

2015 DEADLINE DATES FOR SUBMITTING EVALUATION AND TREATMENT PROTOCOLS TO THE BOARD

All Evaluation and Treatment Protocols must be approved by the Board before athletic trainers may practice athletic training. The Protocols will be placed on the next available Board agenda for approval following the Athletic Trainers Advisory Committee (ATAC) meeting.

The ATAC must review all Evaluation and Treatment Protocols prior to going to the Board for approval. Deadline dates for Board materials are due before the ATAC meets. Therefore, Protocols will be presented at the next available Board meeting for approval after the ATAC has reviewed them.

Deadline Dates*

December 23, 2014
January 20, 2015
February 17, 2015
March 24, 2015
April 21, 2015
May 19, 2015
June 22, 2015
July 21, 2015
August 18, 2015
September 22, 2015
October 20, 2015
November 24, 2015
December 15, 2015

ATAC Meeting Dates

January 13, 2015
February 10, 2015
March 10, 2015
April 14, 2015
May 12, 2015
June 9, 2015
July 14, 2015
August 11, 2015
September 8, 2015
October 13, 2015
November 10, 2015
December 15, 2015
January 12, 2016

Board Meeting Dates

January 28, 2015
February 25, 2015
March 25, 2015
April 29, 2015
May 27, 2015
June 24, 2015
July 29, 2015
August 26, 2015
September 30, 2015
October 28, 2015
November 18, 2015**
December 16, 2015**
January 27, 2016

The Board of Physicians **MUST** receive the Evaluation and Treatment Protocols, **particularly the Protocols with specialized tasks**, by the published deadline date to be considered for Board approval.

Reminders:

1. Athletic Trainers, Supervising Physicians and Alternate Supervising Physicians must complete and sign (with original signatures) the appropriate sections of the Evaluation and Treatment Protocol. Unsigned Protocols or Protocols without original signatures will be returned to the athletic trainer. Returning incomplete Protocols will delay the Board approval process.
2. Supporting documentation, i.e., description of education, training and experience, certificates, competencies, credentials, procedure logs, etc., must accompany Evaluation and Treatment Protocols with specialized tasks. The processing of the Protocol will be delayed if the supporting documentation is not included. The tasks must be appropriate to the practice setting.

3. If the athletic trainer or the supervising physician determines that an athlete's condition is beyond the scope of practice of the athletic trainer, the athletic trainer must refer the athlete to the appropriate licensed health care provider who may provide the appropriate treatment.
4. The athletic trainer shall modify or suspend treatment of an athlete that is not beneficial to the athlete or that the athlete cannot tolerate until the athletic trainer discusses the treatment with his supervising physician or the physician who wrote the order for treatment.
5. If the athletic trainer or the supervising physician terminates the Evaluation and Treatment Protocol, the athletic trainer will cease practicing until another Evaluation and Treatment Protocol is approved by the Board.
6. The supervising physician or the athletic trainer must notify the Board of the termination of the Evaluation and Treatment Protocol within 10 days of the termination.
7. A copy of the approved protocol shall be maintained by the athletic trainer at his/her place of employment at all times.

***Deadline dates for submitting protocols to the Board.**

****Indicates meeting scheduled accordingly due to holidays.**

MARYLAND BOARD OF PHYSICIANS

P.O. Box 37217

Baltimore, MD 21297

www.mpb.state.md.us

**ATHLETIC TRAINER/SUPERVISING PHYSICIAN
EVALUATION AND TREATMENT PROTOCOL**

Before practicing athletic training, all athletic trainers must have a license to practice athletic training and a Board-approved Evaluation and Treatment Protocol with a physician licensed in Maryland.

Dear Supervising Physician and Athletic Trainer:

On October 1, 2009, a new law went into effect requiring all athletic trainers obtain a license from the Board of Physicians by October 1, 2011. In addition, each athletic trainer must work under the supervision of a physician. The supervising physician may designate an alternate supervising physician who may supervise the athletic trainer in the absence of the supervising physician. The supervising physician may also authorize the athletic trainer to accept outside referrals from non-supervising physician and other health care practitioners.

Note: All Evaluation and Treatment Protocols must be approved by the Board. Please note the deadline dates for submitting the protocol and plan accordingly.

Please keep a copy of your Evaluation and Treatment Protocol.

