OATA

REACH NEWSLETTER

Stepping Up

HIGHLIGHTS OF THE 2017 OATA CONFERENCE

Major Games

ARMY OF ATs ENLIST TO SUPPORT THE FULL LINEUP OF SUMMER GAMES

Regulation

INCREASED PROFILE AND REVENUE OPPORTUNITIES FOR ATs UNDER THE RHPA

FEBRUARY 2017

WINTER ISSUE

Table of contents

Let the Games Begin

4

Health Care Report

8

Membership Benefits

11

Call for Nominations

13

Inactive Membership

16

Ethics & You

17

Stepping Up | OATA Conference

19

OATA

editor's note

REACH RETURNS

We're back. The OATA's e-communications -- REACH (Quarterly) and SPRINT (Monthly) -- were cancelled when the Association shifted to social media and put its communication updates out to members via Facebook and Twitter. The pendulum has shifted back to the e-news formats for ease of reference. News and updates often need much more than small word or character counts. You can read the e-news at your convenience. They will again be archived on the OATA website.

The REACH schedule will be issued quarterly. The production schedule we are working to now will have this more in-depth report on big issues and initiatives going out to members electronically the last weeks of February, May, August and November 2017. The SPRINT e-news will contain quicker items to note and FYI updates that will be issued monthly (except for months REACH is issued). Watch for SPRINT the middle week of the months of March, June, September and December.

If you have a question or an issue you'd like addressed by the Board through one of these e-publications, please submit to Editor at oatamembership@gmail.com.

Happy reading and we hope the return of the publications helps keep all OATA members better informed.

OATA

President's Message

Drew Laskoski | Practice Makes Perfect

Make it count. Where is the proof of competency? Efficacy? Outcomes? There are always lots of anecdotes about the role and impact of Athletic Therapy and we can share best practices, but what the OATA Board has learned is all policy makers, insurers and officials want is DATA. That data requirement is most often defined by peer-reviewed research and more relevant to rehabilitation professionals is measuring up against the set "Programs of Care".

The Musculoskeletal Program of Care (MSK -POC) is intended for musculoskeletal injuries, excluding injuries to the low back or shoulder. This POC was developed in collaboration with the Ontario Chiropractic Association, the Ontario Physiotherapy Association, the Ontario Society of Occupational Therapists and the Registered Massage Therapists' Association of Ontario. I met with, and had good conversations with, the WSIB, the initial "owner" of the POC programs, about an AT role in the programs. I am very pleased to announce that Richard Morrison, Director Health Services with the WSIB will be presenting at the OATA conference in April 2017. Do not miss it!

The MSK-POC is an evidence-based health care delivery program which describes treatment interventions that have been shown to be effective in the treatment of musculoskeletal injuries. There are different POC modules of care. There is a Lower Back POC, a Shoulder injury POC and a POC for concussions.

The outcome measure applied to the MSK POC Patient-Specific Functional Scale1 (PSFS). The PSFS is a self-reported, patient specific measure, designed to assess functional change primarily in patients presenting with musculoskeletal disorders. It is not region or injury specific. The PSFS has been found to be valid, reliable and sensitive to change in workers with injuries to the knee, shoulder, upper extremity, neck and low back.
OATA members will recall the Association has been trying to integrate the POC as a data collection tool to measure AT impact, benchmarked against the other POC rehab practitioners for almost five years. I am delighted to announce the pilot of 6-7 AT clinics using the Practice Perfect software with embedded POC reporting starting the first quarter of 2017 will give us data that counts with the policy makers, insurers and officials. We will be reporting to our members as the data emerges. Participating in these POC programs also means new opportunities to expand AT client populations and third-party funding sources. Go for it!

> "Participating in these Programs of Care means new opportunities to expandb Athletic Therapy client populations and third-party funding sources."

Chair's Message

Nancy Harvey | Learning By Doing

Hands On. While that expression could be used to describe the essence of Athletic Therapy as a profession, it also captures a known fact that adults learn best through experiential education – just doing. I want to use the opportunity of the re-launch of the REACH e-newsletter to share highlights of what your Board has been doing about advancing the profession and what we've been learning in the process that is valuable to us all.

