univ So. Mod.	Co. ECU Sports Med	
Phone #	Phone #	
Fax # 910 841 9182	Fax #	

Date: Mon, 21 Oct 1996 16:24:01 (
Reply-To: Discussion list for athleti
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:nder: Discussion list for athleti
<ATHTRN-L@IUBVM.UCS.INDIANA
From: jrankin@UOFT02.UTOLEDO.EDU
Subject: Suncoast HS, West Palm Beach Florida
To: Multiple recipients of list ATHTRN-L
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Did anyone see an article in the paper last week (I got it in the Detroit Free Press, October 18, 1996) concerning a HS football player, Daniel Finley, of Suncoast HS, West Palm Beach, FL? Seems he was injured in the first quarter of a game the previous week and allowed to lay on the bench for over three quarters. The article says an EMT DIAGNOSED a STRAINED MUSCLE and told his parents to "put their son to bed with a hot compress."

The mother said she asked her son how he was doing and he told her "It's the worst, Mom." She took him to the ER and he was immediately put into surgery to remove a "destroyed" spleen and a lacerated kidney.

Apparently the EMT was the only medical personnel on site, no physician was present and no ambulance. The school principal, Kay Carnes, said "Suncoast does not employ an athletic trainer." Later in the article she said the athlete was wearing all of the required equipment and that she plans to investigate getting auxiliary protective equipment for her players, but no mention of getting an athletic trainer who would in all probability not miss the evaluation of the serious injury and would never send an athlete with an acute muscule injury to "bed with a hot compress."

The principal said, "Whenever anything happens like this, you always need to reevaluate everything you do when it comes to the safety of kids." OK, principal Carnes, where is the athletic trainer in all of this reevaluation? West Palm is not exactly an economically depressed area as far as I know.

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just met the most wonderful new man. Sure, he's fictional but you can't have verything.

-Cecelia in Woody Allen's The Purple Rose of Cairo

96

May, 1990

In Lincoln County, a softball player was sliding into third base when an injury occurred. She fractured her tibia and fibula on impact with the base. No medically trained person was on site at the time of injury. She received little help from coaches or fans. She was removed from the field, sat on the bench, and was told it was a sprain. After showing sings of shock her parents took her in their car to the emergency room. Her ankle was never splinted or immobilized during transport. This athlete had a significant injury with great pain but did not have a certified athletic trainer to give her proper care.

October, 1996

In Wilkes County, a football player with a history of gastric ulcers, but who had been cleared to play, was having some problems with a fever and a non-productive cough. This player received a blow to the abdomen during the first half and was coughing up a bloody phlegm. Allowed to return to play by an unqualified person acting as an Athletic Trainer, the athlete began to have problems with balance, conciousness and uncontrolled coughing and vomitting.. These symptoms were again dismissed as fatigue. During half time, a Certified Athletic Trainer was called in to asses the situation and quickly picked up on the possibility of internal problems. After his assessment, the Trainer sent the athlete to the hospital via the E.M.S. Because of the amount of time the athlete participated with this signifcant injury, his hospital stay was three days. Had an A.T.C. been present in the beginning, this athlete's injury would have been handled in a more appropriate manner and its severity would have been lessened.

Fall, 1993

In Burke County, a football player was hit in the bicep during a game. Two weeks later, a certified athletic trainer happened by him during a visit to the school and noticed decreased flexion in his elbow. Earlier, he had told the coach who brushed it off as a bruise. The athlete's bicep was double in circumference with a 15 degree extension loss! He had developed a condition called myositis ossificans where bone develops within the muscle and can develope after a bruise goes untreated. After extensive physical therapy, he regained a lot of his motion and was able to play. Presently the athlete still has about 5 degrees of extension loss and must play padded secondary to pain with any contact. This injury could have easily been prevented with proper immediate treatment and preventive padding. There was no certified athletic trainer employed at the school at this time.

Sept. 1996

In Wilkes County a JV football player went down with a possible neck injury, experiencing numbness and weakness in all extremities. EMS and first responders weer activated, and upon arrival the EMS began to remove the helmet against the wishes of the coaching staff. The EMS crew assumed all responsibility and removed the helmet and proceeded to transport the player. Fortunately, there was no permanent injury, but had there been and ATC present the incident would have went smoothly.

On a more positive note: In a game situation, a JV quarterback received blows to the head that later produced a subdural hematoma. By chance, there was a doctor and an ATC from a local physical therapy clinic in attendance. Their assessment and quick EMS transport possibly saved a life.

Summer 1996 (Pitt County) - A high school football injures himself while playing recreational basketball and suffers a thigh injury. The non-certified athletic trainer at the high school tells him to put heat on it and work it out. Three weeks later the athlete refers himself to a certified athletic trainer at the local university, who immediately recognizes the seriousness of the injury and the previous mistreatment, and refers the athlete to an orthopaedic surgeon.

Due to the mis-handling of the injury initially, the athlete required extensive treatments and rehabilitation costing the family hundreds of dollars. Also effected by this incident was the collegiate career of this athlete, since the injury effected the athletes performance, he was dropped for most larger schools recruit list.

:e: Fri, 22 Nov 1996 09:00:08 GMT-5
)ly-To: Discussion list for athletic trainers
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)m: Ray Castle <rcastle@linknet.net>
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.ow is an article that was in the Sunday, Nov. 17 issue of The Daily
'ertiser newspaper (Lafayette, LA). Thought this might be of interest to
)se of you who gather information on legal liabilities in sports medicine.

IILY SUES OVER DEATH

.ston (AP) - The family of a Pasadena (TX) high school sophomore who died
er a football practice has sued the school district, claiming violations
league regulations on hot-weather workouts and medical emergencies.

ald R. Roventini, Jr., 16, died from heart and kidney failure brought on
dehydration and heat exhaustion on the first day of practice on Aug. 14,
ording to the federal lawsuit filed Friday.

suit seeks unspecified monetary damages. It says his coaches at Dobie
h School violated regulations of the University Interscholastic League,
governs sports at Texas public schools.

Pasadena Independent School District, its board members, some members of
school athletic department and the state of Texas were named as defendants.

erintendent Rick Schneider said Saturday that he had not yet seen the
suit but that the district had found no wrongdoing. He said Roventini's
th was tragic.

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e this is useful to all if you did not see this in your area newspaper.

:erely,

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COURT REQUIRES PROPER MEDICAL PRECAUTIONS

By Glenn M. Wong and Carol A. Barr
UNIVERSITY OF MASSACHUSETTS, AMHERST

In what is no doubt just the first salvo in an extended battle, an appeals court ruled in Kleinknecht v. Gettysburg College [CA 3, No. 92-7160 (3rd Cir. 1993)] that a college owes a duty of care to its recruited student-athletes regarding reasonably foreseeable medical emergencies that may occur during school-sponsored athletics activities.

