

**New York State Athletic Training Committee
Meeting Minutes
December 4, 2025
10:30 AM**

**1411 Broadway
10th floor
NYC
and NYSED remote sites**

Committee Members Present: Trevor Cramer, Courtney Gray, Robert O'Malley, Michael Powers, and Douglas Straley, Medicine Board liaison Dr. Ramanathan Raju.

NYSED Staff Present: Stephen Boese, Executive Secretary to the Board; Michelle Pawlowski, Education Credentials Specialist 2; Carla Gibbons, Education Program Assistant 2; and Lee Fitzgerald, Education Program Assistant 2.

Guests Present: Karin Spenser from NYSATA.

Mr. Powers called the meeting to order at 10:40 AM

Review of Minutes from September 4th, 2025:

Motion was made, seconded, and passed to approve the 9/4/25 meeting minutes.

Executive Secretary Report—Update from the Office of Professions:

Board Positions Open:

Nominations are still open for the two new members needed once licensure goes into effect. One must be a licensed physician who holds a specialty board certification in either orthopedic surgery, primary care, family practice, sports medicine, or neurology. The other must be a public member that is a consumer of the profession.

Update on Regulations for New Practice Act:

The updated regulations to reflect the changes under the new licensure practice act have been published to our website.

A2643-A Legislation Regarding Athletic Trainers Licensed in Another State or Country:

Legislation allowing athletic trainers licensed in another state or country to practice in New York without a NY license for traveling to distinct athletic events has been signed into law and will go into effect with the practice act on 12/22.

Status of CAHEA Education Programs:

The board unanimously voted to accept CAHEA as another acceptable accrediting body for Athletic Training education.

NYSATA Concerns Discussion:

Karin Spenser of NYSATA discusses some concerns about the new practice act and regulations raised by the members of NYSATA. The chief concerns are:

1. Public schools are legally allowed to have an NP as the district medical director. However, NPs are currently unable to supervise ATs. This would require the AT to obtain a different provider for supervision. This would create additional challenges for schools in this situation. We are asked to find information on how many districts and (exactly which ones if possible) have an NP as the district medical director.
2. The supervision ratio in the regulation is limited to 4 ATs per 1 physician supervisor. There is concern that this won't be sufficient for larger districts and rural areas. Addressing this issue would require legislation to amend the practice act.
3. Ms. Spenser also expressed concern about differing due dates for CE listed on different parts of our site. Mr. Boese was able to clarify what each date applied to and why it appeared to be different dates for the same thing. We will review to see if we can provide additional clarification on the website.
4. ATs in the field have also expressed confusion about when CE credits will need to begin accruing, when and how they will have to approve or attest to having taken the credits, and how and when CE providers can register with NYSED to be approved providers.

Staff Review of Medication Management in Schools Guidance Document:

The Athletic Training Committee and the NYSED Office of Student Support Services have identified a need to update the current guidance to reflect the new practice law. This guidance was last updated in 2022.

The document includes some vague definitions such as “licensed health professional,” “other licensed persons,” and “unlicensed personnel.” Athletic trainers may not understand which category they fall into. They don't quite fit into any one category as described in this guidance document. The board feels ATs should be able to administer certain medications such as OTC pain relieving medications, Epi-pens, and Narcan. We will discuss these questions with the NYSED school health office.

Joint Reduction and Non-Thrust Mobilization:

We received an inquiry about reduction of dislocated joints in the field. The inquirer was concerned that current policy conflicts with the new practice act. The committee has previously agreed on a policy that one attempt at joint reduction is acceptable in the field. If it is not successful, emergency care should be sought immediately. If successful, the patient should follow up with a physician. The Medicine Board asked that the language be changed to say there **must** be a physician follow-up in either case.

The new practice act states only “non-thrust mobilization” is allowed in the field, while most methods of joint reduction involve some form of thrust. The board clarified that the non-thrust joint reduction allowed by an AT is acute trauma management while thrust mobilization is treatment. Non-thrust mobilization is appropriate for Grade 1-2 dislocations and is a gentle movement of one joint against another to increase mobility and/or reduce pain. Thrust

mobilization is appropriate for Grade 3-4 dislocations and is a more forceful movement of both sides of the joint against each other.

Next Meeting Date: March 5th, 2026, at 2 pm.

Meeting adjourned at 12 pm

Respectfully Submitted,

Carla Gibbons
Education Program Assistant 2

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