PRESIDENT'S MESSAGE

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Historic Gains in Imaging Privileges for Physical Therapists in Arizona, Nevada, Montana, and wait for it… Louisiana! – Challenges and a Clarion Call to Action in Pennsylvania: It is High Time to Formally Reintroduce the Physical Therapy Profession to Our Interdisciplinary Colleagues, Stakeholding Partners, and Recalcitrant Rivals

Cherished Members of the Mighty Imaging SIG!

I'm blown away, euphoric, and performing a snoopy dance about our beloved profession's recent mind-blowing gains since our last newsletter. But I am not entirely surprised, given that our approaches and political instincts are improving. We still have to keep ourselves from shooting our toes off with permission-seeking behaviors and an all-too-willing subconscious drive to give away our professional agency to stakeholders and recalcitrant, combative rivals, whose moral compass is, let's face it, governed by turf and outright control. We are governed by the high ground of a moral imperative to serve our public's interest with optimal, evidence-based, and expedient delivery of care. To us, that means fully actualizing, marshaling, and deploying the primary care physical therapist with expediency into the breach of the fourth most significant global health burden, musculoskeletal conditions. Despite the seeming loftiness of our collective aspiration, it is both sane and sensible, if not directly important, to consider in a nation and world beset with acute physician and nursing shortages that continue to worsen. Strong words, I know. I think I can contextualize this by recounting my history with Louisiana if you would indulge me.

VICTORY AND CATHARSIS IN LOUISIANA

These words and feelings come from formative experiences early in my career when I decided that my only choice was to join an organization that I identified was our best shot to defend our profession from a hostile faction of the chiropractic lobby hell-bent on stripping away our right to perform spinal manipulation in Louisiana. I created my first manual physical therapy practice deep in the rural Mississippi River delta marshlands south of New Orleans, in my beloved adopted Louisiana. Not long after, I started paying my dues to the APTA and reflexively bounced between the Private Practice and the Orthopaedic Section. That was 30 years ago. I've been practicing since 1989.

Confession time. I was motivated to join the APTA because of my personal and professional instincts for survival. We, independent practitioners, are acutely concerned about our competitive edge, our quality of care, and the survival of our practices. I was pioneering manual therapies in Louisiana, and to the appreciation of my patients and the community I served, I knew my small but robust team of ambitious, young professionals was making a difference. I didn't realize that in addition to managing and nurturing your budding business, you had to defend yourselves from malevolent lobbies that were trying to handcuff or snuff out a profession because of greed and control masquerading as benevolent 'protectors' of the public good.

Although green at the shoots as my youthful former self, my trusty BS-ometer was red-lining with indignation (BS, not to be confused with my initials, rhymes with the combination of 'wool' and 'twit '- ometer). The standard units for my BS-ometer continue to be outrage, with a standard deviation of 'you've got to be kidding me' and values that would now be considered precursors of commonly accepted emojis expressing sentiments of hostility, infuriation, and general discontent. I am sad to say that no patent was filed for this helpful device, and for those who are performing an Amazon or eBay search for my BS-ometer, they are no longer on sale… OK, correction: I just checked Amazon, and there is an actual Cat-memed BS-ometer to stick on the back of your mobile phone. I regrettably have no legal course of action, as a patent was never filed (sigh, you snooze, you lose)... But I digress.

Our fight to rebuff a real threat from the chiropractic lobby required a colossal effort. We deputized many patients and lobbied our legislators with conviction, earnestness, and sincerity. Our PAC helped a lot, but it was a challenging, gritty effort that required me to drop out of my first attempt at a t-DPT. My whole staff was deeply involved and fought for this in the southern parishes (county version of Louisiana) and the state capitol, Baton Rouge. This attempt by a hostile lobby was an existential threat to my business… what a bunch of jerks. I understood through the process how much we had to educate many uninformed legislators, stakeholders, and interdisciplinary healthcare providers. To my dismay, this still holds today nationwide.

I deepened my advocacy by teaming up with APTA's Louisiana Chapter in the mid-90s to somehow cobble a legislative attempt to gain some modicum of direct access. It was ragtag at best and pretty cringeworthy from a stagecraft and optics point of view. Our likeability and sincerity remained intact, but we were not dressed and organized for success – in short, we had no game. The optics belied the deeper narrative and importance of our profession. We were not the best sales reps for our cause. However, this changed with a physical therapy legislative day staged at the Louisiana State Capital.