(The Pennsylvania Supreme Court has not addressed this issue, but since the parties are from different states and at least one of the parties opted to have the case heard in Federal court, the case was reviewed by the Federal court according to Pennsylvania state statutes.)

During a practice of the intercollegiate men's lacrosse team at Gettysburg, a 20-year-old student-athlete with no history of severe medical problems, who had been recruited to play lacrosse at the college, died of cardiac arrest. His parents brought a wrongful death suit against the college, arguing that it had a duty of care to their son by virtue of his status as a varsity student-athlete participating in an intercollegiate program. They claimed this duty was breached by the college when it failed to provide proper medical services at the time of their son's death.

Since the practice session was held during the nontraditional fall practice season, no athletics trainers were required to be at the practices. Neither coach was certified in cardiopulmonary resuscitation (CPR), and neither had a two-way portable radio on the practice field. The nearest telephone was between 200 and 250 yards away, inside the training room at the football stadium. The shortest route to the telephone required scaling an 8-foot high fence. The lacrosse coaches said that they had never discussed how they would handle an emergency if one occurred during fall practice.

Between five and 12 minutes after the student-athlete dropped to the ground (the exact time is in dispute), the head trainer arrived at the scene and administered CPR. It is also estimated that 10 more minutes elapsed before the first ambulance arrived.

Under Pennsylvania law, negligence cases require that a plaintiff establish a duty requiring the defendant to conform to a certain standard, a failure to conform to the standard, a causal connection between the conduct and the resulting injury, and actual loss or damage.

The plaintiffs argued that the student-athlete was recruited to play lacrosse and was stricken while engaged in this activity, not while performing private affairs as a student at the college. In addition, the plaintiffs cited Hanson v. Kynast [No. CA-828 (Ohio Ct. App. 1985)], in which an appeals court held that a university owed a duty of care to a student-athlete who was seriously injured while playing in a lacrosse game against another college.

The District Court ruled for Gettysburg and granted a summary judgment in the college's favor. The court found that even though the parents had presented evidence showing that severe injuri an occur during contact sports, the college still had no duty to the student-athlete because the school could not foresee that a young athlete who had no previous history of medical trouble was likely to suffer cardiac arrest during a practice or game.

Providing medical support during out-of-season practices in contact sports like lacrosse is both a legal and safety issue.

The Court of Appeals, however, found that a special relationship did exist between the college and its student-athletes, because the student-athlete was recruited to play lacrosse for the college and was stricken while participating in this activity. This special relationship is sufficient, the court ruled, to impose a duty of reasonable care on the college.

The Court of Appeals also found the District Court's definitions of foreseeability — that the college could not foresee cardiac arrest occurring to a student-athlete who had no history of medical problems — as being too narrow. Instead, the Court of Appeals felt that although the specific risk that a person would suffer a cardiac arrest may be unforeseeable, the parents had produced ample evidence that a life-threatening injury occurring during participation in an athletics event like lacrosse was reasonably foreseeable. The college, therefore did owe the student-athlete a duty to take reasonable precautions against the risk of death while he was taking part in its intercollegiate lacrosse program. The parents had argued that this duty of care required the college to be ready for any life-threatening injury and to respond swiftly and adequately to a medical emergency — and the appeals court agreed.

The court was clear in stating that the class of student to whom a college owes the duty of care is limited to recruited student-athletes who are participating in the activity for which they were brought to the college. The court went on to state that whether the college breached its duty to prc prompt and adequate emergency medical services is a question for a jury to decide.

Although this case is based on Pennsylvania law, its implications may be far-reaching. As a result of this decision, colleges and universities may need to review the policies and procedures they use regarding medical services at athletics team practices and events. Some of the issues schools may need to reconsider include: how long it would take to get emergency assistance to various fields and stadiums; whether coaches should be certified in CPR and know how to handle an emergency; where the closest phone is; whether trainers should be available at nontraditional practices; what procedure should be used to get in touch with a trainer if there are none at the practice site; and whether trainers are available in the training room throughout the practice time. Also, since the decision specifically referred to a contact sport, schools will have to consider whether noncontact sports will be similarly affected.

In short, the court's decision implies that much more care and service need to be provided first-hand at practices and games.

Note: A version of this article originally appeared in the July 1993 issue of Athletic Business Magazine.

The NCAA Sports Medicine Handbook addresses this issue in Guideline 1A, "Sports Medicine Administration."

Glenn Wong and Carol Barr work at Massachusetts. Wong, Dean of the School of Physical Education and faculty athletics representative, can be called at 413/545-4370. Barr, assistant director of athletics, can be called at 413/545-2342.

| More Sports Features Page | The Sports Page |

FITNESS: Do physicals for youngsters need a check up?

Scripps Howard News Service

(Apr 23, 1996 - 11:11 EST) -- Jan. 3, 1996 -- A high school wrestler collapsed and died Wednesday after running laps during practice. ... To be on the team, Matt Ranck, 17, passed physical examinations, which did not reveal any problem.

Jan. 4, 1996 -- A Smithfield teenager, Quinton Brown, collapsed during a high school basketball game Wednesday and later died -- the second North Carolina student to die after collapsing on a basketball court this week. On Tuesday, 15-year-old freshman James Rumph, a ninth-grader, collapsed on a basketball court and died later that day. ... Rumph had taken a mandatory physical before the season and doctors said he was healthy enough to play.

Jan. 10, 1996 -- A star swimmer for the University of Massachusetts, 20-year-old Greg Menton, died of a heart attack Wednesday after collapsing during a meet at Dartmouth College. Team doctor James Ralph said he was unaware of any pre-existing conditions.

(As reported by wire services)

Sports physicals. Time has done little to change this annual preseason ritual. Basically, the good doctor sits you down for a little family-history lesson, listens to your ticker, taps you on the knee and wishes you luck.

You can get a morning appointment and still make practice that afternoon. And, in some places, the fee has stayed at about 10 bucks.

But are the exams even necessary? Are they enough? The answer, of course, depends on which physician is on call.

"The average physical is awfully cursory," said Dr. Richard Dauphine, who has an office in Monterey, Calif. "It's of questionable use, really. It doesn't pick up those things that can kill you suddenly.

"It's like the well-baby clinic. You bring the healthy baby to the doctor and he checks the baby and says, 'Well, he's well.'"

Dr. Lee Goldman of Carmel, Ca., agreed that many of the sudden-death sorts of maladies that received attention after the 1990 death of Loyola Marymount University basketball star Hank Gathers simply are not detectable. But he said the annual medical visit is more than just a formality.

"You do pick up some problems," he said.

USA TODAY Health

04/22/96 - 09:55 PM ET - Click reload often for latest version

Deaths of young athletes under growing scrutiny

Last October, Gray Lunde of Newport Beach, Calif., dragged himself out of the pool during water polo practice and collapsed in the arms of a teammate.

Two hours later, the 14-year-old died, the victim of a heart attack caused by a malformed artery, a condition that never showed up despite exhaustive tests Lunde had after he blacked out during practice a week earlier.

