

GREEK ATHLETIC THERAPY ASSOCIATION (GATA)



# GATA SCOPE OF PRACTICE

## CERTIFIED ATHLETIC THERAPIST (CAT)

JANUARY 2026  
V1.0

## **Scope of Practice**

### **Certified Athletic Therapist (CAT)**

A Certified Athletic Therapist (CAT) is a graduate level autonomous healthcare practitioner, who is trained solely in Sports and Exercise Medicine, specialising in clinical assessment, prevention, treatment and rehabilitation of neuromusculoskeletal injuries and illnesses. Additionally, they emphasise on the design, prescription and implementation of exercise programmes in both health and disease.

Members of the public can seek direct access to a CAT. Whether working independently, as part of a multi-disciplinary team or with referrals from other healthcare professionals, CATs maintain this professional autonomy as well as the responsibilities that accompany it. A CAT practices under the scope of five main domains:

- 1) **Prevention of injuries:** Prevention of injuries associated with sport, physical activity and the workplace.
- 2) **Evaluation and clinical assessment of neuromusculoskeletal injuries:**  
Evaluation and clinical assessment of neuromusculoskeletal injuries resulting from sport, physical activity and occupation.
- 3) **Acute care of injuries and illnesses:** Acute care of injuries and illnesses associated with sport, physical activity and the workplace.
- 4) **Treatment, rehabilitation and reconditioning of injuries and illnesses:**  
Treatment, rehabilitation and reconditioning of individuals with injuries and illnesses resulting from sporting, physical and occupational activity.
- 5) **Professional responsibility and development:** Professional responsibility and continual professional education.

## 1. Prevention of Injuries

A CAT has the knowledge and skills necessary to recognise the risks associated with injury and implement an appropriate plan to minimise these risks. This involves the planning, implementation and interpretation of pre-participation screening, to identify potential predisposing factors to musculoskeletal injury and health-related disorders. From these findings a CAT has the ability to synthesise information and formulate an appropriate evidence-based intervention by means including, but not limited to, the following:

### 1.1. Assess and manage the intrinsic risk of injury by:

- a) Identifying, assessing and managing all risks associated with physical activity, sport and the workplace.
- b) Identifying conditions that may limit or compromise participation in physical, sporting and occupational activity.
- c) Designing and conducting pre-participation health and workplace screening.
- d) Applying appropriate custom made or commercial protective and prophylactic equipment.
- e) Implementing and facilitating appropriate protocols and procedures to manage intrinsic risk factors of injury.

### 1.2. Assess and manage the extrinsic risk of injury by:

- a) Recognising conditions that would predispose individuals to extrinsic risk.
- b) Using appropriate methods to gather and interpret information regarding environmental conditions.
- c) Implementing monitoring and screening techniques to test an individual's response to environmental conditions.
- d) Implementing and facilitating appropriate protocols and procedures to help address the environmental risk.
- e) Inspecting facilities and recognising risks in the sporting and occupational environment and recommending interventions to address potential hazards.
- f) Inspecting and supervision of maintenance of athletic equipment.

## **2. Evaluation and clinical assessment of neuromusculoskeletal injuries**

A CAT can clinically assess a patient, in order to identify risk factors that would predispose the patient to injury and identify neuromusculoskeletal injuries to determine proper management of the patient, including referral to other healthcare professionals.

This is achieved by means including, but not limited to, the following:

- a) Possessing a knowledge and understanding of the pathology of injuries and illnesses.
- b) Completing a general and specific assessment for the purpose of screening and referring common medical conditions, treating these conditions, when appropriate, and determining a patient's readiness for physical activity when appropriate.
- c) Conducting a subjective evaluation that includes a thorough history of the patient's presenting condition to identify conditions that warrant musculoskeletal assessment and/or referral to another member of the healthcare team.
- d) Performing a neuromusculoskeletal assessment of upper extremity, lower extremity, head/face, and spine for the purpose of determining risk factors predisposing to injury and identifying a musculoskeletal injury.
- e) Counselling a patient in proper nutrition, recognising eating disorders and nutritional requirements, and referring patients to appropriate medical professionals when indicated.
- f) Recognising, intervening, and referring, when appropriate, patients exhibiting sociocultural, mental, emotional, and psychological behavioural problems/issues.
- g) They may also assist in the recovery of an individual by understanding psychosocial factors relating to rehabilitation and performance.

