

 **09hr\_SC-HHIPTRR\_sb0482\_pt01**



(FORM UPDATED: 08/11/2010)

## WISCONSIN STATE LEGISLATURE ... PUBLIC HEARING - COMMITTEE RECORDS

### 2009-10

(session year)

### Senate

(Assembly, Senate or Joint)

### Committee on ... Health, Health Insurance, Privacy, Property Tax Relief, and Revenue (SC-HHIPTRR)

### COMMITTEE NOTICES ...

- Committee Reports ... **CR**
- Executive Sessions ... **ES**
- Public Hearings ... **PH**

### INFORMATION COLLECTED BY COMMITTEE FOR AND AGAINST PROPOSAL

- Appointments ... **Appt** (w/Record of Comm. Proceedings)
- Clearinghouse Rules ... **CRule** (w/Record of Comm. Proceedings)
- Hearing Records ... bills and resolutions (w/Record of Comm. Proceedings)  
(**ab** = Assembly Bill)                      (**ar** = Assembly Resolution)                      (**ajr** = Assembly Joint Resolution)  
(**sb** = Senate Bill)                              (**sr** = Senate Resolution)                              (**sjr** = Senate Joint Resolution)
- Miscellaneous ... **Misc**

## Senate

### Record of Committee Proceedings

#### **Committee on Health, Health Insurance, Privacy, Property Tax Relief, and Revenue**

##### **Senate Bill 482**

Relating to: the practice of athletic trainers and granting rule-making authority.

By Senators Hansen and Jauch; cosponsored by Representatives Molepske Jr., Bernard Schaber, Ballweg, Milroy, Bies, Mason, Townsend, Soletski, A. Ott, Zigmunt and Steinbrink.

January 25, 2010      Referred to Committee on Health, Health Insurance, Privacy,  
Property Tax Relief, and Revenue.

January 27, 2010      **PUBLIC HEARING HELD**

Present:    (7)      Senators Erpenbach, Carpenter, Robson, Lassa,  
Lazich, Kanavas and Darling.

Absent:    (0)      None.

##### Appearances For

- Louis Molepske — Rep.
- Joe Greene, Madison — WATA
- Dennis Helwig, Verona
- Mike Van Veghel, Cottage Grove

##### Appearances Against

- None.

##### Appearances for Information Only

- None.

##### Registrations For

- Dave Hansen — Sen.
- Keith Owsled, Racine — WATA
- Michael Moll, Madison — WATA
- Ryan Wilkinson, Franklin — WATA

##### Registrations Against

- None.

##### Registrations for Information Only

- None.

February 11, 2010

**EXECUTIVE SESSION HELD**

Present: (7) Senators Erpenbach, Carpenter, Robson, Lassa,  
Lazich, Kanavas and Darling.  
Absent: (0) None.

Moved by Senator Carpenter, seconded by Senator Lassa that  
**Senate Amendment 1** be recommended for adoption.

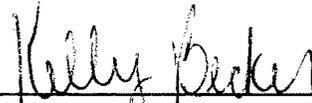
Ayes: (7) Senators Erpenbach, Carpenter, Robson,  
Lassa, Lazich, Kanavas and Darling.  
Noes: (0) None.

ADOPTION OF SENATE AMENDMENT 1 RECOMMENDED,  
Ayes 7, Noes 0

Moved by Senator Carpenter, seconded by Senator Lassa that  
**Senate Bill 482** be recommended for passage as amended.

Ayes: (7) Senators Erpenbach, Carpenter, Robson,  
Lassa, Lazich, Kanavas and Darling.  
Noes: (0) None.

