



Special Interest Group Reports

CSM – February 2025
Houston, TX

- **Occupational Health Special Interest Group**
- **Foot & Ankle Special Interest Group**
- **Pain Management Special Interest Group**
- **Performing Arts Special Interest Group**
- **Animal Physical Therapy Special Interest Group**
- **Imaging Special Interest Group**
- **Orthopaedic Residency/Fellowship Special Interest Group**



OCCUPATIONAL HEALTH

ACADEMY OF ORTHOPAEDIC PHYSICAL THERAPY, APTA

Occupational Health SIG (OHSIG) Report

CSM February 2025

Submitted by:
Rick Wickstrom, President
Academy of Orthopaedic Physical Therapy, APTA

SIG Members and Terms:

President:

Rick Wickstrom	2022-2025	(2 nd Term)
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Vice President/Ed Chair:

Steve Allison	2023-2026	(2 nd Term)
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Other OHSIG Leaders:

David Hoyle	2024-2027	Nominating Committee Chair (2 nd Term)
Bill Beck	2022-2025	Nominating Committee Member
Tyrees Marcy	2023-2026	Nominating Committee Member
Marc Campo	2022-2025	Research Committee Chair
Josh Prall	2021-2024	Research Committee Vice Chair
Cory Blickenstaff	2022-2025	Practice Committee Chair
Drew Snyder	2022-2025	Practice Committee Vice Chair
Christine McCallum	2023-2026	Public Relations Chair
Moyo Tillery	2021-2024	Public Relations Committee Vice Chair
Alison Helmetsie	2022-2025	Education Committee Vice Chair

Discussion Items for the Board: During my two consecutive terms as OHSIG, I have observed significant decline in membership in our OHSIG and AOPT membership as a whole. Concerns about membership decline inspired SIG leaders to make a motion to make AOPT membership free to students. We appreciate action taken by the AOPT Board to make student membership free in 2025.

Motions for the Board: None.

Membership Statistics: Since 2/2023, OHSIG has 500 PTs (-34), 5 PTAs (-0), 3 Students (-1), and 4 Partners (-8). We have 19 members (+2) who are OHP Certified.

Strategic Framework Updates:

Excellence of Practice: Improve the consistency and quality of patient care by providing professionals with convenient evidence-based resources. OHSIG has several strategic initiatives related to the AOPT strategic objective, Innovate educational resources an support evidence-based knowledge translation for PTs and PTAs.

- OHP Certificate Program was profitable in 2024 for all three components with a profit of \$11,018.58 that was split 50/50 between AOPT and OHSIG. We have been approved to begin funding small research grants for student/faculty member teams in 2025 and are meeting at CSM to establish our process for doing so.
- OHSIG's program proposal led by David Hoyle was accepted for presentation at CSM 2025 that is titled: *The Physical Therapist's Role in Disability Prevention through Mitigating Psychosocial Barriers through Return to Work*. We created a AOPT Blog article in collaboration with Sharon Klinski to drive interest in this program that may be accessed at : <https://www.orthopt.org/blog/breaking-barriers-how-physical-therapists-can-lead-the-way-in-disability-prevention-and-return-to-work-success2>
- Our education committee completed a survey that confirmed interest in including PTAs, COTAs, and ATCs in step 3 of the OHP Program, with the designation of Occupational Health Associate.
- We completed peer reviews of three ACOEM guidelines for Chronic Pain, Initial Assessment and Documentation; and Initial Approaches to Treatment that were requested by APTA staff.

Member and Profession Awareness: Communicate opportunities and increase awareness and engagement for all stakeholders to access or contribute to the profession.

- Our PR Committee sent out a letter in July to notify our membership of our latest OHSIG initiatives to directly engage with faculty members in DPT programs to encourage research projects with students that inspire interest and excellence in Occupational Health as clinical practice focus. Connecting with OHSIG members with academic connections is intended to drive student interest.
- We have been doing monthly “lunch and learn” webinars about focus areas of practice and also posting the OHP Step 3 Capstone Presentations on the AOPT YouTube Channel.
- We are building a DPT Faculty key contact list in preparation for our small grant offering and to encourage student membership.

Payment and Value: Increase provider payment through influential legislative and advocacy efforts.

- OHSIG is continuing to build our State Resource Liaison Program as the main initiative for our OHSIG Practice Committee. We still have a few remaining spots to fill for SRLs that include Alabama, Arkansas, District of Columbia, Kansas, Mississippi, New Mexico, Oklahoma, Rhode Island, South Dakota, Vermont, and Wyoming.
- OHSIG Leaders are mentoring members from Mississippi and Colorado to establish these states as states where PTs have been qualified by their board to perform DOT Physical Exams of Commercial Vehicle Drivers.
- We are discussing a motion concept for the 2025 House of Delegates to reinforce the value of physical therapists in alleviating disability through telehealth intervention.

In conclusion, it has been an honor to lead OHSIG during two terms of service as OHSIG President. We moved the needle for Occupational Health Practitioners with many initiatives in many ways:

- Publishing a CPG to Optimize Work Performance
- Implementing Occupational Health Certificate Program to generate revenue and drive excellence
- Initiating an AOPT Led Motion with James Spencer to inspire entry-point access
- Implementing a state liaison program to support our members where they practice
- Collaborating on peer reviews with ACOEM and other stakeholders to reinforce the value of PT.
- Inspiring APTA to become a NIOSH Total Worker Health Affiliate.