First of all, the OATA regulation agenda has been an untraveled path. It is not that other health care professions haven't sought and achieved regulation. They have. The situation we are in is that the national organization has not been involved previously with AT regulation, our major Ontario academic program leaders have not been involved in the RHPA and the regulatory environment in Ontario has changed with a decision to not create new regulatory bodies, but rather a shift to bundling of similar or related professions by sector under an umbrella regulatory college. We had to first find a regulatory home to "fit" Athletic Therapy and then to help this new regulatory college address issues that are "firsts" for them too. We are learning together to achieve "grandparenting" of ATs within the CKO (Kinesiology college) through a challenging equivalency assessment made even more difficult by the fact there were 2 and 3 year programs at college and university levels combined with years of practice experience to factor in to acceptance. Now we are working together on application for an AT "specialty". We have had excellent co-operation and input this round from CATA, York and Sheridan, but again, it's all new territory for us and for our partners.

> "The OATA is setting a clear path to regulation for the AT profession nationally"

We are learning to define Athletic Therapy rigorously by capturing core competencies within a diverse practice scope, finding precedents globally, securing testimonials and citing research, studies and solid case examples. As CATA has noted, what the OATA is doing here in Ontario is setting a clear path to regulation for the AT profession nationally. That is the part of the "doing" that is most rewarding. This work will ensure protection of the AT title and scope of practice in national legislation at some point soon.

As part of this process, others are learning more about what AT is all about too. The Association is getting calls of new employment opportunities for ATs from major rehab clinics across the province and country that previously would not have been offered. We are engaged in Programs of Care data collection and R.Kin. A.T.s are able to bill and to participate in third-party and government-funded rehab programs previously not available to ATs such as WSIB, MVA and Veteran's Affairs and Long-Term Care.

Taking a path not well-traveled is challenging, but we are confident the rewards to the profession will outweigh the time and effort in the long-term.

LET THE GAMES BEGIN 2017

Athletic Therapists are always much-wanted volunteers for the medical and national teams for any major games. A number of CATA and OATA members have built careers around their own stellar performances on the medical teams at Olympic, Commonwealth and other major games. 2017 will be a banner summer for any AT wanting to gain this type of experience with elite athletes. The top three games in 2017 are:

July 16 – 23

NORTH AMERICAN INDIGENOUS GAMES

Toronto, Ontario

July 19-23

COMMONWEALTH YOUTH GAMES

Nassau, Bahamas

July 28 – August 13

CANADA SUMMER GAMES

Winnipeg, Manitoba

The Dream of Aboriginal Sport at Major Game Level

The dream to hold a Games for the Indigenous Peoples of North America began in the 1970s. In 1977, the dream to host large scale Indigenous Games took another step forward at the Annual Assembly of the World Council of Indigenous Peoples held in Sweden.Willie Littlechild of Ermineskin Cree First Nation at Hobbem, Alberta presented the motion to host the International Indigenous Games. It was unanimously passed.

A Brazilian elder was so moved by the presentation, he gifted Willie Littlechild with an arrow representing peace in his tribe, advising it be pointed to the ground, this arrow would direct anything evil toward the underground. It is now part of the sacred ceremonial run.

The dream became a reality in 1990. The first Indigenous Games were held in 1990 in Edmonton, Alberta. Future Games followed:

Prince Albert, Saskatchewan in 1993;
Blaine, Minnesota in 1995;
Victoria, British Columbia in 1997;
Winnipeg, Manitoba in 2002;
Denver, Colorado in 2006 and Cowichan, British Columbia in 2008.
The 2011 games were held in Milwaukee, Wisconsin and the 2014 Games took place in Regina, Saskatchewan, Canada.

The largest Indigenous Games to date were those held in Denver in 2006, jointly hosted by Canada and the USA, with approximately 10,000 athletes participating representing more than 1,000 tribes.

The Aboriginal Sport & Wellness Council of Ontario (ASWCO) is recruiting for many volunteer therapists, coaches and others to be part of the host team infrastructure. The Games will include approximately 400 athletes, 80 coaches and 20 mission staff.

The meeting place of Toronto (from the Haudenosaunee word Tkaronto) is still the home to many Indigenous people from across Turtle Island. It is important that we all learn to acknowledge the traditional territories of our First Nation peoples as a small step toward building healthy, respectful relationships. The Games may be said to be held in Toronto, but it is the traditional territory of the Haudenosaunee, and most recently, the territory of the Mississaugas of the New Credit First Nation. You may be interested to learn the territory was the subject of the Dish With One Spoon Wampum Belt Covenant, an agreement between the Iroquois Confederacy and the Ojibwe and allied nations to peaceably share and care for the resources around the Great Lakes. This territory is also covered by the Upper Canada Treaties.

