

Date: 03/17/2009

Committee: House Education  
House Higher Education

**Department:** Education

**Person Testifying:** Patricia Hamamoto, Superintendent of Education

**Title of Resolution:** HCR 040 REQUESTING A SUNRISE REVIEW OF ATHLETIC TRAINERS.

**Purpose of Resolution:** To request a sunrise review of Athletic Trainers.

**Department's Position:** The Department supports HCR 040. The Department has 75 athletic health care trainer positions established and assigned to high school athletic programs throughout the state. All trainers hold national certification by the National Athletic Trainers Association Board of Certification (NATABOC) as a minimum qualification requirement to be employed. Licensing is beneficial to the extent it promotes the health and safety of student athletes.

The licensing requirement may impact the time it takes to recruit and fill athletic trainer positions, especially for applicants from outside Hawaii.

Mainland applicants will likely need to apply for licensing on-line or by mail and be subject to the licensing agency's examination and approval schedule before they can be found eligible for employment.

Athletic trainer positions are considered hard to fill at present. The trend in recent years has been for more vacancies to be filled by mainland educated candidates rather than local candidates. The University of Hawaii has a graduate program but no undergraduate program offering an athletic training curriculum.

The Department recommends that the auditor consider recommending a temporary license process for applicants. This practice is used in other states to allow athletic trainers to be employed in the interim while waiting

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for the formal examination and licensing process to be completed.

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LINDA LINGLE  
GOVERNOR  
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**PRESENTATION OF THE  
PROFESSIONAL AND VOCATIONAL LICENSING DIVISION**

TO THE HOUSE COMMITTEE ON HIGHER EDUCATION

AND

TO THE HOUSE COMMITTEE ON EDUCATION

TWENTY-FIFTH STATE LEGISLATURE  
REGULAR SESSION of 2009

Tuesday, March 17, 2009  
2:00 p.m.

**TESTIMONY ON HOUSE CONCURRENT RESOLUTION NO. 40, REQUESTING A  
SUNRISE REVIEW OF ATHLETIC TRAINERS.**

TO THE HONORABLE JERRY L. CHANG, CHAIR,  
TO THE HONORABLE ROY M. TAKUMI, CHAIR,  
AND MEMBERS OF THE COMMITTEES:

My name is Celia Suzuki, Program Specialist of the Professional and Vocational  
Licensing Division, Department of Commerce and Consumer Affairs ("Department").  
The Department appreciates the opportunity to testify in support of H.C.R. No. 40,  
Requesting a Sunrise Review of Athletic Trainers.

H.C.R. No. 40 requests that the Auditor perform a sunrise review regarding the  
licensure of athletic trainers and that the Auditor is requested to submit findings and

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recommendations to the Legislature, and any proposed amendments to the Senate Bill introduced in the 2009 Regular Session which calls for the regulation of athletic trainers through licensure.

The bill that is currently alive to regulate athletic trainers is Senate Bill No. 1129, S.D. 1. The S.D. 1 calls for a simple registration, whereas H.C.R. No. 40 calls for licensure. Section 26-H, Hawaii Revised Statutes, requires that the Auditor conduct a sunrise review before enactment of a measure that would subject an unregulated profession or vocation to regulation schemes of licensure, certification, or registration. Therefore the Auditor should be allowed the opportunity to analyze and review whether or not the regulation of athletic trainers is warranted. Section 26-H, HRS, further requires that the analysis shall set forth the probable effects of regulation, assess whether its enactment is consistent with the legislative policies of the Hawaii Regulatory Licensing Reform Act, and assess alternative forms of regulation. The Auditor will subsequently report the findings and recommendations to the Legislature.

Thank you for the opportunity to testify in support of House Concurrent Resolution No. 40.



**University of Hawaii, Manoa**  
**Department of Kinesiology and Rehabilitation Science**

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March 16, 2009

**Testimony by: Michelle Cleary PhD, ATC, Associate Professor**  
**Department of Kinesiology and Rehabilitation Science**  
**University of Hawaii, Manoa**

**Relating to Athletic Trainers**  
**HCR 40, Athletic Trainer Licensing Act**  
**Position: Support**

Members of the Committee:

As Director of the Entry-Level Graduate Athletic Training Education Program at the University of Hawaii, Manoa, I am writing in support of **HCR 40, Athletic Trainer Licensing Act** relating to licensure of Certified Athletic Trainers and to provide facts on the educational preparation of these highly qualified health care professionals. Athletic Trainers are highly educated and credentialed health care professionals and endorsing their scope of practice through regulation consistent with other health care professionals in the State of Hawaii is in the best interest of the public and consumer safety.

**FACT: Athletic trainers are recognized health care professionals.**

ATCs are highly qualified, multi-skilled health care professionals and have been part of the American Medical Association's Health Professions Career and Education Directory for more than a decade. Athletic trainers are assigned National Provider Identifier (NPI) numbers like all other health care professionals. Additionally, the American Academy of Family Physicians, American Academy of Pediatrics and American Orthopedic Society for Sports Medicine – among others – are all strong clinical and academic supporters of athletic trainers.<sup>1</sup>

**FACT: An independent national board certifies athletic trainers.**

The independent Board of Certification Inc. (BOC) nationally certifies athletic trainers. Unlike personal training with multiple routes and multiple credentials, BOC Certification is the "gold standard" credential required to practice Athletic Training and is regulated by licensure in 43 other states. In Hawaii, the presence of the BOC certified athletic trainer is standard practice in professional and intercollegiate sports and mandated in every public high school. Board of Certification (BOC) Certified Athletic Trainers (ATC) are medical professionals who specialize in the prevention, assessment, diagnosis, treatment, and rehabilitation of injuries to athletes and others who are engaged in everyday physical activities. Athletic trainers care for physically active individuals in secondary schools, colleges and universities, professional athletic teams, hospitals, private clinics, and industrial settings under the direction of a physician. Across the nation and increasingly in Hawaii, more than 50% of Athletic Trainers provide health care services, including rehabilitation, in settings other than the traditional education-