Each year, an average of 12 athletes - most high-school age - die during training or games from nearly imperceptible heart disorders.

USA TODAY found that in the six months from Aug. 18, 1995, to Feb. 17 there were 14 such deaths among athletes ages 13-18 who received medical clearance to compete.

The numbers are small when compared to the 5.8 million high school athletes in the USA. Officials say that sudden death, as doctors refer to it, afflicts only about one in every 300,000 competitors.

ll, that's little consolation to the families of those 14 victims.

And some question suggestions that the cost of more extensive medical tests - designed to look for heart problems and costing as much as $2,000 a student - is too high to be part of regular physicals for high school athletes.

"If these exams were given routinely, then the costs would come down," says David Burnett of Cookeville, Tenn., whose son Ryan died Sept. 14 during cross-country practice. "Obviously, just having one death for me was too frequent."

There are cases, like Lunde's, where the best medical technology falls short. And medical experts caution that even with the most thorough screening, some disorders will go undetected.

"Right now, parents assume a certain amount of risk if they want their children to play sports," says Fred Mueller, executive director of the National Center for Catastrophic Sports Injury Research.

Robert Lunde, Gray's father, understood that risk. "I have absolute faith in our doctors," he says. "Even with all the data they had, they couldn't do anything."

What's so hard to detect? Thickened heart muscles. Deformed artery valves. A host of conditions so small, ordinary physical exams won't confirm their presence.

a problem that is responsible for 85% of sudden deaths in athletes.

""--

Capsule summary of Erik Drygas story that have run this week

SUSAN ADELETTIÿ1B

Staff Writer

University of Alaska Fairbanks defensemen Erik Drygas remained in the Intensive Care Unit at Fairbanks Memorial Hospital Sunday after suffering a severely fractured fifth cervical vertebra in a freak accident during the hockey team's practice last Monday.

Drygas was injured when he fell head-first into the boards during a power-play drill about two hours into Monday's workout at the UAF Patty Center.

The strapping 6-foot-4, 215-pound defenseman, underwent six hours of surgery on Wednesday to remove bone fragments and graft a bone from Drygas hip to help stabliize the damaged vertebra.

"The operation went extremely well; they're very happy," UAF sports information director and Drygas' family spokesman Scott Roselius said of the surgery performed by Dr. Roy Pierson and Dr. George Vrablik. "There were nö complications as far as the operation."

Surgeons removed bone fragments and also grafted bone from Drygas' hip to help stabilize the damaged vertebra.

Drygas still has limited use and feeling in his upper body and paralysis in his lower body, with little change since the surgery Roselius said. Drygas' spinal cord remained intact, but was bruised in the accident, and doctors are not speculating on a prognosis.

Drygas is expected to be transferred to a rehabilitation center in the Lower 48 sometime within the next week.

The UAF Face-Off Club, in conjunction with the university and the Rotary Club of Fairbanks Sunrisers, has set up the Erik Drygas Fund to help with hospital bills. Contributions can be made at Denali State Bank, the UAF Patty Center or sent to the Face-Off Club at P.O. Box 81043, Fairbanks, AK, 99708.

Drygas was an honorary starter in UAF's first home game of the season Friday night and received a standing ovation from the 4,591 fans in attendance at the Carlson Center. Drygas listened to the game on radio from his hospital bed. The Nanooks lost to rival UA Anchorage, 3-2.

"Everyone in this building tonight wänted to show Erik that we really are concerned about him and stand behind him 100 percent," said Steve Thompson, who has been one of the Nanooks' staunchest supporters since the hockey program got started 17 years ago. "I thought it was just great the way the crowd really responded."ÿ1B

ÿ1B

636,000 Injuries Annually in High School Football

John Powell, PhD, ATC

A nationwide study reporting more than 600,000 high school football injuries in 1986 has spurred a call for a health care plan to cover every interscholastic athletic program in the nation.

The first nationwide survey of high school sports injuries since 1976 found that 37 percent of the nation's one million prep football players were sidelined by injury at least one time last year. The National High School Injury Registry (NHSIR) also revealed that injuries occur in practice nearly twice as often as during a game.

The report was compiled by the National Athletic Trainers' Association (NATA) of Greenville, North Carolina.

Based on projections from a sample of 6,544 varsity and junior varsity football players, the injury toll in 1986 was 636,279. Football players comprise 18 percent of 5.6 million interscholastic sports participants in the U.S., NATA officials said, but sustain the majority of sports injuries.

"This survey is the first truly in-depth study of high school sports injuries ever conducted," said Otho Davis, Executive Director of NATA. "The results clearly demonstrate a need for instituting a verifiable health care plan in every athletic program in the country."

The study measured the rate and severity of football-related injuries at 105 high schools. It was designed to help identify areas of risk and support research to reduce the impact of injury in prep sports. Schools varied widely in terms of size of enrollment, with all regions of the U.S. represented. Certified athletic trainers, paramedical professionals primarily responsible for the management and prevention of sports injuries at the targeted schools, recorded the data used in the survey.

According to study results, the majority of football-related injuries were not serious. Seventy-five percent of all injuries required seven days or less to heal. Sixteen percent took two to three weeks before players were permitted to resume participation. Nine percent were major injuries that precluded participation for three weeks or more.

Survey results reflect injury frequencies under the most favorable conditions, where a certified athletic trainer was available to players during all practices and games. Fewer than 10 percent of the nation's 15,566 high schools with football programs have certified athletic trainers.

Medical records for more than 9,600 football games and practices were used to complete the study. They revealed that 49 percent of the injuries were sprains and strains, and that 29 percent were contusions and lacerations.

The typical varsity football team last fall had 48 players, 39 of whom participated on game day. During the 16-week season between August and November, an average of 41 time-loss injuries occurred at each school. Of those, one athlete per team required hospitalization within 18 hours, and an average of one player per team required surgery to repair an injury.

Where It Hurts

A breakdown of 4,292 time-loss injuries reported in the NHSIR study and projections of U.S. totals follow:

Number of injuries reported in study	Location	Percentage of total		Projected total of high school football injuries in U.S.	
769	hip/thigh	(17.9%)	10%	114,002	10
714	ankle/foot	(16.6%)	23%	105,849	33
625	forearm/wrist/hand	(14.6%)	16%	92,655	49
625	knee	(14.6%)	14%	92,655	63
431	trunk	(10.0%)	8%	63,895	71
414	shoulder/arm	(9.7%)	9%	61,375	80
384	head/neck/spine	(9.0%)	7%	56,927	87
122	face/scalp	(2.8%)	2%	18,086	89
208	other	(4.8%)		30,835	11%
4,290	time-loss injuries	100%		636,279	

Note:

57 percent of first-time injuries were sustained by offensive players.

43 percent of first-time injuries were sustained by defensive players.