The OATA salutes the Games organizers whether or not our ATs serve at them or not. It is special to have them held here.

COMMONWEALTH YOUTH GAMES – Sporting Personal Development

The Commonwealth Youth Games take place every four years. However, a decision to revise the quadrennial cycle with the global sporting calendar prompted the 2017 Games with future Games scheduled for 2021, 2025 and so on.
The 2017 Games will be the first Commonwealth Games event to be held in the Caribbean for over 50 years. The last time Commonwealth athletes participated in this most beautiful islands region was back at the 1966 Commonwealth Games in Kingston, Jamaica.

A little history --

• The first Youth Olympic Games, in Singapore in 2010, took place ten years after the inaugural Youth Games in Edinburgh in 2000.

• The Games have produced some of the world's elite athletes including Kirani James (Athletics), Beth Tweddle (Gymnastics), Chad le Clos (Aquatics) and Caster Semenya (Athletics).

• A key vision for the Youth Games is to enable smaller nations and cities, unable to host a Commonwealth Games, to enjoy the socio-cultural, tourism and other legacy benefits of hosting a major international sporting event.

• Another key vision is for existing venues to be used, reducing infrastructural costs. Samoa 2015 used two sport complexes built primarily for the 2007 Pacific Games.

COMMONWEALTH YOUTH GAMES – Sporting Personal Development

The focus of the Commonwealth youth games is on attracting, celebrating and developing the potential of approximately 1,000 young athletes, aged 14-18, in a healthy competitive environment that will nurture personal development and new Commonwealth friendships.

Since the inaugural Commonwealth Youth Games in 2000, the event has grown from a mere 14 countries participating at those first Game sin Scotland to an impressive list of 71 nations and territories along with more than 1,300 young athletes, coaches and supporters expected to descend on The Bahamas this July for the sixth installment of the Games.

The nine sports will be Aquatics (Swimming), Athletics (Track and Field), Beach Soccer, Beach Volleyball, Boxing, Cycling (Road), Judo, Rugby Sevens and Tennis. It will be the first time Judo has been presented at a Commonwealth Youth Games.

The OATA expects any ATs that make it onto the volunteer medical teams to promise to post to Facebook and generate some exceptional social media coverage of their roles at the Games.

Note: Watch for a Summer Games Quiz based on this content on the OATA Facebook.

Report on Health Care in Canada

The Canadian Institute of Health Information (CIHI) issued a report earlier today comparing Canada with 10 other comparable nations (namely the Netherlands, New Zealand, Australia, Norway, the United Kingdom, the United States, Germany, France and Sweden) to measure performance. The following are taken from the Report:

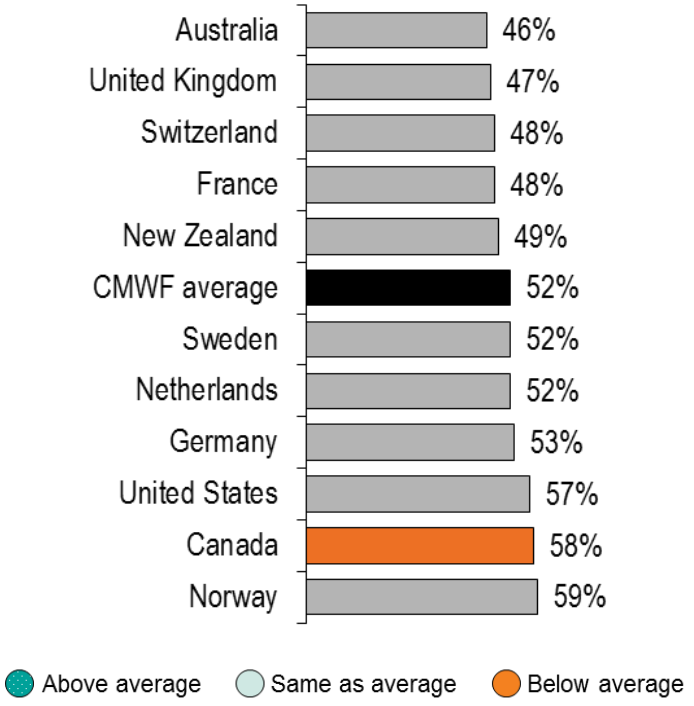
In terms of ACCESS to healthcare, the perception of ability to access healthcare has declined since the last study in 2013:

