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OPNAVINST/MCO 6400.2
N093/MCCDC 466
25 Jan 2017

OPNAV INSTRUCTION/MARINE CORPS ORDER 6400.2

From: Chief of Naval Operations
Commandant of the Marine Corps

Subj: SCOPE, LIMITATIONS, CERTIFICATION, UTILIZATION, AND PHYSICIAN
OVERSIGHT OF CERTIFIED ATHLETIC TRAINERS

Ref: (a) BUMEDINST 6010.30
(b) TECOM Order 6260
(c) Memorandum of Agreement between BUMED and TECOM of 30 Nov 2012,
Support for Sports Medicine and Injury Prevention (SMIP) Program
(d) MCCDC ltr of 5 Dec 2002, USMC Sports Medicine and Injury Prevention (SMIP)
Initiative
(e) BUMEDINST 6010.31
(f) DoD 6025.18-R, DoD Health Information Privacy Regulation, January 2003

Encl: (1) Certification Process
(2) Guidelines for the Utilization of Certified Athletic Trainers
(3) Certified Athletic Trainer Standards and Scope of Care
(4) Certified Athletic Trainer Performance Skills Guidelines for Mandatory Patient
Referral to a Physician
(5) Sample Appointment Letter for Program Director
(6) Sample Appointment Letter for Physician Supervisor and Assistant Program Manager
(7) Sample Notification Letter of Certified Athletic Trainer Physician Supervisor
Appointment

1. Purpose. To establish scope, limitations, certification, utilization, and physician oversight guidelines for certified athletic trainers working under the cognizance of local Navy medical treatment facilities (MTF), operational fleet physicians, or Fleet Marine Force physicians, per references (a) through (d).

2. Scope. This directive applies to the United States Navy and the United States Marine Corps total force.

3. Background. Certified athletic trainers are non-privileged providers, under the supervision of a physician, who function within a specific scope of care. They have proven to be an asset in fleet concentration areas as well as in the rigorous training environment of entry level training commands.

4. Policy

a. Requirements. The ability of a certified athletic trainer to provide health care under indirect supervision requires:

(1) maintaining certification as outlined in enclosure (1) and per the National Athletic Trainers Association Board of Certification Standards of Professional Practice of 1 January 2006;

(2) assignment to duties as outlined in enclosures (2) through (4);

(3) participation in command sponsored certified athletic trainer supervision; and

(4) the highest level of ethical standards in the provision of health care.

b. Certified Athletic Trainer Supervision. Certified athletic trainer supervision is either direct or indirect. During direct supervision, the certified athletic trainer and the physician supervisor are involved together in the diagnosis and treatment of the patient at the time service is rendered. During indirect supervision, the certified athletic trainer provides the diagnosis and treatment of the patient without the physician supervisor present. Treatment records are reviewed during routine quality reviews utilizing NAVMED 6400/3 Certified Athletic Trainer Review Sheet. Annual competency reviews and counseling must be documented on NAVMED 6400/2 Annual Athletic Trainer Counseling.

c. Supervision Program

(1) All certified athletic trainers must be supervised by an assigned privileged physician in order to foster a supportive clinical relationship. Physician supervisors must be assigned in writing by the physician's privileging authority. When possible, the physician supervisor should be a fellowship trained sports medicine physician.

(2) The certified athletic trainer supervision program must be directed and managed by a physician program director, who is a credentialed and privileged physician.

(3) Enclosures (5) through (7) provide sample letters for supervisor assignment and notification letters.

5. Responsibilities

a. The Chief, Bureau of Medicine and Surgery (BUMED), must appoint the Deputy Director, Health Care Delivery (BUMED-M3) as the DON focal point for this program.

b. The Medical Officer of the Marine Corps (Headquarters Marine Corps, Health Services) must:

(1) serve as the Marine Corps focal point for the Fleet Marine Force physician oversight program; and

(2) monitor and ensure compliance with this directive through review of commanding general inspections.

c. The command surgeon, U.S. Fleet Forces Command must:

(1) serve as the fleet focal point for this program; and

(2) monitor and ensure compliance via the fleet inspector general process.

d. The Navy Medicine regional commanders must serve as regional fixed MTF focal points for this directive.

e. Local MTF commanding officers and responsible medical authority appointed by the medical officer of the Marine Corps and U.S. Fleet Forces Command surgeon must:

(1) ensure certified athletic trainers comply with this directive and practice within the certified athletic trainer supervision program and within the National Athletic Trainer's Association Board of Certification Standards of Professional Practice and Board of Certification Role Delineation Study guidance;

(2) ensure the certified athletic trainer supervision program is in the form of specific written command directives;