The Allied Health Division
Athletic Trainer's Program
Board of Physicians

MARYLAND BOARD OF PHYSICIANS

P.O. Box 37217
Baltimore, MD 21297
www.mpb.state.md.us

**GENERAL INSTRUCTIONS FOR COMPLETING
ATHLETIC TRAINER/ SUPERVISNG PHYSICIAN EVALUATION AND TREATMENT**

Fee: The fee for the evaluation and treatment protocol is **\$100.00**. Please mail protocols to: **Maryland Board of Physicians, P.O. Box 37217, Baltimore, MD 21297.**

Page 1: Athletic Trainer Information: Complete Sections 1 through 7

Page 2: Supervising Physician Information: Complete Sections 8 through 13

Page 3: Practice Information: Supervising physicians complete Sections 14 through 17

Pages 4—5: Section 18 describes the basic scope of practice for all athletic trainers. (*Board of Certification 2010. The 2009 Athletic Trainer Role Delineation Study.*)

Page 6: Non-delegated/Specialized Tasks and Outside Referrals from Non-supervising Physicians and/or Other Licensed Health Care Practitioners. Sections 19—21. Supervising physicians may list the tasks they do not wish to delegate to the athletic trainer or list tasks they wish the athletic trainer to perform that require additional competencies, credentials, specialties and certifications. Supervising physicians may authorize the athletic trainer to accept a referral from a non-supervising physician or other licensed health care practitioner under certain conditions.

Pages 7: Supervising Physician's/Athletic Trainer's Attestation and Release and Athletic Trainers/Supervising Physician Affirmation. Sections 22—25: Athletic trainer's sign attestation and release. Both the athletic trainer and supervising physician sign the affirmation.

Appendix A: Designated Alternate Supervising Physician for Athletic Trainers form. Supervising physicians may designate one or more alternate supervising physician to supervise the athletic trainer in the absence of the supervising physician. The alternate supervising physician must supervise the athletic trainer in accordance to the Evaluation and Treatment Protocol on file with the Board. Each designated alternate supervising physician, the supervising physician and the athletic trainer must complete Appendix A and submit it to the Board before supervision begins.

IMPORTANT

If the athletic trainer or the supervising physician determine that an athlete's condition is beyond the scope of practice of the athletic trainer, the athletic trainer must refer the athlete to the appropriate license health care provider who may provide the appropriate treatment.

The athletic trainer shall modify or suspend treatment of an athlete that is not beneficial to the athlete or that the athlete cannot tolerate until the athletic trainer discusses the treatment with his supervising physician or the physician who wrote the order for treatment.

If the athletic trainer or the supervising physician terminates the Evaluation and Treatment Protocol, the athletic trainer will cease practicing until another Evaluation and Treatment Protocol is approved by the Board.

The supervising physician must notify the Board of the termination within 15 days of the termination of employment.

A copy of the approved protocol shall be maintained by the athletic trainer at his/her place of employment at all times.

MARYLAND BOARD OF PHYSICIANS
P.O. BOX 37217
BALTIMORE, MD 21297
www.mbp.state.md.us

FOR BANK USE ONLY
Date _____
Check Number _____
Amt Paid _____
Name Code _____
App ID: 62

Fee: \$100

**ATHLETIC TRAINER/SUPERVISING PHYSICIAN
EVALUATION AND TREATMENT PROTOCOL**

ATHLETIC TRAINER INFORMATION: TYPE OR PRINT LEGIBLY		
1. Maryland License #:	2. BOC Certification #:	
3. IDENTIFYING INFORMATION:		
Last Name, (Suffix, Jr., III):	First Name:	
Middle Name/Initial:	Maiden Name:	
4. MAILING ADDRESS:		
Street Address 1:		
Street Address 2:		
City:	State:	Zip code:
5. CONTACT INFORMATION: (Unless otherwise specified, your notification letter will be sent to your email address. Please be sure the email address you provide is valid.)		
Home #:	Work #:	
Pager #:	Cell #:	
Fax #:	Email address:	
6. PLEASE ANSWER "YES" OR "NO" TO THE FOLLOWING QUESTION:		
<p>Have you ever been subject to any disciplinary action in any jurisdiction by any licensing or disciplinary board or an entity of the armed services?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If you answered "YES," provide a signed and dated detailed explanation on a separate sheet of paper and supporting documentation. (Failure to provide an explanation or supporting documentation will delay the processing of this application.)</p>		
7. QUALIFICATIONS OF ATHLETIC TRAINER: Describe the qualifications to practice as an athletic trainer. Please check all that apply.		
<input type="checkbox"/> BOC Certification <input type="checkbox"/> BS/BA in Athletic Training <input type="checkbox"/> MS/MA in Athletic Training		
<input type="checkbox"/> Other Certifications/Specialties/Credentials that qualify the athletic trainer for specialized tasks described in Section 21.)		
For Board Use Only: Approval Date: _____		

