MINNESOTA
BOARD OF MEDICAL PRACTICE

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LICENSED ATHLETIC TRAINER PROTOCOL FORM

This protocol form is to be completed by the PRIMARY PHYSICIAN and must be typed or printed except where signatures are required. This protocol form must be updated and reviewed at the athletic trainer's renewal time and kept on file by the athletic trainer. It is recommended that the primary physician also retain a copy.

ATHLETIC TRAINER

Name _____

Address _____

City _____ State _____ Zip Code _____

License #_____ Phone #_____ Email _____

BOC Certification Date: _____

(*National Athletic Trainers Association – Board of Certification*)

PRIMARY PHYSICIAN

"Primary Physician means a licensed medical physician who serves as a medical consultant to an athletic trainer." (MN Statute 148.7802 Subd. 11) An athletic trainer may have more than one primary physician depending on employment sites. Make additional copies of this form as necessary. "The primary physician shall establish evaluation and treatment protocols to be used by the athletic trainer. The primary physician shall record the protocols on a form prescribed by the board. The protocol form must be updated yearly at the athletic trainer's license renewal time and kept on file by the athletic trainer." [MN Statute 148.7806(c)]

Name_____ Title _____

Address _____

City_____ State_____ Zip code_____

License #_____ Phone #_____ Email _____

ATHLETIC TRAINER SERVICES EVALUATION AND TREATMENT PROTOCOL

Athletic Trainers primary employment site where provisions of this protocol form apply. Each primary employment site must be listed below.

PRIMARY EMPLOYMENT SITE

"Primary Employment Site" means the institution, organization, corporation, or sports team where the athletic trainer is employed for the practice of athletic training." (MN Statute 148.7802 Subd. 10)

Site	Facility or Employer Name	Address	City	State	Zip Code
1					
2					
3					
4					

LIMITED EVALUATION AND TREATMENT

"At the primary employment site, an athletic trainer may evaluate and treat a patient who was not previously diagnosed for not more than 30 days, from the date of the initial evaluation and treatment. Prevention, wellness, education, exercise, and reconditioning are not considered treatment. This paragraph does not apply to a person who is referred for treatment by a person licensed in this state to practice medicine as defined in section 147.081; to practice chiropractic as defined in section 148.01; to practice physical therapy as defined in section 148.65, except as provided in paragraph (f); to practice podiatry as defined in section 153.01, or to practice dentistry as defined in section 150A.05 and whose license is in good standing." [MN Statute 148.7806(d)]

"In a clinical, corporate and physical therapy setting, when the service provided is, or is represented as being, physical therapy, an athletic trainer may work only under the direct supervision of a physical therapist as defined in section 148.65." [MN Statute 148.7806 (f)]

"Athlete" means a person participating in exercises, sports, games, or recreation requiring physical strength, agility, flexibility, range of motion, speed, or stamina." (MN Statute 148.7802 Subd. 4)

"Athletic injury" means an injury sustained by a person as a result of the person's participation in exercises, sports, games, or recreation requiring physical strength, agility, flexibility, range of motion, speed, or stamina." (MN Statute 148.7802 Subd. 5)

ATHLETIC TRAINER SERVICES EVALUATION AND TREATMENT PROTOCOL

Instructions: For each evaluation, treatment, and rehabilitation procedure listed below, indicate whether the athletic trainer is authorized to perform the procedure under this protocol by selecting **Yes** or **No**.

Evaluation	Yes	No
Take a complete history	☐	☐
Palpation	☐	☐
General observation	☐	☐
Motion assessment	☐	☐
Muscle strength/endurance tests	☐	☐
Neurological assessment	☐	☐
Joint play assessment	☐	☐
Functional evaluation	☐	☐
Other (specify): _____	☐	☐

Treatment	Yes	No
Emergency care	☐	☐
Cryotherapy/Thermotherapy	☐	☐
Ultrasound	☐	☐
Phonophoresis	☐	☐
Electrical nerve stimulation	☐	☐
Iontophoresis	☐	☐
Diathermy	☐	☐
Intermittent compression	☐	☐
Traction	☐	☐
Therapeutic massage	☐	☐
Other (specify): _____	☐	☐

Rehabilitation	Yes	No
Progressive resistance exercise	☐	☐
Range of motion exercise	☐	☐
Trigger point therapy	☐	☐
Joint mobilization (ROM only)	☐	☐
Proprioceptive neuromuscular facilitation	☐	☐
Functional exercise	☐	☐
Cardiovascular exercise	☐	☐
Other (specify): _____	☐	☐

SCOPE OF PRACTICE

An athletic trainer shall perform athletic training under the supervision of, on the prescription of, and in collaboration with, a primary physician who is licensed in Minnesota to practice medicine, as defined in section 147.081; and whose license is in good standing. An athletic trainer must use therapeutic interventions within the training and experience of the athletic trainer according to section 148.7802, subdivision 6a for treatment and rehabilitation of patients." [MN Statute 148.7806 (a)]

An athletic trainer:
(1) May organize and administer an athletic training program including, but not limited to educating and counseling patients;
(2) Must monitor the signs, symptoms, general behavior, and general physical response of a patient to treatment and rehabilitation including, but not limited to, whether the signs, symptoms, reactions, behavior or general response show abnormal characteristics that require a change in the plan of care or a referral; and
(3) Must make suggestions to the primary physician or other treating provider for a modification in the treatment and rehabilitation of a patient based on the indicators in clause (2) [MN Statute 148.7806 (e)]

LIMITATIONS ON PRACTICE

An athletic trainer must not practice or claim to practice medicine as defined in section 147.081; acupuncture as defined in section 147B.01; chiropractic as defined in section 148.01; physical therapy as defined in section 148.65, except as provided under section 148.7806, paragraph (f); podiatry as defined in section 153.01; occupational therapy as defined in section 148.6404; or any other licensed or registered health care profession, unless the athletic trainer also holds the appropriate license or registration to practice that profession.

If an athletic trainer determines that the patient's medical condition is beyond the scope of practice of that athletic trainer, the athletic trainer must refer the patient to a person licensed in the state to practice medicine as defined in section 147.081, to practice podiatry as defined in section 153.01, or to practice dentistry as defined in section 150A.05, and whose license is in good standing and in accordance with established evaluation and treatment protocols. An athletic trainer shall modify or terminate treatment of a patient that is not beneficial to the patient, or that is not tolerated by the patient." (MN Statute 148.7807)

ATHLETIC TRAINER

I certify that I have read, understand, and agree to this Licensed Athletic Trainer Protocol Form. I certify that the information provided is true and correct. I understand that I am responsible for performing only those functions delegated under this protocol and that I am competent to perform them.

Signature: _____

Print Name: _____

Date: _____

PRIMARY PHYSICIAN

I certify that I have read, understand, and agree to this Licensed Athletic Trainer Protocol Form. I certify that the information provided is true and correct. I understand that I am responsible for approving only those functions that the athletic trainer is qualified and authorized to perform under this protocol.

Signature: _____

Print Name: _____

Date: _____

Note: You may update this protocol form at your discretion.