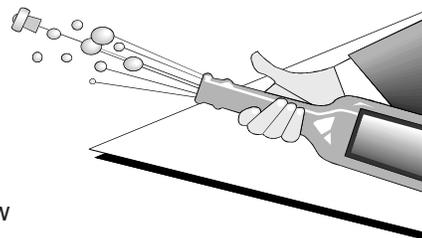


Modern Athletic Training Legislation Signed Into Law: Future is Bright for Pennsylvania ATCs

**Barry E. McGlumphy, MS, ATC, Carnegie Mellon University DTSI
Legislative Committee Chair**

History was made on December 3, 2001 as the Pennsylvania House passed Senate Bill 370 and Senate Bill 371 with a unanimous vote of 194-0. The bills were then signed into law by Governor Schweiker on December 10, 2001. As a result, Act 92 and Act 93 have been created resulting in innovative, modern regulation of the Athletic Training profession. The full wording of Act 92 is included as a "pull-out" in this newsletter. Act 93 is very similar to Act 92, simply addressing regulation of ATCs under the Board of Osteopathic Medicine.



The Pennsylvania Athletic Trainers' Society has worked for several years moving towards our goal of passing this important legislation. Early this year, Senator Tomlinson, and 15 other co-sponsors, introduced Senate Bill 370 and Senate Bill 371 as companion bills that certify Athletic Trainers under the State Board of Medicine and the State Board of Osteopathic Medicine. In March, the Senate Consumer Protection and Licensure Committee voted in favor of the bills with a unanimous vote, followed by a unanimous full-Senate vote in June. The bills were addressed this fall in the House Professional Licensure Committee resulting in the culminating vote in December.

The following bullet points highlight some of the key regulatory changes affecting the Certified Athletic Trainer in Pennsylvania:

- ✓ The Acts take effect 60 days after signing. (Acts should take effect on February 8, 2002).
- ✓ Athletic Trainers presently Certified under the State Board of Physical Therapy will now be Certified under the State Board of Medicine and/or the State Board of Osteopathic Medicine. Similar to Physician Assistants, Board jurisdiction will depend on the Licensed Physician that supervises the ATC. ATCs who are not presently Certified by the Board of Physical Therapy, will need to apply for Certification under the appropriate Medical Board. Requirements for Certification will follow NATABOC Certification credentials.
- ✓ The scope of practice under the new law is clearly delineated in the definition of "Athletic Training Services". The enactment of Act 92 and Act 93 will allow Certified Athletic Trainers in Pennsylvania to apply the comprehensive knowledge and skills acquired via accredited Athletic Training programs to all physically active consumers in the Commonwealth. Physically active citizens who participate in many recreational sport activities, such as golf, jogging, biking, tennis, aerobics, intramural sports, club sports, strength training, and many other physical activities can now be evaluated and treated by a Certified Athletic Trainer.
- ✓ If a Licensed physician refers a physically active patient to the ATC for Athletic Training Services, the referral must be put in writing within 72 hours. However, a referral is not required if a Licensed Physician and Certified Athletic Trainer have created a Written Protocol describing "the manner and frequency in which the Certified Athletic Trainer regularly communicates with the supervising physician. It includes standard operating procedures, developed in agreement with the supervising Physician and Certified Athletic Trainer, that the Certified Athletic Trainer follows when not directly supervised on-site by the supervising Physician.

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Editor's Note:



Dear Fellow Members,

Over the next few months our membership will almost double in size. This surge in membership will strengthen us a profession. In response, the Newsletter will now be published on-line at gopatats.org.

The past several months have been quite harrowing for all of us. Our way of life has changed in many ways. As we go through this holiday season, please take time to reflect of the blessings you have been given, the friendships you have, and freedoms we so often take for granted. While you are with your families and friends, take a moment to pause and reflect on those who have given the ultimate sacrifice and think of their loved ones.

Please remember that anyone wishing to send contributions to the newsletter, please pay close attention to the deadlines. When submitting articles, the best formats to use are Microsoft Word on a disk, a direct e-mail, or an e-mail attachment in Microsoft Word or text format. Pictures should be submitted in JPEG format. Our address is:

4025 Windsor Street, Apt. #1
Pittsburgh, PA 15217
E-mail: deporteatc@yahoo.com
adfst17@pitt.edu

As you store the golf clubs, sharpen the skates, and wax the skis, we would like to wish all of you a happy, healthy, and safe holiday season.

Beth and Alan

Newsletter Submission Dates

Spring: February 16th
Fall: August 25th



Summer: June 15th
Winter: November 1st

The PATS Newsletter Enters Cyber Space Read it on line at

www.gopatats.org



The President's Message

By Joseph B. Hazzard, Jr., MS, ATC, Bloomsburg University

While most of my efforts have been legislative over the past several months, there are several items I would like to address. We will be gaining new members as athletic trainers in the Commonwealth begin to pay their NATA dues. You may recall as a result of the District II proposal for an increase in dues, each dues-paying, NATA certified athletic trainer in the Commonwealth will automatically become a PATS member. On behalf of the Pennsylvania Athletic Trainers Society I would like to welcome you. Those of you who have paid membership dues to PATS in the past will renew your membership in this manner.

