



Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board

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**Ohio Youth Sports Concussion and Head Injury Return to Play Guidelines Committee
December 18, 2014**

Director Hodges and members of the committee, my name is Jeffrey Rosa and I am the Executive Director for the Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers (OTPTAT) Board. I have served in this capacity for the past 11 years.

The OTPTAT Board is the state agency charged with the regulation of the professions of occupational therapy, physical therapy, and athletic training. This is accomplished through the licensure of therapists and athletic trainers and the enforcement of the Practice Acts for each of the professions. Under our statute, although we are a combined board, the actual regulation of the three professions is only done by the members of that profession. The Occupational Therapy Section of the Board consists of four occupational therapists and one occupational therapy assistant; the Physical Therapy Section consists of nine physical therapists; and the Athletic Trainers Section consists of four athletic trainers and one physician.

Physical Therapy

To be eligible for licensure as a physical therapist, the current entry level education is the clinical Doctorate of Physical Therapy (DPT). The content for an accredited DPT program includes at least 90 semester credits in the following content areas:

Content Area	Detailed Content
Basic Health Science	Includes: human anatomy & physiology (specific to physical therapy); neuroscience; kinesiology or functional anatomy; pathology
Medical and Clinical Science	a) Clinical medicine pertinent to physical therapy, including, but not limited to: <u>neurology</u> ; orthopedics; pediatrics; geriatrics; cardiopulmonary; pharmacology; general medical/surgical metabolic conditions b) Coursework in examination and evaluation of: integumentary system; musculoskeletal system; <u>neuromuscular</u> system; cardiopulmonary system; and metabolic problems c) Coursework in interventions in: integumentary; musculoskeletal; <u>neuromuscular</u> ; cardiopulmonary
Clinical Education	At least two full-time clinical internships of no less than 800 hours total under the supervision of a physical therapist
Related Professional Coursework	Content in the following areas: professional behaviors; administration; community health; research and clinical decision making; educational techniques; medical terminology; client/patient care communication; legal and ethical aspects of physical therapy practice; psychosocial aspects in physical therapy practice; emergency procedures; cultural competency; and consultation, screening, and delegation.

There are 10 CAPTE-accredited DPT programs in Ohio. Upon graduation from the DPT program, individuals must pass the National Physical Therapy Exam (NPTE) and the Ohio Jurisprudence Exam to be eligible for a license in Ohio. The NPTE is the entry-level exam designed to measure whether the

applicant has the requisite knowledge required of entry-level physical therapist practitioners. The current content outline for the exam is based on the 2011 *Analysis of Practice for the Physical Therapy Profession: Entry-Level Physical Therapists*. As noted in the table below, 25% of the exam is focused on the neuromuscular & nervous systems.

Domain	% of Questions on Exam
Physical Therapy Examination	26.5%
Cardio/Vascular/Pulmonary & Lymphatic Systems	5%
Musculoskeletal System	11%
<u>Neuromuscular & Nervous</u> Systems	8.5%
Integumentary System	1.5%
Genitourinary System	0.5%
Foundations for Evaluation, Differential Diagnosis, & Prognosis	32.5%
Cardio/Vascular/Pulmonary & Lymphatic Systems	6%
Musculoskeletal System	9%
<u>Neuromuscular & Nervous</u> Systems	7.5%
Integumentary System	2%
Metabolic & Endocrine Systems	2.5%
Gastrointestinal System	1%
Genitourinary System	1%
System Interactions	3.5%
Interventions	28.5%
Cardio/Vascular/Pulmonary & Lymphatic Systems	5.5%
Musculoskeletal System	10.5%
<u>Neuromuscular & Nervous</u> Systems	9%
Integumentary System	1.5%
Metabolic & Endocrine Systems	1%
Gastrointestinal System	0.5%
Genitourinary System	0.5%
Equipment & Devices; Therapeutic Modalities	6%
Equipment & Devices	2.5%
Therapeutic Modalities	3.5%
Safety & Protection; Professional Responsibilities; Research	6.5%
Safety & Protection	2.5%
Professional Responsibilities	2%
Research & Evidence-Based Practice	2%

As of December 9, 2014, there are 8,838 licensed physical therapists in the state of Ohio.

Section 4755.40 (A) of the Ohio Revised Code defines physical therapy as “the evaluation and treatment of a person by physical measures and the use of therapeutic exercise and rehabilitative procedures, with or without assistive devices, for the purpose of preventing, correcting, or alleviating any disability.”