SUPERVISING PHYSICAN INFORMATION: TYPE OR PRINT LEGIBLY**8. Maryland License Number:****9. Specialty(ies):****10. IDENTIFYING INFORMATION:****Last Name (Suffix, Jr., III)****First Name:****Middle Name/Initial:****Maiden Name:****11. MAILING ADDRESS:****Street Address 1:****Street Address 2:****City:****State:****Zip code:****12. CONTACT INFORMATION:** *(Unless otherwise specified, your notification letter will be sent to your email address. Please be sure the email address you provide is valid.)***Home #:****Work #:****Pager #:****Cell#:****Fax #:****Email Address:****13. PLEASE ANSWER "YES" OR "NO" TO THE FOLLOWING QUESTION:**

Have you ever been subject to any disciplinary action in any jurisdiction by any licensing or disciplinary board or an entity of the armed services?

 Yes No

If you answered "YES," provide a signed and dated detailed explanation on a separate sheet of paper and supporting documentation. (Failure to provide an explanation or supporting documentation will delay the processing of this application.)

14. SUPERVISION MECHANISM DESCRIPTIONS: Supervising physician, please describe the method of supervision. Check all that apply.

- | | |
|--|---|
| <input type="checkbox"/> On-site | <input type="checkbox"/> Alternate Supervising Physician. <i>(If this method is chosen, the alternate supervising physician must complete Appendix A attached to the protocol.)</i> |
| <input type="checkbox"/> Written Instructions | |
| <input type="checkbox"/> Verbal Orders (In Person/Telephone) | <input type="checkbox"/> Outside referrals from non-supervising physician/ other licensed health care practitioners. <i>(If this method is chosen, please complete item 21 on page 6.</i> |
| <input type="checkbox"/> Electronic Communication | |

15. ATHLETIC TRAINER'S PRACTICE SETTINGS: Supervising physician, please check all apply:

- | | |
|--|---|
| <input type="checkbox"/> Amateur Sports Organization | <input type="checkbox"/> Health/Fitness Club |
| <input type="checkbox"/> Clinic or Hospital | <input type="checkbox"/> Professional Sports Organization |
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Recreational Sports Organization |
| <input type="checkbox"/> Educational Institution | <input type="checkbox"/> Sports Camp |
| <input type="checkbox"/> Government agency | <input type="checkbox"/> Other _____ |

16. PRIMARY PRACTICE LOCATION/SETTING OF SUPERVISING PHYSICIAN:

Facility/Employer Name:		
Address:		
City:	State:	Zip code:
Contact Name:	Telephone #:	

17. ATHLETIC TRAINER PRACTICE LOCATION: Please complete if location is different from supervising physician.

Facility/Employer Name:		
Address:		
City:	State:	Zip code:
Contact Name:	Telephone #:	

Facility/Employer Name:		
Type of location:		
Address:		
City:	State:	Zip code:
Contact Name:	Telephone #:	

18. SCOPE OF PRACTICE: Sections 18 A—E describes the athletic trainer’s basic scope of practice. (Board of Certification 2010. The 2009 Role Delineation Study.)

A. Injury/Illness Prevention and Wellness means educating participants and managing risk for safe performance which includes:

1. Minimizing risk of injury and illness of athletes impacted by or involved in a specific activity through awareness, education, and intervention.
2. Interpreting athletic and group pre-participation and other relevant screening information (e.g., verbal, observed, written) in accordance with accepted and applicable guidelines to minimize the risk of injury and illness.
3. Identifying and educating athletes and groups through appropriate communication methods (e.g., verbal, written) about the appropriate use of personal equipment (e.g., clothing, shoes, protective gear, and braces) by following accepted procedures and guidelines.
4. Maintaining physical activity, clinical treatment, and rehabilitation areas by complying with regulatory standards to minimize the risk of injury and illness.
5. Monitoring environmental conditions (e.g., weather, surfaces, client work-setting) using appropriate methods and guidelines to facilitate individual and group safety.
6. Maintaining or improving physical conditioning for the athlete by designing and implementing programs (e.g., strength, flexibility, CV fitness) to minimize the risk of injury and illness.
7. Promote healthy lifestyle behaviors using appropriate education and communication strategies to enhance wellness and minimize the risk of injury and illness.