PASSAGE AS AMENDED RECOMMENDED, Ayes 7, Noes 0



---

Kelly Becker  
Committee Clerk

482

# Vote Record Committee on Health, Health Insurance, Privacy, Property Tax Relief, and Revenue

Date: \_\_\_\_\_

Moved by: \_\_\_\_\_ Seconded by: \_\_\_\_\_

AB _____	SB _____	Clearinghouse Rule _____
AJR _____	SJR _____	Appointment _____
AR _____	SR _____	Other _____

A/S Amdt \_\_\_\_\_

A/S Amdt \_\_\_\_\_ to A/S Amdt \_\_\_\_\_

A/S Sub Amdt \_\_\_\_\_

A/S Amdt \_\_\_\_\_ to A/S Sub Amdt \_\_\_\_\_

A/S Amdt \_\_\_\_\_ to A/S Amdt \_\_\_\_\_ to A/S Sub Amdt \_\_\_\_\_

Be recommended for:

- |   |                                    |                                       |   |  |
|---|------------------------------------|---------------------------------------|---|--|
| <input checked="" type="checkbox"/> Passage | <input type="checkbox"/> Adoption  | <input type="checkbox"/> Confirmation | <input type="checkbox"/> Concurrence    | <input type="checkbox"/> Indefinite Postponement |
| <input type="checkbox"/> Introduction       | <input type="checkbox"/> Rejection | <input type="checkbox"/> Tabling      | <input type="checkbox"/> Nonconcurrency |  |

Committee Member

	<u>Aye</u>	<u>No</u>	<u>Absent</u>	<u>Not Voting</u>
<b>Senator Jon Erpenbach, Chair</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Senator Tim Carpenter</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Senator Judith Robson</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Senator Julie Lassa</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Senator Mary Lazich</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Senator Ted Kanavas</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Senator Alberta Darling</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Totals:** \_\_\_\_\_

Motion Carried

Motion Failed

# Vote Record

## Committee on Health, Health Insurance, Privacy, Property Tax Relief, and Revenue

Date: \_\_\_\_\_

Moved by: Carp

Seconded by: Lassa

482  
amendment

AB \_\_\_\_\_

SB \_\_\_\_\_

Clearinghouse Rule \_\_\_\_\_

AJR \_\_\_\_\_

SJR \_\_\_\_\_

Appointment \_\_\_\_\_

AR \_\_\_\_\_

SR \_\_\_\_\_

Other \_\_\_\_\_

A/S Amdt \_\_\_\_\_

A/S Amdt \_\_\_\_\_ to A/S Amdt \_\_\_\_\_

A/S Sub Amdt \_\_\_\_\_

A/S Amdt \_\_\_\_\_ to A/S Sub Amdt \_\_\_\_\_

A/S Amdt \_\_\_\_\_ to A/S Amdt \_\_\_\_\_ to A/S Sub Amdt \_\_\_\_\_

Be recommended for:

- |                                       |  |                                       |   |  |
|---------------------------------------|--|---------------------------------------|---|--|
| <input type="checkbox"/> Passage      | <input checked="" type="checkbox"/> Adoption | <input type="checkbox"/> Confirmation | <input type="checkbox"/> Concurrence    | <input type="checkbox"/> Indefinite Postponement |
| <input type="checkbox"/> Introduction | <input type="checkbox"/> Rejection           | <input type="checkbox"/> Tabling      | <input type="checkbox"/> Nonconcurrence |  |

Committee Member

**Senator Jon Erpenbach, Chair**

Aye    No    Absent    Not Voting

**Senator Tim Carpenter**

**Senator Judith Robson**

**Senator Julie Lassa**

**Senator Mary Lazich**

**Senator Ted Kanavas**

**Senator Alberta Darling**

**Totals:**    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_

Motion Carried

Motion Failed



Jeffrey C. Mackey, D.C., F.A.C.O., F.I.C.C.  
3205 E. Washington Ave.  
Madison WI 53704

January 25, 2010

Dear Senators and Representatives,

As someone who works closely with Licensed Athletic Trainers at the University of Wisconsin and in other clinical settings, I would encourage you to support LRB 2195. In these settings I have worked closely with athletic trainers and physical therapists. We have developed a close professional relationship that respects everyone's strengths for treatment to the betterment of the patients.