Dr. Powell is Director of Sports Medicine Education at San Diego State University, San Diego, California 92182-0180. He is Director of the National High School Injury Registry, supervises the National Football League Injury Surveillance program, and is Chairman of the NATA's Research and Injury Committee.

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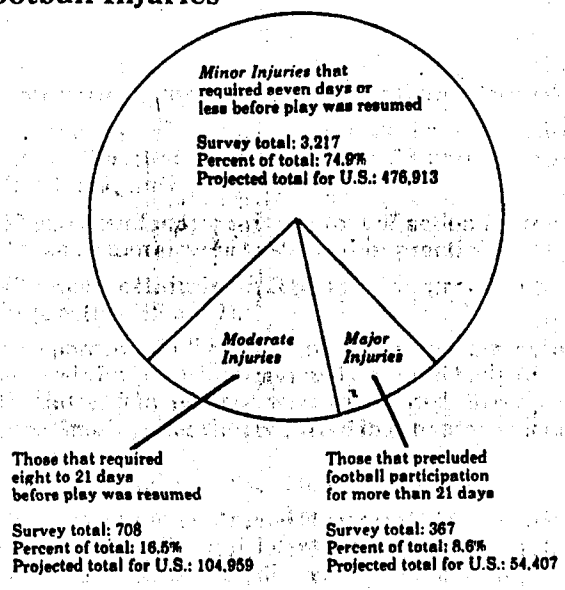
Severity of High School Football Injuries

A breakdown of the 4,292 sports-related injuries reported by the National High School Injury Registry follows:

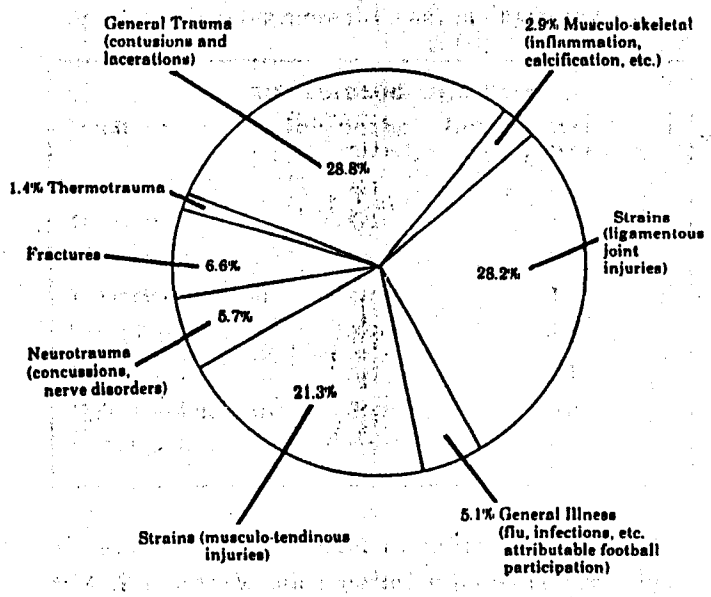
Number of Injuries	Percent of total	Severity	Projected total of U.S. Population
3,217	(74.9%)	minor injuries that required seven days or less to heal before play was resumed	476,913
708	(16.5%)	moderate injuries that precluded football participation for eight to 21 days	104,959
367	(8.6%)	major injuries that precluded football participation for more than 21 days	54,407
4,292	(100%)		636,279



Surgical repairs: There were 97 football-related injuries (2.26 percent of total) that resulted in surgery. That projects to 14,380 football-related surgeries in 1986, or about one surgery per team. Sixty-seven of the 97 surgeries (69 percent) were knee related, which projects to 9,933 knee surgeries among high school football players in the U.S. in 1986.

Types of Injuries Sustained in High School Football

Percent	Injury classification	Description
28.8%	General trauma	contusions and lacerations
28.2%	Sprains	ligamentous joint injuries
21.3%	Strains	musculo-tendonis injuries
6.6%	Fractures	—
5.7%	Neurotrauma	concussions and nerve disorders
5.1%	General illness	Flu, infections, etc., attributable to football
2.9%	Musculo-skeletal	Inflammation, calcification, etc.
1.4%	Thermotrauma	Blisters, dehydration
100%		



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FACT SHEET

I. U.S. Population of High School Football Players

- There are 15,566 football programs in U.S. High schools (1).
- There are 1,048,100 athletes participating on "11-man" high school football programs, or an average of 67 varsity and junior varsity football participants per school (2).
- There are 747,200 varsity football players in U.S. high schools, based on average number of players per team (48) recorded in the National High School Injury Reporting (NHSIR) system, and 300,900 junior varsity players.

II. About the National High School Injury Registry

- Funding for the NHSIR system was approved by the National Athletic Trainers' Association (NATA) in June, 1985 (3) to measure the rate and severity of *"time-loss injuries"* in high school football. "By more clearly identifying the problem," NATA officials say, "we can help enhance the safety and well-being of interscholastic athletes."

Definition: Time-loss injuries are defined in the NHSIR system as those that require the player to suspend activity for at least the remainder of the day the injury occurred, or the day after onset of injury.

- The NHSIR system is the first nationwide study of high school sports since 1976, when the Department of Health, Education and Welfare tabulated results from a one-page "instant recall" survey. NATA officials describe the NHSIR survey as "the first truly in-depth nationwide study of high school injuries ever conducted."
- NATA-certified athletic trainers at 105 high schools monitored 6,544 high school football players in 1986 to complete the NHSIR study. Survey results from an additional 25 high schools were discarded by the research team at San Diego State University, headed by Dr. John Powell (Ph.D), due to insufficient information.
- There were 5,040 varsity players (an average of 48 per school) and 1,504 junior varsity players monitored in the survey.

III. High School Football Injuries in 1986

- A total of 636,279 time-loss injuries occurred among a population of 1,048,100 high school football participants in 1986, based on projections of NHSIR system results.
- Of the 6,544 players who were monitored in the study, 2,437 (37 percent) were injured at least one time.
- There was an average of 41 football-related time-loss injuries per high school in 1986.
- Each school had an average of 2.71 time-loss injuries per week during the 16-week season in 1986.
- There were no catastrophic (paralyzing) or fatal injuries directly related to football among the 6,544 players monitored in the 1986 study. However, an average of 34 catastrophic injuries or fatalities directly related to interscholastic sports have occurred annually since 1982 (4).

IV. Comparing Practice Injuries to Game Injuries

- 62 percent of all injuries were sustained during practice, the study showed. Only 38 percent were suffered in games.
  - — 53 percent of major injuries (out of action for three weeks or more) were sustained in practice.
  - — 43 percent of injuries that required surgery occurred in practice (42 of 97).
  - — 10.6 percent of all injuries reported were classified as "re-injuries" (to a previously injured body part). Of those, four percent were attributed directly to first-time injuries that occurred in the same season.

V. The Rate of Injury According to Position

- Offensive linemen sustained 20 percent of all reported injuries in the study, and defensive linemen accounted for 19 percent. This is attributed to the fact that there are more linemen on the field at any one time than players in other positions.

