

**Ohio Department of Health
Youth Sports Concussion Committee
November 7, 2014**

Director Hodges, Committee members my name is Brian Hartz, I am a licensed athletic trainer and Associate Professor/Director of Sports Medicine at Denison University. I currently serve on the AT Section of the Ohio OT/PT/AT Board, and am a member of the Ohio Athletic Trainers' Association (OATA). The Ohio Athletic Trainers' Association is a not for profit Association that represents over 1600 licensed athletic trainers in the state of Ohio. OATA is dedicated to delivering and advocating for high quality health care. Founded in 1984, the primary goal of the OATA is to ensure that athletes, at any level, receive immediate, professional, quality health care. This comprehensive and cost-effective care is accomplished with the daily contact and cooperation with physicians and other allied healthcare professionals.

As you may be aware, athletic trainers (ATs) are recognized as allied healthcare professionals by the American Medical Association (AMA). ATs are certified through the Board of Certification (BOC), and licensed through the Ohio OT/PT/AT Board. Candidates for certification as an entry-level athletic trainer must satisfy all the requirements of an Athletic Training Education Program (ATEP) that is accredited by the Commission on Accreditation of Athletic Training Education (CAATE) and hold an undergraduate degree or master's degree from a CAATE-accredited program. Currently, Ohio has 26 (CAATE) athletic training programs. Once the student graduates from an accredited program, he/she must then demonstrate his/her competency by passing a national certification examination that is administered by the independent organization known as the Board of Certification (BOC) and then a licensing exam through the Ohio OT/PT/AT Board.

Insight into the substance upon which the field of athletic training is predicated requires that we consider knowledge and psychomotor domains as well as clinical proficiencies to which each ATEP is obligated as dictated by the BOC Role Delineation Study/Practice Analysis (6th edition) and the NATA Athletic Training Educational Competencies (5th edition).

BOC Domains

- Injury/Illness Prevention and Wellness Protection
- Clinical Evaluation and Diagnosis
- Immediate and Emergency Care
- Treatment and Rehabilitation
- Organizational and Professional Health

NATA Competencies

- **EBP** = Evidence-Based Practice
- **PHP** = Prevention and Health Promotion
- **CE** = Clinical Examination and Diagnosis
- **AC** = Acute Care of Injuries and Illnesses
- **TI** = Therapeutic Interventions
- **PS** = Psychosocial Strategies and Referral
- **HA** = Healthcare Administration
- **PD** = Professional Development and Responsibility
- **CIP** = Clinical Integration Proficiencies

Licensed athletic trainers in Ohio are required to work under a referral from a physician. This referral can be in the form of a written or verbal referral specific to the care of a specific patient/athlete or via a Standard Operating Procedure (SOP) that provides generalized guidelines for the care of athletes as determined by the team physician or medical director. This insures that the ATs are working directly with physicians related to the care, treatment and return to play decisions related to concussions/TBI.

Athletic Trainers are educationally prepared for concussion assessment, management and care through didactic/academic coursework and hands-on, clinical experience. This clinical experience typically is completed concomitantly with didactic courses throughout two and a half to three years. During this clinical experience student are specifically and thoroughly trained in the emergency care, on-field diagnosis and management, differential diagnosis and return to play criteria of concussions. Not only are athletic trainers well versed throughout the continuum of medical care as it related to concussions, but they are also unique in that they are also educationally prepared to assist school systems in managing IEPs that dictate the re-entry of injured athletes into the school system following a concussion. Athletic trainers are on the front lines of concussion recognition, diagnosis and management and work directly with physicians related to this care. Our students are working with interscholastic and intercollegiate adolescents and young adults, and typically encounter weekly if not daily exposures to sports related concussions in their clinical rotations. Through these exposures ATs develop an appreciation for how sports related concussions are different than other forms traumatic brain injury (TBI). These concussions don't often present and or progress in a linear path, but play out over time. AT students are trained how to identify the signs and symptoms of acute concussion, including serial monitoring for deterioration over the next few hours following the injury.

In addition to the initial coursework, all licensed athletic trainers are required to complete 50 hours of continuing education (CEU) every two years. Since concussions are a top priority for the Sports Medicine profession, concussion management and education was included in every state, district and national annual CEU event for the last decade. These state, district and national annual CEU events are the primary means athletic trainers accumulate their continuing education.

Athletic trainers are uniquely suited to deal with concussions as we are the healthcare professional often most proximal to the athlete. Athletic trainers are out on the field or court with their teams on an ongoing basis. As such, we have more contact with the injured athlete. This allows us to monitor student athletes on the field and off, we are often able to identify any changes in behavior, even slight modifications that may indicate a concussion or progression of symptoms. We are in position to perform symptom checks two to three times a day, which are often recommended in the post-acute phase. We are responsible for the ongoing management and care within secondary schools, including working with schools guidance offices on return to learn.

The 4th International Conference on Concussion in Sport was held in Zurich in 2012. This Zurich Consensus statement was designed to develop further conceptual understanding concussion and management of concussion by using a formal consensus-based approach. This document is developed primarily for use by physicians and healthcare professionals who are involved in the care of injured athletes, whether at the recreational, elite or professional level. This is the Best Practices document for concussion diagnosis and management. Within this document they outline a graduated Return to Play (RTP) protocol. This is a RTP protocol following a concussion follows a stepwise process. With this stepwise progression, the athlete should continue to proceed to the next level if asymptomatic at the current level. Generally, each step should take 24 hours so that an athlete would take approximately 1 week to proceed through the full rehabilitation protocol once they are asymptomatic at rest and with provocative exercise. If any post-concussion symptoms occur while in the stepwise program, then the patient should drop back to the previous asymptomatic level and try to progress again after a further 24 h period of rest has passed. Who is going to assure this process is completed? Who is with the athlete on a daily basis to execute this recommendation? Athletic Trainers are the only healthcare provider consistently having daily interaction with the athletes expected to move through this disciplined progression. We are the primary HC providers there to monitor and execute this process.

Thank you for the opportunity to testify before you today. I am available to answer any questions you may have at this time.