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based athletic setting. The athletic trainer functions in cooperation with medical personnel, athletic personnel, individuals involved in physical activity, parents, and guardians in the development and coordination of efficient and responsive athletic health care delivery systems.<sup>1</sup> Sports medicine clinics and physicians offices employ ATCs to provide associated rehabilitation and surgical care. These sports medicine clinics have ATCs on staff in addition to orthopedic surgeons, physician assistants, physical therapists, and other health care professionals.<sup>2</sup>

Athletic trainers must pass an examination and hold an entry-level bachelor's or master's degree to become a certified athletic trainer. To retain certification, credential holders must obtain 75 hours of medically related continuing education credits every three years and adhere to Standards of Professional Practice. The BOC is accredited by the National Commission for Certifying Agencies.<sup>1</sup>

Successful completion of an accredited Entry-Level Athletic Training Education Program is required for eligibility for the BOC examination. Those who pass the exam are certified and their certification is retained as long as they meet the continuing education requirements set by the BOC. **The Role Delineation Study, Fifth Edition**<sup>3</sup> defines the current entry-level knowledge, skills and abilities required for practice in the profession of athletic training. The BOC Examination evaluates candidates on the following domains of clinical practice:

- Prevention,
- Clinical Evaluation and Diagnosis,
- Immediate Care,
- Treatment, Rehabilitation and Reconditioning
- Organization and Administration
- Professional Responsibility

**FACT: Nearly 70 percent of athletic trainers have a master's or doctoral degree.** Certified athletic trainers are highly educated. Nearly 70 percent of ATC credential holders have a master's degree or higher advanced degree. Reflective of the broad base of skills valued by the athletic training profession, these master's degrees may be in athletic training (clinical), education, exercise physiology, counseling, health care administration or health promotion. This great majority of practitioners who hold advance degrees are comparable to other allied health care professionals.<sup>1</sup>

**FACT: All certified athletic trainers have at least a bachelor's degree from an accredited college or university. Athletic trainers are health care professionals similar to physical, occupational, speech language and other therapists.** All certified or licensed athletic trainers must have a bachelor's or master's degree from an accredited college or university in order to practice athletic training. As of 2004, all new candidates for the BOC exam must have a degree from an accredited athletic training program that include established academic curricula. Academic programs are accredited through an independent process by the Commission on Accreditation of Athletic Training Education (CAATE).<sup>1</sup>

The CAATE accredited Entry-Level Athletic Training Education Program at the University of Hawaii is housed in the Department of Kinesiology and Rehabilitation Science. Please see the attached Program Description and Competency and Proficiency information for additional details.

The Entry-Level Athletic Training Education Program mission is to prepare graduate students to become BOC certified athletic trainers and scholarly practitioners in the athletic training profession. The Program consists of classroom instruction, practicum/laboratory instruction, clinical experience, and research experiences in which the athletic training content areas of prevention and acute care, diagnosis, therapeutic modalities, rehabilitation, administration, professional development, medical conditions, pharmacology, nutrition, psychosocial intervention and referral are developed and inculcated.

Graduate students seeking BOC certification must complete a minimum of 62 credits, as well as pre-requisite courses and clinical observation requirements. The specific course requirements are identified in the Professional Education Program Academic Plan and the Clinical Education Plan (see attached). Graduation is contingent upon all program requirements being met, and a grade point average of no less than 3.0 (4.0 scale). In addition to a degree in Kinesiology or related field, the Program requires 2 years and 2 summers of full-time study or 6 semesters of course work with clinical experience under the direct supervision of an "Approved Clinical Instructor" (ACI).

**FACT: The following educational content standards are required for athletic training degree programs. Students must receive formal instruction in the following specific subject matter areas:**

**Basic and Applied Sciences:**

- Human anatomy
- Human physiology
- Chemistry
- Biology
- Physics
- Statistics and research design
- Exercise physiology
- Kinesiology/biomechanics

**Professional Content:**

- Risk management and injury prevention
- Pathology of injuries and illnesses
- Orthopedic clinical examination and diagnosis
- Medical conditions and disabilities
- Acute care of injuries and illnesses
- Therapeutic modalities
- Conditioning, rehabilitation, and referral
- Pharmacology
- Psychosocial intervention and referral
- Nutritional aspects of injuries and illnesses
- Health care administration

**FACT: The National Athletic Trainers' Association has identified the Athletic Training Educational Competencies and Clinical Proficiencies (Competencies) as necessary for effective performance as an entry-level certified athletic trainer.**

The Competencies and Proficiencies provide educational program personnel with the knowledge and skills to be mastered by students in an entry-level athletic training educational program. The Competencies provide the entry-level certified athletic trainer with the essential knowledge and skills needed to provide athletic training services to patients of differing ages and genders and work, and lifestyle circumstances and needs. The Commission on Accreditation of Athletic Training Education (CAATE), requires that the Competencies be used for curriculum development and education of the student enrolled in an accredited entry-level education program.

The Content Areas are instructed, practiced, and evaluated in the Core Academic Courses including a series of three orthopedic assessment courses (Lower Extremity;

Upper Extremity; and Head, Neck, and Spine) and two clinical skill Lecture/Lab format courses (Therapeutic Modalities, Therapeutic Exercise). Additional courses cover the remaining C&P Content Areas of athletic training. The Clinical Education Plan consists of a series of four Practicum and Clinical Experience courses where the application of knowledge and skills, learned in classroom and laboratory settings, are applied to actual practice on patients under the supervision of a Clinical Instructor.

