

## ADDRESS AND REFLECTIONS

*Bruno Steiner, President, AOPT Imaging SIG*

Dear Members of the I-SIG,

It has been a hectic few months with conversations, meetings, and most helpful input from our family of I-SIG leadership and members and our dedicated friends from APTA governmental affairs. I remain impressed with the thoughtfulness and intelligence of our members as I continue to gain insight into the issues, impediments, opportunities, and work that lie ahead. Please indulge me if you would, and allow me to share my reflections with you thus far and highlight some of my guiding core principles.

In the words of my many mentors and colleagues over the decades, nothing beats a great physical exam. And in the words of my colleague and research collaborator, radiologist Eric Chang, MD: Radiological evaluation is guided by clinical findings and requires clinical context. However, in concert with our physical assessment, radiological evaluation certainly refines our diagnostic deliberations to better guide our patient's rehabilitative trajectory. This has been my understanding from my formative bachelor's education in Physical Therapy at McGill University in the late 1980s. My experience and DPT training have only reinforced my conviction: Physical Therapy is an evaluative, diagnostic discipline in rehabilitative medicine and benefits significantly from imaging referral/ordering and physical therapist-administered MSKUS to optimize the diagnostic clarity of a given patient's orthopedic and neuromuscular condition. Diagnostic clarity optimizes rehabilitative treatment design and expedient patient care, management, and referral for the primary care physical therapist envisioned in the Vision 2020 statement.

To be clear, I, along with all members I have met thus far, am comfortable with abandoning the mischaracterization that physical therapists 'do not diagnose.' Too long have we troubled ourselves with the contradictory logic that somehow, on the one hand, we are to objectively evaluate a patient to acknowledge/identify involved tissues, structures, and dysfunctions to form a treatment plan, while on the other hand, desperately avoid rendering our informed perspective in the commonly accepted medical language of 'diagnosis.' This awkward accommodation makes communication with providers confusing and clumsy. In my experience as a long-practicing independent practice owner in constant contact with orthopedists, hem/oncologists, providers, and healthcare consumers, this is simply untenable and patently impractical in the real world. As a graduate doctoral health care discipline, is it not time to embrace and aspire to the ideals of the Vision 2020 primary care Physical Therapist?

Given that patients in all states enjoy some measure of 'direct access' to physical therapists, we should acknowledge the de facto recognition of Physical Therapists as primary care practitioners. As primary care physical therapists, we are responsible for referring patients to appropriate providers for further input or diagnostic clarity, obviating the need for imaging referral privileges.

I invite our members to continue providing us feedback and to involve us in your respective states' drive for imaging referral privilege. If you are beginning to consider or are already advanced in the development and preparation of your ground game, please feel

free to reach out to the I-SIG and our advocates who have taken on the task before you. We are ready to advise and share resources and our experience to help you actualize your goals. Our shared experiences, whether they are 'wins' or setbacks, will set the stage for future successes.

Advocacy takes on varying forms, follows many avenues and converges to common purpose. Advocacy requires engaging and educating stakeholders; however, change does not require a chronic permission-seeking mindset. We must seek legal channels and interpretations, which may already be in place, favoring our position as image-referring practitioners. This is not to say our relationships need to be adversarial. We can leverage our energy, instructive and empathetic strengths to inform, update, and modernize the misunderstandings pervasive among stakeholders. As I have been made aware, there are still legislators and stakeholders who are shocked (shocked!) that we have direct access and re-litigate uninformed fears. We are duty-bound to acknowledge their concerns but also to immediately update their regrettably antiquated notions. We are driving toward better and expedited patient care, improved public health policy, and improved multidisciplinary communication using a common diagnostic language.

As I mentioned previously, imaging referral advocacy involves several scenarios that may not be self-evident and require some nuance to avoid certain pitfalls or undesirable consequences. Not all changes require a legislative process and supplicating approval from stakeholders who have long categorically opposed the goals of our profession. Some of the most effective approaches may simply need a legal interpretation of existing language. Many practice acts may simply not explicitly contain prohibitive language to diagnostic labelling, MSKUS use, or ordering of imaging studies. As Physical Therapists, we must awaken to the reality that we can engage in legal pragmatism. Other influential lobbies have done so as well.

These approaches have been quite practical to achieve our aims: whether it involves asking calibrated questions to respective State Boards to rule or update a ruling to better reflect current modern realities and needs of the primary care physical therapist; whether it involves expanding our influence with unexpected influential stakeholders, such as radiologists and techs, to carefully time our approach to low-risk/high-reward stakeholders, while resisting conflict with stakeholders who have traditionally been at odds with our goals; and exploring the legal interpretation of our statutes, which would favor our cause.

Thanks for indulging me, and remember, please continue to 'proudly, empathically, emphatically inform and engage' our fellow stakeholders as we forge ahead for good, sound health policy and for the benefit of the patient as the aspiring primary care Physical Therapists you are.