  A more accurate reflection of the rate of injury by position can be determined, however, by calculating the rate of injury for each individual player at his position (see table below). Also included in the table is the rate of significant injuries that precluded football participation for more than seven days:

Game-related Injuries

Position	Injuries per 100 games	Injuries over 7 days per 100 games
Running back	9.3	2.7
Quarterback	6.9	1.9
Linebacker	5.1	1.4
Defensive Lineman	4.7	1.6
Tight End	4.2	1.3
Defensive Back	3.4	1.1
Offensive Lineman	3.3	0.8
Wide Receiver	2.9	0.6

VI. Most Common Cause of Injuries

- 43.9 percent of all reported injuries occurred upon "direct impact", which accounted for three times more injuries than any other cause.
- 12.7 percent of all injuries resulted from stretched muscles.
- 11.2 percent were torsion-related injuries.
- 9.1 percent resulted from indirect force.
- 3.9 percent were attributed to overuse.

VII. How Experience Affects Risk of Injury

- Years of high school football experience had little bearing on an athlete's frequency of injury:
  - — Players with one full year of experience accounted for 28 percent of all reported injuries.
  - — Players with two full years of experience accounted for 31 percent of all reported injuries.

— Players with three full years of experience accounted for 32 percent of all reported injuries.

VIII. Additional Facts and Figures

- The average high school football player in the U.S. is 5'10" tall and weighs 170 pounds.
- Twenty percent of all injuries reported occurred among players participating in a "home" game; only 18 percent among players at an "away" game.
- Fourteen of the injured players weighed under 100 pounds; 14 weighed more than 280 pounds.
- Fifteen injured players were under five-feet tall.
- Sixty-one percent of all injuries occurred during the regular season; 37 percent in the pre-season.
- Thirty-eight percent of the injuries were sustained by players in grade 12; 33 percent by those in grade 11; 23 percent in grade 10 and six percent in grade nine.
- No conclusions can be drawn from this study with regard to natural turf versus artificial turf, since the number of artificial surfaces in high school sports is minimal. But for the record, 95.8 percent of the injuries occurred on natural turf.

References

(1) The National Federation of State High School Associations (NFSHSA) reportedly represents 89 percent of U.S. high schools. The NFSHSA lists 13,854 "eleven-man" football programs among its members in its 1986-87 handbook (page 76). We arrived at a total of 15,566 football programs in the U.S. by adding 12.36 percent to 13,854 (15,566 minus 11 percent equals 13,854).

(2) The National Federation of State High School Associations (NFSHSA) reportedly represents 89 percent of U.S. high schools. The NFSHSA lists a total of 932,808 football participants on "eleven-man" teams at their member schools. We arrived at a total of 1,048,103 high school football participants in the U.S. by adding 12.36 percent to 932,808 (1,048,103 minus 11 percent equals 932,808).

(3) The NATA received financial support for this study from the Athletic Products Division of Johnson & Johnson Products, Inc. and The Quaker Oats Company, maker of Gatorade® Thirst Quencher.

Certified athletic trainers at 105 high schools across the U.S. maintained medical records that were provided to John Powell, Ph.D., (left) director of the National High School Injury Registry, and to project coordinator William H. Edwards, Ph.D. and Theresa E. Siordian at San Diego State University. Graduate students Michael Podlenski, ATC, and Frank Micale also played pivotal rolls in managing the data for the first study in 11 years to examine the risks of injury in high school football.

(4) Fred Mueller, Ph.D., director of the Annual Survey of Football Injury Research at the University of North Carolina at Chapel Hill. Contact Dr. Mueller at 919/962-2021. ⊕

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THE UNIVERSITY OF NORTH CAROLINA

Basketball Office
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or
Smith Center - Bowles Drive
Chapel Hill, NC 27514
Telephone (919) 962-1154

Dean E. Smith
Head Basketball Coach

Assistants
Bill Guthridge
Phil Ford, Jr.
Dave Hanners

March 4, 1997

Mr. Rick Proctor
Athletic Trainer, High Point University
University Station
Montlieu Avenue
High Point, NC 27262-3598

Dear Rick:

It has come to my attention through the North Carolina Athletic Trainer Association that legislation is before the North Carolina General Assembly for the licensure of athletic trainers. I support this effort and hope that the General Assembly will act on this bill quickly.

Athletic trainers provide important services to the young people of this state and, in order to ensure that qualified individuals fulfill the role of athletic trainer, licensure is needed. Licensure would mandate that persons employed as athletic trainers have a thorough knowledge of current athletic medicine and have shown the ability to provide appropriate care to the injured athlete.

Sincerely,

Dean E. Smith

DES/rkd

THE UNIVERSITY OF NORTH CAROLINA
TAR HEELS
Mack Brown, *Head Football Coach*

April 7, 1997

Rick Proctor
Athletic Trainer
High Point University
University Station - Montlieu Avenue
High Point, NC 27262-3598

Dear Rick:

Dwayne Durham has brought to my attention the fact that legislation is before the North Carolina General Assembly for the licensure of athletic trainers. I wholeheartedly support this legislation and hope that the General Assembly will act on this bill in the near future.

The services provided by athletic trainers are essential to both high school and collegiate programs. This type of legislation is necessary to insure that only qualified individuals, with a thorough knowledge of current athletic medicine and procedures needed to provide appropriate care to an injured student-athlete, are employed to fill these important positions.

Sincerely,

Mack Brown

Mack Brown
Head Football Coach

WMB/bcm

PO Box 2126 Chapel Hill, NC 27515-2126 (919) 966-2575 110

February 20, 1997

Mr. Rick Proctor, MAT, ATC
Chair, Licensure Task Force
North Carolina Athletic Trainers Association
High Point University
High Point, NC 27262

Dear Mr. Proctor:

We have recently been made aware of a licensure bill for athletic trainers that is before the State Legislature of North Carolina.

As a football player with the Baltimore Colts, and Owner of the Carolina Panthers, I have had the opportunity to work with Ed Block and other athletic trainers, experiencing their value firsthand. Over the years, I have also personally witnessed the professional relationship between athletic trainers and athletes in various organizations. The medical services they provide are essential, and it is equally as crucial that there be some measure to ensure care is given by only qualified individuals.

We strongly believe that through the passage of this bill, a higher level of care for all athletes in North Carolina will be achieved and maintained.

Sincerely,

Jerry Richardson
Owner/Founder, Carolina Panthers

JJR/DPH

///

North Carolina State University

Department of Athletics

Box 8501
Raleigh, NC 27695-8501

March 12, 1997

Mr. Rick Procter
Director of Athletic Training
High Point College
University Station
High Point, NC 27262

Dear Mr. Procter:

I have been asked to write a letter in support of licensure for athletic trainers in the state of North Carolina. I enthusiastically support any legislation that would regulate the practice of athletic training in this state. Over the years I have witnessed many situations in which our athletic trainers have been called upon to provide emergency care and establish rehabilitation programs for our injured student-athletes. Our student-athletes, their parents, and our coaching staff count on their professionalism and expertise in dealing with these situations.