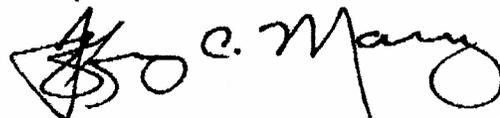
This bill reflects the current practice of athletic trainers and the settings in which they are working. Advancements in professional education, employment settings and the diversity of patients LATs treat have expanded beyond the realm of their current language. The changes in the bill clarify that LATs would be able to work with employee and patients in all setting as the patient injury or illness should define whether or not they can treat a given individual.

The bill does three main things:

- It removes the word "athlete" and "athletic injury." Athletic trainers do not only take care of athletes and we feel it is necessary to generally define our patient population as the "physically active." LAT patients range from high school athletes to workers in factories to weekend warriors. A change in this language would more accurately portray their growing patient base.
- Allow athletic trainers to rehabilitate injuries or illnesses suffered by those who are physically active and want to continue to be physically active.
- The bill states that an LAT may provide athletic training to an individual without a referral, but must have a referral to perform rehab and reconditioning in an outpatient rehabilitation setting.
- Removes the temporary license. Since the inception of LAT licensure, there has not been a single application for a temporary license. This is primarily due to the fact that the requirements for temporary licensure matched those of a regular license.

Again, I believe these changes will more accurately portray who LATs are serving and the setting in which they work. Please support LRB2195.

Sincerely,



Jeffrey C. Mackey, D.C., F.A.C.O., F.I.C.C.



Luedtke-Storm-Mackey Chiropractic Clinic, S.C.

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**WISCONSIN ATHLETIC  
TRAINERS' ASSOCIATION**

To: Members of the Senate Health, Health Insurance, Privacy, Property Tax Relief and Revenue Committee

From: Joe Greene, President, Wisconsin Athletic Trainers Association Inc.

Date: January 27, 2010

Re: Athletic Training Practice Act Bill, SB482

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Thank you for the opportunity to appear before you today. My name is Joe Greene and I am the Supervisor of Athletic Training Services for the University of Wisconsin Hospital and Clinics. I am also a Licensed Athletic Trainer and current President of the Wisconsin Athletic Trainers Association (WATA). This organization currently represents approximately 1100 athletic trainers and athletic training students in the State of Wisconsin. I am here today to represent our organization in support of changes that are being proposed to the State of Wisconsin Athletic Training Practice Act in Senate Bill 482.

Before I begin, I want to indicate how proud I am that the WPTA and the WATA have been able to negotiate an agreement related to this bill. I am extremely encouraged by the genuine nature of our discussions over the past 4 months and I am optimistic of achieving a healthy working relationship with the WPTA moving forward in years to come. I particularly want to thank the WPTA President, Rob Worth and the WPTA Governmental Affairs Committee for their efforts as we worked through the concerns and goals on both sides.

In the end, I believe we have arrived at very good language that accurately represents the practice of athletic training in the State of Wisconsin today and includes the changes that were essential and indicated from the current language established in our initial licensure over 10 years ago. These changes would mark the first revisions to our practice act.

The athletic training profession has evolved like all other health care professions and athletic trainers now work in many more locations than simply with professional and collegiate athletes. Licensed athletic trainers work in three typical employment environments in the State of Wisconsin

1) Athletic Teams

- Professional Sports Teams, Collegiate Athletic Departments, and Secondary Schools

2) Hospital and Clinics

- This includes Outpatient Rehabilitation Clinics and Orthopedic Clinics.

3) Industrial and Employment Settings

- Examples include large employers such as Quad Graphics, Alliance Laundry, and Land's End

The healthcare system is spared millions of dollars annually due to services provided by the athletic trainer as they manage musculoskeletal injuries and activity-related illnesses in-house for their employees and athletes.

Now, I want to go over some details of the bill.