And now, let's get a bit more granular with some updates from our leadership, researchers, and governmental affairs for all things imaging and, near and dear to my heart, physical therapist-administered MSKUS.

### Developments in Physical Therapist-administered MSKUS

Inteleos reports that 17 Physical Therapists have taken the APCA (Alliance for Physician Certification and Accreditation) RMSK exam in the latest cycle. To remind everyone, physical therapists are eligible for the Physician's board certification of the

APCA conferred RMSK distinction, which has resulted in the board accreditation of numerous physical therapists. And we have shown over and over again that we can pass it. Remember, Physical Therapists are recognized providers of Musculoskeletal Ultrasonography by the American Institute of Ultrasound in Medicine (AIUM) and the Inteleos Foundation family of certification alliances. The credentialing academies include the Alliance for Physician Certification and Accreditation (APCA), The American Registry of Diagnostic Medical Sonographers (ARDMS), and The Point-of-Care Ultrasound Certification Academy (POCUS). Moreover, the AIUM recognizes physical therapists as ‘licensed medical providers’ of MSK ultrasound.

I have repeatedly stated that if you wish to unequivocally demonstrate our MSKUS competency, learn MSKUS, apply it, prepare, and sit for the exam. It is an unambiguous and undisputable statement of competency. We wish our next class of 17 physical therapists good fortune and hope that more will experience the professionally transformative use of MSKUS to extend our Physical Exam and join the ranks of the RMSK PT.

### Diagnostic Ultrasound Sales to Physical Therapists

Some of our fellow physical therapists encountered occasional difficulty purchasing diagnostic ultrasound devices from vendors and manufacturers due to a misinterpretation of FDA labeling. Our former president, yet very active I-SIG member Chuck Hazle, identified an opportunity to engage this stakeholder with an informative APTA-approved position paper. I have written and submitted a statement, incorporating the insights and input from him and Doug White, reviewed by Physical Therapists Cindy Bailey, Jim Dauber, and Mark Krimmel (all of whom use MSKUS). It is in the final stages of approval from APTA governmental affairs and will be a tool for physical therapists to use to allow us to purchase diagnostic ultrasound devices.

### MSKUS Infographic

Thanks to Beshoy Ghaly, DPT, RMSK, who has diligently worked on the AOPT I-SIG infographic of PT-administered MSKUS. It is a great additional resource posted on our I-SIG web page and I encourage everyone to review and download it.

### Noteworthy Publications

#### MSKUS adoption and learning strategies

The Imaging SIG Research Committee recently published a paper titled, Elements of Learning and Integration of Diagnostic Musculoskeletal Ultrasound Imaging Into Practice: Physical Therapists’ Educational Journeys. The paper’s authors are Lorna Hayward, Alycia Markowski, Maureen Watkins, Murray Maitland, Rob Manske, and George Beneck.<sup>1</sup> The study set out to understand the learning process and practice of musculoskeletal ultrasound (US) by physical therapists registered in musculoskeletal sonography. Using a qualitative approach, 16 US credentialed physical therapists were interviewed. Five themes regarding learning and clinical use of ultrasound imaging were identified. Numerous quotes by the participants were included to support the reported themes.

### Emerging case reports of physical therapists ordering imaging studies

If you wondered what imaging referral looks like in practice and wanted to glimpse a successfully implemented workflow, *Physiotherapy Theory and Practice* just published Private physical therapy practice implementation of direct referral for radiograph imaging: an administrative case report.<sup>2</sup> Nelson et al describe the successful implementation of direct referral for radiography studies in a

physical therapist-owned, private physical therapy practice. Evan Nelson and colleagues have agreed to talk with our membership to dive into their encouraging experience in a world where physical therapists directly refer for imaging.

### Imaging advocacy: *Physical Therapy Journal* article

Additionally, I would strongly encourage everyone to read the most recent *Physical Therapy Journal* article, Putting Imaging into Focus (<https://www.apta.org/apta-magazine/2022/03/01/putting-imaging-into-focus>).<sup>3</sup> Author Chris Hayhurst interviews physical therapists who are passionately involved in imaging referral for our profession and explores the role of imaging in physical therapy. This excellent article serves as an essential primer, introduction, and overview of the issues and possibilities facing physical therapist imaging referral. Interviewees include devoted advocates Aaron Keil, Lance Maubry, Charles Hazle, Daniel Markels, Michelle Collie, Drew Contreras, and Katie O’Bright.

### A word from our I-SIG VP, Education Chair: Brian Young

The Imaging SIG has been busy expanding the use of imaging within physical therapist practice. Much imaging education has focused on entry-level skills with the first Imaging Education Manual. The 2022 CSM presentation, Demonstrating Competencies in Referral for Imaging, by Dr’s Michael Ross, Michael Crowell, Aaron Keil, Michelle Collie, Bill Boissonnault, and Brian Young, expanded the conversation beyond entry-level DPT education to now include residency, fellowship, and health systems. Why is this important? Because more states are working for practice act rule changes to allow physical therapist referral for imaging. This does not affect just entry-level DPT students but those who have been in practice.

