Senate Human Services Committee SB 2122

Chairman Lee and distinguished committee members

My name is Bob Schulte. I am testifying on behalf of the American Physical Therapy Association North Dakota, of which I am a member of. I am a practicing physical therapist who graduated with my physical therapy degree from Chicago Medical School in 1993 and awarded my advanced clinical doctorate of sports physical therapy (D.Sc) from Rocky Mountain University of Health Professions in 2002. I have practiced as both a civilian and military physical therapist for over 25 years since my commissioning as an air force officer in 1993. I have also maintained a faculty appointment for over 20 years at the University of Mary teaching diagnostic imaging and system screening courses to doctor of physical therapy students. APTA ND is the state physical therapy association affiliated with the American Physical Therapy Association which represents over 100,000 PT's across the country. The APTA ND represents the interests of 811 licensed physical therapists in the state of ND.

Current Request

It is our request today on behalf of the APTA ND representing Physical Therapists / Doctors of Physical Therapy across the state that you approve SB2122, allowing the addition of ordering plain film radiographs (x-rays) to be added to the Physical Therapy practice act. In the last few years several states, including Utah, NJ, Wisconsin, and Colorado have added this privilege and ability to their practice acts. I believe this is a reasonable and appropriate request based on the following critical criteria:

Evolution of Physical Therapy Practice

The role of the physical therapist as a first point of contact in the health care system has become increasingly common in recent years. Currently every US state and the District of Columbia now has some form of direct access provision for physical therapy services.¹

Various health care networks are now placing physical therapists at the entry point of care for patients experiencing musculoskeletal conditions. The documented success of the military therapists who are granted radiologic ordering privileges have been identified as a contributing factor in maintaining patient safety and cost efficiency in a direct access environment.²

In a direct access and rural state such as North Dakota, it is essential that doctors of physical therapy are provided the necessary tools to safely manage their patients, improve patient care, streamline services and reduce overall healthcare costs. In my experience as both a military and civilian doctor of physical therapy, to manage the complexities and coordination of patient care efficiently and effectively, the ability to order musculoskeletal imaging consisting of plain film is essential for contemporary physical therapy practice.

Training and Competency

Doctor of Physical Therapy (DPT) degree programs (professional and postprofessional/ transitional) has resulted in increased emphasis on imaging as a content area.³ My role as an associate professor over the past 20 years at a civilian academic institution allows me to offer a perspective related to curricular preparation and competency regarding diagnostic imaging. Consistent with most professional doctoral programs of physical therapy⁴, the contact hours within my radiology course for imaging theory, clinical application, and skills is approximately 30 hours. Much of the content delivery (eg, classroom lecture, laboratory experience, video application cases) covers the use of clinical guidelines regarding the appropriateness of patient referral for imaging and the influence that imaging results might have on patient plan of care.

Students are rigorously tested on imaging material in both written and practical examinations to assess their knowledge, skills, and abilities in preparing qualified physical therapists to order musculoskeletal imaging consisting of plain film radiographs.

Practicing safely and efficiently as a doctor of physical therapy requires the capability to order timely musculoskeletal imaging consisting of plain film radiographs when appropriate. The request to order a first order diagnostic provides an ability to gather more complete and essential information to guide appropriate patient care in a safe and timely fashion. It is important to note that the physical therapist profession is not requesting ownership of radiology services, rather the capability to order and appropriately utilize the expertise and interpretation skills of the Radiologist to optimize the best data-driven decisions for physical therapy patient care.

In closing, to enhance efficiency of health care delivery, and for health care consumers to maximally benefit from first contact with physical therapists, the ability to directly refer patients to other providers, including radiologists, is essential for contemporary physical therapy practice. We respectfully request today, on behalf of the APTA ND representing Physical Therapists across the state, that your committee approve SB 2122, allowing PT's/DPT's to order plain film radiographs/x-rays.

Thank you for your time and consideration. If you have any questions, I would be happy to try to answer them for you.

Sincerely,

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References

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2. Rabey M, Morgans S, Barrett C. Orthopaedic physiotherapy practitioners: surgical and radiological referral rates. Clin Gov. 2009;14:15–19

3. Katherine Marino, Deborah Merrick, Kimberly Edwards, Margaret Pratten. 2019. Musculoskeletal Radiology Teaching at a UK Medical School: Do We Need to Improve?. Anatomical Sciences Education 12:3, 257-263.

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