Therefore, I would support legislation which would standardize the practice of athletic training and regulate a minimum level of competency within the state of North Carolina for anyone holding themselves to be athletic trainers. I believe that the regulation of the standard of practice for athletic trainers would help protect the health and welfare interests of all of the student-athletes in North Carolina.

Sincerely,

Les Robinson
Director of Athletics

North Carolina State University

Department of Athletics

Box 8501
Raleigh, NC 27695-8501

March 5, 1997

Mr. Rick Proctor
Director of Athletic Training
High Point University
University Station, Montieu Ave.
High Point, NC 27262

Dear Mr. Procter:

As an Associate Director of Athletics at North Carolina State University, I have had experience in college athletics in coaching and administration that spans more than 25 years. During that time, I have observed innumerable athletic injuries that have occurred to high school student-athletes and college student-athletes during training and competition. If is my professional observation that all trainers are not equal.

I have been a long-time proponent of a strong emphasis on quality sports medicine at NC State. Our hiring Charlie Rozanski is a testimony of our commitment to provide the very best health care for our student-athletes, both after they have sustained an injury and in the prevention of an injury. Working closely with our student-trainers and our certified trainers, I have developed a strong sense of appreciation for the professionalism of certification of athletic trainers. I am convinced without hesitation that high schools and colleges should hire qualified athletic trainers who have met a minimum standard of qualification for certification.

I have been advised by Charlie Rozanski that you are directing an effort with the North Carolina State Legislature to mandate appropriate licensing of athletic trainers hired to practice in the State of North Carolina. Please offer my sincere support for your efforts in such a licensing endeavor.

If I can provide you with any further information or affirmation, please feel free to call me at (919) 515-2055. Good luck in your efforts.

Sincerely,

Nora Lynn Finch

Nora Lynn Finch
Associate Director of Athletics

PC: Charlie Rozanski

North Carolina State University

Sports Medicine
Department of Athletics

Box 8501/8502
Raleigh, NC 27695-8501/8502

March 13, 1997

Mr. Rick Procter
Director of Athletic Training
High Point College
University Station
High Point, NC 27262

Dear Mr. Procter:

On behalf of the six staff athletic trainers at North Carolina State University, I would like to lend our support to your legislative effort. All of our current staff have Master's degrees and are certified by the National Athletic Trainers Association. We believe that this solid educational background, combined with demonstrated clinical competencies, is critical to provide for the proper care, prevention, and rehabilitation of athletic injuries here at North Carolina State University.

Student-athletes and their parents assume that an individual holding themselves to be an athletic trainer is qualified and professionally competent to handle their injury. Without State regulation, our student-athletes and their families have no method of measuring the education and clinical experiences of the individual holding themselves to be an athletic trainer. This creates the potential for true harm to the student-athlete as they and their families look to the athletic trainer to care for and manage the injury. State regulation would insure a consistent level of education and demonstrated clinical competencies of any individual holding themselves to be an athletic trainer in the state of North Carolina.

To insure the public's trust and to maintain quality control over the care given to student-athletes, we enthusiastically support the state's regulation of the practice of athletic training. We would welcome the opportunity to assist in this effort in any way that you might see fit.

Sincerely,

Charlie Rozanski
Director of Sports Medicine

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WAKE FOREST
SPORTS MEDICINE UNIT

March 25, 1997

Rick Proctor
High Point University
High Point, North Carolina

Dear Rick:

I am pleased to write a letter of support for licensure for Athletic Trainers in the state of North Carolina.

Having been NATA certified for the past 13 years, I have witnessed the growth of the profession of Athletic Training . Although licensure is an important part of continued growth, a greater issue is protecting the public. NATA certified athletic trainers must complete strict academic and clinical education. By allowing only educated professional to practice the art and science of athletic training, the public will have a better standard of care.

For these reasons, I support licensure for Athletic Trainers in the State of North Carolina.

Sincerely,

Scott A. Street

Scott A. Street, MBA,MS,ATC
Associate Athletic Trainer
Wake Forest University

SAS/dn

Wake Forest University ■ PO Box 7329 ■ Winston-Salem, North Carolina 27109-7329 ■ (910) 759-5620

DUKE UNIVERSITY DEPARTMENT OF ATHLETICS
CAMERON INDOOR STADIUM • BOX 90555 • DURHAM, NORTH CAROLINA 27708-0555

Mar. 19,1997

Dear State Legislators;

I would like to take this opportunity to write in support of the pending bill to license the profession of athletic training. The approval of this legislation will help ensure quality care of inter-scholastic and intercollegiate athletes throughout the state of North Carolina.

The athletic trainer has provided a vital role in the care of athletic injuries. Since the National Athletic Trainers Association's inception in 1950 , the organization has led the nation to improve the care of all athletes at every level. The NATA has ensured higher levels of competency of its members which can only benefit the student athlete.

This legislation is a important step to ensure that quality care is given to all athletes, at all levels, that are competing within the borders of North Carolina. I fully support this effort and hope the legislature will give it very serious and careful consideration.

Sincerely,

David L. Engelhardt

David L. Engelhardt
Head Athletic Trainer
Duke University

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THE UNIVERSITY OF NORTH CAROLINA
AT
CHAPEL HILL

The James A. Taylor Student Health Service
Division of Student Affairs

The University of North Carolina at Chapel Hill
CB# 7470, Student Health Service Building
Chapel Hill, N.C. 27599-7470

February 19, 1997

Mr. Ricky Proctor
High Point University
University Station, Montlieu Avenue
High Point, NC 27762-3598

Dear Ricky,

My staff of physical therapist/athletic trainers has reviewed the proposed athletic trainers licensure bill. We have discussed the need and implications of this bill and endorse this bill.

We are concerned that the board make the grandfathering section of the bill as strong as possible to protect the public from poor quality or incompetent care and to maintain a positive image of athletic trainers as health care professionals. All of us wish to improve the care delivered to the athletes in this state, and feel that licensure is an appropriate and needed step at this time. We will support your efforts in getting this bill passed.

Sincerely,

Daniel N. Hooker, PhD, A.T.,C., PT, SCS
Coordinator of Physical Therapy/Athletic Trainer
Sports Medicine Section
University of North Carolina at Chapel Hill

J. Marc Davis, A.T.,C., PT

Clairbeth Lehn, A.T.,C. PT

Robert Schneider, A.T.,C. PT

Christopher Hirth, A.T.,C., PT

William Prentice, PhD, A.T.,C., PT

Kevin Guskiewicz, PhD, A.T.,C.

Don Steelman, A.T.,C.

Meredith Busby, A.T.,C.

DNH/jwh

WPT
Orthopedic, Sports and General Rehabilitation
WILMINGTON PHYSICAL THERAPY, INC.

