

Chairman Longmuir and Committee Members:

My name is Mitch Wolden. I have been a licensed physical therapist (PT) in North Dakota for 16 years. I am currently a Professor at the University of Jamestown's Physical Therapy program in Fargo, ND. I am testifying on behalf of the American Physical Therapy Association of North Dakota.

We ask that you give a "Do Pass" to SB 2273. State law now allows PTs to order plain film radiographs, commonly called x-rays. SB 2273 broadens this authority to include a full range of diagnostic imaging such as Magnetic Resonance Imaging (MRI) and Computer Tomography (CT) scans.

Considering the rising prevalence of musculoskeletal presentations (including chronic neck and back pain), ongoing provider shortages across the state, especially in rural communities, the rising costs for patients and our health systems, and the overutilization of clinical modalities, including diagnostic imaging, our request is timely. Allowing PTs to have diagnostic imaging privileges has been found to enhance the care provided, improve patient access to services, promote the safety of patients, and decrease healthcare costs.

As direct access providers, PTs have established primary care roles within our health systems, both nationally and across North Dakota, ranging from walk-in clinics, home-health environments, and even emergency rooms. In a primary care role, we routinely assess patients to determine if they are appropriate for our care plan, and if not, we are mandated by law to identify the most appropriate course of action or referral.

There are times when diagnostic imaging is necessary to help us determine if a patient should be in our care plan. The current restriction to plain film radiographs not only limits our ability to provide all patients with the necessary healthcare services, it also is time-consuming and costly for our patients and other providers, which can lead to delays in care and an increased risk of harm. This problem is further exacerbated by the critical physician and nursing shortages across the state.

While this is a relatively new idea for North Dakota, the practice of PTs having diagnostic imaging privileges has been around for some time. Both military and civilian PTs have been credentialed to refer for diagnostic images for decades. A recent peer-reviewed publication ([Mabry et al. 2022](#)) confirmed that "*PTs routinely practice skills necessary to refer patients for musculoskeletal imaging.*" Right now, there are 12 states and territories across the United States that have diagnostic imaging referral privileges for PTs that includes MRI and CT scans, and many of those states are considered rural, including Montana and Iowa.

Over time, PTs ability to order diagnostic imaging has proven safe and appropriate for patients with musculoskeletal presentations, while also lowering patient health costs and reducing delays to receive the needed images. When PTs have been granted diagnostic imaging privileges, multiple peer-reviewed studies have shown that its utilization has been significantly reduced, leading to lower costs and exposure to unnecessary ionizing radiation for patients ([Fritz, 2015](#); [Garrity, 2020](#); [Pugh, 2020](#)). Evidence confirms that PTs are referring for diagnostic imaging appropriately and judiciously ([Keil, 2019](#); [Moore, 2005](#)).

Much of the successful integration of diagnostic imaging referral privileges into PTs clinical practice can be attributed to our required doctoral education. In a PT professional doctoral education, we focus for three years on the management of patients with musculoskeletal presentations, including the purpose, function, and clinical applications of diagnostic imaging. Diagnostic imaging is threaded throughout the curriculum, mandated to be covered by our national accreditation body, and included on the National Physical Therapy Examination (the test required for all PTs to pass to attain licensure).

You'll note that in Section 2 of the bill only PTs with doctorate degrees or with specialized imaging training may use this referral privilege. Further, any ordered images must be read and interpreted by a trained medical professional, such as a radiologist (not a PT).

There is strong evidence and historical precedent that PTs are appropriate and effective providers of diagnostic imaging referrals. Allowing diagnostic imaging referral privileges for PTs is associated with appropriate healthcare utilization and cost savings.

We respectfully request that your committee approve SB 2273, allowing PTs to order diagnostic imaging.

Thank you for your time and consideration. I am happy to answer any questions you might have.

Mitch Wolden, PT, DPT, PhD

# Physical Therapists Referring for Advanced Imaging

Only **2%-4%** of new evaluations performed by physical therapists are referred for advanced imaging.<sup>1,2</sup> Compared to 20% of new evaluations performed by other primary care providers<sup>2</sup>

Table 2.

Direct Access Use Rates of Diagnostic Imaging<sup>a</sup>

Type of Diagnostic Imaging	Use Rate
Radiographs (per new DA evaluation)	8.5% (43/503)
Advanced imaging (per new DA evaluation)	4.0% (20/503)
Radiographs (per total # DA visits)	1.7% (43/2483)
Advanced imaging (per total # DA visits)	0.8% (20/2483)
Overall imaging use per DA new evaluation	12.5% (63/503)
Overall imaging use per DA visit	2.5% (63/2483)

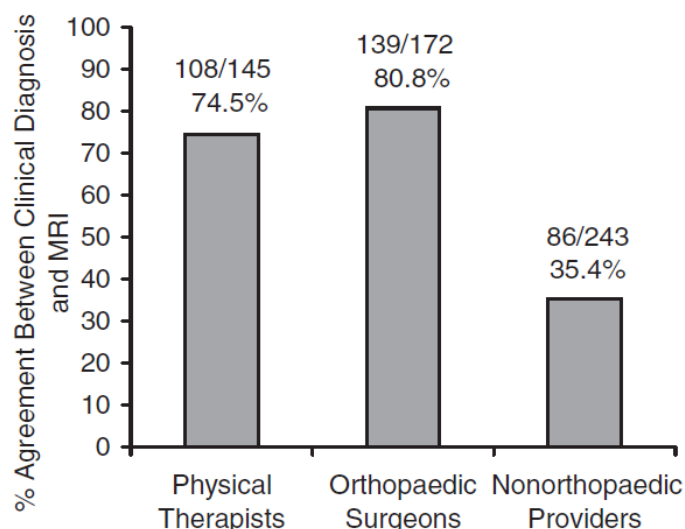
## Did you know?

### 83%-91%

of physical therapist imaging referrals align with ACR guidelines<sup>1,3</sup>



- **All DPT programs** are mandated to cover diagnostic imaging<sup>4</sup>
- Diagnostic imaging is included on the national licensure examination<sup>5</sup>



**Physical therapists'** decision-making for ordering imaging is consistent with **orthopaedic surgeons**<sup>6</sup>

**0% - 3%** of patients experienced an adverse event when physical therapists have the ability to order advanced imaging<sup>6-10</sup>

# Physical Therapists Referring for Advanced Imaging

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## References

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