I was staring at the meandering of our physical therapists and physical therapist students in the main hall outside the Senate and House of Representatives. I chatted with a gifted fellow manual physical therapist, Alice Quaid. We remarked on how clumsy our collective unprofessional optics were and wondered how we would convey effectively what it is to be a physical therapist. Realizing the situation's urgency and having both brought our massage tables, we began assessing and demonstrating technique (as an assessment) on all-too-willing staffers and legislators. It was a hit, and we repeated this model yearly, with many more physi-

cal therapists, tables, and a forest of anatomical models and banners supplied by yours truly. To our delight, our yearly visits were eagerly awaited by staffers and legislators alike. The optics were clear, and legislators began to understand our work viscerally. In concert with deepening conversations, this stagecraft was part of the ground game to ultimately lead us to victory and direct access. Dry needling was a 'gimme' with much less effort based on the depth of our relationships with the legislative body.

All my collective investment, advocacy, blood, sweat, and skin in APTA Louisiana, followed by the devastation and rebuilding of New Orleans and my business post-hurricane Katrina, left me with the most profound respect for the undaunted Louisiana Physical Therapy community. Therefore, it is understandable that I, with cathartic pride, announce that APTA Louisiana, led by President Cristina Faucheux, just brought about a favorable board ruling allowing physical therapists to order imaging in the Pelican State, my adopted home, for 25 years. I am enormously proud to have assisted Dr. Faucheux with strategy and language to bring this victory home. I am so grateful that APTA-LA invited us to collaborate with them.

ARIZONA WILL NOT BE DENIED!

After grappling with a lone recalcitrant ER physician who denied physical therapists MR imaging privileges the first time in 2022, Grand Canyon State physical therapists represented by APTA-Arizona saw an opportunity and went for it a second time. Until a couple of months ago, Arizona physical therapists could only refer for radiography, but that has changed, and they can now refer for ALL imaging. Mega-kudos to APTA AZ's State Government Affairs Chair, Dr. Kayla Black, DPT, for tenacious last-minute political wrangling to bring this incredible triumph home for Arizonans. As usual, we are glad to have provided resources and a helpful sounding board for them. However, Kayla and the AZ crew, masterfully, unwaveringly, and uncompromisingly, stood with truth and evidence to bring another ground-breaking result forward. Bravo, Arizona!

NEVADA'S WINNING HAND!

With phenomenal preparation, fact-finding, excellent relationship-building, and an assist from yours truly and the mighty Imaging SIG, APTA-Nevada President, Dr. Susan Priestman brought about an unprecedented favorable ruling on both imaging referral privileges and PT-administered ultrasound imaging. This has been a marvelous collaboration, and high praise goes to Nevada's State Board for acknowledging the value of physical therapists' contribution to the public's well-being. This has been an example of a modern interpretation, accounting for the current realities of the physical therapy profession and doctoral-level training. Dr. Priestman provided a calibrated inquiry, offering context, evidence, institutional support, and precedence. Nevada, you're so lucky that Susan has your back and knows how to play the cards right!

BIG WIN IN BIG SKY COUNTRY – RIDING HIGH IN MONTANA!

APTA-Montana juggernauts president Emily Herndon, DPT, and Vice President Samantha Schmidt, DPT, know what it means to practice in rural and independent settings. Experience has taught Drs. Herndon and Schmidt to deeply understand the importance of PT-directed imaging referral. They took the proverbial bull by the horns to bring their calibrated inquiry to their board. Their highly collaborative engagement led to a decision to engage the Montana board to elicit a modern interpretation of their practice act to bring the best possible expedient care to their communities. They realized that a legislative approach was unnecessary, frankly counter-productive, and inexpedient. With a bit of assistance from the mighty imaging SIG resources and my insufferable feedback, Emily created an inquiry masterpiece. Once again, I am deeply honored to have been included in their quest for their mission of care for the public of Montana. Victory lap for Montana!

RE-EXAMINING OUR DIFFICULT RELATIONSHIPS WITH OUR INTERDISCIPLINARY COLLEAGUES, STAKEHOLDERS, AND RECALCITRANT RIVALS

Relationships can be complex. I know. Such a profound insight? - I do harbor a penchant for the obvious- But the more I dig deeper into the rabbit hole that is physical therapist imaging referral and ultrasound imaging advocacy, the more I realize how our interdisciplinary colleagues, stakeholders, legislators, hospital administrators, and rivals know little to nothing about our profession, informed only by the optics of a lone noble physical therapist goading/assisting/gait training a post-surgical loved one down the hospital corridors.