- 43% of Canadians report that they were able to get a same- or next-day appointment at their regular place of care the last time they needed medical attention — the lowest percentage of all countries.
- 34% of Canadians report that they could get care on evenings or weekends without going to an emergency department. However, after-hours access is closer to the international average (43%) in some provinces (Ontario and Alberta).
- Canadian patients are generally not seeing improvements in timely access to primary care over time. This happens to be contrary to what primary care physicians reported in The Commonwealth Fund's 2015 survey.
- Canadians visit emergency departments more often than people in other countries and wait longer for emergency care; Canada has the highest proportion of patients waiting 4 or more hours during an emergency visit.
- Reported wait times for specialists and non-emergency surgeries in Canada are also the highest among the 11 countries, with all provinces showing significantly longer waits for specialists. Ontario was slightly worse than the national average in terms of wait times for specialists; only PEI, New Brunswick, Québec and Manitoba had longer wait times for specialists in Ontario.

In terms of COST affecting access to or utilization of healthcare:

- Compared with the international average, fewer Canadians report skipping a medical appointment, test or treatment due to cost.
- 1 in 10 Canadians — a higher proportion than the international average — report that they didn't fill a prescription or skipped a dose due to cost. Despite cost barriers, prescription drug use is higher in Canada than in most other surveyed countries, with 58% of Canadians reporting they use 1 or more prescription drugs (the international average is 52%).
- More than 1 in 4 (28%) Canadians report skipping a dental visit because of the cost, compared with 1 in 5 internationally.
- Canadians with below-average income face cost barriers for all health services more often than those with average or above-average income. Other research suggests the cost of transportation to medical appointments or taking time off work can be a barrier to care for low-income Canadians.*
- Canadians younger than 65 are more likely to be worried about being able to pay for housing and nutritious meals than their peers in most other countries, and younger Canadians face more cost barriers to drugs and dental care.

Use of prescription drugs is higher in Canada than in most other countries (58%)



Polypharmacy higher in Canada than in other CMWF countries

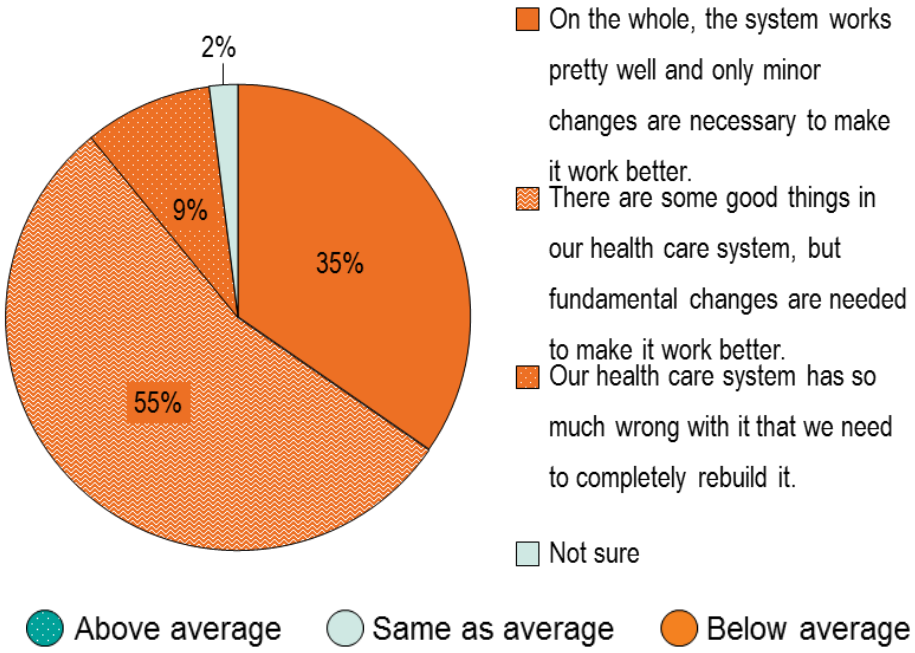
1 in 5 Canadians

report that they take **4 or more prescription drugs** on a regular basis (CMWF average is 1 in 6).

