

MARYLAND BOARD OF PHYSICIANS

P.O. Box 37217
Baltimore, MD 21297
www.mbp.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 preliminarily-approved Evaluation and Treatment Protocol with a physician licensed in Maryland. NO EXCEPTIONS!

GENERAL INSTRUCTIONS AND IMPORTANT INFORMATION FOR COMPLETING ATHLETIC TRAINER/SUPERVISING PHYSICIAN EVALUATION AND TREATMENT PROTOCOL

Fee: The fee for the evaluation and treatment protocol (protocol) is **\$100.00**. Make all checks or money orders payable to: **Maryland Board of Physicians**. Mail the fee and the protocol to: **P.O. Box 37217, Baltimore, MD 21297**. (There is no charge for adding alternate supervising physicians, additional practice locations or specialized tasks to an existing evaluation and treatment protocol.)

Evaluation and Treatment Protocols sent to an address, other than the one above, or walked into the Board will delay the processing of your evaluation and treatment protocol.

Page 1: Athletic Trainer (AT): Complete Sections 1 through 7

Page 2: Supervising Physician (SP): Complete Sections 8 through 12.

Section 13—Supervision Mechanism Descriptions—Check all that apply

Section 14—Non-Delegated Tasks—SPs may list the tasks they do not wish to delegate to the AT.

Page 3: Section 15—Practice Settings—AT - check all those that apply

Section 16—Outside Referrals—If the SP checked this as a mechanism of supervision in **Section 13**, the SP must complete this Section.

Section 17—Supervising Physician Attestation—SP must complete the attestation.

Page 4: Section 18: Athletic Trainer's Attestation—ATs must sign this section.

Section 19: Release for Athletic Trainers—ATs must sign this section

Section 20: Athletic Trainers/Supervising Physician Affirmation - Both the AT and SP must sign the affirmation.

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

Note: In the event of a sudden departure, incapacity, or death of a supervising physician, a designated alternate supervising physician may assume the role of the supervising physician by submitting an Evaluation and Treatment Protocol (ETP) to the Board within 15 days of the event. If a new ETP is not provided to the Board within 15 days of the event, the AT may not practice athletic training until the AT receives preliminary approval of a new ETP from Board staff.

Appendix B: Describes the basic scope of practice for all ATs. (*Board of Certification 2021 Practice Analysis, 8th Edition.*)

Appendix C1: Specialized Tasks—These are tasks that require additional education and training beyond the training received in an accredited athletic trainer educational program. SPs complete this form if you intend to delegation specialized tasks to the AT.

Appendix C2— List of Board-Approved Specialized Tasks

**GENERAL INSTRUCTIONS AND IMPORTANT INFORMATION FOR COMPLETING
ATHLETIC TRAINER/SUPERVISING PHYSICIAN EVALUATION AND TREATMENT
PROTOCOL CONTINUED**

IMPORTANT

Athletic Trainers, Supervising Physicians and Alternate Supervising Physicians must complete and sign (with original signatures) the appropriate sections of the Evaluation and Treatment Protocol (Protocol). Unsigned Protocols or Protocols without original signatures will be returned to the athletic trainer. Returning incomplete Protocols will delay the Board approval process

Athletic Trainers requesting approval to perform specialized task must provide supporting documentation, i.e., description of education, training and experience, certificates, competencies, credentials, procedure logs, etc. The processing of the Protocol will be delayed if the supporting documentation is not included. The tasks must be appropriate to the practice setting.

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

The athletic trainer shall modify or suspend treatment of an athletic individual that is not beneficial to the athletic individual or that the athletic individual 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 must be maintained by the athletic trainer at his/her place of employment at all times.

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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: 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:		
Home #:	Work #:	
Cell #:	Email address:	
6. QUALIFICATIONS OF 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
7. ATHLETIC TRAINER'S PRIMARY EMPLOYER INFORMATION:		
Facility/Employer Name:		
Address:		
City:	State:	Zip code:
Contact Name:	Telephone #:	
Email Address:		

For Board Use Only: Approval Date: _____

SUPERVISING PHYSICIAN: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. PRACTICE LOCATION:

Facility/Business Name:

Street Address/Suite #:

City:

State:

Zip code:

12. CONTACT INFORMATION:

Home #:

Work #:

Cell #:

Email Address:

13. SUPERVISION MECHANISM DESCRIPTIONS: Supervising physician: Describe the method of supervision. Check all that apply.

On-site

Written Instructions

Verbal Orders (In Person/Telephone)

Electronic Communication

Alternate Supervising Physician. *(If this method is chosen, the alternate supervising physician must complete Appendix A attached to the protocol.)*

Outside referrals from non-supervising physicians/other licensed health care practitioners. *(If this method is chosen, please complete item 16 on page 3.)*

14. NON-DELEGATED TASKS: Supervising physicians, if there are any tasks in Appendix B, e.g. A5, B3, etc., or other tasks, in general, you do not wish the athletic trainer to perform, please list them below.