Below is a table of the content areas and the courses dedicated to instructing and evaluating students on knowledge and skills in each of these areas. See attached Program Description document for more details.

Table 1. UH Entry-Level Athletic Training Curricular Plan

Content Areas	1 <sup>st</sup> Instructed & Evaluated	2 <sup>nd</sup> Instructed & Evaluated
0. Foundational Behaviors of Professional Practice	<b>KLS 609 - 612</b>	<b>KLS 609 - 612</b>
1. Risk Management and Injury Prevention	KLS 415	<b>KLS 399, 393, 609</b>
2. Pathology of Injuries and Illnesses*	KLS 420, 421, 615	<b>KLS 393, 394, 493, 494</b>
3. Orthopedic Clinical Examination and Diagnosis*	KLS 420, 421, 615	<b>KLS 393, 394, 493, 494</b>
4. Medical Conditions and Disabilities	KLS 619	<b>KLS 493, 611</b>
5. Acute Care of Injuries and Illnesses	KLS 415	<b>KLS 393, 609</b>
6. Therapeutic Modalities	KLS 617	<b>KLS 394, 610</b>
7. Conditioning and Rehabilitative Exercise*	KLS 618	<b>KLS 493, 611</b>
8. Pharmacology	KLS 619	<b>KLS 493, 611</b>
9. Psychosocial Intervention and Referral*	KLS 619	<b>KLS 493, 611</b>
10. Nutritional Aspects of Injuries and Illnesses	KLS 619	<b>KLS 493, 611</b>
11. Health Care Administration	KLS 419	<b>KLS 393, 609</b>
12. Professional Development and Responsibility	KLS 419, 622	<b>KLS 393, 609, 494, 612</b>

**Bold** indicates Clinical Education Courses

\*Example provided

**FACT: ATCs provide rehabilitation services that improve patient functional and physical outcomes.**

Results from a nationwide Medical Outcomes Survey demonstrate that care provided by ATCs effects a significant change in all outcomes variables measured, with the greatest change in functional outcomes and physical outcomes. The investigation indicates that care provided by ATCs generates a change in health-related quality of life patient outcomes. (Ref: Albohm MJ, Wilkerson GB. An outcomes assessment of care provided by certified athletic trainers. *Journal of Rehabilitation Outcomes Measure* 1999; 3 (3):51-56.)

In addition, the results of a comparative analysis of care provided by certified athletic trainers and physical therapists in a clinical setting indicated ATCs provide the same levels of outcomes, value and patient satisfaction as physical therapists in a clinical setting. Patient satisfaction ratings are more than 96 percent when treatment is provided



by ATCs. (Ref: *Reimbursement of Athletic Training* by Albohm, MJ; Campbell, Konin, pp. 25).

***Testimonials from Physicians on the Educational Preparation of ATCs<sup>1</sup>***

“The educational background of a certified athletic trainer is the perfect preparation for assisting an orthopedic surgeon. The knowledge of musculoskeletal anatomy, function and clinical experience in the diagnosis and treatment of musculoskeletal disorders is virtually unmatched, event amongst medical students. I believe that ATCs are the best physician extenders, and I use them in that role daily.”

-- *Ron Clark, medical director, Valparaiso (Ind.) Orthopedic Clinic*

“I realized early on in my career that ATCs are the only health care professionals who devote their entire education and professional lives to taking care of active people. My patients experience excellent outcomes as a result of therapy provided by ATCs. My patients love working with them. ATCs are a value added service to my practice. I could not do without them.”

-- *Thomas D. Kohl, medical director, family practice physician; director, Sports Medicine, Comprehensive Athletic Treatment Center, Wyomissing, Pa.*

If I can be of further assistance, please do not hesitate to contact me at the email or phone number below.

Respectfully Submitted,

Dr. Michelle Cleary

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**Reference Cited:**

1. The FACTS about Certified Athletic Trainers. From the National Athletic Trainers Association website: [www.nata.org](http://www.nata.org). Accessed on February 28, 2009.
2. National Athletic Trainers Association information for students: <http://www.nata.org/student/index.htm>. Accessed on February 28, 2009.
3. BOC candidate Handbook from: [www.bocatc.org](http://www.bocatc.org). Accessed on February 28, 2009.

### **Examples of Clinical Proficiencies Instructed and Evaluated in an Entry-Level Athletic Training Education Program**

The Professional Education Plan encompasses all aspects of the student's academic classroom and clinical experiences. The Professional Education Plan consists of Formal Education/Didactic instruction and the Clinical Education Plan including Clinical Education Courses and Clinical Experiences. The Professional Education Plan incorporates the competencies and the proficiencies (C&P) from the 2006 NATA Educational Competencies (4<sup>th</sup> Edition) containing 12 C&P Content Areas. The following are examples of the approximately 1200 competencies and proficiencies.

#### **Pathology Competencies**

PA-C1 Describe the essential components of a typical human cell. Include the normal structure and the function of each component and explain the abnormal symptoms associated with injury, illness, and disease.

PA-C2 Explain gross cellular adaptations in response to stress, injury, or disease (e.g., atrophy, hypertrophy, differentiation, hyperplasia, metaplasia, and tumors).

PA-C3 Explain normal and abnormal circulation and the physiology of fluid homeostasis.

PA-C4 Identify the normal acute and chronic physiological and pathological responses (e.g., inflammation, immune response, and healing process) of the human body to trauma, hypoxia, microbiologic agents, genetic derangements, nutritional deficiencies, chemicals, drugs, and aging affecting the musculoskeletal and other organ systems, and musculoskeletal system adaptations to disuse.

PA-C5 Describe the etiology, pathogenesis, pathomechanics, signs, symptoms, and epidemiology of common orthopedic injuries, illnesses and diseases to the body's systems.

PA-C6 Describe the body's responses to physical exercise during common diseases, illnesses, and the injury.