The Convention Committee is continuing their efforts to provide a quality program, and a large portion of the December Board of Director's meeting will be dedicated to approving the details of the Convention. The PATS Student Symposium will be conducted in conjunction with the District II Student Symposium. The location will be East Stroudsburg University in February (see advertisement this issue). I would encourage all curriculum directors across Pennsylvania to announce this to their students and encourage their participation.

Finally, we are approaching upcoming elections for the leadership of the Society. We are soliciting candidates for President-Elect, Treasurer, and Southcentral Representative. Please make an effort to nominate members for these important leadership positions. Nothing in my professional career has been as rewarding as providing leadership to this Society.

Happy Holidays!

Legislation signed into Law continued from cover

- ✓ The new laws also protect the physically active healthcare consumer stating that unless Certified as an Athletic Trainer by the Medical Boards, an individual "may not use the designation of certified athletic trainer, athletic trainer, or any of the listed abbreviations for that title, including "C.A.T.," or "A.T.C.," or any similar designation". Therefore, untrained and non-credentialed individuals (coaches, EMTs, etc.) presently referring to themselves as the "athletic trainer" will be in violation of these acts and may be investigated and fined by the Pennsylvania Department of State.
- ✓ In 1996, the American Medical Association's CPT coding division clarified that the physical medicine CPT codes are not provider specific but may be used by any provider qualified to provide the service. In November 1999, the American Hospital Association National Uniform Billing Committee designated a new category specifically for athletic training services. In July 2000, the AMA's CPT code editorial panel approved the addition of athletic training evaluation/re-evaluation codes. Third Party Reimbursement for athletic training services is **not prohibited** by the new laws. Certified Athletic Trainers in Pennsylvania can bill for services using CPT Physical Medicine codes and, as mentioned, two new codes (Athletic Training Evaluation & Athletic Training Re-evaluation) have been created for billing starting in January 2002. It is important to have the proper ICD-9 diagnosis code prior to using the CPT codes. Typically ATCs bill under the supervising physician's provider number.

The Pennsylvania Athletic Trainers' Society Board of Directors owes a great debt of gratitude to several people. A special thanks to the following for their support and hard work: all members of the Pennsylvania State Senate, especially Senator "Tommy" Tomlinson, all members of the Pennsylvania State House, especially Representative Mario Civera, Gov. Mark Schweiker, Phil Dunn, Kathy Speaker-MacNett, Deb Martella, Dorothy Childress, Dr. Mike Cordas, Dr. David Joyner, and many, many dedicated PATS Members and other professional organizations too numerous to list here.

The future is very bright for ATCs in Pennsylvania. In the upcoming months, PATS will be sure to notify members of important Rules and Regulation developments. A more thorough Frequently Asked Question (FAQ) document will be mailed to all PATS members sometime in Spring, 2002. Full text of the bills can be found under Legislation on the PATS Website (www.gopats.org).

Lastly, all ATCs are highly encouraged to contact their local Senators and State Representatives thanking them for their support of SB370 and SB371. The successful outcome of this legislative campaign has been a result of building relationships and giving support to the individuals who represent all of us in Harrisburg. These relationships must continue to be maintained in order to tackle tough legislative issues in the future.

September 11:

One Athletic Trainer's Thoughtful Reflection

Linda S. Platt, EdD, ATC Duquesne University



I am not quite sure how to begin to describe how I felt at approximately 10:15 AM on September 11, 2001. As we all reflect back to that moment in time, we will always remember where we were when we heard the horrific news of the attack that happened to the people of the United States of America and the people of the world. As we think about the particular day the terrorists chose to carry out this heinous crime on September 11, or 9-11, we must stop and realize that this date 9-11 is a date also of hope, meaning that prior to September 11, 911 is the call for our emergency response teams to come and assist us and help us in our time of need.

As I sat at my home in Pittsburgh on that sunny Tuesday morning, organizing myself for a full day of working at home preparing a manuscript, I had the *Today Show* on in the background as I was typing away at the computer. I stopped as breaking news stated that a plane hit the World Trade Center. I sat intently watching the news coverage, and witnessed the second plane crashing into the other tower. Not too long after, I heard about the plane crashing into the Pentagon. I sat and thought to myself... what is happening...wow, I am so glad that my family is safe in my hometown – Shanksville, PA. I tried to re-focus my thoughts back to my work, and began typing only to be interrupted again when the local Pittsburgh channel broke coverage and promptly announced that a plane crashed in Somerset County near the town of Shanksville, a small rural community located 60 miles from Pittsburgh!

Panic set in and I was not sure whom to call first! My parents or my brothers as they all live in Shanksville! I tried to call my parents only to find the phone line busy. At this point, my heart was sinking fast, thinking the plane hit my town. I tried to contact my oldest brother via his cell phone. Fortunately, I got through to him only to find him also panic stricken as he witnessed the plane crashing into the hillside. When he answered my phone call, he told me that he was right at the crash sight, ready to run down to the plane crash. At that point, no emergency crews had arrived yet on the scene but he heard the sirens in the distance; he and another neighbor were getting ready to proceed down to see what was happening and to see if they could assist in any way. He assured me that all of our family members were OK and that the plane did not hit the town; it crashed one mile from Shanksville.

