

**MARYLAND BOARD OF PHYSICIANS
ATHLETIC TRAINERS ADVISORY COMMITTEE
OPEN MEETING MINUTES**

Tuesday, April 10, 2012, 10:00 a.m., Room 110

PRESENT: John Bielawski, ATC, Chair, Andrew Tucker Morris, M.D.,
John Mitchie, D.C., Rick Peret, Jr., PT, Valerie E. Cothran, M.D.,
Karen James, OTR/CHT, Lori Bristow, M.Ed., Richard Hinton, M.D.,
Karl Bailey, ATC

STAFF PRESENT: Ellen Douglas Smith, Chief Allied Health Programs, Karen Wulff, Public
Policy Analyst, Phyllis Washington, Administrative Specialist

CALL TO ORDER

Mr. Bielawski called the meeting to order at 10:11 a.m.

APPROVAL OF MINUTES

On a motion made by Dr. Hinton and seconded by Ms. Bristow the Committee approved the
February 14, 2012 open meeting minutes.

LEGISLATIVE REPORT

Ms. Wulff stated that House Bill 688 passed with the basic amendments discussed by the
Committee.

NEW BUSINESS

Evaluation and Treatment Protocol – Specialized Tasks

The Evaluation and Treatment Protocol with specialized tasks was presented to the Committee.
Mr. Bielawski reminded the Committee that Robert Super's E&T protocol for specialized tasks
was on the Committee's February 14, 2012 agenda for review. It was brought to the
Committee's attention that Mr. Super was working in the Baltimore and Glen Burnie areas while
his supervising physician, Dr. Jason Scopp, is located on the Eastern Shore. Mr. Bielawski felt
that the arrangement was not a workable one. He felt that Mr. Super should have a supervising
physician in the area that is more accessible. Although the Board approved splinting, cast
application and removal, and brace fitting at its February 22, 2012 meeting, he has to go before
the Board because his supervising physician has changed.

Dr. Hinton noted that Mr. Super is working for three different orthopedic practices, Bay Area
Orthopaedics, Peninsula Orthopedic Associates and Orthopedic Associates. He asked if there is
a sense that Mr. Super is going into these practices and fitting durable medical goods that each

individual group is stocking or is he running a durable medical goods business and partnering with the groups.

Mr. Bielawski stated that his sense is that Mr. Super is working for a brace company that supplies DME to the three practices. He is the representative from the company that goes to the different practices doing the fittings on certain days of the week.

Dr. Hinton stated that this is a different level of supervision that he is going to get from any single orthopedic surgeon at three different practices if he is working for a separate-private entity than if he was an employee of one of the groups. Dr. Hinton stated that he is more likely to have a direct partnership, supervision, close working, consultation with someone who is an employee of his group versus someone who happens to be employed amongst three different groups providing DME care. He's not against the level of supervision, but wanted to point out that this is a different level of supervision. He would not have the same level of direct medical supervision with someone who is going to Sinai Orthopaedics or Towson Orthopaedics and providing the same services. They would not be his employee and they would not be working directly with him.

Mr. Bielawski stated that the scope of Mr. Super's duties is very limited. His company does not have a physician. He has met the State law by having a supervising physician.

Ms. Bristow pointed out that the doctors at the other locations are his alternate supervising physicians.

Dr. Hinton stated that he is a little more comfortable with Mr. Super having a supervising physician from each group. The ideal situation would be that Mr. Super's company has a supervising physician who is a medical director. That physician would provide tighter supervision.

Mr. Bielawski stated that he would contact Mr. Super to discuss the Committee concerns.

Dr. Tucker stated that Mr. Super needs simultaneous supervision from a medical-legal standpoint.

Dr. Hinton stated that Dr. Scopp cannot be responsible for Mr. Super's brace work at Bay Area Orthopedics. If Mr. Super does not fit a brace properly or inappropriately interacts with a patient, the group is going to be legally responsible for his professional services while he is in their practice.