March 14, 1997

Rick Proctor, ATC
High Point University
University Station
Montilieu Avenue
High Point, NC 27262

Subject: Licensing as an Athletic Trainer

Dear Mr. Proctor:

For the past 18 years working as a physical therapist, I had the pleasure of working with numerous health professionals such as physicians, nurses, social workers, occupational, speech, physical therapist, and athletic trainers in providing care to injured people.

I recall my experiences in numerous settings working directly and indirectly with certified athletic trainers. When I was a Captain in the United States Air Force at Colorado Springs, I had the pleasure of working with certified athletic trainers in the orthopedic clinic and training room. When I was a graduate student at the University of Pittsburgh, I worked with collegiate and professional sports teams whom all had experience athletic trainers. Even in our local community I've had the pleasure to work with athletic trainers in a free standing out patient rehab facility, Sports Medicine Clinic, and New Hanover and Brunswick County School systems.

We are very fortunate to have professional athletic trainers working to help the injured athletes return to sports. They need to be recognized. I'm in support of legislation that would require them to seek out license censorship in the state of North Carolina.

Sincerely,

Paul R. Murphy, MS PT OCS
Wilmington Physical Therapy

PRM/tmw

118

2-9-97

Dwayne Durham, ATC
President
North Carolina Athletic Trainers Association

Dear Mr. Durham,

I am a physical therapist/athletic trainer who is interested in supporting the bill for athletic training licensure in the state of North Carolina. My experiences have been in both professions with high school and intercollegiate athletic training, as well as in physical therapy clinics and educational institutions. My education was initially in athletic training at both the bachelors and masters level. I also hold a masters degree in physical therapy.

As an athletic trainer it is my feeling that licensure is the proper step to insure that the citizens of North Carolina are duly protected. Without licensure the general public is not protected from those individuals who may not be professionally trained. Additionally this bill will allow the athletic trainer to gain the full recognition that is deserving of a group of individuals who are such an integral part of the health care delivery system in this state.

As a physical therapist this bill appears to be straight forward in that it is simply asking the state to validate the position that athletic trainers have obtained in North Carolina. While there may be opposition from a variety of sources in the medical and allied health community there does not appear to be any overt infringement problems with these other professions. If one looks at the recently published guidelines for curriculum reform as published in the "NATA News" it is apparent that the athletic training profession is very much committed to preparing new graduates to carry on the roles that are outlined in this bill. These new educational guidelines will allow for a continuation of the progressive attitude that has been so much apart of the athletic training profession during the past decade.

If there is anything further that I can do for you regarding the athletic training bill for licensure please let me know. I wish you success in attaining licensure for the athletic trainers of North Carolina.

Sincerely,

Walter L. Jenkins

Walter L. Jenkins MS, PT, ATC

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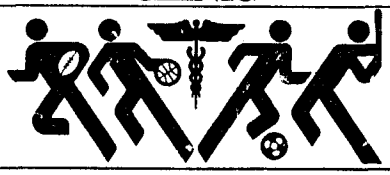

The Sports
Medicine Center

Glenn B. Perry, M.D.
Director
Donald F. D'Alessandro, M.D.
Jerry L. Barron, M.D.

December 3, 1996

To Whom it may concern:

This letter is in support of an act to license athletic trainers in North Carolina. As an orthopaedic surgeon specializing in sports medicine I have had the opportunity to work closely with many certified athletic trainers, in a variety of settings including high school , college, clinical, and professional levels. These individuals have proved to be competent in the prevention and management of athletic injuries and illnesses. In fact their strong educational background, certification process, and continuing education requirements have earned athletic training recognition by the American Medical Association as an allied health profession.

Unfortunately , at the present time anyone can represent themselves as an athletic trainer in North Carolina, even though they may not have the education and experience required for national certification. This creates a potential risk to the public. Creation of a licensure board would ensure that all athletic trainers working in the state would have the same minimal level of competency.

In addition it should be noted that athletic trainers contribute to a cost effective health care system by emphasizing injury prevention and injury evaluations that prevent unnecessary emergency room visits and x-rays. Through aggressive rehabilitation they focus on restoring good health and preventing re-injury.

As a physician I strongly support the recognition and regulation of athletic training in the state of North Carolina.

Sincerely,

Glenn B. Perry, M.D.

Miller Orthopaedic Clinic, Inc.

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Charlotte, NC 28203
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Administrator
Michael F. Allyn, FACMPE

120

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The Sports Medicine Center

Glenn B. Perry, M.D.
Director
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December 3, 1996

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Sincerely,

David R. Kingery, M.D.

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CLINIC

The Shoulder & Elbow Center

Donald F. D'Alessandro, M.D.
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James R. Boatright, M.D.
Forney Hutchinson, M.D.
Glenn B. Perry, M.D.
W. Alan Ward, M.D.
Jerry L. Barron, M.D.
Patrick M. Connor, M.D.

December 3, 1996

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Sincerely,

Patrick M. Connor

Patrick M. Connor, M.D.

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Fax 704/347-5320

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Michael L. Dockery, M.D.

Retired
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Charles F. Heinig, M.D.
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Research Director
Gary M. Kiebzak, Ph.D.

Administrator
Michael F. Allyn, FACMPE

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The Sports
Medicine Center
Glenn B. Perry, M.D.
Director
Donald F. D'Alessandro, M.D.
Jerry L. Barron, M.D.

December 3, 1996

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As a physician I strongly support the recognition and regulation of athletic training in the state of North Carolina.

Sincerely,

Jerry L. Barron, M.D.

Ed,
We appreciate your consideration of the athletic trainer licensing.
Have a merry Christmas!

Miller Orthopaedic Clinic, Inc.

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P.E. Brown, MD
J. Grey Winfield III, MD
Stanley Peters, MD
William M. Pekman, MD
C. Michael Nicks, MD
Mark R. McGinnis, MD
Peter T. Hurley, MD

J. Grey Winfield III, MD
C. Michael Nicks, MD
Peter T. Hurley, MD
Vic Winburn, MA, ATC

William M. Pekman, MD
Mark R. McGinnis, MD

January 21, 1997

Dwayne Durham, A.T.C., President
N.C.A.T.A.
Hendersonville Sportsmedicine & Rehab
Laurel Park Village
1735 Brevard Road
Hendersonville, NC 28791

Dear Dwayne:

I recently have been made aware of a bill that is before the state House of Representatives regarding licensure for athletic trainers in the state of North Carolina. As an orthopaedist and sports medicine specialist, I have had the pleasure and opportunity of working with a large number of athletic trainers as well as individuals who claim to be such. I have been able to witness first hand the role of athletic trainers and their relationship to high school and junior high school athletes. These direct experiences have led me to fully support the concept of licensure and or board certification for athletic trainers. It is most important that high schools and other organizations in the position of hiring individuals to perform in the capacity of an athletic trainer know that they are getting a qualified individual. Most importantly, we need to make sure that the student athlete population in this state is adequately served by competent professionals. Again, based on direct experience, there can be no question that having a qualified athletic trainer involved with high school athletes can prevent injury as well as lessen the impact of injuries once they do occur. In my opinion, we should not deny this to the high school athlete; and the process of achieving this needs to begin with licensure of athletic trainers.