In terms of SATISFACTION with the healthcare they receive once they get into the system:

- Nearly 3 in 4 Canadians rate the quality of care they receive from their regular doctor as very good or excellent; however, 55% also believe the health care system overall requires fundamental changes.
- Canadians report better experiences than the international average when it comes to their regular doctor knowing their medical history, involving them in medical decisions and explaining things in a way that is easy to understand.
- When it comes to health promotion and disease prevention, Canadians have more discussions with their primary care providers about healthy lifestyle choices than patients in most other countries, with Alberta, Manitoba and Ontario leading the way.
- With regard to hospital stays, patients report results that are similar to the international average overall.
- Most Canadians also report good hospital discharge planning, with staff arranging follow-up care and providing written instructions for symptoms to watch for at home.
- Results suggest that coordination of patient care between regular providers and specialists could be improved in all countries. Similar to the international average, 1 in 5 Canadians report that their regular doctor did not seem up to date about the care they received from a specialist.

Which of the following statements expresses your overall views of the system (Canada, 2016)?



Membership has Benefits

Over the past four years, the OATA has issued two surveys to members to get a sense of interest in a number of potential member benefits programs. Based on those expressions of interest, we have followed through with programs of direct benefit, usually aimed at savings to your pocket books.

Initially, there is some uptake and then responses peter out. We are REACH-ing out to you again through this e-news to remind you of benefits available to you as OATA members. GoodLife has a special February sign-up incentive. Check it out at https://corporate.goodlifefitness.com/

STAY FIT | GOODLIFE

OATA members are eligible for a significant discount on a GoodLife membership. It's an important way to stay in shape. The GoodLife qualified and professional team will help you achieve your health and fitness goals. Whether it is to gain strength, build confidence, decrease stress, improve sleep or feel great, the GoodLife team promises to provide a solution to meet your needs.

GoodLife is one of the largest and most reputable chains of fitness clubs in Canada. The membership discount is extended to OAAT family members too.

OATA is pleased to offer this benefit to its members. A special and distinct number has been created for you to provide to GoodLife to guarantee the discount upon being accepted.

WELLNESS AT WORK

GoodLife CORPORATE WELLNESS

Fit Tip of the Month

FEBRUARY 2017

HEAD TO TOE SPINAL STRETCH TO RELIEVE TENSION & TIGHTNESS

START: Start seated in a upright position with feet and knees together and hands behind your head (fingers interlaced).

ACTION: As you exhale, gently draw your chin towards your chest, pull your abdominals in and both your elbows forward towards your thighs as shown. Extend one leg and your toes upward to complete the head-to-toe spinal stretch. Release and return to starting position and repeat 5-10 times at a comfortable pace, and don't forget to breathe.

The World Health Organization recommends 150 minutes of moderate-intensity aerobic physical activity or 75 minutes of vigorous-intensity aerobic physical activity per week. This works out to be 30 minutes of moderate-intensity activity 5 times per week or 25 minutes of vigorous activity 3 times per week.

HEXFIT

The OATA has partnered with Hexfit - a client tracking software for healthcare professionals.

Through this partnership, our objective is to create, realize and put into place the additional functions responding to the actual needs of Ontario athletic therapists, especially by having an adequate client tracking system, easily creating exercise programs and building custom physical test.

This will allow Athletic Therapists to concentrate their efforts on their essential activities and, therefore, promote their efficiency and quality of interventions, all in the spirit of optimizing the achievement of their clients goals.

Who is HEXFIT?

Hexfit is an interdisciplinary customer tracking software that enables you to follow, manage, and analyze your clients' progress. This system provides easy, effective communication between professionals and their clients, all the while, facilitating client analysis. In addition to this, Hexfit provides functions that allow you to create complex exercise programs from Physigraphe, the largest bank of exercises, and build your own custom physical tests.

HEXFIT is offering a 7-day free trial for all Athletic Therapists. To take advantage of this offer visit:
http://www.myhexfit.com/en/professions/athletic-therapist/

Call for Nominations

Once a year your professional association has an election to refresh the Board, replace outgoing Directors and build the bench strength of the organization. It's a duty call and a unique opportunity to build important skills that can help you gain governance experience transferable to local hospital boards, public appointments and other Boards you may want to sit on to advance your career.

The OATA Board consists of seven, voting, Director positions and up to three non-voting positions (OATA rep on CATA, two academic reps from York and Sheridan. The Directors themselves nominate and choose from among the elected group who will assume executive leadership roles such as Chair, President, Secretary and Treasurer. Terms are for two years.