I continued to try and call my parents and after several attempts, I finally reached my mother. My dad was golfing that morning. She told me how she was talking on the phone and, at an instant, felt the house shake and heard a tremendous boom. She ran to the front porch and looked out over the trees only to see a mushroom cloud of black smoke rise into the sky. Immediately, the fire siren sounded, my mom ran inside and promptly turned on the scanner and listened to the 911 operator dispatch our small community fire department. The 911 operator stated, "a commercial jet liner had crashed by the Lambertsville road." About thirty seconds later, the entire county's emergency response teams were notified to respond. The 911 operator continued, "this is larger than we can imagine, and we need all of the manpower that we can have. This is nothing like we have ever dealt with before."

As we reflect back on where the crash occurred, it happened in the best place possible. Although the plane crashed in a strip mine in a rural part of the Country, seven more seconds by air or one more mile, the plane would have hit the town of Shanksville (250 people) or the school (600 students and teachers) or Indian Lake, which in turn, would have flooded the town, once again causing mass destruction.

Teaching our athletic training students and our colleagues the importance of creating and implementing Standard Operating Procedures and Emergency Plans of Action, we now, more than ever can see how important these plans are and how important it is to actually practice the emergency procedures, no matter how minor the event or catastrophic. I know that eight fire and rescue companies from Somerset County all worked together under the direction of one Fire Chief from Shanksville to accomplish a monumental, pain-staking task of organizing chaos for the unknown, using our town's emergency plan of action. I pose the question to my athletic training colleagues, are we ready to implement our Emergency Plan of Action to the fullest level as well? Are we communicating and practicing that plan of action with all of the stakeholders involved?

In closing, as I reflect back to that September morning and the next few days following, I recall a large portion of the people that I communicated with by phone or email were fellow athletic trainers (friends) from Pennsylvania and across the world. I even had a former athletic training student, who lives in Germany, call me and ask if my family and I were OK. She heard

continued on page 5



On Campus

Dan Evans, ATC
College/University Committee Chairperson
Haverford College

I hope that everyone is enjoying a safe and eventful winter season. It will not be long before we are again outdoors in the chill of early spring practices and games. I would like to take this time to announce that Tom West, of Lock Haven University, and Jim Racchini, formerly of Marywood University, have stepped down from the College/University Committee. Tom has stepped into the position of Symposium Chair and Jim has moved to Frostburg University of Maryland. Many thanks to Tom and Jim for their long-standing service to PATS.

The Athletic Training Staff at Haverford College is embarking on a very exciting time in the upcoming years. We are currently in the design phase of a new sports medicine facility, and I would like to have input from any athletic trainer that has recently designed, or is currently designing a new facility. Please include any "must do" or "never do again" ideas. I am particularly interested to hear from anyone who has included a hydrotherapy unit that includes current propulsion in his/her facility.

A Thoughtful Reflection continued from page 4

the news of Shanksville on CNN, in Germany. I could not have chosen a finer profession be a part of or a greater organization than Pennsylvania Athletic Trainers' Society. Thank you for your prayers and thoughts. We, the community of Shanksville, are going through the healing process - bouncing from denial to acceptance back to denial. If there is a positive outcome to stemming from this tragedy, it is that the town of Shanksville has returned to the Community of Shanksville. **GOD TRULY HAS BLESSED AMERICA.**

High School Corner

By Brian Mesich, ATC
High School Committee Chair
Norwin High School



Wow! It is amazing how things can change in an instant. My thoughts and prayers go out to anyone having personal ties to the tragic events on September 11th. Terrorism will always be in the back of our minds. We have to be concerned about Anthrax and the possibility of it being in our mail. Sometimes it is hard to focus on our jobs. We are all worried about our families and loved ones. These are going to be some trying times ahead.

As far as athletic training, it is more important than ever to get to know and understand your athletes. Being a high school athletic trainer is more than just taking care of the physical injuries. The psychological and emotional aspects of the athletes need to be addressed. With the beginning of indoor sports, it will be easier to see your athletes on a daily basis. Every individual deals with trauma or adversity differently. Just keep your eyes and ears open, and be there for your athletes. Your athletes may be more willing to talk to you than their friends or family.

Regarding the current AED program in the Commonwealth of Pennsylvania: I spoke with Tom Stubits from the School Services Unit and the AED program is in a holding pattern. Once the program goes through, each school district in the Commonwealth may be eligible to receive up to two free AED units along with the option of purchasing additional AED units at a reduced price. Additional information can be found at the Pennsylvania Department of Education website.

Please feel free to contact me if you have anything you would like me to share with the membership. Thank you.

God Bless and keep up the good work!

the **CLINICAL** connection

By Scott Devore, MA, ATC,
Clinical Committee Co-Chair
University Orthopedics
Center/ Joyner
Sportsmedicine Institute

I hope everyone had an injury free Fall season and is ready for Winter to begin. The Clinical Committee continues to work on reimbursement issues and future planning of the reimbursement packet. We are planning to submit information to Pennsylvania based insurance companies to gain recognition for ATCs as providers in the Commonwealth. The committee will provide these companies with insight regarding the profession based upon information gathered in the future reimbursement package.

The Clinical SOP has been approved by the PATS Board as a model to be utilized as a source of information for clinical ATCs and administrators. Information relating to the Clinical SOP, can be obtained from the Clinical Co-Chairs and may soon be available on the PATS Website.