B. Clinical Evaluation and Assessment means implementing standard evaluation techniques and formulating a clinical impression for the determination of a course of action which includes:

1. Obtaining an athlete’s history through observation, interview, and/or review of relevant records to assess current or potential injury, illness, or health-related condition.
2. Examining by appropriate visual and palpation techniques the involved area(s) of an athlete’s body to determine the type and extent of the injury, illness, or health related condition.
3. Examining by appropriate and specific tests (e.g., ROM, special tests, neurological tests) the involved area(s) of an individual’s body to determine the type and extent of the injury, illness, or health-related condition.
4. Formulating a clinical diagnosis by interpreting the signs, symptoms, and predisposing factors of the injury, illness, or health-related condition to determine the appropriate course of action.
5. Educating the appropriate individual(s) about the clinical evaluation by communicating information about the current or potential injury, illness, or health-related condition to encourage compliance with recommended care.

C. Immediate and Emergency Care means employing standard care procedures and communicating outcomes for efficient and appropriate care of the injured which includes:

1. Coordinating care of athletes through appropriate communication (e.g., verbal, written, demonstrative) of assessment findings to pertinent individual(s).
2. Applying the appropriate immediate and emergency care procedures to prevent the exacerbation of non-life-threatening and life-threatening health conditions to reduce the risk factors for morbidity and mortality.
3. Implementing appropriate referral strategies, which stabilize and/or prevent exacerbation of the condition(s), to facilitate the timely transfer of care for conditions beyond the scope of practice of the Athletic Trainer.
4. Demonstrating how to implement and direct immediate care strategies (e.g., first aid, Emergency Action Plan) using established communication and administrative practices to provide effective care.

D. Treatment and Rehabilitation means reconditioning participants for optimal performance and function which includes:

1. Administering therapeutic and conditioning exercise(s) using appropriate techniques and procedures in order to aid recovery and restoration of function.
2. Administering therapeutic modalities (e.g., electromagnetic, manual, mechanical) using appropriate techniques and procedures based on the individual's phase of recovery to restore functioning.
3. Applying braces, splints, or other assistive devices according to appropriate practices in order to facilitate injury protection to achieve optimal functioning for the individual.
4. Administering treatment for injury, illness, and/or health-related conditions using appropriate methods to facilitate injury protection, recovery, and/or optimal functioning for athletes.
5. Reassessing the status of injuries, illnesses, and/or conditions using appropriate techniques and documentation strategies to determine appropriate treatment, rehabilitation, and/or reconditioning and to evaluate readiness to return to a desired level of activity.
6. Providing guidance and/or referral to a specialist for athletes through appropriate communication strategies (e.g., oral and education materials) to restore an athlete's optimal functioning.

E. Organizational and Professional Health and Well-being means understanding and adhering to approved organizational and professional practices and guidelines to ensure individual and organizational well-being, which includes:

1. Applying basic internal business functions (e.g., business planning, financial operations, staffing) to support individual and organizational growth and development.
2. Applying basic external business functions (e.g., marketing and public relations) to support organizational sustainability, growth, and development.
3. Maintaining records and documentation that comply with organizational, association, and regulatory standards to provide quality of care and to enable internal surveillance for program validation and evidence-based interventions.
4. Demonstrating appropriate planning for coordination of resources (e.g., personnel, equipment, liability, scope of service) in event medical management and emergency action plans.
5. Demonstrating an understanding of statutory and regulatory provisions and professional standards of the practice of Athletic Training in order to provide for the safety and welfare of athletes.
6. Developing a support/referral process for interventions to address unhealthy lifestyle behaviors.

19. NON-DELEGATED TASKS: Supervising physicians, if there any tasks in Section 18 A—E, e.g. A5, B3, etc., or other tasks, in general, you do not wish the athletic trainer to perform, please list them below.

20. SPECIALIZED TASKS: Complete this section only if the supervising physician is planning to delegate tasks to the athletic trainer that are beyond the basic tasks listed in Sections 18 A-E. Provide a detailed description of the tasks the athletic trainer must provide, including a detailed description of the education and training required to perform the task and the practicing setting.. Tasks should be appropriate to the setting. Also include copies of other competencies, certifications/credentials and/or specialties and procedure logs that support the delegation of the specialized task(s).