Ms. Smith informed the Committee that Mr. Super can have more than one supervising physician. Dr. Scopp is his supervising physician at Peninsula.

Mr. Bielawski suggested sending a letter from the Committee to the companies that he is serving stating that they need a supervising physician.

Ms. Wulff stated that she would check the regulations.

On a motion made by Ms. James and seconded by Mr. Bailey, the Committee voted to table this item until Mr. Bielawski can gather some information.

NEW BUSINESS

Firefighters as Industrial/Tactical Athletes – Discussion

Ron Hebb, Manager, Physical Training & Wellness, Frederick County Division of Fire & Rescue Services, Public Safety Training Center, contacted the Board and explained that he was exploring the possibility of re-writing a vacant position within his organization to pave the way for them to hire a certified Athletic Trainer. Part of the Athletic Trainer's responsibilities would be to provide injury treatment and rehabilitation services to injured fire/rescue personnel.

Mr. Bielawski stated that firefighters are high level athletes. The rigors of their jobs on a daily basis are just as great. The end result of them not being in tip top shape could mean loss of life. He feels it appropriate for athletic trainers to be able to treat the firefighters. They have treated them all along. He stated that at Union Memorial, the sports medicine team was under contract to the Baltimore City Fire Department, Police Department and the FBI. Mr. Bielawski stated that this is within the athletic trainer's law. All of the elements that they would be working with an athlete within a traditional setting apply to firefighters as industrial/tactical athletes. This is about strength, power, endurance and flexibility. He opened the subject for discussion.

Mr. Peret stated that he is opposed to athletic trainers treating firefighters as industrial/tactical athletes. He feels it would expand the scope of practice. This was part of the issue with adding the word "or" in the definition of athletic activity, keeping it as "and". It requires physical strength, range of motion, flexibility, control, speed, stamina or agility; and is associated with an educational institution or a professional, amateur, or recreational sports club or athletic organization. He does not see that it fits within the definition.

Ms. Smith read §14-5D-01(c). Definitions, "athletic activity" and §14-5D-01(m) "setting".

Dr. Hinton stated that there is conflict in how "Setting" is defined in those two areas of the bill. He stated that in §14-5D-01(m) "Setting" is defined as (4) Corporation; or (5) Government agency, which the Fire Department falls under. He stated that the police, military and fire fighters are relatively young athletic people that have to have a physical base to do their job. He feels it is appropriate for the athletic trainer to work in that situation. He can see the issue of how to define it and where is the gray area. He understands the issue about expanding the scope of practice. The Virginia has athletic trainers working with the police force. He thinks the fire fighters, police and active military personnel are people engaged in athletic activities for their livelihood.

Dr. Michie stated that the definition of tactical athlete is what the fire fighters are and the definition will have to be broadened.

Dr. Hinton asked what was the intent of excluding corporations and government agencies in the setting.

Mr. Peret stated that there are government agencies that do not apply to State regulatory. The corporate refer to the ball leagues.

Mr. Bielawski asked what will happen with the athletic trainers who will be moving into physician practices serving as physician extenders. This has been happening since the 1980s. There are universities around the country which offer fellowship training for athletic trainers to become physician extenders. They are working in the clinics with the doctors performing diagnostic ultrasound medication preparation for the doctor to do injections and ordering studies for the physician.

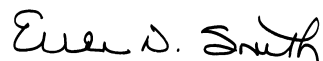
Dr. Hinton stated that the Committee just talked about approving an athletic trainer to provide services to clients in which 85 percent them that he is working with are not athletes. How can this Committee approve an athletic trainer to fit braces at Peninsula General Hospital where 80% of the patients are general orthopedic patients who are not athletes and not let the same group of people work on firefighters who are young-healthy individuals?

Ms. Wulff stated that she would ask the Board Counsel to look at this issue.

On a motion by Mr. Peret and seconded by Dr. Tucker, the Committee tabled this item until Board staff spoke with Board Counsel.

There being no further business the meeting was adjourned at 11:19 a.m.

Submitted by:



Ellen Douglas Smith
Chief, Allied Health