15. ATHLETIC TRAINER'S PRACTICE SETTINGS: Check all those that apply:

Amateur Sports Organization

Independent Contractor

Clinic or Hospital

Professional Sports Organization

Corporation (ex: Pivot, ATI)

Recreational Sports Organization

Educational Institution

Sports Camp

Government Agency

Other _____
(Please explain)

Health/Fitness Club

16. 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 athletic individual 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 Legibly)

Original Signature of Supervising Physician

Date

17. 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.

Name of Supervising Physician (Print Legibly)

Original Signature of Supervising Physician

Date

18. 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 athletic individual or patient requires services outside of the scope of this protocol, I will refer the athletic individual or patient 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.

Name of Athletic Trainer (Print Legibly)

Original Signature of Athletic Trainer

Date

19. 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.

Name of Athletic Trainer (Print Legibly)

Original Signature of Athletic Trainer

Date

20. 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.

Name of Supervising Physician (Print Legibly)

Original Signature of Supervising Physician

Date

Name of Athletic Trainer (Print Legibly)

Original Signature of Athletic Trainer

Date

DESIGNATED ALTERNATE SUPERVISING PHYSICIAN FOR ATHLETIC TRAINERS

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

Instructions: Primary supervising physicians who designate alternate supervising physicians, please:

1. Type or print the name of all designated ASPs and have the ASP sign in the appropriate place. The ASP's signature indicates that the ASP is accepting the responsibility of supervising the athletic trainer in the absence of the SP.
2. Type or print the name of the AT;
3. Sign the SP affirmation.

If the SP chooses to designate more than four alternate supervising physicians, please make as many copies of this form as necessary.

Note: In the event of a sudden departure, incapacity, or death of a supervising physician, a designated alternate supervising physician may assume the role of the supervising physician by submitting an evaluation and treatment protocol to the Board within 15 days of the event. If a new ETP is not provided to the Board within 15 days of the event, the AT may not practice athletic training until the AT receives preliminary approval of a new ETP from Board staff.

1. ALTERNATE SUPERVISING PHYSICIAN 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.

Name of Alternate Supervising Physician (ASP)	ASP License Number	ASP Original Signature

2. ATHLETIC TRAINER:

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

3. SUPERVISING PHYSICIAN AFFIRMATION:

I certify that I have designated the above named alternate supervising physicians and they accept the responsibility of supervising the athletic trainer named above in my absence and in accordance with the evaluation and treatment protocol on file with the Maryland Board of Physicians.

Supervising Physician's Name (Print Legibly)

License Number

Supervising Physician's **Original** Signature

Date

SCOPE OF PRACTICE: Description of the athletic trainer's scope of practice, as outlined within the Board of Certification 2021, Practice Analysis, 8th Edition. This information is included as guidance to supplement the athletic trainer's scope of practice as defined in [COMAR 10.32.08.05](#).

A. Risk Reduction, Wellness, and Health Literacy: Promoting healthy lifestyle behaviors with effective education and communication to enhance wellness and minimize the risk of injury and illness

1. Identify risk factors by administering assessment, pre-participation examination, and other screening instruments and reviewing individual and group history and surveillance data.
2. Implement plans to aid in risk reduction in accordance with evidence-based practice and applicable guidelines.
3. Promote health literacy by educating patients and other stakeholders in order to improve their capacity to obtain, process, and understand basic health information needed to make appropriate health decisions.
4. Optimize wellness (e.g., social, emotional, spiritual, environmental, occupational, intellectual, physical) for individuals and groups.
5. Facilitate individual and group safety by monitoring and responding to environmental conditions (e.g., weather, surfaces, and work setting).

B. Assessment, Evaluation, and Diagnosis: Implementing systematic, evidence-based assessments and evaluations to formulate valid clinical diagnoses and determine a patient's plan of care

1. Obtain a thorough and individualized history using observation and appropriate interview techniques to identify information relevant to the patient's current condition.
2. Perform a physical examination using appropriate diagnostic techniques.
3. Formulate a clinical diagnosis by interpreting the information obtained during the history and physical examination.
4. Establish a plan of care based on the clinical diagnosis and evidence-based practice.
5. Educate the patient and stakeholders on the clinical diagnosis, prognosis, and plan of care.