I've found that, at best, some of our interdisciplinary colleagues may be mildly interested in us. But essentially, the majority are incurious at best, with a crucial and influential faction that … doesn't …want …. to … hear it. It's not hard to imagine a relationship wherein one person blocks their ears and yells LALALA to shut out any new information that would modernize or update their understanding of current realities. In fairness, they have their professions and lives to consider, and they won't waste any synaptic energy developing a great interest in what we offer. Chalk it up to human nature, meanwhile, how I yearn to break through and convey how fantastic physical therapists are and what the public stands to gain from the full deployment and actualization of our primary care profession.

But is it all our interlocutors' fault in this dysfunctional relationship? Have we done our job in communicating our professional relevance? I would argue that, though we rightfully shake our fists in indignation at the underestimated appraisal our profession suffers, we still have ourselves to account for.

Louisiana taught me about relationships and education. In the final analysis, victory for our profession and the public's best interest requires us to educate *everyone*. But are we doing that? Our strengths comprise the superpower of conviviality, intelligence, and impact. Still, to our detriment, we carry a similar payload of kryptonite in the form of permission-seeking behavior and confrontation avoidance. We love to get along and shy away from conflict. Still, I would argue that a retreat from engagement is a disservice to our patients and an injustice to our stakeholders, who require a refresh, reboot, and update on our profession and our doctoral-level education… It is time to recapture and control our professional narrative and provide a script to educate our interdisciplinary ecosystem. And it has to start now.

But how do we begin the dialogue and breakthrough? Our deference and reverence for our interdisciplinary colleagues should not impede us from broadcasting the significant contributions we can deliver!!!

To complicate matters further, our interlocutors are using a familiar playbook invoking fears of missed cancer diagnoses, lawsuits, diagnostic conflicts, and other assorted amygdala-stimulating, unsubstantiated, conveniently evidence-free assertions.

We need to reboot stakeholder understanding of where we stand. Their collective Operating Systems seem stuck on the cursor prompt from a clunky, scratched, floppy disk churning out error signals like the embattled, motherboard-corrupted, deceptive HAL from Kubrick's *2001, A Space Odyssey*. HAL, finally defeated, begins singing, "Daisy, Daisy, can you come out to play…"

We need our OWN playbook for all the boilerplate yarns, chestnuts, platitudes, and statements that may be otherwise confused for outright deception. And we need to respond swiftly, deftly, with evidence at hand, and frankly, call BS when we hear it… our clarion call should be, "Where's your evidence for that assertion?"

One of my *faves* in the hit list of physician concerns and objections is, "What if your findings or diagnosis is different from mine?"

Unbelievable. So, are you saying that I shouldn't report new findings or concerns that might impact the rehabilitative trajectory of the patient? Are you saying we shouldn't adjust our therapeutic approach when findings change? Are you concerned that we would like to recommend further investigation due to a concern for a potentially more sinister diagnosis? Or are you concerned that we have evidence that may require other options, including surgery?

Taken a little further:

In the real world, when a physician consults another physician with conflicting diagnostics, they discuss the patient's case, move forward, and adjust the diagnosis… no biggie. Somehow, it's catastrophic if a physical therapist reports findings that explain a patient's prolonged, complicated recovery. Heavens to Betsy!

The fact is that Physical Therapists have the overwhelming luxury of seeing a given patient numerous times to manage the rehabilitative trajectory. Rehabilitation involves an ongoing fluid process of assessment and treatment. We are uniquely positioned to tweak, adjust, and monitor a patient's response to treatment and gain deeper understanding and refinement through our ongoing evaluation (ie, we never stop assessing). And because of this acute familiarity and visits and response to treatment, we can detect deviations from the norm and, yes, relevant findings that were…wait for it…MISSED! Oh, no! What to do? Someone's going to lose their license! I'll be locked up! A physical therapist made me look bad! The gall! The cheek!

Back to reality, please. We simply want to let you know that we found something that may help manage a patient that happens to be a little complicated. We want to collaborate with our multidisciplinary team and colleagues… really. Why so defensive? Would you behave so defensively with your other colleagues? You DO realize that we were educated to differentiate Musculoskeletal pathologies and that physical therapists specialize in many areas… really. We, physical therapists, got this. Let us do our jobs, and let's get beyond the hysterics.