Northwestern Representative Message

by Kay Mitchell Emigh, Grove City College



As we put the finishing touches on our fall sports seasons and look forward to starting an exciting new winter sports season, I would like to thank all of you for representing the profession of athletic training so well. Since being elected as the Northwestern Representative, I have focused more attention to the athletic trainers in the northwestern region and have realized there are many outstanding professionals in our region.

I hope in the near future to be able to personally meet more of you. With that in mind, I need your input regarding the best time and location for a regional meeting in early 2002 for all current and new members. In addition to general PATS information and discussion, I am considering having a professional presentation on functional rehabilitation or a quality of life presentation on financial planning. I would greatly appreciate input from the members on their choice of dates, times, and topics.

In closing, please contact me if we can help you in the north western region. Most importantly, enjoy the holidays with family and friends.

Southwestern Representative Message

by Larry Cooper, Penn-Trafford High School

As the fall season comes to a close, let us take time to reflect on all the good that has occurred to you, your athletes, and your teams. Let us also remember how fortunate we are in our daily lives and jobs. Our profession allows us to deal with some tremendous individuals: parents, athletes, coaches, administrators, and fellow Certified Athletic Trainers.



I have witnessed considerable postings on the Internet concerning name changes for our profession. I, for one, believe a name will do nothing but confuse more people on what our profession does. For the past 20 years this has been a constant source of discussion amongst Certified Athletic Trainers in every job setting. What we have failed to do is educate people on who we are and what we do as a profession. Emphasis should be placed on educating our parents, school administrators, and communities on our skills and abilities. Do not wait for a national effort to occur. Be proactive in your approach, not reactive.

Welcome to the new PATS members. I hope that we, as a board, will address your issues and concerns in a timely, professional, and positive manner. Remember that we are a volunteer organization and are always looking for people to step up to the plate and help foster growth and understanding of our profession in the Commonwealth. Contact you Regional Representative concerning any questions or suggestions.

Have a safe, happy, and prosperous holiday season.

Northcentral Representative Message

By Craig Sechler, Joyner/NovaCare

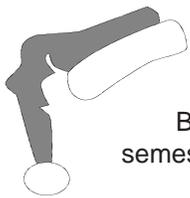


Here we are again at mid-swing during the winter sports season. PATS, like the EATA, has shown its ability to keep up with the times, making this the first ever newsletter to be available on line. This event also represents the first time that all current NATA members living in the Commonwealth are all PATS members as well. To all of you "new" members: Welcome aboard! Once things calm down, we should schedule a regional meeting to bring everyone up to speed with the current events of the Society, as they are too vast to mention here.

One of the upcoming events is our student athletic training symposium. It will be held at East Stroudsburg University. This symposium will act as the District II Student Athletic Training Convention. For all of you who interact with students, please pass this along. The educational content should be exceptional. For more information, please contact John Hauth at East Stroudsburg University.

Plans continue to be underway for our next symposium at the Harrisburg Hilton from June 1 - 3, 2002 You should be receiving registration information within the next few months. For more information, contact our new Convention Committee Chair Tom West, a member of our region at Lock Haven University.

Lastly, your PATS Board of Directors is here to assist its members in any way possible. If you should need anything, do not hesitate to contact me or any other member of the Board. Best of luck as we look forward to Spring!



Northeastern Representative Message by Keith A. Vanic, East Stroudsburg University of PA

By now, we are wrapping up a busy fall sports season and approaching the end of another productive academic semester. The holidays will certainly bring some much needed rest and relaxation.

I would like to take this opportunity to thank everyone who has submitted nominations for our 3rd class of inductees into our PATS Hall of Fame. At our upcoming Annual Convention and Symposium, we will further recognize and honor individuals who have made significant contributions within the Athletic Training profession in Pennsylvania.

Just a reminder, you will not receive a separate PATS membership renewal form. Over the years, the PATS Board of Directors has greatly appreciated everyone's assistance towards encouraging those individuals who have not joined our state society to do so. Please refer to our membership section for additional dues information. Also, mark your calendar for the upcoming 54th Annual Eastern Athletic Trainers' Association Convention in Boston, MA January 6 -8, 2002. If I can be of further assistance, please feel free to contact me anytime (570) 422-3314 or kvanic@po-box.esu.edu.

Southcentral Representative Message By Sandy Bush, Messiah College



Hard to believe, isn't it? Fall sports playoffs are here and winter sports are getting warmed up. We will soon be wrapping Christmas presents and wondering why some coach(es) want to practice so much right around the most important holidays. Time certainly flies when you are athletic training "busy."

This will be my last winter south central representative message, which begs the question? Who will you nominate to take my position that ends in May 2002? Who will you nominate for PATS president-elect and treasurer. If we provide quality south central athletic trainers for Board positions, we will be assured of quality representation and service from the Board. I am looking forward to taking your nominations to the next PATS Board meeting in December.

All NATA members residing in Pennsylvania will automatically become a member of PATS, and will receive all membership services when they pay their NATA national and district dues. Additional revenue means additional service and benefits to all PATS members.