The Model Practice Act developed by the Federation of State Boards of Physical Therapy defines the practice of physical therapy as:

- a) Examining, evaluating and testing patients/clients with mechanical, physiological and developmental impairments, functional limitations, and disabilities or other health and movement-related conditions in order to determine a diagnosis, prognosis and plan of treatment intervention, and to assess the ongoing effects of intervention.
- b) Alleviating impairments, functional limitations and disabilities by designing, implementing and modifying treatment interventions that may include, but are not limited to: therapeutic exercise, functional training in self-care and in home, community or work integration or reintegration, manual therapy including soft tissue and joint mobilization/manipulation, therapeutic massage, prescription, application and, as appropriate, fabrication of assistive, adaptive, orthotic, prosthetic, protective and supportive devices and equipment, airway clearance techniques, integumentary protection and repair techniques, debridement and wound care, physical agents or modalities, mechanical and electrotherapeutic modalities, and patient-related instruction.
- c) Reducing the risk of injury, impairment, functional limitation, and disability, including the promotion and maintenance of fitness, health, and wellness in populations of all ages.
- d) Engaging in administration, consultation, education, and research.

When the Physical Therapy Section receives questions from licensees regarding whether an activity falls within the scope of physical therapy practice in Ohio, the first step undertaken by the Section is to determine if the Ohio Physical Therapy Practice Act prohibits the task or duty. For example, since ORC 4755.40 (A)(4) states that physical therapy does not include “the use of Roentgen rays or radium for diagnostic or therapeutic purposes,” if a licensee asked if they could use X-rays, the answer would be no.

Absent the clear prohibition in the statute, the Section will rely on the literature of the profession, such as the Guide to Physical Therapist Practice, which is published by the American Physical Therapy Association. The Guide addresses questions like what are the generally accepted elements of patient/client management; why types of tests/measures to therapists use for specific diagnostic groups; and what types of interventions are provided and what are the anticipated goals of those interventions.

As identified above, a significant portion of the licensing exam is focused on the neuromuscular and nervous systems. In addition, there is a significant neurologic component of the entry level education received by physical therapists. As a result, the scope of physical therapy practice would include managing the care of an individual with a concussion/head injury, including making a return to play determination.

Even if a task is part of the legal scope of physical therapy practice, the Section reminds licensees of the idea of a personal scope of practice. In short, just because you can, doesn't mean you should. Many physical therapists might not have the appropriate knowledge to safely and competently perform all aspects of the practice of physical therapy. For example, a therapist who has spent his or her entire career working with a geriatric population might not be competent to provide services to a pediatric patient, even if those services are legally part of the physical therapy scope of practice in Ohio.

When there is nothing in the Ohio Physical Therapy Practice Act prohibiting the therapist from performing a given task, the expectation of the Section is that the physical therapist must have training and demonstrate competency in the modality being performed. If the training was not a part of the entry-level education, there are other ways for the licensee to demonstrate competency.

A non-exhaustive list of the ways a licensee could demonstrate competence include:

- Completion of a face to face professional training program consisting of a minimum number of hours with associated lab experience and competencies;
- A minimum number of hours of clinical instruction under a clinician who has demonstrated extensive experience with the procedure in question;
- Evidence of a minimum number of hours of practice experience in the use of a technique over a defined period of time; and
- Board certification as a clinical specialist in an area that includes the technique in the respective Description of Specialty Practice (DSP).

Athletic Training

To be eligible for licensure as an athletic trainer, an applicant must be a graduate of a CAATE-accredited athletic training program. CAATE established 109 standards that an accredited program must meet. The educational preparation of the athletic trainer is based on the development of the current knowledge, skills, and abilities, as determined by CAATE. These are located in the *NATA Athletic Training Educational Competencies (5th Edition)*. The knowledge and skills identified in these competencies consist of 8 content areas identified in the table below.