(3) appoint in writing a physician supervisor for the certified athletic trainers (when available, a sports medicine physician will be appointed);

(4) appoint in writing a certified athletic trainer program director; and

(5) notify each certified athletic trainer in writing the name of their physician supervisor.

f. The certified athletic trainer program director must:

(1) maintain the certified athletic trainer supervision program and ensure the certified athletic trainer continuously maintains active certification;

(2) provide instruction, supervision, consultation, and assigned relief as requested by certified athletic trainer's physician supervisors (e.g., leave, temporary additional duty, individual augmentee assignments);

(3) ensure the quality of care provided by the certified athletic trainer is subject to program monitoring per community standards as well as applicable group, MTF, or United States Marine Corps policy;

(4) ensure that reviews, assessments, and inspections of the treatment records are performed as required from their respective group, MTF, or United States Marine Corps authority; and

(5) ensure reporting of clinical adverse actions and professional misconduct for privileged health care providers and non-privileged clinical support staff to the United States Navy and United States Marine Corps per reference (e).

g. Physician supervisor must:

(1) review 15 certified athletic trainer treatment records or 100 percent of cases, whichever is less per quarter using NAVMED 6400/3;

(2) assess the clinical skills and certify clinical competency of each certified athletic trainer annually using NAVMED 6400/2; and

(3) be readily available to the practicing certified athletic trainer to foster a close working relationship and to provide professional support through instruction, hands on assistance, and clinical advice.

h. Certified athletic trainers assigned to entry level training, operational forces, and MTFs must:

(1) follow the guidelines set forth in enclosure (4) for mandatory referral to a privileged provider;

(2) obtain the minimum number of continuing education units each fiscal year as required by their licensing authority;

(3) have a review of 15 cases or 100 percent of cases whichever is less per quarter conducted by the physician supervisor using NAVMED 6400/3;

(4) record encounters appropriately in the treatment record per current guidance and policy; and

(5) maintain all health information per the requirements of reference (f).

6. Privacy Act. Any misuse or unauthorized disclosure of personally identifiable information (PII) may result in both civil and criminal penalties. The DON recognizes that the privacy of an individual is a personal and fundamental right that must be respected and protected. The DON's need to collect, use, maintain, or disseminate PII about individuals for purposes of discharging its statutory responsibilities will be balanced against the individuals' right to be protected against unwarranted invasion of privacy. All collection, use, maintenance, or dissemination of PII will be per the Privacy Act of 1974, as amended (section 552a of Title 5, U.S. Code, and implemented per SECNAVINST 5211.5E).

7. Records Management. Records created as a result of this directive, regardless of media and format, must be managed per Secretary of the Navy (SECNAV) Manual 5210.1 of January 2012.

8. Review and Effective Date. Per OPNAVINST 5215.17A, Surgeon General of the Navy (CNO N093) and BUMED-M3 will review this instruction annually on the anniversary of its effective date to ensure applicability, currency, and consistency with Federal, Department of Defense, SECNAV, and Navy policy and statutory authority using OPNAV 5215/40 Review of Instruction. This instruction will automatically expire 10 years after effective date unless reissued or canceled prior to the 10-year anniversary date, or an extension has been granted.

9. Forms and Information Management Control

a. The forms listed in subparagraphs 9a(1) through 9a(3) are available via Naval Forms Online: <https://navalforms.documentservices.dla.mil/>.

(1) OPNAV 12430/6 Department of the Navy (DON) Interim Performance Appraisal.

(2) NAVMED 6400/2 Annual Athletic Trainer Counseling.

(3) NAVMED 6400/3 Certified Athletic Trainer Review Sheet.

b. The reports required in subparagraphs 4b and 5f(5) are exempt from reports control per SECNAV Manual 5314.1 of December 2005, part IV, subparagraph 7p.



ROBERT S. WALSH
Deputy Commandant for
Combat Development and Integration



C. FORREST FAISON III
Surgeon General of the Navy

Navy Releasability and distribution:

This instruction is cleared for public release and is available electronically via Department of the Navy Issuances Web site, <http://doni.documentservices.dla.mil>

MARINE CORPS DISTRIBUTION: PCN 10209549000

CERTIFICATION PROCESS

1. Initial Certification. BUMED recognizes the certification of athletic trainers as granted by the National Athletic Trainer's Association Board of Certification. All credentials will undergo primary source verification consistent with the provisions in reference (a).