In closing, please spread the word to any athletic training students you may come into contact with that the PATS 3rd Annual Student Symposium will be held at East Stroudsburg University on February 1 & 2, 2002. For more details contact Dr. Keith Vanic at 570-422-3314. May your Christmas 2001 be a true blessing.

Southeastern Representative Message Chris Peduzzi, Philadelphia Eagles



With the falls sports season wrapping up, the holidays should bring some much needed rest and relaxation with family and friends. I hope all is going well with all of you in the south eastern region.

As your southeastern representative, I would gladly relay any comments or concerns to the Board of Director's. feel that this is a great opportunity for athletic trainers in our region to have an opportunity to have the voice heard. Comments or concerns can be forwarded to me via e-mail at (peduzzi@eagles.nfl.com) or by phone at 215-339-6727.

I would like to finish up with a reminder for 54th Annual EATA conference in Boston, MA from January 6 - 8, 2002. I hope the southeast region has a strong contingent there. There seems to be a number of good lectures scheduled. Best of the luck with the remainder of your fall season and try and catch your breath before the start of the winter season. Happy Holidays.

Membership Benefits

The following article was included in a previous newsletter. With the sudden increase in the membership of our state society, we thought we it would be informative and timely to run it again.

Some of us who are members of our professional organizations (PATS, NATA, EATA) take for granted that these organizations provide numerous benefits for us personally and professionally. There are many athletic trainers who have forgotten what these organizations have done for our profession in the past, are currently working on for us, and plan to do for us in the future. Pennsylvania Athletic Trainer Hall of Fame member Phillip B. Donley said it best, "What you have in professional stature today was built by these organizations and their members."

The Pennsylvania Athletic Trainers Society, Inc. is operated by volunteers who serve more than 1300 certified athletic trainers in the Commonwealth of Pennsylvania

We have listed some of the "benefits" that PATS, Inc. has provided for the certified athletic trainer in the Commonwealth of Pennsylvania twenty-five years.

Did You Know That Pats.....

- ✓ Serves as the Voice and Advocate of the Pennsylvania Athletic Trainer
- ✓ Provides a quarterly newsletter, one of the "best in the country"
- ✓ Developed the current practice act - Including the latest amendment package
- ✓ Sponsors a new and modern practice act, SB370 and SB 371 which will move athletic trainers from the State Board of Physical Therapy to the State Medical Boards
- ✓ Monitors all legislative action in Pennsylvania that effects the certified athletic trainer.
- ✓ Provides a pro-active, dynamic, non-profit state organization
- ✓ Funds over 25 working committees and liaisons that represent all roles of the certified athletic trainer and provides an opportunity for discussion and input
- ✓ Conducts an annual clinical symposium and meeting
- ✓ Conducts an annual student educational symposium
- ✓ Provides recognition of outstanding achievements by our members through our Honors and Awards Committee (Service Award, Distinguished Merit, Team Physician)
- ✓ Created and funds the Pennsylvania Athletic Trainers' Hall of Fame
- ✓ Provides scholarships to our student members
- ✓ Provides research awards to our members to encourage original research
- ✓ Created and conducts "Athletic Trainers' Week" to increase awareness of our profession, including an annual proclamation signed by the Governor
- ✓ Provides educational and promotional brochures on athletic training in Pennsylvania
- ✓ Created and maintains a web site for easy access to Society resources (www.gopats.org)
- ✓ Provides a speakers bureau of athletic trainers to any interested groups

Your state organization and its many volunteers continue to work for you. We need your support and input. Share this with your colleagues and urge them to become involved. Contact your Regional Representative or any member of the Board of Directors for information on how you can help our profession grow in the Commonwealth of Pennsylvania.

Future Conventions	PATS Annual Convention & Symposium				Future Conventions
	June 1 – 3, 2002		Harrisburg (Hilton & Towers)		
	EATA Convention		NATA National Convention		
	January 6 - 8, 2002	Boston, MA	June 14 – 18, 2002	Dallas, TX	
	January 5 - 7, 2003	Boston, MA	June 24 – 28, 2003	St. Louis, MO	
	January 10 - 12, 2004	Philadelphia, PA	June 15 - 19, 2004	Baltimore, MD	
	January 8 - 10, 2005	Boston, MA	June 14 - 18, 2005	Indianapolis, IN	
	January 8 - 10, 2006	Philadelphia, PA	June 27 - July 1, 2006	New Orleans, LA	
	January 6 - 8, 2007	Boston, MA			

Sport Related Testicular Trauma

Tracy A. Poro, Senior Athletic Training Student
University of Pittsburgh



I think we would all agree that injury evaluation classes must be thorough in the undergraduate athletic training setting. Through my education, I have found that there is one topic consistently underrepresented. Testicular trauma, specifically that resulting during competition, is mentioned infrequently, if at all, in injury evaluation texts. In fact, for females, appropriate evaluation and management techniques of testicular trauma are even rarer. Yet, how often do women travel alone with a men's team? There has been more than one time in my experiences in which I wished someone had taught me how to deal with these "uncomfortable" situations. The following paper outlines proper evaluation procedures, common injuries, and on-field care, focusing on the female perspective.