### Ensuring Consistency with Current Evidence in Imaging-CPGs

Dr. Jim Dauber (Marshall University) is leading a task force facilitating the introduction of evidence-based musculoskeletal clinical decision-making into emerging and revised clinical practice guidelines, emphasizing incorporating the American College of Radiology Appropriateness criteria as part of physical therapist best practice. The taskforce functions in a liaison capacity between the Imaging Special Interest Group and the Orthopaedic Academy’s CPG Managing Editor, Namrita Sidhu. The Imaging SIG is also initiating microlearning sessions for imaging referral and are available free of charge to physical therapists on the AOPT’s website.

### American Institute of Ultrasound in Medicine

Finally, we are continuing our educational efforts in collaboration with the American Institute of Ultrasound Medicine to provide free-of-charge webinars on the utilization of MSKUS by physical therapists for patient management. The Imaging SIG is invested in spreading the word about physical therapists’ effective, safe, and responsible use of imaging. Stay tuned and be sure to join us in our future educational efforts!

### State Legislative Round-Up: Justin Elliott, Vice-President, APTA Governmental affairs

Last year, we saw North Dakota and Rhode Island enact legislation amending their state licensure law (ie, practice act) to permit physical therapists to order x-rays. Also, in December 2021, the West Virginia Board of Physical Therapy issued an advisory opinion that imaging referral is within the practice of “physical therapy” as defined by West Virginia law. The West Virginia Board

of Physical Therapy advisory opinion issued in December 2021 determined that imaging referral is within the practice of “physical therapy” as defined by West Virginia law. The opinion was issued in response to an inquiry by the West Virginia APTA chapter. The opinion states that it “is advisory in nature and does not constitute an administrative rule or regulation and is intended to solely serve as a guideline for persons licensed by the West Virginia Board of Physical Therapy.”

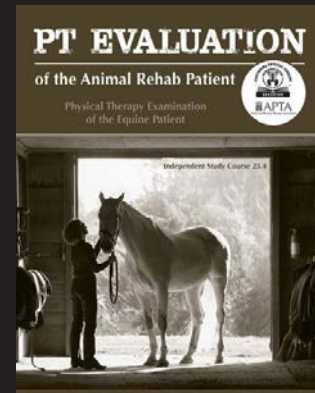
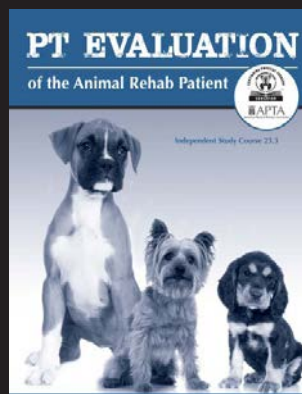
In 2022 two states, Georgia and Arizona, introduced legislation that would expressly allow physical therapists to order diagnostic imaging. Georgia HB 1514, as drafted, would have allowed physical therapists to order diagnostic imaging and use ultrasound. HB 1514 defines diagnostic imaging as magnetic resonance imaging, computed tomography (CT) scanning, positron emission tomography (PET) scanning, positron emission tomography/computed tomography, and other advanced imaging services but not X-rays, fluoroscopy, or ultrasound services. Unfortunately, Georgia HB 1514 did not receive a hearing, and the Georgia Legislature has adjourned for the year. Arizona SB 1312 would allow physical therapists to order musculoskeletal imaging consisting of plain film radiographs. The legislation passed the Senate unanimously but has yet to be voted on in the Arizona House as the legislature looks to adjourn for the year soon.

The APTA Imaging SIG and the APTA State Affairs Department continue to educate APTA chapters on the role of physical therapists and imaging and anticipate more states to seek legislation, regulations, and board policies and opinions in the coming months that expressly allow physical therapists to refer patients for imaging studies. APTA and the Imaging SIG continue to work with the Federation of State Boards of Physical Therapy (FSBPT) to educate state boards on this issue. Last year FSBPT hosted an educational webinar for state licensure board members titled, Imaging Referral by Physical Therapists: Progression of PT Education, Advocacy, Practice, and Regulation, featuring Chuck Hazel, Daniel Markels (APTA State Affairs manager), and Jeanne DeKrey of the North Dakota Board of Physical Therapy. APTA and the Imaging SIG are also currently working with FSBPT on the inclusion of model legislative language related to PT referral for imaging for the next edition of the Model Practice Act for Physical Therapy (MPA); the MPA is the model legislative language used by state chapters and boards when revising a state PT practice Act. FSBPT has also posted imaging information on their website that links to the resources on the APTA Imaging SIG website.

## REFERENCES

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3. Hayhurst C. Putting imaging into focus. *Phys Ther J*. 2022;14(2):18-28.

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