2. Certification Maintenance

a. Even though the certified athletic trainer is not a licensed independent practitioner, local MTFs and operational medical authorities must establish and maintain an individual professional file for each certified athletic trainer covered by reference (a). The file must be maintained by the local MTF's medical services professional. The certified athletic trainer is responsible for maintaining all qualifications and for providing evidence of same and required continuing education to the local MTF medical services professional via their physician supervisor.

b. The physician supervisor must annually submit evidence of each certified athletic trainer's clinical competence to the medical services professional. The physician supervisor must use direct and indirect supervision to evaluate each certified athletic trainer and may use OPNAV 12430/6 Department of the Navy (DON) Interim Performance Appraisal, or NAVMED 6400/3 and NAVMED 6400/2 to meet this requirement.

(1) Direct Supervision. The physician supervisor is involved in the decision making process. All certified athletic trainers must be under direct supervision for the first 30 days of clinical practice, and this review must be documented on NAVMED 6400/3 to be consistent with the practice of a focused professional practice evaluation in reference (a). Direct supervision may be subdivided as listed in subparagraph 2b(1)(a) or 2b(1)(b).

(a) Verbal. The physician supervisor is contacted by telephone or direct conversation before the certified athletic trainer implements or changes a regimen of care.

(b) Physically Present. The physician supervisor is present through all or a significant portion of care. In the branch medical clinic or sports medicine and reconditioning team center, direct supervision is reflected by the physician's co-signature of the patient's record before he or she departs from the facility.

(2) Indirect Supervision. The physician supervisor is not required to be involved in the decision making process at the time decisions are made. This supervision is primarily accomplished through retrospective review of records, evaluation of appropriateness of consultation and referral, and evaluation of events identified through occurrence screens. Retrospective record reviews must assess the adequacy of the history and physical examination

appropriateness of tests, and planned course of treatments and interventions. If the certified athletic trainer demonstrates competency during the initial 30-day period of direct supervision, indirect supervision will be afforded to the certified athletic trainer.

c. Certified athletic trainers failing to maintain certification or those with identified significant clinical deficiencies must be subject to the provisions in reference (e), an immediate investigation will be conducted, and corrective actions will be taken. This may include institution of a probationary period of direct supervision to address deficiencies or allow time to complete required certification maintenance, or a period of leave to allow treatment if a medical condition is the source of concern. Termination of employment may be considered if the issue cannot be resolved according to the processes in place for government service or contract employees. Appropriate credentialing bodies will be notified in the cases of adverse actions taken on scope of practice or employment.

GUIDELINES FOR THE UTILIZATION OF CERTIFIED
ATHLETIC TRAINERS

1. All certified athletic trainers must maintain their clinical skills and should be assigned to duties consistent with their skills and expertise. Certified athletic trainers must act in their primary role as an athletic trainer in the field and training environment. When performing their role in the clinic setting, they must function in the designated certified athletic trainer treatment spaces.

a. All certified athletic trainers render service or treatment under the direction and supervision (i.e., direct or indirect) of a physician.

b. All certified athletic trainers practice under the authority of the assigned physician supervisor within the scope of their certification.

c. Assigned certified athletic trainers must wear a name tag that identifies them by name and title which clearly indicates that they are a certified athletic trainer.

d. The certified athletic trainers must document legibly and sign the medical or treatment record for each patient they examine, treat, or refer for additional evaluation and treatment. Additionally, all entries must have their name and title stamped below their signature and must comply with Navy medicine guidance on documentation and disposition of care provided as dictated by the practice environment. An entry must be made in the medical record for each treatment or service event.

e. The certified athletic trainers must refer to the physician supervisor or a credentialed provider any patient who presents with the same complaint twice in a single episode of illness prior to scheduled follow up, or a patient whose condition unexpectedly worsens or does not respond as expected to care provided. Exceptions are patients returning for continuing treatment of a previously documented condition, or patients returning as directed for follow-up evaluations.

CERTIFIED ATHLETIC TRAINER STANDARDS AND SCOPE OF CARE

1. Render service or treatment under the direction of an assigned physician supervisor by direct or indirect method.
2. Maintain confidentiality as determined by law and Navy instructions and must accept responsibility for communicating assessment results, program plans, and progress with other persons involved in the training program of the athlete or patient.
3. Perform initial assessment on all patients and include input from the patient.
4. Document all services provided in writing or in the electronic health record. The documentation must become part of the permanent record of the patient and comply with Navy Medicine guidance on documentation and disposition of care provided as dictated by the care setting.
5. Accept responsibility for recording details of the health status of the patient. Documentation must be in the form of a subjective objective assessment plan note and include:
 - a. name and other identifying information consistent with the supervising medical institution's instructions;
 - b. referral source (doctor, physician assistant, self, etc.);
 - c. date, initial assessment, results, and database;
 - d. program plan and estimated length;
 - e. program methods, results, and revisions;
 - f. date of discontinuation and summary; and
 - g. athletic trainer's signature and stamp.
6. Not be authorized to prescribe or dispense medications and not have the authority to order laboratory or radiographic diagnostic studies. If the certified athletic trainer believes medication, laboratory, or radiographic studies may be of benefit, the certified athletic trainer must confer with the physician supervisor or a privileged provider regarding provision of a prescription, laboratory, or radiographic study, and potential need for additional evaluation by that provider.