21. OUTSIDE REFERRALS FROM NON-SUPERVISING PHYSICIANS AND OTHER LICENSED HEALTH CARE PRACTITIONERS

The supervising physician may authorize the athletic trainer to accept a referral from a non-supervising physician or other licensed health care practitioner if:

1. The supervising physician specifies in the Protocol that the athletic trainer may accept the referral;
2. The non-supervising physician or other licensed health care practitioner has seen the athlete and has acknowledged in writing that the care will be provided;
3. The duties are within the scope of an athletic trainer; and
4. The duties are among the duties delegated in the evaluation and treatment protocol.

I authorize _____ to accept referrals from a non-supervising
Name of athletic trainer
physician or licensed health care practitioner providing the referral meets the criteria outlined above.

Name of supervising physician (Print)

Signature of supervising physician

Date

22. SUPERVISING PHYSICIAN ATTESTATION:

I attest that I accept the responsibility to provide ongoing and immediately available instruction that is adequate to ensure the safety and welfare of a patient and is appropriate to the setting. I have indicated on this form the medical processes and procedures which _____
Name of Athletic Trainer
may perform under this evaluation and treatment protocol.

Supervising Physician (print)

Supervising Physician (Signature)

Date

23. ATHLETIC TRAINER ATTESTATION:

I attest that I will practice as described in this protocol, under the supervision of _____
Name of Supervising Physician

In the event that an athlete or patient requires services outside of the scope of this protocol, I will refer athlete to an appropriate health care provider. I understand that if I wish to expand either locations or procedures described herein, I must discuss this with my supervising physician and submit a revised protocol.

Athletic Trainer (print)

Athletic Trainer (Signature)

Date

24. RELEASE

I agree that the Maryland Board of Physicians (the Board) and the Athletic Trainer Advisory Committee may request any information necessary to process my Evaluation and Treatment Protocol from any person or agency, including but not limited to former and current employers, government agencies, the National Practitioners Data Bank, the Healthcare Integrity and Protection Data Bank, hospitals and other licensing bodies, and I agree that any person or agency may release to the Board the information requested. I also agree to sign any subsequent releases for information that may be requested by the Board.

Athletic Trainer (print)

Athletic Trainer (Signature)

Date

25. AFFIRMATION: The athletic trainer and the supervising physician must sign the affirmation.

I solemnly affirm under penalties of perjury, that the contents of the foregoing document are true to the best of my knowledge, information and belief.

Supervising Physician (print)

Supervising Physician (Signature)

Date

Athletic Trainer (print)

Athletic Trainer (Signature)

Date

DESIGNATED ALTERNATE SUPERVISING PHYSICIAN FOR ATHLETIC TRAINERS

The supervising physician may designate more than one alternate supervising physician to supervise the athletic trainer in his/her absence. The designated alternate supervising physician must supervise the athletic trainer in accordance to the Evaluation and Treatment Protocol on file with the Board.

Instructions: Supervising physicians, athletic trainers and alternate supervising physicians complete the appropriate sections.

THE ATHLETIC TRAINER OR SUPERVISING PHYSICIAN MUST SUBMIT A COMPLETED FORM FOR EACH DESIGNATED ALTERNATE SUPERVISING PHYSICIAN. (Please make as many copies of this form as necessary.)

1. ALTERNATE SUPERVISING PHYSICIAN INFORMATION:

Name of Alternate Supervising Physician:	Maryland License #:
Work #:	Cell #:
Pager #:	Email Address:

2. ATHLETIC TRAINER AND SUPERVISING PHYSICIAN INFORMATION:

Name/License Number of Athletic Trainer:	Name/License Number of Supervising Physician:
Signature of Athletic Trainer:	Signature of Supervising Physician:

3. ALTERNATE SUPERVISING PHYSICIAN PLEASE ANSWER “YES” OR “NO”

Have you ever been subject to public disciplinary action in any jurisdiction by any licensing or disciplinary board or an entity of the armed services?

Yes No

If you answered “YES,” provide a detailed explanation and supporting documentation on a separate sheet of paper. Be sure to sign and date all documentation. (Failure to provide an explanation or supporting documentation will delay the processing of this application.)

4. AFFIRMATION

I accept the responsibility of supervising the listed athletic trainer, in accordance with the approved Evaluation and Treatment Protocol, in the absence of the listed supervising physician. I solemnly affirm under penalties of perjury, that the contents of the foregoing document are true to the best of my knowledge, information and belief.

Alternate Supervising Physician (Print)	Date
Alternate Supervising Physician (Signature)	