What this bill does change:

- Our current practice act says that we can only treat “athletes”. This previous population definition is simply not indicative of how athletic trainers practice today. This definition also was confusing to employers and patients as they sought healthcare services. In this bill, the patient population is now defined as those that participate in vigorous physical activity. It indicates that athletic trainers can treat injuries and illnesses in these individuals. This language is identical to our current language with respect to athletes.
- Under the bill, Athletic Trainers can receive referrals from chiropractors, physicians, podiatrists, physical therapists, occupational therapists, and nurses among others. Previous language specified chiropractors and physicians only. Athletic trainers work as a team with all of these allied healthcare providers and need to be able to receive patients and athletes from them via referral and vice versa.
- The bill states that an LAT may provide athletic training to an individual without a referral, but must have a referral to perform rehab and reconditioning in an outpatient rehabilitation clinic setting. This is consistent with how we are practicing today.
- The Temporary License option has been removed. Since the inception of our licensure, there has not been a single application for a temporary license (source: WI DRL). This is primarily due to the fact that the requirements for temporary licensure matched those of a regular license.
- This bill updates the terminology of our national accrediting agency for athletic training to be “National Athletic Trainers’ Association Board of Certification, Inc. (BOC), or its successor agency.”

- This language now clarifies that athletic trainers can perform risk management, injury prevention, and establish conditioning programs for healthy individuals
- This bill allows for the clarification of language that allows athletic trainers to treat employees on location at worksites and in other settings.

What does not change:

- Athletic trainers have and will continue to work under an Evaluation and Treatment Protocol that is defined by a consulting physician. The consulting physician must review and sign this protocol every two years. The protocol outlines what the athletic trainer is capable of doing in any particular setting.
- It does not expand our scope of practice. We will continue to treat physically active adults in the same settings in which we were previously practicing.

Many thanks to Sen. Hansen and Rep. Molepske for authoring the bill and also to Senator Erpenbach who got us to the finish line on a compromise. The WATA sincerely appreciates your time, attention, and consideration of our recommended changes to the athletic training practice act in the State of Wisconsin.

**This bill is supported by the following  
people/organizations among many others:**

- Wisconsin Athletic Trainers Association
- Pepper Burruss, Head Athletic Trainer, Green Bay Packers
- Kurt Fielding, Assistant Athletic Trainer, Green Bay Packers
- Dennis Helwig, Head Athletic Trainer, University of Wisconsin
- Roger Caplinger, Head Athletic Trainer, Milwaukee Brewers
- Ryan Wilkinson, Head Athletic Trainer, Concordia University
- Nate Weiler, Head Athletic Trainer, UW Stevens Point
- Holly Schmies, Athletic Training Education Program Director, UW Stevens Point
- Andy Winterstein, Athletic Training Education Program Director, University of Wisconsin
- Mark Gibson, Athletic Training Education Program Director, UW La Crosse. Mark is also a PT and a member of the NATA Board of Directors.
- Ryan Wilkinson, Assistant Professor and Associate Athletic Trainer, Concordia University
- Dennis Helwig, Head Athletic Trainer, UW-Madison
- Wade Pietersen, Head Athletic Trainer, UW-Oshkosh
- Andy North, Professional Golfer, ESPN Analyst

# Department of Regulation & Licensing

State of Wisconsin

(608) 266-2811

TTY# (608) 267-2416, hearing or speech  
TRS# 1-800-947-3529, impaired only

P.O. Box 8935, Madison, WI 53708-8935

E-Mail: [dorl@drl.state.wi.us](mailto:dorl@drl.state.wi.us)

Website: <http://www.drl.state.wi.us/>

FAX #: (608) 261-7083

## ATHLETIC TRAINERS AFFILIATED CREDENTIALING BOARD

### EVALUATION AND TREATMENT PROTOCOL

s. 448.956 (1), Stats.

Information requested is required for processing.

This protocol form is to be completed by the consulting physician and must be typed or printed except where signatures are required.