Regardless of the gender of the athletic trainer, the primary concern is putting the athlete at ease. Although males are typically less concerned with embarrassment than girls, one must control the scene so as not to further humiliate the athlete. Clearing bystanders away, especially while questioning the athlete, will help them to feel more comfortable. In many cases, evaluation will best be conducted in privacy, although this may not always be feasible. A thorough examination is advisable to rule out serious injury, yet you must always be concerned with appropriateness.

Make sure that a witness is present in any questionable evaluation situation. This is more of a liability issue than anything else. Relating to that, it is never appropriate to palpate the genitals. Possibly the only time in which it would be suitable to palpate the groin region would be to control severe bleeding. In this situation you should wear gloves.



The trickiest aspect of a genital injury is that neither observation nor palpation is appropriate. Therefore, the athletic trainer's most important role in a testicular evaluation will be to gather an accurate and detailed history. From this history, possible injuries will present themselves. Based on that information, the athlete will become extremely valuable in helping detect important conditions and can be directed in self-examination. The athletic trainer can use the history information to instruct the athlete in what to look and feel for. If he is uncomfortable completing this evaluation by himself, another athlete may be sent with him for assistance.

If history is the foundation for the rest of the evaluation, then what questions should be asked? First, ask if the athlete he has two testicles normally. Hopefully, this question would have been answered during a pre-season physical. Missing a testicle should not preclude an athlete from competing, although he must be cleared by a physician and informed of the risks involved prior to participation. After determining that an athlete has both testicles, ask the athlete if the testicles are firm, and of the same consistency. Ask him if they are both still there. While this may seem obvious, a blunt force trauma may cause the cremaster muscle attaching to the testes to spasm. This spasm may cause a testicle to retract into the abdomen as a defense mechanism. Constant pain is an indicator of cremaster spasm.

The last question is whether or not the testicles are hanging normally. Until I began to research this subject, I was unaware of the fact that the left testicle hangs lower than the right one. The difference should be only slight, but it should be obvious. Gross differences in hanging length or the right hanging lower than the left will typically signify a specific injury.

Following the history, the athletic trainer should have enough information to suspect a specific injury. I will discuss three sports related testicular traumas: scrotal/testicular contusion, spermatic cord torsion, and hydrocele. In all of these cases, the mechanism of injury is the same: a blow to the scrotum with inadequate padded support. In other words, an athlete is highly susceptible to these injuries if they do not wear an athletic supporter. Wearing an athletic supporter will prevent most testicular and scrotal injuries.

Scrotal contusion is the most common of these traumas. It is characterized by the typical representation of assuming the fetal position and clutching the groin area. There will most likely be significant pain and in some cases nausea and vomiting. The athlete may have speech inhibition and breathing difficulty secondary to the pain. Testicular spasm may also occur, as previously discussed. The management in this case is straightforward. The athletic trainer should first assist the athlete in breathing exercises in order to calm him. Breathing deeply and slowly should help him relax. Applying ice, if the athlete will tolerate it, will reduce the inflammation. The most important aspect of management is reduction of the spasm. There are several techniques to reduce the



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spasm. The most common and most effective are passive knees to chest. This is a technique in which the athletic trainer brings the athlete's knees to the athlete's chest while he is supine, allowing him to relax. Lifting the waistband of his pants may help to relieve a feeling of pressure, and some athletes feel that the Valsalva maneuver will reduce the spasm. As a last resort, one may try the drop method. I feel that this method warrants some discussion, as I realize it is one of the more common methods.

The drop method entails sitting the athlete up, lifting him 6 to 12 inches off the ground from his armpits, and then dropping him. Through my research, I have discovered that there is no supporting evidence that this technique works. Aside from that, imagine how it looks to a spectator when you pick up an athlete and then drop him. It may be construed as a mistake on your part. Therefore, if performed, it should be done in privacy when possible. The athletic trainer should attempt all other methods of spasm reduction before this one.



Spermatic cord torsion is the second injury. The spermatic cord is a supporting structure of the testicles that houses arteries, veins, and other structures that supply the testes. Torsion occurs when the spermatic cord and testicles twist upon themselves within the scrotal sac. There will often be intense pain, nausea, and vomiting. The signs and symptoms of torsion mimic contusion in many regards, but there is one defining difference. The athlete with torsion will have a distinct heavy feeling in the scrotum. Observation will show a possible deformity of normal testicular placement. Specifically, the right testicle will hang lower than the left. There may also be the appearance of a cluster of swollen veins. Immediate physician referral should be the first course of action. The torsion can restrict blood supply to the testicle resulting in necrosis, possible loss of the testicle, or impotence if not treated. In the meantime, the athlete may attempt mild self-rotation of the testicles to reduce the torsion. This will help to decrease some of the pain, but it is important to emphasize that they must still see a physician.

The last injury is a hydrocele. This is defined as fluid accumulation within the venous plexus of the testicle (varicocele) or a rupture of this plexus resulting in rapid accumulation of blood in the scrotum (hematocele). As an athletic trainer you will not be able to detect a difference between these conditions; a doctor has specific diagnostic techniques. Treatment by the athletic trainer will be the same in both cases. There will be obvious fluid accumulation that will increase over time. This will result in moderate pain that will also increase over time. Pain will increase with standing, and there may be significant nausea.

Upon evaluation, the athlete will note palpable edema in the scrotum as well as a significant increase in the size of the scrotal sac. This injury must also be referred, and the athlete must be cleared prior to returning to play. Ice will help reduce the inflammation, and wearing an athletic supporter will provide compression to disperse the fluid.