Content Area	Key Knowledge and Skills Related to Head Injury and Return to Play Decisions
Evidence-Based Practice	
Prevention and Health Promotion	Explain the etiology and prevention guidelines associated with the leading causes of sudden death during physical activity, including but not limited to: traumatic brain injury
Clinical Examination and Diagnosis	Recognize the signs and symptoms of catastrophic and emergent conditions and demonstrate appropriate referral decisions
	Determine criteria and make decisions regarding return to activity and/or sports participation based on the patient's current status
	Use standard techniques and procedures for the clinical examination of common injuries, conditions, illnesses, and diseases including, but not limited to: neurological assessments (sensory, motor, reflexes, balance, cognitive function)
	Assess and interpret findings from a physical examination that is based on the patient's clinical presentation. This exam can include: neurologic function (sensory, motor, reflexes, balance, cognition)

Acute Care of Injuries and Illnesses	Explain the importance of monitoring a patient following a head injury, including the role of obtaining clearance from a physician before further patient participation
	Identify the signs, symptoms, interventions and, when appropriate, the return-to-participation criteria for: brain injury including concussion, subdural and epidural hematomas, second impact syndrome and skull fracture
Therapeutic Interventions	Identify patient- and clinician-oriented outcomes measures commonly used to recommend activity level, make return to play decisions, and maximize patient outcomes and progress in the treatment plan
Psychosocial Strategies and Referral	Describe how psychosocial considerations affect clinical decision-making related to return to activity or participation (e.g., motivation, confidence)
Healthcare Administration	
Professional Development and Responsibility	

There are 25 CAATE-accredited athletic training programs in Ohio. Upon graduation from the entry-level educational program, individuals must pass the Board of Certification (BOC) certification exam and the Ohio Jurisprudence Exam to be eligible for a license in Ohio. The following table lists the content outline for the BOC Certification Exam. It is based on the *Role Delineation Study/Practice Analysis, Sixth Edition*, which defines the current entry level knowledge, skills, and abilities required for practice in the profession of athletic training.

Domain	% of Questions on Exam
Injury/Illness Prevention and Wellness Protection	25%
Clinical Evaluation and Diagnosis	22%
Immediate and Emergency Care	19%
Treatment and Rehabilitation	22%
Organizational and professional Health and Well-Being	12%

As of December 9, 2014, there are 2,335 licensed athletic trainers in the state of Ohio.

Section 4755.60 (A) of the Ohio Revised Code defines athletic training as “the practice of prevention, recognition, and assessment of an athletic injury and the complete management, treatment, disposition, and reconditioning of acute athletic injuries upon the referral of a” physician, podiatrist, dentist, physical therapist, or chiropractor. Paragraph (D) of this section defines athletic injury as “any injury sustained by an individual that affects the individual’s participation or performance in sports, games, recreation, exercise, or other activity that requires physical strength, agility, flexibility, speed, stamina, or range of motion.

As noted on CAATE’s website, “athletic trainers (ATs) are health care professionals who collaborate with physicians to provide preventative services, emergency care, clinical diagnosis, therapeutic intervention and rehabilitation of injuries and medical conditions.”

When the Athletic Trainers Section receives questions from licensees regarding whether an activity falls within the scope of athletic training practice in Ohio, the Section generally follows the same process used by the Physical Therapy Section, as described above.

In July 2014, the Athletic Trainers Section published a document outlining the Section's process in making scope of practice determinations. This document is available on the Board's website at <http://otptat.ohio.gov/AthleticTraining/Publication.aspx>. The four main components of this determination include:

- a) Is the task represented in entry level education and practice?
- b) Has the licensee had continuing education to adequately prepare them to perform the task?
- c) Is the task specifically prohibited in the practice act?
- d) Does the task provide for safety and welfare of the client?

As identified above, there are numerous competencies that form the basis of the entry-level athletic training education that is focused on neurological assessments, traumatic brain injury, and return to play determinations. As a result, the scope of athletic training practice would include managing the care of an individual with a concussion/head injury, including making a return to play determination.

Even if a task is part of the legal scope of athletic training practice, the Section reminds licensees of the idea of a personal scope of practice. In short, just because you can, doesn't mean you should. Many athletic trainers might not have the appropriate knowledge to safely and competently perform all aspects of the practice of athletic training.

When there is nothing in the Ohio Athletic Training Practice Act prohibiting the licensee from performing a given task, the expectation of the Section is that the athletic trainer must have training and demonstrate competency in the modality being performed.

Thank you for the opportunity to present this information on behalf of the Board. If the committee has any additional question regarding the Ohio Physical Therapy and/or Athletic Training Practice Acts, I can be reached at jeff.rosa@otptat.ohio.gov or 64-466-3774.