(1) The athletic trainer shall notify the consulting physician as soon as possible if a person being treated by the athletic trainer sustains new injuries.

(2) If the athletic trainer or the consulting physician of the athletic trainer determines that a patient's medical condition is beyond the scope of practice of the athletic trainer, the athletic trainer shall refer the patient to a licensed chiropractor, dentist, physician, physical therapist, or podiatrist who can provide appropriate treatment to the patient.

(3) The athletic trainer shall modify or terminate treatment of a patient that is not beneficial to a patient or that the patient cannot tolerate.

(4) A copy of this protocol shall be maintained by the athletic trainer at his or her place of employment at all times.

(5) This protocol must be updated no later than 30 days before renewal of the athletic trainers license by the credential holder.

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The consulting physician shall affirmatively state by placing a "yes" in the blank in front of the services enumerated below, those evaluation, treatment and rehabilitative procedures that the athletic trainer may perform in evaluating and treating athletic injuries. A "no" shall be put in the blank in front of the evaluation, treatment or rehabilitative procedures that the athletic trainer should not perform in the evaluation and treatment of athletic injuries.

\_\_\_\_\_ (1) Taking a basic medical history when necessary for evaluation and treatment of an athletic injury that may include, previous medical history, previous surgical history, pertinent family medical history, current medication history including known drug allergies, relevant social history, chief medical complaint and history of the present injury or illness for which the person to be treated is seeking evaluation and treatment.

\_\_\_\_\_ (2) Evaluation of the athletic injury utilizing any of the following procedures:

- \_\_\_\_\_ palpation
- \_\_\_\_\_ general observation
- \_\_\_\_\_ motion assessment
- \_\_\_\_\_ muscle strength tests
- \_\_\_\_\_ endurance tests
- \_\_\_\_\_ neurological assessment
- \_\_\_\_\_ joint play assessment
- \_\_\_\_\_ functional evaluation
- \_\_\_\_\_ objective physical measurement
- \_\_\_\_\_ circulatory assessment

# State of Wisconsin Department of Regulation & Licensing

\_\_\_\_\_ (3) Utilize treatment procedures to treat an athletic injury including:

- \_\_\_\_\_ emergency care
- \_\_\_\_\_ ultrasound
- \_\_\_\_\_ phonophoresis
- \_\_\_\_\_ electrical nerve stimulation
- \_\_\_\_\_ iontophoresis
- \_\_\_\_\_ specified diathermy
- \_\_\_\_\_ intermittent compression
- \_\_\_\_\_ traction
- \_\_\_\_\_ therapeutic massage
- \_\_\_\_\_ moist heat
- \_\_\_\_\_ paraffin baths
- \_\_\_\_\_ cryotherapy

\_\_\_\_\_ (4) Utilize rehabilitation procedures to rehabilitate an athletic injury including:

- \_\_\_\_\_ progressive resistance exercise
- \_\_\_\_\_ range of motion exercise
- \_\_\_\_\_ trigger point therapy
- \_\_\_\_\_ joint mobilitation for range of motion only
- \_\_\_\_\_ proprioceptive neuromuscular facilitation
- \_\_\_\_\_ functional exercise
- \_\_\_\_\_ cardiovascular exercise
- \_\_\_\_\_ aquatic exercise
- \_\_\_\_\_ taping, bracing and splinting.
- \_\_\_\_\_ isokinetic exercise
- \_\_\_\_\_ isometric exercise
- \_\_\_\_\_ isotonic exercise

\_\_\_\_\_ (5) Administer specifically enumerated drugs.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**In addition to engaging in athletic training under this protocol, a licensed athletic trainer may do any of the following (s. 448.956 (2), Stats.) :**

(a) Monitor the general behavior and general physical response of a person to treatment and rehabilitation, including monitoring whether the person's behavior or response show abnormal characteristics and monitoring whether the person exhibits abnormal signs or symptoms.