Directors willing to return include Drew Laskoski, and Gus Kandilas.


Andrew Laskoski


Gus Kandillas


Jeannette Quach

Drew Laskoski has served as a tireless champion of AT regulation and vows to continue the push for the AT Specialty and AT Class within the CKO to ensure protection of the AT title and scope of practice under the Regulated Health Professions Act (RHPA).

Gus Kandilas has been a steward of professional development for ATs organizing the annual conference and growing the certification prep courses and now an AT prep course for the CKO exam.

Jeannette Quach has served you well. Her term is up and she will not be renewing due to other commitments. We wish her well!! Jeannette has been recognized by her Board peers as the Association's most effective Treasurer since the shift to incorporation, staying on top of the book keeping, monitoring financial controls, measuring the performance of the external fund manager for the Association's reserves and ensuring preparation for the annual audit.

Directors with terms ending in 2018 include Nancy Harvey and Frances Flint who are not up for re-election. Nancy has also done a great service in her roles as Membership Chair, Secretary and Board Chair. The Chair role is rotated out after one year so she will be back, but in a different role. Frances has been a long-time, committed Director and a steward of documentation of the profession's history (White Paper), the need for a research foundation and nurturing of AT research, participating on behalf of the profession with the initial Rowan's Law Committee at Queen's Park, assisting with the Specialty document and recently leading the CISM project and launch of AT-911.


Nancy Harvey


Frances Flint

We have two Board vacancies coming up.


Sarah Rabinovitch

The Board would like to pay tribute to Sarah Rabinovitch who is completing her term and years of devotion to the OATA at the Board Executive level. Sarah was an early champion of the Programs of Care Data Project and a stalwart defender of the need to secure regulation under the RHPA. Sarah has been a long-standing, hard-working and passionately committed Board member. Sarah has served you as Membership Chair, Third-Party Insurance Co-Chair, Secretary, Chair of the Board and most recently as the District Leader Liaison ensuring the Association builds a strong, grassroots network through its new six Districts aligned to the CKO Districts and those elections to Council. Tireless and tenacious, Sarah's qualities of perseverance along with sincere outreach to and engagement of the membership will be missed. We wish her much success in her career.

Mike Robinson was elected to the OATA Board for the 2016-2018 term. Mike was nominated to serve as Board Secretary along with the roles of Membership Chair and Academic Liaison. Some of you may know Mike is also working on his Ph.D., teaches at Sheridan College and is now assuming a leadership role with the CATA Board. Mike will not be staying on for the second year of his term. His fellow Board directors are not sure how he manages to do all that he does and therefore understand the need to lessen his leadership commitments. We thank him for his service and contributions to the OATA and to the AT profession.

Nomination Process

If you would be interested in joining the OATA Board, please put your name forward for nomination. Please visit the OATA members section for the Nomination Form and process information. There are many benefits to being a Director in terms of advancing your own leadership skills, knowledge of association management and board governance along with gaining insight into the health regulatory and health policy framework that guides the advancement of any health care profession in Ontario. New Directors benefit from an orientation session and secretariat support for their roles. Besides looking great on a resume, accepting a leadership position with your profession's Association offers you:

1. A chance to have a voice on the direction of the profession's advancement;
2. Raises your profile within the profession;
3. Strengthens your project management skills;
4. Exposes you to new thinking and directions within rehab; and,
5. Expands your network.

It's always healthy to have new people, new ideas and new strengths added to the Association's executive. We're waiting for you to step up.

Inactive Membership

Professionalism implies a 24/7 commitment,
a recognition that your profession is part of who you are.

Registration renewal is now completed. Welcome back or welcome to the OATA!
This year we had a couple of people petition for Inactive member status which lead to a renewed discussion about that process, who qualifies, the costs and implications of shifting to “inactive”.

The OATA has had considerable discussion at the Board level about membership categories and how best to address member requests related to medical leave, maternity leave, academic study leave, etc. The context for the most recent review of the OATA “inactive” member status was anchored in the transition to the need to be ready to obtain a continuance under the Ontario Not for Profit Corporations Act. It was also part of preparing our members for regulation by a College under the Regulated Health Professions Act. All Colleges, including the College of Kinesiologists of Ontario, have an "inactive" class of membership. Obviously, there would be problems if the CKO has an inactive category and the OATA did not and the criteria for both would have to be at least similar.