#### **Diagnosis Clinical Proficiencies**

DI-CP1 Demonstrate a musculoskeletal assessment of upper extremity, lower extremity, head/face, and spine (including the ribs) for the purpose of identifying (a) common acquired or congenital risk factors that would predispose the patient to injury and (b) a musculoskeletal injury. This will include identification and recommendations for the correction of acquired or congenital risk factors for injury. At the conclusion of the assessment, the student will diagnose the patient's condition and determine and apply immediate treatment and/or referral in the management of the condition. Effective lines of communication should be established to elicit and convey information about the patient's status. While maintaining patient confidentiality, all aspects of the assessment should be documented using standardized record-keeping methods.

DI-CP1.1 Foot and Toes

DI-CP1.2 Ankle

DI-CP1.3 Lower Leg

DI-CP1.4 Knee (tibiofemoral and patellofemoral)

DI-CP1.5 Thigh

DI-CP1.6 Hip/Pelvis/Sacroiliac Joint

DI-CP1.7 Lumbar Spine

- DI-CP1.8 Thoracic Spine
- DI-CP1.9 Ribs
- DI-CP1.10 Cervical Spine
- DI-CP1.11 Shoulder Girdle
- DI-CP1.12 Upper Arm
- DI-CP1.13 Elbow
- DI-CP1.14 Forearm
- DI-CP1.15 Wrist
- DI-CP1.16 Hand, Fingers & Thumb
- DI-CP1.17 Head and Face
- DI-CP1.18 Temporomandibular Joint

### **Therapeutic Modalities Clinical Proficiencies**

TM-CP1 Synthesize information obtained in a patient interview and physical examination to determine the indications, contraindications and precautions for the selection, patient set-up, and evidence-based application of therapeutic modalities for acute and chronic injuries. The student will formulate a progressive treatment and rehabilitation plan and appropriately apply the modalities. Effective lines of communication should be established to elicit and convey information about the patient's status and the prescribed modality(s). While maintaining patient confidentiality, all aspects of the treatment plan should be documented using standardized record-keeping methods.

- TM-CP1.1 Infrared Modalities
- TM-CP1.2 Electrical Stimulation Modalities
- TM-CP1.3 Therapeutic Ultrasound
- TM-CP1.4 Mechanical Modalities
- TM-CP1.5 Massage and other Manual Techniques

### **Therapeutic Exercise Clinical Proficiencies**

EX-CP Synthesize information obtained in a patient interview and physical examination to determine the indications, contraindications and precautions for the selection, application, and evidence-based design of a therapeutic exercise program for injuries to the upper extremity, lower extremity, trunk, and spine. The student will formulate a progressive rehabilitation plan and appropriately demonstrate and/or instruct the exercises and/or techniques to the patient. Effective lines of communication should be established to elicit and convey information about the patient's status and the prescribed exercise(s). While maintaining patient confidentiality, all aspects of the exercise plan should be documented using standardized record-keeping methods.

EX-CP1 Program for injuries to the Upper extremity, Lower extremity, Trunk, and Spine

- EX-CP1.1 Exercises and Techniques to Improve Joint Range of Motion
- EX-CP1.2 Exercises to Improve Muscular Strength
- EX-CP1.3 Exercises to Improve Muscular Endurance
- EX-CP1.4 Exercises to Improve Muscular Speed
- EX-CP1.5 Exercises to Improve Muscular Power
- EX-CP1.6 Exercises to Improve Balance, Neuromuscular Control, and Coordination
- EX-CP1.7 Exercises to Improve Agility
- EX-CP1.8 Exercises to Improve Cardiorespiratory Endurance

EX-CP1.9 Exercises to Improve Activity-Specific Skills, including Ergonomics and Work Hardening

**Psychosocial Intervention and Referral Clinical Proficiencies**

PS-CP2 Demonstrate the ability to select and integrate appropriate motivational techniques into a patient's treatment or rehabilitation program. This includes, but is not limited to, verbal motivation, visualization, imagery, and/or desensitization. Effective lines of communication should be established to elicit and convey information about the techniques. While maintaining patient confidentiality, all aspects of the program should be documented using standardized record-keeping techniques.

From the NATA Education Council website:

[http://www.nataec.org/EducationPrograms/ProfessionalEducationentrylevel/Competencies/tabid/79/Default.aspx#\\_contentareas](http://www.nataec.org/EducationPrograms/ProfessionalEducationentrylevel/Competencies/tabid/79/Default.aspx#_contentareas). Accessed February 26, 2009.

**University of Hawai'i at Manoa**  
Department of Kinesiology and Rehabilitation Science  
**MASTERS OF SCIENCE DEGREE**  
**ENTRY-LEVEL ATHLETIC TRAINING**  
CAATE Accredited since 05/2005

**PROGRAM DESCRIPTION**

**The Athletic Training Profession**

Board of Certification (BOC) Certified Athletic Trainers (ATC) are medical professionals who specialize in the prevention, assessment, treatment, and rehabilitation of injuries to athletes and others who are engaged in everyday physical activities. The presence of the BOC certified athletic trainer is standard practice in professional and intercollegiate sports and mandated in every public high school in Hawai'i. Many other states require an ATC at practices and competitions. Consequently, sports medicine clinics are being founded to serve the populations not covered by full or part time ATCs, and to provide associated rehabilitation and surgical care. These sports medicine clinics have ATCs on staff in addition to orthopedic surgeons, physician assistants, physical therapists, and other allied health professionals. The growth in physical fitness awareness and sport participation emphasizes the need for appropriate health care in junior high schools, high schools, colleges and universities, professional athletic organizations, sports medicine clinics, health clubs, sports clubs, recreation centers and company based fitness centers. Please visit the National Athletic Trainers' Association website for additional information about careers in athletic training: <http://www.nata.org>.