I remain available and supportive of the athletic trainers of this state. Please let me know if I can be of further assistance.

Sincerely,

C. Michael Nicks, M.D.

CMN/kc

Unifour Medical Commons P.O. Box 20500 250 18th Street Circle, SE Hickory, NC 28603-0250
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Pisgah Physical Therapy & Sports Rehab. Inc.

March 29, 1995

To Whom It May Concern:

I have been a physical Therapist for 19 years and presently own a physical therapy clinic. I want to express my support for licensure of athletic trainers.

In the clinic where we employ athletic trainers I feel that being licensed would give athletic trainers the recognition and respect they deserve as a highly qualified and competent health care professional.

I support and see the benefit of using a licensed athletic trainer on the field assessing and treating athletic injuries. I see the need of protecting their name and excellent reputation, rather than someone without the qualifications being designated as an athletic trainer of a specific school.

In conclusion I greatly appreciate the qualifications and experience that athletic trainers have to offer in an outpatient clinic like ours. Licensure would give them the respect they deserve.

Sincerely,

Gary D. Thiry, PT

1430 Asheville Hwy · Hendersonville NC . 28739
(704) 693 8128 · Fax (704) 693 0935

April 4, 1995

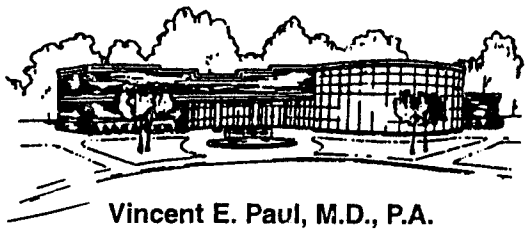
Dear Senator Shaw:

I have been a practicing Physical Therapist for seven years, currently working as an independent contractor throughout the Asheville area. During my years as a therapist I have had the opportunity to work closely with several Certified Athletic Trainers. I feel very fortunate for these experiences, working together, as a team, benefiting our patients. Because of this interaction between Certified Athletic Trainers and the population, I feel it is necessary that they become licensed by the State of North Carolina. This is strongly needed for both the protection of society and to allow Certified Athletic Trainers to obtain the respect they deserve.

Sincerely yours,

Dan Stillman, P.T.

Guilford Orthopaedic and Sports Medicine Center



Vincent E. Paul, M.D., P.A.
David G. Dye, M.D., P.A.
Frank J. Rowan, M.D.
Peter G. Dalldorf, M.D.

May 22, 1995

Rick Proctor
High Point University, Dept of Athletics
University Station
933 Montilieu
High Point NC 27762-3598

Rick,

As a certified Athletic Trainer and licensed Physical Therapist I commend your efforts in obtaining licensure for Athletic Trainers in North Carolina. I strongly feel that a licensed allied Health Professional protects the consumer and sets a standard that other members in the medical community can respect. I personally have been involved in the state of Massachusetts obtaining their state licensure for Athletic Trainers. I have known first hand the respect and credibility that licensure has given myself and my peers.

The growth of Athletic Training in terms of employment will be greatly enhanced with licensure. Athletic Trainers are rapidly becoming employed in non-traditional settings. However, the employment of Athletic Trainers in non-traditional settings has it's restrictions. The restrictions are related to the inability of the Athletic Trainer to bill for services rendered. If North Carolina Athletic Trainers became licensed it would establish a baseline to pursue third party reimbursement by paving the way for non-traditional employment.

Athletic Trainers are still desperately needed in traditional settings as well. State licensure would ensure that secondary school systems hire qualified individuals rather than settling for a non-certified, non-licensed school trainer. An individual who is non-certified and practices as the school Athletic Trainer misrepresents all of us in the profession.

309 Green Valley Road
Greensboro, NC 27408

Appointments: (910) 275-3325
Sports Medicine: (910) 275-7405

Sports Medicine Center
John O'Halloran, LPT, ATC, CSCS

Administration
Petra Lilly

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In conclusion, as a board certified professional who has been on both sides of the issue I know how the athlete and consumer benefits when they are treated by a licensed professional. Please feel free to contact me in support of your effort.

Sincerely,

John O'Halloran,LPT,ATC,CSCS

Joseph Mullins, M.Ed.,ATC

Julie Hutchins,ATC

NATA News
Newsletter of the National Athletic Trainers' Association
September, 1990 • Vol. 2, No. 4
2952 Stemmons Freeway • Dallas, Texas 75247

Bulletin

AMA Endorses Athletic Training as Allied Health Profession

On June 22, 1990, NATA history was made in Chicago. The American Medical Association and its Council on Medical Education (CME) formally recognized athletic training as an allied health profession. More than 25 NATA members including Professional Education Committee Chairman Robert Behnke, Executive Director Alan A. Smith, Jr., Vice President John Schrader, and former PEC Chairman Gary Delforge attended the meeting.

Dr. Behnke says, "It is extremely gratifying that the nation's largest medical organization has recognized athletic trainers. We really haven't had anyone formally acknowledge us as an allied health profession before. Athletic trainers now have a professional status in the health care field."

Dr. Behnke predicts that, "the biggest impact will be on professional preparation." NATA's current guidelines for athletic training educational programs will be rewritten. Each of the current 13 graduate and 73 undergraduate athletic training programs will continue to be reviewed at staggered, five-year intervals. At renewal time, the AMA's Committee on Allied Health Education and Accreditation (CAHEA) will evaluate each existing program as if it were a new one. Dr. Behnke estimates that an additional 15 new programs will apply for accreditation when the new guidelines are established.

CAHEA's endorsement is highly regarded because this committee determines the rules of conduct for allied health professions and the regulations for the institutions which sponsor their educational programs.

The benefits of CAHEA's classification are far-reaching for athletic training, according to Dr. Behnke. Legislative efforts will be aided by the formal definition of the profession of athletic training. The increased recognition will result in greater potential for research funding from organizations such as the National Institutes of Health. The ruling also provides momentum for other avenues of practice for the profession as a whole and for athletic trainers individually.

Investigations into CAHEA approval began in the 1970s under the direction of the first Chairman of the Professional Education Committee, the late Sayers "Bud" Miller. The NATA Board of Directors and PEC decided to wait until athletic training educational programs were fully established before they proceeded with CAHEA. In 1987, Dr. Behnke revived the efforts and has worked closely with CAHEA to gain the recognition of athletic training as an allied health profession.

NATA's efforts were supported enthusiastically by the American Physical Therapy Association, the American Academy of Family Practitioners, and the Academy of Orthopedic Surgeons for Sports Medicine, and co-sponsored by the American Academy of Pediatrics.

Other exhibits on file