As part of that process the Association created new By-Laws. By-Law #1, is the general , or the foundational By-Law, and includes the definition of membership, the categories of membership and the criteria for each. [All OATA By-Laws can be viewed by Members on the OATA Website.] Section 3 of By - Law #1 defines the membership categories and sub section 3.7 defines inactive membership as :

"Certified members who successfully apply to the Board of Directors may be granted Inactive Membership for a period not less than 6 (six) months, but not greater than 12 (twelve) months".

While inactive, individuals may not use the Athletic Therapist title or any abbreviations, short forms thereof, or equivalents in other languages nor may they provide any therapeutic services, including teaching, in Ontario.

Ethics & You

Ethics: Place the integrity of the profession and the interests of clients above your own interests. Act with integrity, competence, and respect. Maintain and develop your professional competence.

None of us ever want to be in the proverbial professional penalty box, but there are discipline committees established for a reason. Sometimes we need an ethics reminder. Sometimes it's not that the practitioner is "unethical" as much as they have poor business sense and judgement. Regardless, the rule is an AT, like any other professional, must act with integrity, competence and respect at all times. Or else, there are consequences.

Late last year, two CATA Disciplinary Cases were published. Both had serious consequences for the ATs involved. The violations of the code of conduct were punishable by fines and required remedial courses. Both serve as reminders of the importance of understanding and abiding by ethical practice guidelines. The names of the individuals have been withheld. What is important is the conduct and the penalty.

Case 1:

Nature of Complaint: An AT was treating patients as a Physiotherapy Support Personnel (PSP) under the supervision of her clinic co-owner. She always introduced herself to the patient as a Certified Athletic Therapist. She never introduced herself as a PSP despite the patients treated being invoiced for physiotherapy treatments. She did not sign or record her AT credentials on patient charts when acting as a PSP as all invoices contained her co-owners name, designation and physiotherapist registration number.

Code of Conduct Issues: Practitioners must ensure patients are aware of their AT credentials, that invoices for treatment accurately reflect who provided treatment as well as the designation of the treatment provider.

Penalties: The AT received a reprimand, a fine of $2,000.00, must be mentored by a senior member of the CATA for 6 months and to prepare a document for CATA members on how to represent their role to clients.

Case 2:

Nature of Complaint: An AT used a physician's College of Physicians and Surgeons of Ontario ("CPSO") number on certain insurance forms without his knowledge or consent.

Code of Conduct Issues: CATA Members shall not submit accounts that are false or misleading; and, Members shall not make a document or statement that is false or misleading.

Penalties: The AT was fined $8,305. 50 plus an additional $15,000 to cover the investigation and procedures costs. She was required to prepare a letter addressed to the Complainant containing a written apology addressing the errors and conduct that resulted in the wrongful use of his physician number. She was instructed to prepare an office manual detailing the correct procedure for using the Ontario Health Claims Auto Insurance System and for submitting OCF forms and provide a copy of that office manual to the CATA within six (6) months of the date of the written decision on the penalty. As well, enroll and successfully complete the medical record keeping course offered through the University of Toronto and enroll and successfully pass the PRoBE-Canada ethics course.

The OATA asks each AT to re-familiarize themselves with the Code of Conduct and to be sure the spirit and letter of our ethics commitment are understood and define your own practice.

EARLY BIRD PRICING | OATA STEPPING UP CONFERENCE

Registration for our Saturday, April 22, 2017 conference is open beginning with the two all-day courses being offered. See the OATA AGM 2017 page for registration.

Two Courses (3.2 CEUs each)

Treating the Athlete's Respiratory System
with Jonathan Maister

A Manual Therapy Approach to the Treatment of Complex Lumbar Spine and Pelvic Issues
with Joe Rotella

Pricing for the courses is below. Spots fill up quickly, so secure your registration as soon as possible.
Non Member Price: $300
Certified Member Price: $250
Candidate Member Price: $200

Every week we will be highlighting another speaker, session, workshop.

This year we will host our first-ever Town Hall following the BBQ (free) lunch.

We're asking all ATs to be STEPPING UP to professional development opportunities offered by the OATA.

OATA CORE COMPETENCIES

The draft Specialty document has been submitted to the CKO.

Part of the development of the submission included sharing an AT competency matrix.
We will be finalizing the document and sharing it with each OATA member soon.