NYSATA
Article 162
recommended amendments

Suggestions to align scope with realistic athletic training practice

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Section 2

NO PHYSICIAN SHALL SUPERVISE MORE THAN **FOUR** **six** ATHLETIC TRAINERS **at one time,** EXCEPT THAT SUCH LIMITATION SHALL NOT APPLY FOR ATHLETIC TRAINERS PRACTICING IN SECONDARY SCHOOLS, AND INSTITUTIONS OF POSTSECONDARY EDUCATION, WHO ARE PRACTICING UNDER THE SUPERVISION OF A PHYSICIAN WHO SERVES AS THE MEDICAL DIRECTOR FOR SUCH SCHOOL OR INSTITUTION.

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JUSTIFICATION – RATIO 1:6

The current ratio (1:4) results in four primary hardships:

1. Limited Access at Large Events –

- High-volume youth tournaments and regional competitions routinely operate under a single physician medical director.
- The 1:4 limit unnecessarily restricts medical staffing and reduces on-site access to care.

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JUSTIFICATION – RATIO 1:6

2. Coverage Gaps in Schools and Youth Sports - K–12, collegiate, and community programs.

- Especially prominent in rural and underserved areas, struggle to staff athletic events adequately,
- Prevent gaps in injury prevention and emergency response.

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JUSTIFICATION – RATIO 1:6

3. Increased Risk from Understaffing

- Restricting athletic trainers does not enhance safety; it increases workload strain and delays care during emergencies.

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JUSTIFICATION – RATIO 1:6

4. Outdated and Inconsistent Standards

- The 1:4 ratio was a legislative compromise and does not reflect modern sports medicine practice or supervision standards used by comparable physician-supervised professions.

Overall:
Updating the supervision ratio corrects an impractical constraint, expands access to qualified providers, and strengthens athlete health and safety statewide.

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Section 3

- 3. AN ATHLETIC TRAINER SHALL MAKE A WRITTEN OR ORAL REFERRAL TO A PHYSICIAN OF ANY INDIVIDUAL BEING TREATED FOR AN ORTHOPEDIC ATHLETIC INJURY WHOSE SYMPTOMS HAVE NOT IMPROVED FOR A PERIOD OF FOUR DAYS FROM THE ~~DAY OF ONSET~~ initial examination.

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JUSTIFICATION – INITIAL EXAMINATION

- Current language requires referral **"four days from the day of onset"**
- does not align with the realities of athletic health care delivery.
- ATs frequently encounter injuries that occur outside their contractual or scheduled hours
  - weekends, holidays, or AT or athlete is absent from school or work (for legitimate personal reasons).
- AT practitioner may not have the opportunity to perform an initial assessment until several days after onset.
- "From the date of onset" is inconsistent with other health care provider limits (think PT)

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JUSTIFICATION – INITIAL EXAMINATION

- Beginning the statutory referral window prior to the athlete's first clinical evaluation:
  - creates an impractical standard
  - may result in premature, unnecessary referrals
  - burden to families, physicians, and the health-care system without improving safety.
- By replacing "day of onset" with "initial examination," the law accurately ties the referral timeline to the moment when professional assessment, documentation, and treatment planning actually begin.

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JUSTIFICATION – INITIAL EXAMINATION

Replace "day of onset" with "initial examination,"

- preserves the original intent of the statute
- ensures timely physician involvement when symptoms do not improve
- prevents inadvertent non-compliance
- protects access to appropriate, cost-effective care for New Yorkers engaged in school, collegiate, and community athletics

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Section 3.

- AN INDIVIDUAL TREATED FOR AN ORTHOPEDIC ATHLETIC INJURY BY AN ATHLETIC TRAINER IN A HEALTHCARE ORGANIZATION OR A PHYSICIAN'S PRIVATE PRACTICE SHALL RECEIVE A MEDICAL EVALUATION OR REEVALUATION IF **active** TREATMENT BY THE ATHLETIC TRAINER EXCEEDS TWO WEEKS. **ONGOING PREVENTIVE OR MAINTENANCE CARE PROVIDED AFTER A PATIENT HAS RETURNED TO FULL PARTICIPATION/WORK STATUS SHALL NOT BE CONSIDERED 'ACTIVE TREATMENT' FOR THE PURPOSES OF THIS SUBDIVISION.**

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JUSTIFICATION – ACTIVE TREATMENT

- Athletic Trainer–provided treatment "extends beyond two weeks"
- does not accurately reflect standard practice in scholastic, collegiate, or organized athletics.
- ATs routinely provide ongoing preventive and maintenance care to athletes who have already been evaluated, cleared, and returned to full participation.
- Ie: stretching programs, strengthening, taping, bracing, or sport-specific conditioning
- may continue for weeks or an entire season despite the athlete demonstrating full functional recovery and no ongoing medical concern.

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JUSTIFICATION – ACTIVE TREATMENT

"In-season active treatment" ≠ "treatment exceeding two weeks"

- routine, season-long maintenance care – common practice
- Avoid misinterpretation as "treatment exceeding two weeks,"
  - trigger unnecessary medical reevaluation even when the athlete has already returned to unrestricted play and presents no unresolved pathology.
  - Administrative burden for physicians and families, introduces confusion into care pathways, and does not enhance public safety.

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JUSTIFICATION – ACTIVE TREATMENT

Language change to clarify the statute

- distinguish between continued treatment for an unresolved injury and
- ongoing supportive care for an athlete who has been cleared and is fully participating
- ensures the law aligns with established sports-medicine practice.
- maintains appropriate physician oversight when clinically indicated
- prevents unintended barriers to timely, efficient, and cost-effective care in NY schools, colleges, and community athletic programs.

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