# State of Wisconsin Department of Regulation & Licensing

(b) Suggest modifications in treatment or rehabilitation of an injured person to the consulting physician or any other health care provider who is providing treatment to the person.

(c) Develop and administer an athletic training program for a person. An athletic training program may include providing education and counseling to a person.

**When working on behalf of his or her primary employer, a licensed athletic trainer may, in accordance with this protocol do all of the following. (s. 448.956 (3), Stats.) :**

(a) Treat and rehabilitate an athletic injury using cold, heat, light, sound, electricity, exercise, chemicals or mechanical devices.

(b) Evaluate and treat a person for an athletic injury that has not previously been diagnosed.

(c) Treat or rehabilitate an employee of the primary employer with an injury that is identical to an athletic injury and that has resulted from an occupational activity as directed, supervised and inspected by a physician, or by a chiropractor who has the power to direct, decide and oversee the implementation of the treatment or rehabilitation.

## ATHLETIC TRAINER

Name \_\_\_\_\_

Address \_\_\_\_\_

(Current address as it appears on file with the Department of Regulation and Licensing)

City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_

Business Telephone \_\_\_\_\_ License Number \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## CONSULTING PHYSICIAN

Name \_\_\_\_\_

Address \_\_\_\_\_

(Current address as it appears on file with the Department of Regulation and Licensing)

City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_

Business Telephone \_\_\_\_\_ License Number \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_





**WISCONSIN ATHLETIC  
TRAINERS' ASSOCIATION**

To: Members of the Senate Health, Health Insurance, Privacy, Property Tax Relief and Revenue Committee

From: Mike VanVeghel, WATA Governmental Affairs Committee Chair

Date: January 27, 2010

Re: Athletic Training Practice Act Bill, SB482

---

My name is Mike Van Veghel and I am a licensed athletic trainer from Cottage Grove. I am employed by UW Hospital and Clinics where my professional duties include working alongside physical and occupational therapists to provide rehabilitation services to a variety of patients in an outpatient rehabilitation clinic. I also provide athletic training services to students and athletes at Madison Area Technical College. I am honored to be here today on behalf of those I treat and those whom I represent as a member of the Wisconsin Athletic Trainers Association (WATA).

I serve in the role as chair of the Government Affairs Committee for the WATA. In that capacity, my primary charge has been to evaluate the language and applicability of our ten year-old practice act and, to propose essential amendments that ensure our bill reflects the current scope and status of our profession. This process began nearly 4 years ago and involved input both sought and received from a variety of professional associations and individuals. Most importantly I was pleased that we were able to establish collegial and mutually respectful discussions with the board and committee members of the Wisconsin Physical Therapy Association. This ultimately allowed two previously opposing associations to reach consensus on issues and opinions that initially seemed resistant to resolution. It is our hope that this agreement will further reinforce a respectful and complimentary relationship between two associations who share much in terms of skills and services.

This background is important as, on the surface, this bill may seem like it is a new development. However, the recent introduction of SB 482 and its timely hearing in committee do not reflect the many hours of discourse and discussion that occurred prior to today. We have patiently listened in earnest to the issues and concerns of many and frequently amended our own proposed language to suit a diverse array of professionals and their respective associations. This was a multidisciplinary endeavor that involved dedicated efforts from committee members, legislators, lobbyists and passionate professionals. I indeed feel fortunate to be at a hearing where strong advocates of multiple healthcare professions have worked together to remove opposition and dissent with another's professional practice act bill.

We'd like to thank Senator Erpenbach for his involvement and his encouragement for us to resolve inter-association issues amongst ourselves rather than forcing the referee whistle into the hands of the legislature. Sincere thanks also are directed to Representative Molepske for his persistence and assistance in drafting a "workable" bill. We are pleased to have before us a bill that is very important to our profession and will allow us to continue to provide high quality, seamless care to our patients.

Thank you for providing this opportunity and for your consideration of SB 482.

I'd welcome any questions at this time.