By the way, I'm not suggesting we collectively get our 'snark' on. But we need to have our responses and rebuttals at the ready. It's time to gear up, folks!

Imaging-SIG Meetings! Get Boned up on the Evidence with Two excellent Sessions Featuring Drs Tim Flynn and Matt Schumacher!

We have you covered if you couldn't attend our membership meetings on March 27th and April 30th, 2024. Just check our Imaging SIG webpage, and they are posted:

On May 23rd, 2024, the legendary Dr. Tim Flynn, PT, PhD, OCS, FAAOMPT, FAPTA, presented ***Imaging Health… The Physical Therapist's Role in Disrupting Our Sickness Model*** causing quite a stir on our AOPT YouTube channel and, like our previous meetings, has generated significant interest. Please check out Dr. Flynn's vibrant take on the benefits of Physical Therapy and the cost savings PTs bring to national public health when we are fully integrated as primary care practitioners.

On June 26th, 2024, Dr. Matt Schumacher, DPT, OCS, FAAOMPT, presented ***Picture Perfect: Unveiling Physical Therapists' Perspectives on Diagnostic Imaging Referral in North Dakota.*** Matt recently published '*Identifying Physical Therapists' Attitudes, beliefs, and Barriers toward Diagnostic Imaging Referral: a mixed-methods Study.*' His timely investigation aimed at issues facing the primary care physical therapist provider in imaging referral. In this membership meeting, Dr. Schumacher conveyed which physical therapy specialties and institutional settings may or may not be taking advantage of plain film referrals in the 'Peace Garden State' of North Dakota. He deepened our understanding of rural vs. urban referral to illuminate the needs of our neglected communities. His fresh research gave us a unique lens into North Dakota Physical Therapists' early steps as imaging-referral providers as they leverage their skills to serve the public's health interests in actualizing primary care physical therapy. And like many North Dakotans who are unsatisfied with the present status quo limiting physical therapists to plain film referrals, I can tell you that Dr. Matt Schumacher will NOT stop advocating until full imaging-referral privileges are granted.

The AOPT's YouTube Channel and the Imaging SIG Content Continue to Trend!

Imaging-referral privileges and PT-administered ultrasound imaging are crucial to our professional cause and the care of our patients, and the buzz around our membership meetings continues as a result. There's a lot of content and interviews on the AOPT channel, so check it out. The Channel has topped 1000 subscribers. Way to go, AOPT!

NATIONWIDE PT IMAGING REFERRAL SCORECARD

Dr. Lance Mabry and I continue to work on the nationwide imaging privileges scorecard and are updating it for you. We are achingly close to getting it ready for a refresh of our Imaging SIG opening webpage with the map prepared for our membership.

IRONS IN THE FIRE

I continue to be engaged, active, and optimistic in even more states, but we will keep our cards concealed, as per our state chapters' wishes (though I can't wait to tell you!). We have been relentless but not reckless.

In closing

I will close with my familiar refrain of optimism for our profession, and I want to restate that it is OUR profession. Do not give away your agency to another lobby, stakeholder, rival, or opponent. We must reassess our toxic relationships or codependences and create new alliances. An emerging friendship will be found in radiologists at the independent level. We will also begin to talk with the American College of Radiology. It is time to find new friends if our old adversaries continue to obstruct us and, frankly, see no value in us. I know our value. Our patients know our value.

Keep representing!!

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Have you checked out AOPT's YouTube Channel?

The Imaging SIG has the following content available for you to view:

- Revolutionizing PT: The Power of MSKUS & PT Imaging Referral
- The World of PT Imaging Referral
- DPT Imaging Education: Will Graduates Be Prepared for Today and Tomorrow's Practice
- Imaging for PTs Passed! Now What? the ND Experience
- Colorado Physical Therapists are Ordering Imaging...& the Sky Has Not Fallen
- PT Awareness of Diagnostic Imaging Referral
- The PTs' Role in Disrupting our 'Sickness Model'
- Ordering of Diagnostic Imaging by PTs: Analysis of Successful Implementation
- Unveiling PT's Perspectives on Diagnostic Imaging Referall in North Dakota

YouTube.com/@aptaortho/videos

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