## **3. Acute care of injuries and illnesses**

A CAT may provide acute care of injuries and illnesses by means including, but not limited to, the following: surveying the scene, conducting an initial/primary assessment, utilising universal precautions, developing and activating an emergency

plan, implementing appropriate emergency techniques and procedures, conducting a secondary assessment, implementing appropriate first aid techniques and procedures and using emergency care equipment to aid the casualty by facilitating safe transportation to an appropriate medical facility. They may do this by means including, but not limited to, the following:

**3.1. Surveying the scene to determine whether the area is safe and determine what may have happened.**

**3.2. Performing an initial assessment including, but not limited to, the following:**

- a) Airway.
- b) Breathing.
- c) Circulation.
- d) Level of consciousness.
- e) Other life-threatening conditions.

**3.3. Implementing appropriate emergency treatment strategies including, but not limited to:**

- a) Activating an emergency plan.
- b) Establishing and maintaining an airway in an infant, child and adult.
- c) Establishing and maintaining an airway in a casualty wearing protective equipment and/or with a suspected spinal injury.
- d) Performing one and two person CPR on an infant, child and adult.
- e) Utilising a bag-valve mask on an infant, child and adult.
- f) Utilising an automated external defibrillator (AED) according to current accepted practice protocols.
- g) Normalising body temperature in situations of severe/life threatening heat or cold stress.
- h) Controlling bleeding using universal precautions.

**3.4. Performing a secondary assessment and employing the appropriate management techniques for non-life-threatening situations including, but not limited to, the following:**

- a) Open and closed wounds using universal precautions.
- b) Closed head trauma using standard neurological tests and tests for cranial nerve function.
- c) Environmental illness.
- d) Seizure.
- e) Acute asthma attack.
- f) Different types of shock.
- g) Thoracic, respiratory and internal abdominal injury or illness.
- h) Acute musculoskeletal injuries. (e.g. sprains, strains, fractures, dislocations)
- i) Spinal cord and peripheral nerve injuries.
- j) Diabetic coma.
- k) Toxic during overdose.
- l) Allergic, thermal and chemical reactions of the skin.

**4. Treatment, rehabilitation and reconditioning of injuries and illnesses**

A CAT may synthesise the information obtained in a patient interview and physical assessment to determine the indications, contraindications and precautions for the selection, patient set-up, and the best practice application of treatment techniques and rehabilitation programmes for acute and chronic injuries to the upper extremity, lower extremity, trunk, head and spine and when to return to sport/physical activity and work.

A CAT can achieve this by means including, but not limited to, the following:

- a) Therapeutic interventions including, but not limited to, soft tissue techniques, stretching techniques, manual therapy, joint mobilisation and manipulation techniques, aquatic therapy, application of braces and protective equipment, and taping and strapping techniques.
- b) Therapeutic modalities including, but not limited to, heat modalities, cold modalities, light modalities, energy modalities, chemical modalities and electrical modalities.

- c) Conditioning and rehabilitative exercises by integrating the assessment of injury, fitness and functional status which is appropriate to the injured individual/party.
- d) They may also identify which therapeutic drugs and non-therapeutic substances are banned by sport and/or workplace organisations to properly advise patients about possible disqualifications and other consequences.

## **5. Professional responsibility and development**

A CAT must abide by the GATA Code of Ethics and Scope of Practice policies and any institutional or regulatory requirements. A CAT must fulfil the continuing professional development requirements as determined by GATA. A CAT may educate, counsel and instruct athletes, the general public, students, and other health professionals on sports health-related topics.

A CAT may gain further knowledge and skills in a variety of related neuromusculoskeletal evaluative techniques and interventions while abiding by GATA's Code of Ethics and Scope of Practice.



## CONTACT DETAILS

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