**Entry-Level Graduate Athletic Training Education Program (EL-GATEP)**

***Program Mission***

The EL-GATEP mission is to prepare graduate students to become BOC certified athletic trainers and scholarly practitioners in the athletic training profession.

***Admission Requirements***

Applicants must meet the requirements of the Graduate Division. Each applicant admitted will be classified in one of two categories: (1) Regular status - student who has a Baccalaureate degree in the area which they will pursue and a minimum overall grade point average of 3.0 during the final two years of undergraduate work, or (2) Conditional status – student of promise who may have a deficiency in grade point average and/or subject matter preparation. Please see the University of Hawai'i at Manoa Graduate Division website for details:  
<http://www.hawaii.edu/graduatestudies/fields/html/departments/hijkl/kls/kls.htm>.

Applicants for the MS degree will be further evaluated on their pre-professional preparation and previous clinical experiences. Entry-Level Graduate Athletic Training Education Program applicants must complete the EL-GATEP Pre-Professional requirements and the application to admission (in addition to applying to the Graduate Division). Potential students are required to complete ~50 hours of observation of an Athletic Training Clinic at a local university or high school prior to application to the program. Potential students must read and complete the "Technical standards" prior to consideration for admission. Please visit the UH EL-GATEP website at <http://www.hawaii.edu/kls/atms/> for details.

***Pre-Professional Program Requirements (Pre-Requisites)***

The Department of Kinesiology and Rehabilitation Science (KRS) provides all of the Pre-Professional (pre-requisite) requirements for the Entry-Level Graduate Athletic Training Education Program prior to admission. Additionally, athletic training and related coursework may allow students to fulfill the requirements for entry into other allied health programs (e.g. physical therapy, occupational therapy, physician assistant, medicine, etc.). Upon completion of the EL-GATEP, the student will fulfill all of the requirements for BOC certification. For more information about KRS, please visit:  
<http://www.hawaii.edu/coe/departments/kls/index.shtml>.

The following courses are Pre-Professional requirements for admission to the EL-GATEP. These courses may be completed at UH (highly recommended) or the course equivalent may be considered upon approval by the Program

Director. Pre-Professional Program requirements (pre-requisites) do not count toward the MS degree, but do count toward the BS in Health/Exercise Science and Lifestyle Management (as applicable).

The following table contains the Pre-Professional requirements for the EL-GATEP.

**Pre-Professional Program Requirements:**

The following courses <b>MUST</b> be completed before Admission to the program:		The following courses <i>should</i> be completed before Admission to the Program:	
PHYL 301/L	Human Anatomy & Physiology I	PSY 100	Survey of Psychology
PHYL 302/L	Human Anatomy & Physiology II	KRS 152	Weight Training
KRS 353	Structural Kinesiology	KRS 395	Personal Health & Wellness
KRS 354	Exercise and Sport Physiology	KRS 463	Sport Biomechanics
KRS 432	Emergency Care for Professional Rescuer	KRS 460	Nutrition & Exercise in Sport
-OR-	CPR/ AED for Professional Rescuer current card	KRS 415	Prevention & Care of Athletic Injuries

**Professional Education Program Requirements**

**Academic Plan**

The program is an accredited entry-level program by the Commission on Accreditation of Athletic Training Education (CAATE). The program consists of classroom instruction, practicum/laboratory instruction, clinical experience, and research experiences in which the athletic training content areas of prevention and acute care, diagnosis, therapeutic modalities, rehabilitation, administration, professional development, medical conditions, pharmacology, nutrition, psychosocial intervention and referral are developed and inculcated. Graduate students seeking BOC certification must complete a minimum of 62 credits, as well as pre-requisite courses and clinical observation requirements. The specific course requirements are identified in the Professional Education Program Academic Plan and the Clinical Education Plan. Graduation is contingent upon all program requirements being met, and a grade point average of no less than 3.0 (4.0 scale).

The EL-GATEP may be completed upon *regular* admission into the program, in 2 years and 2 summers of full-time study or 6 semesters of course work with clinical experience under the direct supervision of an "Approved Clinical Instructor" (ACI).

**Clinical Education Plan**

The Clinical Education Plan consists of the Practicum and the Clinical Experience classes. Competencies and Proficiencies are assessed in the Practicum Classes KRS 393, 394, 493, and 494. The EL-GATEP Clinical Experiences are obtained in KRS 609, 610, 611 & 612. Clinical rotation assignments require an average of 20 hours/week. Rotations consist of student assigned to Approved Clinical Instructors who provide direct supervision for coverage of sports with upper extremity injuries, lower extremity injuries, equipment intensive, general medical, and rehabilitation settings. Clinical Proficiencies and Foundational Professional Behaviors are formally evaluated by the ACI in during the Clinical Experience. Additionally male, female, team, individual and dual sports are also factors in clinical assignments.

**REQUIREMENTS FOR THE MASTERS OF SCIENCE DEGREE**

EL-GATEP students must complete:

- Pre-requisite courses (as needed)
- A minimum of 62 credits of required core courses
- Clinical experience requirements
- Culminating activity (KRS 622)
- Final (Comprehensive) Examination

**University of Hawai'i at Manoa**  
 Department of Kinesiology and Rehabilitation Science  
**MASTERS OF SCIENCE DEGREE**  
**ENTRY-LEVEL ATHLETIC TRAINING**

**Professional Education Plan**

The following Professional Education courses are required for graduation from the EL-GATEP:

