ATHLETIC TRAINERS AFFILIATED CREDENTIALING BOARD

AT 4.02

## Chapter AT 4 EVALUATION AND TREATMENT PROTOCOL

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**AT 4.01 Protocol evaluation and treatment procedures.** A protocol established by the licensee and approved by the consulting physician shall be in writing and may include any of the following evaluation and treatment procedures when authorized by the consulting physician:

(1) Taking a basic medical history when necessary for evaluation and treatment of an injury or illness sustained while participating in physical activity. A basic medical history may include any of the following:

- (a) Previous medical history.
- (b) Previous surgical history.
- (c) Pertinent family medical history.
- (d) Current medication history including known drug allergies.
  - (e) Relevant social history.
  - (f) Chief medical complaint.

(g) History of the present injury or illness for which the person to be treated is seeking evaluation and treatment.

(2) Evaluating an injury or illness sustained while participating in physical activity. An evaluation may include any of the following procedures:

- (a) Palpation.
- (b) General observation.
- (c) Motion assessment.
- (d) Muscle strength tests.
- (e) Endurance tests.
- (f) Neurological assessment.
- (g) Joint play assessment.
- (h) Functional evaluation.
- (i) Objective physical measurement.
- (j) Circulatory assessment.

(3) Treating an injury or illness sustained while participating in physical activity. Treatment may include any of the following procedures:

- (a) Emergency care.
- (b) Ultrasound.
- (c) Phonophoresis.
- (d) Electrical nerve stimulation.
- (e) Iontophoresis.
- (f) Specified diathermy.

- (g) Intermittent compression.
- (h) Traction.
- (i) Therapeutic massage.
- (j) Moist heat.
- (k) Paraffin baths.
- (L) Cryotherapy.

(4) Rehabilitating an injury or illness sustained while participating in physical activity. Rehabilitation may include any of the following procedures:

- (a) Progressive resistance exercise.
- (b) Range of motion exercise.
- (c) Trigger point therapy.
- (d) Joint mobilization for range of motion only.
- (e) Proprioceptive neuromuscular facilitation.
- (f) Functional exercise.
- (g) Cardiovascular exercise.
- (h) Aquatic exercise.
- (i) Taping, bracing and splinting.
- (j) Isokinetic exercise.
- (k) Isometric exercise.
- (L) Isotonic exercise.
- (5) Administering specifically enumerated drugs.

History: Cr. Register, February, 2001, No. 542, eff. 3–1–01; CR 18–082: am. (1) (intro.), (2) (intro.), (3) (intro.), (4) (intro.), (5) Register October 2019 No. 766, eff. 11–1–19.

**AT 4.02** Mandatory protocol requirements. A protocol must contain all of the following:

(2) The requirement that if a licensee or the consulting physician of the licensee determines that a patient's medical condition is beyond the scope of practice of the licensee, the licensee shall, in accordance with the protocol, refer the patient to a health care practitioner who is licensed under ch. 446 or 447, Stats., or subch. II, III or IV of ch. 448, Stats., and who can provide appropriate treatment to the patient.

(3) The requirement that a licensee shall modify or terminate treatment of a patient that is not beneficial to a patient or that the patient cannot tolerate.

(4) The name, signature and date of signature of the consulting physician and the licensee.

History: Cr. Register, February, 2001, No. 542, eff. 3–1–01; CR 02–152: am (4) Register December 2003 No. 576, eff. 1–1–2004; CR 18–082: r. (1) Register October 2019 No. 766, eff. 11–1–19.