Although there are some characteristics of injury in which physician referral is immediately warranted, there are other findings that will prompt the athletic trainer to refer the athlete. These include any deformity, such as the testicular placement and swelling that has been mentioned. If the symptoms have not resolved within twenty minutes, the athlete should be referred so that the physician may rule out more serious injury. Finally, if there are any penile lacerations, either from the force of the trauma or from the object causing the trauma, the athlete should be immediately referred.

While it is important to know the proper procedures for evaluation of testicular trauma, we all know these techniques are not feasible during an on-field situation. There will be a proper time and place for a full evaluation, yet that is contingent upon getting the athlete off of the field. Often it will not be immediately obvious which of the three injuries may have occurred, although the mechanism will probably be fairly apparent.



When first approaching the athlete on the field, pelvic fracture and other injuries should be a consideration. By this I mean the athletic trainer should ensure that there are not any injuries requiring immobilization. Following that, one should attempt to get the athlete to the sideline for a complete evaluation. In some cases, the athlete may not be willing or able to move. If so, treat the athlete for a spasm. This will be a significant cause of pain, and once reduced, should lessen to the point that the athlete can get up and leave the field.

Genital injuries are common in many male sports, although consistently overlooked in injury evaluation texts. The role that a female athletic trainer plays in evaluations are even harder to define. For me, testicular trauma was something I ignored, and thought I would never have to treat, at least on my own. I have always worked with another male athletic trainer. However, as I traveled alone this past semester, I found myself hoping that I would not have to deal with testicular trauma. It was a situation I knew I was not prepared to handle. I hope that the information I gathered will help someone else be prepared in the first place, making everyone less "uncomfortable."

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March 2002

National Athletic Training Month

The following is an excerpt from a letter written by Al Green, MEd, ATC, EMT, NATA Public Relations Chair. The letter in its entirety can be found at www.nata.org.

National Athletic Training Month provides a unique opportunity for members to educate the public on exactly what we do. Each year we want to focus on a particular area of athletic training expertise with the idea of building awareness of the profession and providing important health and safety information to the public. At the annual meeting in June, the Public Relations Committee announced "Prevention" as the theme for the 2001-2002 school year. To expand on this, we chose Prevention:

Avoid Injury – Stay Active as the theme for National Athletic Training Month 2002.

As always, the key to success is teamwork. The NATA national office will once again be developing new ideas to promote the month on a national basis, but the crucial ingredient of success will be your efforts in local and state areas. We have provided this insert to help you develop ideas and run your own grassroots PR campaign. We understand certified athletic trainers are not public relations or media specialists, so please use the materials in this insert and start planning your month as soon as possible. Please do not hesitate to contact your public relations representative or check the NATA Web site if you have any questions or need additional information regarding National Athletic Training Month 2002. In addition, please take notice of the new logos included in this insert. The logos will also be available on the NATA Web site (www.nata.org). Feel free to use them on any of your promotional materials.

Please visit www.nata.org to find additional items to develop and implement a local promotional campaign with items such as Public Service Announcements, print advertisements, news releases, promotional ideas, promotional items such as golf shirts, t-shirts, luggage tags, static cling decals.

THE GENERAL ASSEMBLY OF PENNSYLVANIA
Act No. 92
Session of 2001

Signed Into Law by Governor Schweiker on December 10, 2001

INTRODUCED BY SENATORS TOMLINSON, THOMPSON, WAGNER, STOUT, CONTI, JUBELIRER, MADIGAN, MELLOW, M. WHITE,
GERLACH, BOSCOLA, BELL, DENT, RHOADES, PUNT AND FUMO, FEBRUARY 7, 2001

AN ACT

Amending the act of December 20, 1985 (P.L.457, No.112), entitled "An act relating to the right to practice medicine and surgery and the right to practice medically related acts; reestablishing the State Board of Medical Education and Licensure as the State Board of Medicine and providing for its composition, powers and duties; providing for the issuance of licenses and certificates and the suspension and revocation of licenses and certificates; providing penalties; and making repeals," providing for certification of athletic trainers by the State Board of Medicine; and making repeals.

The General Assembly of the Commonwealth of Pennsylvania hereby enacts as follows:

Section 1. *The definition of "board regulated practitioner" in section 2 of the act of December 20, 1985 (P.L.457, No.112), known as the Medical Practice Act of 1985, is amended and the section is amended by adding definitions to read:*

Section 2. Definitions.

The following words and phrases when used in this act shall have the meanings given to them in this section unless the context clearly indicates otherwise:

"Athletic training services." The management and provision of care of injuries to a physically active person as defined in this act, with the direction of a licensed physician. The term includes the rendering of emergency care, development of injury prevention programs and providing appropriate preventative and devices for the physically active person. The term also includes the assessment, management, treatment, rehabilitation and reconditioning of the physically active person whose conditions are within the professional preparation and education of a certified athletic trainer. The term also includes the use of modalities such as; mechanical stimulation, heat, cold, light, air, water, electricity, sound, massage, and the use of therapeutic exercises, reconditioning exercise, and fitness programs. Athletic training services shall not include, invasive procedures or prescription of any controlled substance.