Course	Title	CR
KRS 415	Prevention & Care of Athletic Injuries	~
KRS 497	Introduction to the Athletic Training Clinic	3
KRS 419	Athletic Training Administration	3
KRS 420	Lower Extremity Assessment	3
KRS 421	Upper Extremity Assessment	3
KRS 393	Athletic Training Practicum I	3
KRS 394	Athletic Training Practicum II	3
KRS 493	Athletic Training Practicum III	3
KRS 494	Athletic Training Practicum IV	3
KRS 609	Athletic Training Clinical Experience I	3
KRS 610	Athletic Training Clinical Experience II	3
KRS 611	Athletic Training Clinical Experience III	3
KRS 612	Athletic Training Clinical Experience IV	3
KRS 615	Head, Neck, & Spine Assessment	3
KRS 617	Therapeutic Modalities	4
KRS 618	Therapeutic Exercise	4
KRS 619	General Medical Conditions	3
KRS 622	AT Capstone Experience	3
KRS 641	Seminar	3
KRS 673	Research Methods	3
EDEP 629	Statistics	3
<b>Total required for Graduation</b>		<b>62</b>

**TOTAL GRADUATE CREDITS REQUIRED FOR  
 THE MASTERS OF SCIENCE DEGREE  
 IN  
 ENTRY-LEVEL ATHLETIC TRAINING = 62**

Students are only admitted in the **Fall Semester** and upon completion of the Pre-Professional Program requirements. Deadline for application is **April 1**.

**University of Hawai'i at Manoa**  
 Department of Kinesiology and Rehabilitation Science  
**MASTERS OF SCIENCE DEGREE**  
**ENTRY-LEVEL ATHLETIC TRAINING**

**Professional Education Plan**

**OPTIONAL Pre-Professional Preparation YEAR**

If needed, for non-Kinesiology students or English as Second Language students

Fall Semester		Spring Semester	
PHYL 301/L	Human Anatomy & Physiology I	PHYL 302/L	Human Anatomy & Physiology II
KRS 353	Structural Kinesiology	KRS 354	Exercise and Sport Physiology
KRS 152	Weight Training	KRS 463	Sport Biomechanics
KRS 395	Personal Health & Wellness	KRS 460	Nutrition & Exercise in Sport
PSY 100	Survey of Psychology	<b>Apply to Graduate Division and EL-GATEP</b>	
Volunteer Observation in the UH Athletic Training Clinic (requires approval from Head Athletic Trainer and Program Director)			

The following is the **REQUIRED** course sequence:

YEAR I			
<b>Summer Session II</b>			
<b>KRS 415</b>	<b>Prevention &amp; Care (~)</b>		
<b>KRS 497</b>	<b>Intro to Athletic Training Clinic (3)</b>		
	Required pre-season in-service		
Fall Semester		Spring Semester	
<b>KRS 393</b>	<b>AT Practicum I (3)</b>	<b>KRS 394</b>	<b>AT Practicum II (3)</b>
<b>KRS 609</b>	<b>Clinical Experience I (3)</b>	<b>KRS 610</b>	<b>Clinical Experience II (3)</b>
<b>KRS 420</b>	<b>Lower Extremity Assessment (3)</b>	<b>KRS 421</b>	<b>Upper Extremity Assessment (3)</b>
<b>KRS 617</b>	<b>Therapeutic Modalities (4)</b>	<b>KRS 618</b>	<b>Therapeutic Exercise (4)</b>
	Pre-requisite/Elective (as needed)		Pre-requisite/Elective (as needed)

YEAR II			
<b>Summer Session II</b>			
<b>KRS 419</b>	<b>Administration in AT (3)</b>		
<b>KRS 619</b>	<b>General Medical Conditions (3)</b>		
Fall Semester		Spring Semester	
<b>KRS 493</b>	<b>AT Practicum III (3)</b>	<b>KRS 494</b>	<b>AT Practicum IV (3)</b>
<b>KRS 611</b>	<b>Clinical Experience III (3)</b>	<b>KRS 612</b>	<b>Clinical Experience IV (3)</b>
<b>KRS 615</b>	<b>Head, Neck &amp; Spine Assessment (3)</b>	<b>KRS 622</b>	<b>AT Capstone Experience (3)</b>
<b>KRS 673</b>	<b>Research Methods (3)</b>	<b>KRS 641</b>	<b>Seminar (3)</b>
<b>EDEP 629</b>	<b>Statistics (3)</b>		Approved Elective (as needed)

**Courses in bold** MUST be taken in the semester prescribed and are offered **ONLY** in the semester indicated.

For course descriptions go to: <http://www.catalog.hawaii.edu/courses/departments/kls.htm>





# UNIVERSITY OF HAWAII SYSTEM

## Legislative Testimony

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Written Testimony Presented Before the House  
Committee on Higher Education and  
Committee On Education  
March 17, 2:00 p.m.  
Conference Room 309

by  
Carl R. Clapp  
Associate Director of Athletics  
University of Hawai'i at Mānoa

### HCR 40 RELATING TO ATHLETIC TRAINERS

Chairs Chang and Takumi, Vice Chairs Nakashima and Berg, and members of the Committees:

I am Carl Clapp, Associate Director of Athletics for the University of Hawai'i at Mānoa, and I am presenting testimony for the University of Hawai'i at Mānoa in support of HCR 40 relating to Athletic Trainers. We are aware that the National Athletic Trainers Association (NATA) and the Hawai'i Athletic Trainers Association support the licensing of athletic trainers and that approximately 33 states currently require licensing with several more considering requiring licensing of athletic trainers.

Our understanding is that the athletic trainers at the University of Hawai'i at Mānoa are compliance with the requirements of this bill. Athletic Trainers hired by the University of Hawai'i at Mānoa are required to have the qualifications listed in the Senate Bill including the following:

1. Have a bachelor's or advanced degree from an accredited four-year college or university,
2. Have successfully completed the NATA Board of Certification Examination, and
3. Be certified by the NATA.

With the significant participation in youth sports and the high participation in physical activity of our adult population in Hawai'i the risk for injury rises as well. That is where the Certified Athletic Trainer (AT) comes in. Whether it is an athlete of any age, a worker performing physical tasks or even an average citizen delving in to recreational activities, the AT can help.

