

259 CMR: BOARD OF ALLIED HEALTH PROFESSIONALS

259 CMR 4.00: ATHLETIC TRAINERS

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4.01: Definitions

Approved and Accredited Educational Program. A graduate or undergraduate athletic training educational program approved and accredited by the Commission on Accreditation of Athletic Training Education (CAATE).

Associated. Professionally recognized, contracted, employed or partnered with a school, team, or organization for the delivery of Athletic Training services.

Athlete. An individual who prepares for or participates in sports activities.

Athletic Injury. An injury or other medical condition that impedes or prevents an athlete from participating in exercise, sports, games or recreation.

BOC. The Board of Certification, Inc. (BOC) is an independent accredited certifying body which sets and establishes national entry level certification requirements and maintains continuing competency requirements for Athletic Trainers.

BOC Certification. The certification granted by BOC based on the achievement of a passing score on the national certification examination for entry level practitioners of athletic training.

CAATE Equivalency. A foreign athletic training educational program determined by BOC as substantially equivalent in content and rigor to an Approved and Accredited Educational Program. Such CAATE Equivalency shall, for the purpose of 259 CMR 2.02(1): *Foreign Educated Applicants Seeking Licensure*, qualify as approval of the program by an entity acceptable to the Board.

Conditioning. Programs designed to enhance athletic performance or physical fitness in, but not limited to, the following areas: cardiorespiratory endurance, flexibility, muscular endurance, neuromuscular coordination and strength. Conditioning may include pre-season, in-season, and off-season activities.

Dentist. A licensed practitioner of dentistry, who is identified by the initials DDS or DMD, who holds a current, valid Massachusetts license.

Direction. The instructions or series of instructions, verbal or written, that guide the actions of an Athletic Trainer; the authoritative indication provided by a physician or dentist that allows the Athletic Trainer to carry out the most appropriate intervention and plan of care for an injured athlete.

Directing Physician. A Physician or Dentist who accepts responsibility for the professional actions of an Athletic Trainer during the performance of his or her duties in rendering care to an athlete as described in M.G.L. c. 112. § 23A.

Emergency Cardiac Care. An emergency procedure performed by an individual educated in adult and pediatric cardio-pulmonary resuscitation (CPR), management of airway obstruction, automatic external defibrillation (AED), and barrier devices (*e.g.*, pocket mask, bag valve mask).

NATA. National Athletic Trainers Association, Inc. A professional organization of Athletic Trainers.

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Physician. A licensed practitioner of medicine, who is identified by the initials MD or DO, who holds a current, valid Massachusetts license.

Preconditioning. The preparatory conditioning programs which an athletic trainer develops and implements in an effort to prevent injury and/or to improve an athlete's function, fitness, and performance.

Reconditioning. The process of rehabilitation of an athlete's function, fitness, and performance levels following an Athletic Injury.

Team/Organization. An identified group whose purpose includes athletic or sport related exercise or activity.

4.02: Standards of Practice

(1) The athletic trainer shall at all times practice in accordance with, and be held accountable to the National Athletic Trainers Association Code of Ethics and BOC Standards of Professional Practice, each in their most recently approved form.

(2) An athletic trainer renders service or treatment under the Direction of a Physician or Dentist with respect to the Athletes involved with the schools, teams or organizations with whom the Athletic Trainer is Associated as defined in M. G. L. c. 112, § 23A. The physical presence of a Directing Physician is not required.

(3) An athletic trainer must establish an agreed upon relationship with a Physician or Dentist that provides Direction for the Athletic Trainer's actions and responsibilities and must be able to provide written proof thereof upon request.

(4) Athletic trainers identify themselves appropriately to the Athlete or other individuals with whom they are working.

(5) The athletic trainer shall maintain accurate, legible records of the Direction, evaluation and treatment of Athletic Injuries at the time the Athlete is under the care of the athletic trainer, consistent with BOC Standards of Professional Practice. The athletic trainer, at the time of discontinuation of care, shall document the Athlete's status and ability to return to participation with or without appropriate restrictions.

(6) The athletic trainer shall maintain and retain appropriate documentation, records and correspondence, whether sent or received, from the Athlete and other responsible parties including, but not limited to, parents or guardians of a minor Athlete, coaches, administrators, Physicians, Dentists, or other licensed medical personnel involved in the care of the injured Athlete.

(7) Athletic trainers shall utilize the designation "AT" after their name and/or signature in all professional communications, correspondence or documentation related to the practice of athletic training.

4.03: Licensure of Athletic Trainers

(1) License Application. The following apply to all applications for licensure:

(a) for the purposes of 259 CMR 2.02(2)(a)1.e., applicants for athletic trainer licensure must provide documentation of current BOC Certification;

(b) for the purposes of 259 CMR 2.02(2)(a)1.a., the approved/accredited educational program requires proof of either:

1. graduation from an Approved and Accredited Educational Program;

2. graduation from a foreign program determined by the BOC to meet CAATE Equivalency or;

3. graduation from another substantially equivalent program of study deemed acceptable by the Board.

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(2) License Renewal. As a condition to renew an Athletic Training license, a licensee must meet the renewal requirements set forth in 259 CMR 2.04: *Requirements for Renewal of License*, the continuing education requirements set forth in 259 CMR 7.01(1), and provide proof of the following certifications in effect for the entire renewal period:

- (a) Emergency Cardiac Care certification; and
- (b) BOC Certification.

4.04: Misrepresentation/Unlicensed Practice

No person may hold themselves out as an Athletic Trainer or as being able to practice Athletic Training or able to render athletic training services unless such person has been duly licensed by the Board. No person may use in connection with their name or place of business the letters "A.T.", "A.T.C.", "L.A.T.", "L.A.T.C.", "Athletic Therapist", "Athletic Trainer", "Licensed Athletic Trainer", or "Licensed Athletic Therapist" when such person has not been duly licensed by the Board, or any other words, letters, abbreviations or insignia indicating that they are an Athletic Trainer when such person has not been duly licensed by the Board.

4.05: Athletic Training Students

(1) Students as defined in 259 CMR 2.01: *Definitions* must be supervised by a person who holds a current unrestricted license issued by the Board authorizing such person to practice Athletic Training.

(2) The supervising Athletic trainer must be physically present and have the ability to intervene to provide ongoing and consistent education to the athletic training student at the site of the clinical experience. For the purposes of 259 CMR 4.05, "site" means within the same facility or area and within close enough proximity to intervene on behalf of the student or respond to an emergency.

(3) The supervising Athletic Trainer must co-sign the documentation of athletic training students for all entries in an athlete's record regarding their status. Documentation written by an athletic training student must be followed by the designation AT/s.

REGULATORY AUTHORITY

259 CMR 4.00: M.G.L. c. 112, § 23M.