Testimony of Rep. Louis J. Molepske, Jr.

On

SB 482

Before

The Senate Committee on Health, Health Insurance, Privacy, Property Tax  
Relief and Revenue

Thank you for the opportunity to testify today in support of SB 482 relating to the practice of athletic trainers and for holding a hearing on the Senate version of this bill.

After discussions with numerous parties, this bill and its Assembly companion amended the original draft of this bill to reflect changes resulting from compromises reached between the Wisconsin Athletic Trainers Association and the Wisconsin Physical Therapists Association. Attached you will find a memo from the two organizations reflecting their agreement.

This bill recognizes the modern practice areas that Wisconsin Athletic Trainers are instructed and work within.

The original practice act language for Licensed Athletic Trainers (LATs) was enacted ten years ago and it is necessary to review the applicability of the language. Advancements in professional education, employment settings and the diversity of patients that LATs treat have expanded beyond the realm of the current language. Athletic trainers are *not only* on the sidelines of athletic events, they work in physician offices as physician extenders. They also work in rural and urban hospitals, hospital emergency rooms, urgent and ambulatory care centers, military hospitals, rehabilitation clinics, secondary schools, colleges/universities and youth leagues. A growing area of need for athletic trainers is in the occupational and industrial settings. Many LATs are working at factories and other worksites to improve employee wellness and prevent and treat injuries. The changes in the bill clarify that LATs would be able to work with employees and patients in all settings and the patient injury or illness should define whether or not they can treat a given individual within their defined scope of practice.

### **Mechanics of Bill:**

- This bill deletes the current provisions authorizing the board to grant temporary licenses.
- The bill alters the definition of “athletic training” by replacing “athletic injury” with “injury or illness sustained while participating in physical activity” in the four activities that currently constitute athletic training.
- Under the bill, “physical activity” means vigorous participation in exercise, sports, games, recreation, wellness, fitness, or employment activities.
- The bill also creates two additional activities that constitute athletic training: 1) rehabilitating and physically reconditioning injuries or illnesses that impede or prevent an individual from participating in physical activity, if the individual recently participated in, and intends to return to participation in, physical activity, and 2) establishing or administering risk management, conditioning, and injury prevention programs.
- The bill specifies that a licensed athletic trainer may provide athletic training to an individual without a referral, except that a licensee may not provide certain rehabilitation and reconditioning services in an outpatient rehabilitation setting unless the licensee has obtained a written referral for the individual from one of several types of health care practitioners specified in the bill.

The bill deletes the requirement that an evaluation and treatment protocol mandate notification of the consulting physician of new injuries, but does not affect the referral requirement. Under the bill, a licensed athletic trainer may treat or rehabilitate an employee with an injury or illness, if directed and supervised by a physician or chiropractor. **This bill is supported by the following people/organizations:**

- Wisconsin Athletic Trainers Association
- Pepper Burruss, Head Athletic Trainer, Green Bay Packers
- Kurt Fielding, Assistant Athletic Trainer, Green Bay Packers
- Dennis Helwig, Head Athletic Trainer, University of Wisconsin
- Ryan Wilkinson, Head Athletic Trainer, Concordia University
- Nate Weiler, Head Athletic Trainer, UW Stevens Point
- Holly Schmies, Athletic Training Education Program Director, UW Stevens Point
- Andy Winterstein, Athletic Training Education Program Director, University of Wisconsin
- Mark Gibson, Athletic Training Education Program Director, UW La Crosse  
Mark is also a PT and a member of the NATA Board of Directors.
- Ryan Wilkinson, Head Athletic Trainer, Concordia University
- Dennis Helwig, Head Athletic Trainer, UW-Madison
- Wade Pietersen, Head Athletic Trainer, UW-Oshkosh

- Andy North, Professional Golfer, ESPN Analyst

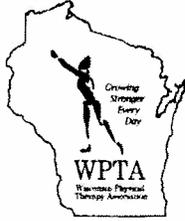
***Analysis by the Legislative Reference Bureau***

This bill makes several changes to current law regarding the practice of athletic trainers.