ATs are highly qualified healthcare professionals educated in preventing, recognizing, managing and rehabilitating injuries that result from physical activity. ATs can help you avoid unnecessary medical treatment and disruption of normal daily life. If you're

injured, they are trained to work with your healthcare provider to get you on the mend and keep you on the move.

Athletic training is recognized by the American Medical Association (AMA) as an allied healthcare profession, and the AMA recommends ATs in every high school to keep America's youth safe and healthy. Specifically, the Board of Certification Certified Athletic Trainer has demonstrated knowledge and skill in six practice areas or domains:

- Prevention
- Clinical Evaluation and Diagnosis
- Immediate Care
- Treatment, Rehabilitation and Reconditioning
- Organization and Administration
- Professional Responsibility

As part of a complete healthcare team, the AT works under the direction of a physician and in cooperation with other healthcare professionals, athletic administrators, coaches and parents. The AT gets to know each patient individually and can treat injuries more effectively.

It is important that we make sure that all of our athletic trainers in Hawai'i have the appropriate education, training and certification.

Thank you for the opportunity to testify.

TESTIMONY TO THE HOUSE COMMITTEE ON HIGER EDUCATION/EDUCATION,  
ON  
HCR40 REQUESTING A SUNRISE REVIEW OF ATHLETIC TRAINERS

The Hawaii Athletic Trainers Association supports HCR40 Requesting a Sunrise Review of Athletic Trainers. Certified Athletic Trainers are healthcare professionals who specialize in injury prevention, assessment, immediate care, treatment, referral and rehabilitation particularly in the orthopedic and musculoskeletal disciplines. Athletic Training has been recognized by the American Medical Association as an allied healthcare profession since 1990, an independent national credentialing agency, the Board of Certification Inc. certifies athletic trainers. The Hawaii State Legislature has affirmed the value, importance, and qualifications of certified athletic trainers in the past by appropriating funds to place certified athletic trainers in each of Hawaii's public secondary schools. In addition to the public secondary schools, Certified Athletic Trainers are employed in private secondary schools, Colleges and Universities, physician offices, hospitals, sports medicine clinics, the military, and fitness centers. There are currently 165 certified athletic trainers in the state of Hawaii. The University of Hawaii-Manoa has an accredited athletic training curriculum.

A concurrent resolution was first passed in 2005 asking the State Auditor's Office to perform a "Sunrise Analysis" of regulating the profession of athletic training. That analysis has not yet been done. Our association understands that an analysis must be completed prior to enacting this legislation and we firmly support that requirement.

We feel that our profession should be regulated to safeguard the public.

1. There is risk that Hawaii's athletic population could suffer consequences such as chronic pain, disability, or loss of life if health care is received from unqualified practitioners. Regulation in the form of Registration would ensure that Hawaii's athletic population receives specialized emergency care and appropriate treatment and rehabilitation, and meet appropriate criteria before being returned to play.
2. Regulation in the form of Registration would require and verify, as is now required of other health care professions demonstration of minimum competency in the profession by verifying the educational and certification requirements of the Board of Certification Inc..
3. It would provide a mechanism to report any malpractice or ethical violations. At present that does not exist placing the public at risk.
4. Currently there is no agency that monitors whether the certification of athletic trainers remains in good standing. A person could conceivably become certified and fail to maintain his/her certification. This can happen by failing to meet continuing education requirements or certification can be suspended or revoked by the National Athletic Trainers Association Board of Certification for ethical or legal violations. Again at present there is no one to whom the national organization can report disciplinary actions.
5. As one of the few states nationwide without licensure, Hawaii could become a dumping ground for those who have had disciplinary restrictions from other states.
6. There is title confusion. The public has trouble discerning the differences between certified athletic trainers, personal trainers, boxing trainers, special education skills trainers etc. There is

risk that unqualified, non-credentialed people can represent themselves as “trainers” and the public be misled into thinking they are receiving care from health care professionals.

7. The standard of appropriate care has risen. Because all of Hawaii’s public high schools and many private high schools have certified athletic trainers on staff, parents of secondary school age athletes expect their children will be cared for by qualified and competent healthcare professionals. Nearly all colleges and universities nationwide employ certified athletic trainers. When college and university athletes travel to Hawaii they expect to be treated by Certified Athletic Trainers.
8. Regulating Athletic Trainers would better define the scope of practice. Currently the only regulation of athletic trainers falls within a vague exemption in the Physical Therapy Practice Act (HRS 461-J). This exemption simply states that NATA Certified Athletic Trainers may perform within the scope of such certification. While this is in some ways beneficial to our association at times our own membership is confused as to what is acceptable practice.
8. Because a nationally accredited Board of Certification already exists, Hawaii would not need to administer a separate examination. Adopting the process which is already in place would decrease the cost of creating a Board of Athletic Trainers. Currently 43 states recognize BOC requirements as the standard for eligibility and regulation of the practice of athletic trainers.

The potential for risk of harm exists. Athletic Trainers have extended and sometimes intimate contact with the athletic population. Athletic trainers routinely work with children as young as 12. It is one of the few medical professions that is unregulated in Hawaii.

There is evidence of risk of harm to the public. In recent years there have been incidents where unqualified individuals have claimed to be athletic trainers or certified athletic trainers when they were not. There is evidence of harm to students. No investigations have ever been done due to the lack of an agency for which to file a complaint.