"Board regulated practitioner." A medical doctor, midwife, physician assistant, respiratory care practitioner, certified athletic trainer or drugless therapist or an applicant for a license or certificate the board may issue.

"Certified athletic trainer." A person who is certified to perform athletic training services by the State Board of Medicine or State Board of Osteopathic Medicine.

"Direction." Supervision over the actions of a certified athletic trainer via referral by prescription to treat conditions for a physically active person from a licensed physician, dentist or podiatrist or written protocol approved by a supervising physician, dentist or podiatrist, except that the physical presence of the supervising physician, dentist or podiatrist is not required if the supervising physician, dentist podiatrist is readily available for consultation by direct communication, radio, telephone, facsimile, telecommunications or via other electronic means.

"Physically active person." An individual who participates in organized, individual or team sports, athletic games or recreational sport activity.

"Referral." An order from a licensed physician, dentist or podiatrist to a certified athletic trainer for athletic training services. An order may be written or oral, except that an oral order must be reduced to writing within 72 hours of issuance.

“Written protocol.” A written agreement developed in conjunction with one or more supervising physicians which identifies and is signed by the supervising physician and the certified athletic trainer. It describes the manner and frequency in which the certified athletic trainer regularly communicates with the supervising physician. It includes standard operating procedures, developed in agreement with the supervising physician and certified athletic trainer, that the certified athletic trainer follows when not directly supervised on-site by the supervising physician.

Section 3(a) of the act, amended July 2, 1993 (P.L.424, No.60), is amended to read:

Section 3. State Board of Medicine.

Establishment.—The State Board of Medicine shall consist of the commissioner or his designee, the Secretary of Health or his designee, two members appointed by the Governor shall be persons representing the public at large and seven members appointed by the Governor, six of whom shall be medical doctors with unrestricted licenses to practice medicine and surgery in this Commonwealth for five years immediately preceding their appointment and one who shall be a nurse midwife, physician assistant, certified registered nurse practitioner, respiratory care practitioner or certified athletic trainer licensed or certified under the laws of this Commonwealth. All professional and public members of the board shall be appointed by the Governor, with the advice and consent of a majority of the members elected to the Senate.

Section 3. The act is amended by adding a section to read:

Section 51.1. Athletic trainers. (a) General rule.—An athletic trainer certified by the board may, under the direction of a physician, podiatrist or dentist, provide athletic training services to a physically active person under the care of a physician, dentist or podiatrist. An athletic trainer certified under this section shall refer a physically active person with conditions outside the scope of athletic training services to a physician, dentist or podiatrist.

(b) Temporary certifications.—Any athletic trainer who holds a valid certificate issued by the State Board of Physical Therapy under the act of October 10, 1975 (P.L.383, No.110), known as the Physical Therapy Practice Act, relating to the practice of athletic training, prior to the effective date of this act shall, on and after the effective date hereof, be deemed to be certified by the State Board of Medicine or State Board of Osteopathic Medicine as provided for in this act.

Certification, title and limitation on practice.—An athletic trainer who meets the requirements of this section shall be certified, may use the title “athletic trainer” or the abbreviation for the title, “A.T.C.,” and may perform athletic training services. A person who is not certified under this section may not use the designation of certified athletic trainer, athletic trainer, or any of the listed abbreviations for that title, including “C.A.T.,” or “A.T.C.,” or any similar designation. This section shall not prohibit any person trained and licensed or certified under any other law from engaging in the licensed or certified practice in which the person is trained.

Regulations.—The State Board of Medicine and the State Board of Osteopathic Medicine shall jointly promulgate regulations which: (1) establish approved education and training programs for certification; and (2) define the circumstances and protocol under which a certified athletic trainer may perform athletic training services. Until such regulations are promulgated by the State Board of Medicine and the State Board of Osteopathic Medicine, the athletic trainer shall be regulated by the regulations, duly promulgated by the State Board of Physical Therapy prior to the enactment of this amendatory act governing the activities of certified athletic trainers, which are not inconsistent with this act.

(e) Doctors of Osteopathic Medicine.—Notwithstanding any provision of the act of October 5, 1978 (P.L.1109, No.261), known as the Osteopathic Medical Practice Act, to the contrary, doctors of osteopathic medicine may supervise and direct the activities of athletic trainers to the same extent as physicians regulated by this act.

(f) Jurisdiction.—The State Board of Medicine shall be responsible for the certification of athletic trainers. Jurisdiction will be determined by the type of physician who supervises and directs the certified athletic trainer. Certified athletic trainers supervised by physicians regulated by the Medical Practice Act of 1985 shall fall within the jurisdiction of the State Board of Medicine.

Section 4. The practice of athletic training shall not include the practice of physical therapy as defined by the act of October 10, 1975 (P.L.383, No.110), known as the Physical Therapy Practice Act, however, that exclusion shall not operate to prohibit the rendering of athletic training services as defined in the act.

Section 5. The following acts and parts of acts are repealed insofar as they are inconsistent with this act: The act of October 10, 1975 (P.L.383, No.110), known as the Physical Therapy Practice Act. The act of October 5, 1978 (P.L.1109, No.261), known as the Osteopathic Medical Practice Act.

Section 6. This act shall take effect in 60 days.