Under current law, no person may use the title “athletic trainer” or otherwise represent himself or herself as an athletic trainer unless the person is licensed by the athletic trainers affiliated credentialing board (board). Current law authorizes the board to grant two types of temporary licenses in addition to standard renewable licenses. A licensed athletic trainer may engage in athletic training only in accordance with an evaluation and treatment protocol established by the athletic trainer and approved by a physician who consults with the athletic trainer. Current law defines “athletic training” as doing any of the following: 1) preventing, recognizing, and evaluating athletic injuries; 2) managing and administering the initial treatment of athletic injuries; 3) giving emergency care or first aid for an athletic injury; or 4) rehabilitating and physically reconditioning athletic injuries. “Athletic injury” means an injury or illness that is sustained by an athlete as a result of, or that impedes or prevents an athlete from, participating in exercise, sports, games, or recreation. Additionally, current law permits a licensed athletic trainer to treat or rehabilitate an employee of the athletic trainer’s primary employer with an injury that is identical to an athletic injury and that has resulted from an occupational activity, if directed and supervised by a physician or chiropractor. Currently, an evaluation and treatment protocol must require a licensed athletic trainer to notify the consulting physician as soon as possible if a person being treated by the athletic trainer sustains new injuries. Also under current law, if a licensed athletic trainer or the trainer’s consulting physician determines that a patient’s medical condition is beyond the scope of the athletic trainer’s practice, the athletic trainer must refer the patient to a licensed physician, physical therapist, podiatrist, chiropractor, or dentist who can provide appropriate treatment to the patient (referral requirement).

This bill deletes the current provisions authorizing the board to grant temporary licenses. The bill alters the definition of “athletic training” by replacing

“athletic injury” with “injury or illness sustained while participating in physical activity” in the four activities that currently constitute athletic training. Under the bill, “physical activity” means vigorous participation in exercise, sports, games, recreation, wellness, fitness, or employment activities. The bill also creates two additional activities that constitute athletic training: 1) rehabilitating and physically reconditioning injuries or illnesses that impede or prevent an individual from participating in physical activity, if the individual recently participated in, and intends to return to participation in, physical activity, and 2) establishing or administering risk management, conditioning, and injury prevention programs. The bill specifies that a licensed athletic trainer may provide athletic training to an individual without a referral, except that a licensee may not provide certain rehabilitation and reconditioning services in an outpatient rehabilitation setting unless the licensee has obtained a written referral for the individual from one of several types of health care practitioners specified in the bill. The bill deletes the requirement that an evaluation and treatment protocol mandate notification of the consulting physician of new injuries, but does not affect the referral requirement. Under the bill, a licensed athletic trainer may treat or rehabilitate an employee with an injury or illness, if directed and supervised by a physician or chiropractor.



# Wisconsin Physical Therapy Association

A CHAPTER OF THE AMERICAN PHYSICAL THERAPY ASSOCIATION

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**To:** All Members of the Wisconsin State Legislature  
**From:** Wisconsin Physical Therapy Association and Wisconsin Athletic Trainers Association  
**Re:** Agreement reached on LRB 2195/4  
**Date:** January 6, 2010

## Members;

After extensive negotiations and willingness to reach an agreement on the part of both our associations, we are happy to report that the WATA and WPTA have arrived at a compromise regarding language to revise the athletic training scope of practice. The new language now addresses the concerns of both associations and has been drafted as LRB 2195/4. As a result, the WPTA wishes to inform you that we have removed opposition and will be registering neutral on this legislation.

If you have any further questions we encourage you to contact WPTA's lobbyist, Jason Johns, or the WATA's lobbyists Mindy Walker and Scott Stenger.

Thank you,

Rob Worth  
President -WPTA

Joe Greene  
President - WATA



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TRAINERS' ASSOCIATION**

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