

# Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935  
Madison, WI 53708-8935

FAX #: (608) 251-3036  
Phone #: (608) 266-2811

4822 Madison Yards Way  
Madison, WI 53705

E-Mail: [web@dps.wi.gov](mailto:web@dps.wi.gov)  
Website: <http://dps.wi.gov>

## ATHLETIC TRAINERS AFFILIATED CREDENTIALING BOARD

### EVALUATION AND TREATMENT PROTOCOL

s. 448.956 (1), Stats.

This protocol form is to be completed by the consulting physician and must be typed or printed except where signatures are required.

(1) If the athletic trainer or the consulting physician of the athletic trainer determines that a patient's medical condition is beyond the scope of practice of the athletic trainer, the athletic trainer shall refer the patient to a licensed chiropractor, dentist, physician, physical therapist, or podiatrist who can provide appropriate treatment to the patient.

(2) The athletic trainer shall modify or terminate treatment of a patient that is not beneficial to a patient or that the patient cannot tolerate.

(3) A copy of this protocol shall be maintained by the athletic trainer at his or her place of employment at all times. **(Please do not return this form to the Department of Safety and Professional Services.)**

(4) This protocol must be updated no later than 30 days before renewal of the athletic trainer's license by the credential holder. **(This form must be updated anytime the consulting Physician changes between renewals.)**

---

The consulting physician shall affirmatively state by placing a "yes" in the blank in front of the services enumerated below, those evaluation, treatment and rehabilitative procedures that the athletic trainer may perform in evaluating and treating injuries or illness sustained while participating in physical activity. A "no" shall be put in the blank in front of the evaluation, treatment or rehabilitative procedures that the athletic trainer should not perform in the evaluation and treatment of injuries or illness sustained while participating in physical activity.

\_\_\_\_\_ (1) Taking a basic medical history when necessary for evaluation and treatment of the injuries or illness sustained while participating in physical activity that may include, previous medical history, previous surgical history, pertinent family medical history, current medication history including known drug allergies, relevant social history, chief medical complaint and history of the present injury or illness for which the person to be treated is seeking evaluation and treatment.

\_\_\_\_\_ (2) Evaluation of the injuries or illness sustained while participating in physical activity utilizing any of the following procedures:

- \_\_\_\_\_ palpation
- \_\_\_\_\_ general observation
- \_\_\_\_\_ motion assessment
- \_\_\_\_\_ muscle strength tests
- \_\_\_\_\_ endurance tests
- \_\_\_\_\_ neurological assessment
- \_\_\_\_\_ joint play assessment
- \_\_\_\_\_ functional evaluation
- \_\_\_\_\_ objective physical measurement
- \_\_\_\_\_ circulatory assessment

# Wisconsin Department of Safety and Professional Services

- \_\_\_\_\_ (3) Utilize treatment procedures to treat the injuries or illness sustained while participating in physical activity including:
  - \_\_\_\_\_ emergency care
  - \_\_\_\_\_ ultrasound
  - \_\_\_\_\_ phonophoresis
  - \_\_\_\_\_ electrical nerve stimulation
  - \_\_\_\_\_ iontophoresis
  - \_\_\_\_\_ specified diathermy
  - \_\_\_\_\_ intermittent compression
  - \_\_\_\_\_ traction
  - \_\_\_\_\_ therapeutic massage
  - \_\_\_\_\_ moist heat
  - \_\_\_\_\_ paraffin baths
  - \_\_\_\_\_ cryotherapy
  
- \_\_\_\_\_ (4) Giving emergency care or first aid for the injuries or illness sustained while participating in physical activity
  
- \_\_\_\_\_ (5) Utilize rehabilitation and physical reconditioning procedures to rehabilitate an injury or illness sustained while participating in physical activity including:
  - \_\_\_\_\_ progressive resistance exercise
  - \_\_\_\_\_ range of motion exercise
  - \_\_\_\_\_ trigger point therapy
  - \_\_\_\_\_ joint mobilitation for range of motion only
  - \_\_\_\_\_ proprioceptive neuromuscular facilitation
  - \_\_\_\_\_ functional exercise
  - \_\_\_\_\_ cardiovascular exercise
  - \_\_\_\_\_ aquatic exercise
  - \_\_\_\_\_ taping, bracing and splinting.
  - \_\_\_\_\_ isokinetic exercise
  - \_\_\_\_\_ isometric exercise
  - \_\_\_\_\_ isotonic exercise
  
- \_\_\_\_\_ (6) Rehabilitating and physically reconditioning injuries or illnesses that impede or prevent an individual from returning to participation in physical activity, if the individual recently participated in, and intends to return to participation in, physical activity.
  
- \_\_\_\_\_ (7) Establishing or administering risk management, conditioning, and injury prevention programs.
  
- \_\_\_\_\_ (8) Administer specifically enumerated drugs.

---

---

---

---

# Wisconsin Department of Safety and Professional Services

**(s. 448.956 (1m), Stats.): A licensee may provide athletic training to an individual without a referral, except that a licensee may not provide athletic training as described under s. 448.95(5) (d) or (e) in an outpatient rehabilitation setting unless the licensee has obtained a written referral for the individual.**

**In addition to engaging in athletic training under this protocol, a licensed athletic trainer may do any of the following (s. 448.956 (2), Stats.):**

(a) Monitor the general behavior and general physical response of a person to treatment and rehabilitation, including monitoring whether the person's behavior or response show abnormal characteristics and monitoring whether the person exhibits abnormal signs or symptoms.

(b) Suggest modifications in treatment or rehabilitation to the health care practitioner who referred the person to the athletic trainer or to any other health care provider who is providing treatment to the person.

(c) Develop and administer an athletic training program for a person. An athletic training program may include providing education and counseling to a person.

**When working on behalf of his or her employer, a licensed athletic trainer may, in accordance with this protocol do all of the following. (s. 448.956 (3), Stats.) :**

(a) Treat and rehabilitate the injuries or illness sustained while participating in physical activity using cold, heat, light, sound, electricity, exercise, chemicals or mechanical devices.

(b) Evaluate and treat a person for the injuries or illness sustained while participating in physical activity that has not previously been diagnosed.

(c) Treat or rehabilitate an employee with an injury or illness that has resulted from an employment activity as directed, supervised and inspected by a physician defined in s. 448.01(5), or by a person licensed under 446.02, who has the power to direct, decide and oversee the implementation of the treatment or rehabilitation.

## ATHLETIC TRAINER

Name \_\_\_\_\_

Address \_\_\_\_\_

(Current address as it appears on file with the Department of Safety and Professional Services)

City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_

Business Telephone \_\_\_\_\_ WI License No. \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## CONSULTING PHYSICIAN

Name \_\_\_\_\_

Address \_\_\_\_\_

(Current address as it appears on file with the Department of Safety and Professional Services)

City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_

Business Telephone \_\_\_\_\_ WI License No. \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_