C. Critical Incident Management: Integrating best practices in immediate and emergency care for optimal outcomes

1. Implement Emergency Action (Response) Plans for all venues and events to guide appropriate and unified response in order to optimize outcomes.
2. Triage the severity of health conditions.
3. Implement appropriate evidence-based emergent care procedures to reduce the risk of morbidity and mortality (e.g., c-spine, airway management, heat illness, pandemics, suicides, other emergent conditions).
4. Assess the scene to identify appropriate courses of action.

D. Therapeutic Intervention: Rehabilitating individuals with a health condition (i.e., injury, illness, general medical condition) with the goal of achieving optimal activity and participation levels based on core concepts (i.e., fundamental knowledge and skillsets) using the applications of therapeutic exercise, modality devices, and manual techniques

1. Optimize patient outcomes by developing, evaluating and updating the plan of care.
2. Educate patients and appropriate stakeholders using pertinent information to optimize patient- centered care and patient engagement throughout the therapeutic intervention process.
3. Prescribe therapeutic exercises following evidence-based practices to address impairments and enhance activity and participation levels.
4. Administer therapeutic modalities and devices using evidence-based procedures and parameters to address impairments and enhance activity and participation levels.
5. Administer manual therapy techniques using evidence-based methods to address impairments and enhance activity and participation levels.
6. Determine patients' functional status using appropriate techniques and standards to inform decisions about returning to optimal activity and participation levels.
7. Manage general medical conditions to optimize activity and participation levels.

E. Healthcare Administration and Professional Responsibility: Integrating best practices in policy construction and implementation, documentation, and basic business practices to promote optimal patient care and employee well-being.

1. Assess organizational and individual outcomes using quality improvement analyses.
2. Develop policies, procedures, and plans to address organizational needs.
3. Practice within federal, state, and local laws, regulations, rules, requirements, and professional standards.
4. Use standardized documentation procedures to ensure best practices.

**SPECIALIZED TASKS FOR EVALUATION AND TREATMENT PROTOCOLS
FOR ALL PRACTICE SETTINGS LISTED IN THE EVALUATION AND TREATMENT PROTOCOL**

Athletic Trainers will not be approved to perform specialized tasks until after the evaluation and treatment protocol has been preliminarily-approved by Board staff.

Specialized tasks are tasks the supervising physician authorizes the athletic trainer to perform that requires additional education, training and experience beyond the basic athletic trainer education program required for licensure. The education, training and experience must be appropriate to perform the task and appropriate to the practice setting.

Instructions for the Supervising Physician:

- Complete **Appendix C1** only if you are planning to delegate tasks to the athletic trainer that are beyond the basic tasks listed in **Appendix B**. Tasks should be appropriate to the setting listed in the evaluation and treatment protocol.
- Provide a detailed description of the task(s) you are authorizing the athletic trainer to perform, including a detailed description of the education and training required to perform the task in the practicing setting.

Instructions for Athletic Trainer:

- Attach copies of other competencies, certifications/credentials and/or specialties and procedure logs that support the delegation of the specialized task(s).
- Procedure logs must contain a minimum of five procedures per assigned specialized task.

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

Supervising physician, describe in detail, the specialized task(s) the athletic trainer will be performing.

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.

Name of Supervising Physician (Print Legibly)	Original Signature of Supervising Physician	Date
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LIST OF ATHLETIC TRAINERS BOARD-APPROVED SPECIALIZED TASKS

Specialized tasks are tasks that require additional competencies, credentials, specialties and certifications. Athletic trainers (ATs) must provide documentation of competencies, credentials and certifications that prepared the AT to perform the specialized task. Documentation should also include a minimum of (5) five procedures per assigned specialized task or a written explanation why the (5) five procedures cannot be provided.

Before an AT may perform any of the tasks listed below, Board staff must preliminarily approve them.

If the specialized task is not on the list, the athletic trainer may not perform the task until the athletic trainer receives written approval from the Board.

Casting Application
Manual Reduction of Joint Subluxations: <ul style="list-style-type: none">• Acromioclavicular• Calcaneus• Clavicle• Cuboid• Metatarsal• Navicular• Radial Head• Ribs• Sacroiliac Upslip• Sacrum• Sternoclavicular• Talus• Temporomandibular
Sound Assisted Soft Tissue Mobilization (SASTM)