CERTIFIED ATHLETIC TRAINER PERFORMANCE SKILLS GUIDELINES FOR
MANDATORY PATIENT REFERRAL TO A PHYSICIAN

1. Patients presenting with abnormal vital signs or physical symptoms that suggest serious illness and cannot otherwise be explained by the normal physiologic adaptation of physical fitness.
2. Patients with evidence of increasing pain or worsening symptoms related to treatment and services, or those who exhibit evidence of regression from the treatment plan.
3. Patients who do not show evidence of progression.
4. Unscheduled repeat visits of same complaint with exception of requested or scheduled follow up.
5. All patients in acute distress (e.g., intractable pain, acute abdominal pain, obvious fracture, laceration requiring closure, bleeding that is difficult to control, and severe or clearly non-musculoskeletal chest pain).
6. All patients with altered mental status (e.g., history of syncope, delirium, or incoherence).
7. Any patient whose diagnosis appears uncertain, or whom it is felt requires further assessment by a privileged provider.
8. In general, the certified athletic trainer should feel completely comfortable treating any particular patient within his or her scope of practice. Any diagnostic or therapeutic uncertainty on the part of the certified athletic trainer requires consultation with a privileged provider and referral for further evaluation as deemed necessary by that provider.

SAMPLE APPOINTMENT LETTER FOR PROGRAM DIRECTOR

6400
Originator Code
Date

From: (Commanding Officer/Officer in Charge)
To: (Name of Physician/Certified Athletic Trainer)

Subj: APPOINTMENT AS CERTIFIED ATHLETIC TRAINER SUPERVISION
PROGRAM DIRECTOR

Ref: (a) OPNAVINST/MCO 6400.2

1. Per reference (a), you have been appointed as the certified athletic trainer program director/program manager of the certified athletic trainer supervision program.
2. As the certified athletic trainer program director and program manager, you are hereby directed to adhere to the duties and responsibilities outlined in reference (a).
3. You are directed to become completely familiar and knowledgeable with reference (a) and ensure that the certified athletic trainer supervision program meets all requirements of reference (a).

SIGNATURE BLOCK

Copy to:
Program Director
Program Manager

SAMPLE APPOINTMENT LETTER FOR PHYSICIAN SUPERVISOR AND
ASSISTANT PROGRAM MANAGER

6400
Originator Code
Date

From: (Appointing As Authority Certified Athletic Trainer Supervision Program
Director/Manager)

To: (Name of Physician)

Subj: APPOINTMENT AS CERTIFIED ATHLETIC TRAINER PHYSICIAN
SUPERVISOR AND ASSISTANT PROGRAM MANAGER

Ref: (a) OPNAVINST/MCO 6400.2

1. Per reference (a), you have been appointed as the certified athletic trainer physician supervisor for (name of certified athletic trainer).
2. As the appointed physician supervisor and assistant program manager, you are hereby directed to adhere to the duties and responsibilities outlined in reference (a).
3. You are directed to become completely familiar and knowledgeable with reference (a) and ensure that the certified athletic trainer supervision program meets all requirements of this directive.

SIGNATURE BLOCK

Copy to:
Program Director
Program Manager

SAMPLE NOTIFICATION LETTER OF CERTIFIED ATHLETIC TRAINER PHYSICIAN
SUPERVISOR APPOINTMENT

6400
Originator Code
Date

From: (Appointing Authority Certified Athletic Trainer Supervision Program Director)

To: (Name of Certified Athletic Trainer)

Subj: ASSIGNMENT OF CERTIFIED ATHLETIC TRAINER PHYSICIAN SUPERVISOR

Ref: (a) OPNAVINST/MCO 6400.2

1. Per reference (a), (name of medical officer) has been designated to serve as your physician supervisor. In the absence of your physician supervisor, a designated medical officer assigned to your clinic will serve in lieu of your physician supervisor.
2. Your designated physician supervisor has been directed to provide certification, ongoing review of, and assist with your delivery of rehabilitative care to patients.
3. Your designated physician supervisor has been specifically directed to meet with you on a periodic basis to review a sufficient number of medical records you have completed. The physician supervisor is directed to support your request for assistance in providing rehabilitative care and is responsible medico-legally for the treatment that you provide.

SIGNATURE BLOCK

Copy to:
Program Director
Physician Supervisor
Certified Athletic Trainer Certification Record