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## **Do Athletic Trainers (ATs) have the education to manage concussions? Do ATs possess the knowledge and skills to determine an athlete's ability to return to play?**

The short answer is YES! According to the National Athletic Trainers' Association (NATA), as of July 9, 2013, 49 states have concussion laws. Thirty states directly or indirectly recognize ATs to make return-to-play decisions.

The analysis outlined below is referenced from the BOC's *Role Delineation/Practice Analysis, 6th Edition (RD/PA)* and the CAATE's *Athletic Training Education Competencies, 5th Edition (Competencies)*. The *RD/PA* serves as the validated basis of knowledge and skills for an entry-level athletic trainer (AT) and the blueprint for the exam. The *Competencies* define the educational content that is expected of students within an accredited athletic training program. Although these are two distinctly individual documents, both hold a major role in the preparation and evaluation of entry-level ATs.

### **RD/PA**

#### **DOMAIN II: Clinical Evaluation and Diagnosis**

- A. Obtain an individual's history through observation, interview and/or review of relevant records to assess injury, illness or health-related condition.
- B. Utilize appropriate visual and palpation techniques to determine the type and extent of the injury, illness or health-related condition.
- C. Utilize appropriate tests (e.g., ROM, special tests, neurological tests) to determine the type and extent of the injury, illness or health-related condition.

##### **Knowledge of/Skill in:**

- 1. Mechanics, principles and techniques of specific/special tests (ligamentous, neurological, manual, fracture and functional tests)
- 6. Assessing neurological function
- D. Formulate 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.

##### **Knowledge of/Skill in:**

- 3. Guidelines for return to participation

#### **DOMAIN IV: Treatment and Rehabilitation**

- A. Administer therapeutic and conditioning exercise(s) using appropriate techniques and procedures to aid recovery and restoration of function.

##### **Knowledge of/Skill in:**

- 4. Functional criteria for return to activity
- 7. Neurology related to treatment, rehabilitation and reconditioning

18. Evaluating criteria for return to activity

E. Reassess the status of injuries, illnesses and/or health-related 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.

**Knowledge of/Skill in:**

4. Functional criteria for return to activity

7. Neurology related to rehabilitation, recovery and performance

15. Evaluating criteria for return to activity

16. Interpreting assessment information necessary to modify, continue or discontinue treatment plans

**Competencies**

**Clinical Examination and Diagnosis (CE)**

- **CE-19.** Determine criteria and make decisions regarding return to activity and/or sports participation based on the patient's current status.
- **CE-20.** Use standard techniques and procedures for the clinical examination of common injuries, conditions, illnesses and diseases including, but not limited to:
  - **CE-20f.** Neurological assessments (sensory, motor, reflexes, balance, cognitive function)
- **CE-21.** Assess and interpret findings from a physical examination that is based on the patient's clinical presentation. This exam can include:
  - **CE-21h.** Neurologic function (sensory, motor, reflexes, balance, cognition)

**Acute Care of Injuries and Illnesses (AC)**

- **AC-34.** Explain the importance of monitoring a patient following a head injury, including the role of obtaining clearance from a physician before further patient participation.
- **AC-36.** Identify the signs, symptoms, interventions and, when appropriate, the return-to-participation criteria for:
  - **AC-36b.** Brain injury including concussion, subdural and epidural hematomas, second impact syndrome and skull fracture

**Therapeutic Interventions (TI)**

- **TI-7.** Identify patient- and clinician-oriented outcomes and measures commonly used to recommend activity level, make return-to-play decisions and maximize patient outcomes and progress in the treatment plan.

**Clinical Integration Proficiencies (CIP)**

- **CIP-4.** Perform a comprehensive clinical examination of a patient with an upper extremity, lower extremity, head, neck, thorax and/or spine injury or condition. This exam should incorporate clinical reasoning in the selection of assessment procedures and interpretation of findings in order to formulate a differential diagnosis and/or diagnosis, determine underlying impairments and identify activity limitations and

participation restrictions. Based on the assessment data and consideration of the patient's goals, provide the appropriate initial care and establish overall treatment goals. Create and implement a therapeutic intervention that targets these treatment goals to include, as appropriate, therapeutic modalities, medications (with physician involvement as necessary), and rehabilitative techniques and procedures. Integrate and interpret various forms of standardized documentation including both patient-oriented and clinician-oriented outcomes and measures to recommend activity level, make return-to-play decisions, and maximize patient outcomes and progress in the treatment plan.