There is a case in which an individual was under a federal and state criminal investigation in another state and was hired by a Hawaii state institution. Although the employer completed a background check the investigation was not complete therefore not reportable. Had there been a state regulatory agency there would have been a report of an ongoing investigation. The individual later had his certification suspended for “risk of public harm”. Recently there was an individual working in a private high school who claimed to be a certified athletic trainer when he in fact had never met the requirements for certification. His co worker and supervisor believed that he was an NATABOC certified athletic trainer but never verified it. Another individual was a full time athletic trainer at a public high school who was arrested for shoplifting at a department store. His employment was terminated and when school staff assumed control of the high school’s athletic training room they found bottles of alcohol inside water coolers. A massage therapist was hired at a private high school to provide athletic training services, when one of our certified athletic trainer members questioned the athletic director he told her “he thought it was alright because she was taking athletic training classes”. She was not enrolled in the University of Hawaii-Manoa Athletic Training Curriculum which is the only accredited athletic training education program in Hawaii.

Our association is well aware that there is only one purpose in regulating and licensing professions and vocations, that purpose is public or consumer protection. We are concerned that there have been

incidents that place the public at risk and hope that the legislature will require the State Auditor's office to analyze SB1129 SD1 or its final form to make a recommendation for regulating our profession. We hope this will happen before someone is seriously harmed.

The Hawaii Athletic Trainers' Association thanks you for your time in considering this measure and encourages its passage. We would request that the language of the measure references the specific bill to be analyzed which currently is SB1129 SD1

Darryl Funai, A.T.C. President Hawaii Athletic Trainers Association  
and

Cindy Clivio, A.T.C. Hawaii Athletic Trainers' Association Governmental Affairs Chair



**OCCUPATIONAL THERAPY ASSOCIATION OF HAWAII**

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1360 S. Beretania St., Suite 301, Honolulu, Hawaii 96814

**Testimony by:**  
**Virginia Tully, OTR, MBA**  
**HCR 40, Requesting A Sunrise Review of Athletic Trainers**  
**House HED/EDN Hearing – Tues. March 17, 2009**  
**Room 309 – 2:00 pm**

**Position: Support**

Chairs Chang and Takumi, and Members of the House HED/EDN Committees:

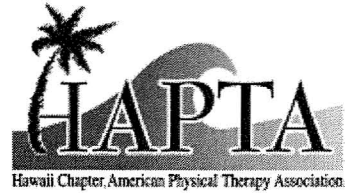
I am Virginia Tully, OTR, and past-president of the Occupational Therapy Association of Hawaii, (OTAH), which represents 507 occupational therapists (OTs) licensed in Hawaii. OT's work in many settings throughout the State, including hospitals, schools, and prisons, to private facilities and community programs. We work with very young children, ages 0-3, as well as school aged children, adults, and the elderly, seeking to restore or develop social-emotional, physical, cognitive, communication and adaptive behavior challenges.

Through understanding of the effect of the consumer's disability, illness and impairment, the occupational therapist develops a program that will promote development and establish needed skills to be independent in daily living activities. Daily living skills include self-care such a bathing, dressing, and skills required for learning, work or social interaction. Often times, OTs must design/fabricate special devices or suggest modification to the home environment.

We support this resolution as it fulfills the requirements of HRS 26H-6 for a review by the Legislative Auditor before a measure to regulate a profession is legislated. This study may confirm the need for regulation and determine the risk to public safety from non-certified athletic trainers who provide services in settings beyond their academic training. The Legislative Auditor will also recommend the need for registration or licensure.

OTAH supports efforts that ensure qualified and trained health professionals are providing care to the consumer. I can be reached at 544-3336 if further information is needed. Thank you for the opportunity to provide testimony.

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**Testimony by:  
Ann Frost, PT**

**HCR 40, Requesting A Sunrise Review of Athletic Trainers  
Hse HED/EDN, March 17, 2009  
Room 309, 2:00 pm  
Position: Support**

Chairs Chang and Takumi, and Members of the House HED/EDN Committees:

I am Ann Frost, P.T., President of the Hawaii Chapter – American Physical Therapy Association (HAPTA) and member of HAPTA’s Legislative Committee. The HAPTA is comprised of 300 member physical therapists and physical therapist assistants employed in hospitals and health care facilities, the Department of Education and Department of Health systems, and private practice. Our members represent Hawaii at the national American Physical Therapy Association and are delegates for Pediatrics, Women’s Health, Parkinson’s Disease and other issue sections. We are part of the spectrum of care for Hawaii, and provide rehabilitative services for infants and children, youth, adults and the elderly. Rehabilitative services are a vital part of restoring optimum function from neuromusculoskeletal injuries and impairments.

HAPTA is committed to ensuring that consumers receive health care services by qualified health care professionals. Nationwide, there is a growing acknowledgement of the health benefits of physical activity, particularly among our school-aged children. Organized sports activities are a wonderful way for our youth to begin healthy, active lifestyles. Most certainly, the certified athletic trainers are an important part of the allied health care spectrum for all age groups participating in sports activity.

This measure is supported because the Legislative Auditor’s review and analysis regarding the licensure of athletic trainers will help clarify the role, qualifications of the professional Athletic Trainer and where and when they are qualified to practice.

We understand that the sunrise review will address the following questions, which will then be the basis for recommendation of licensure or other regulatory oversight:

- 1) Does the unregulated practice harm the public;
- (2) Is the harm due to incompetent practice; and
- (3) Is the public unprotected.

I can be reached at 382-2655 if you have any questions. Thank you for the opportunity to testify.



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Tuesday, March 17, 2009, 2:00 p.m., CR 309

To: COMMITTEE ON HIGHER EDUCATION  
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Rep. Mark M. Nakashima, Vice Chair

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Lauren Zirbel, Government Affairs

RE: HCR40 Athletic Trainers; Sunrise Review

In support.

Chairs and Committee Members:

Hawaii Medical Association supports this resolution as an important step toward protecting public safety. Licensure of athletic trainers can provide assurance that educational requirements and qualifications are met and improve collaboration with other health care professionals.

Thank you for the opportunity to provide this testimony.

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