FOOT & ANKLE

ACADEMY OF ORTHOPAEDIC PHYSICAL THERAPY, APTA

Foot and Ankle SIG (FASIG) Report February 2025 (update from July 2024)

Submitted by:
Frank DiLiberto, President, FASIG
Academy of Orthopaedic Physical Therapy, APTA

SIG Members and Terms:

President:

Frank DiLiberto 2022-2025

Vice President/Ed Chair:

Stephanie Albin 2023-2026

Members:

Marcey Keefer-Hutchison – Nominating Chair 2024-2025
Jamie Caillet – Nominating
Peter Schrey - Nominating

Stacey Meardon – Research Chair
Hayley Smitheman – Student Membership
Ashley Waite – Clinical Practice

Update on SIG Activities since July 2024:

President Update - The updates below are submitted to provide an overview of the work completed by the FASIG since the July 2024 CSM Board Update. The report of activities is organized using the FASIG strategic plan which was finalized in February 2018 and updated to be consistent with the revised AOPT strategic plan in January of 2020. We are aware of the upcoming intent to have FASIG goals aligned with the AOPT strategic plan.

Goal 1: Research will ensure foot and ankle rehabilitation practice is current and evidence based. (AOPT: Evidence to Best Practice and Positioning Members as Experts)

- Strategic Goal 1.1.a: FASIG Educational Programming is slated for CSM 2025.
- Strategic Goal 1.3.a. FASIG continues to work with AOFAS (American Orthopaedic Foot and Ankle Society) to develop education and disseminate evidence-based research. Steph

Albin attended and presented, as well as coordinated another PT presentation, at the AOFAS Annual Meeting in 09/2024.

Goal 2: Develop and distribute resources that promote the optimal utilization of foot and ankle content in PT practice. (AOPT: Evidence to Best Practice and Positioning Members as Experts)

- Strategic Goal 2.2.b,c. Fellowship in Foot and Ankle PT: ABPTRFE provided a response to our DFP. We have responded as of 01/2025. Please see below under Discussion Items for the Board.
- Ashley Waite is working on two new which will be posted on our FASIG web page.
- We continue to reframe the delivery of content in working with AOPT to generate teasers to post on social media, which advertise our content videos posted to the AOPT YouTube channel. Most recently, an anatomical lecture including cadaveric specimen videos was created and posted. The content is applicable to DPT students (and clinicians who need to brush up on their foot and ankle anatomy and kinesiology). We will continue to solicit authors for the creation of content.

Goal 3: FASIG will support relationships to meet strategic objectives. (AOPT Value and Payment, Positioning and Public Awareness)

- Strategic Goal 3.1.b: One FASIG excellence in service will be given at CSM 2024. The new ‘best poster’ competition (reviewing accepted Ortho foot and ankle CSM abstracts and selecting the top three for a certificate and monetary award) which was well received last year, was placed on hold for this year due to logistic reasons; including budget concerns and the absence of a FA SIG specific meeting option.
- Student Membership (Hayley Smitheman) liaison has completed an additional student newsletter. We intend to turn the newsletter into a podcast for the AOPT YouTube channel next iteration.
- Co-branding of continuing education is ongoing with AOFAS and the FA SIG via webinars (1x since the last report) and Annual Meeting presentations. Steph Albin (VP) sits on the AOFAS educational board as well.

Discussion Items for the Board:

FA SIG remains interested in forming a partnership with JOSPT to increase the reach and quality of our educational content.

Please find the attached response to the ABPTRFE review of the Fellowship in Foot and Ankle PT submission. The response reflects the time and energy Marcey, Ed, and Chris have dedicated to this project. I support and agree with their thoughts and sentiments, and have little hope, and even less clarity, on what would be required to move this application toward approval. I call this to your attention given the interest, support, and financial backing AOPT has lent to this initiative.

December 11, 2024

Marcey Keefer Hutchison, PT, DPT, SCS, ATC
Foot and Ankle Fellowship Validation Project Team Leader
2920 East Ave. South Suite 200
La Crosse, WI 54601

Dear Dr. Keefer Hutchison:

On behalf of the American Board of Physical Therapy Residency and Fellowship Education and the American Board of Physical Therapy Specialties, we would like to acknowledge and thank you for your continued efforts in seeking ABPTRFE recognition of foot and ankle as a subspecialty area of fellowship practice.

The joint board practice analysis work group convened on August 19, 2024, to review the petitioner's response and the revised Technical Report submitted by the practice analysis team on August 12, 2024. This review addressed the concerns outlined in the letter sent to the petitioners on December 27, 2023.

After careful evaluation, the work group identified ongoing areas where the petition does not meet the required criteria. As a result, the work group referred the petition and associated documentation to ABPTRFE for formal review and action.

During its September 15–16, 2024 meeting, ABPTRFE voted to allow the petitioners one final opportunity to revise the petition. This revision must clearly demonstrate both a demand and need for this subspecialty to be recognized by ABPTRFE. Additionally, the petitioners must address specific concerns identified by the joint board practice analysis work group during its August 19, 2024 review, which were previously highlighted in the December 27, 2023 feedback.

General Response to ruling: Our committee feels the past two reviews to our petition have been somewhat harsh, arbitrary, and erratic. While not suggesting this to be the case, we “feel” as though there is little interest in this petition for fellowship to ultimately be approved. Additionally, we are confused by the sentiment that this will be our final appeal to previous rulings. We do not see any standards in the petition instructions that put a limit on the feedback. We hope the goal of the committee is not to reject the petition but to guide the petitioners to ensure the fellowship meets the published criteria and objectives.

It appears that the committee now finds our proposed DFP to be appropriate and our responses to their requests from last year's petition to be satisfactory but now the target has moved on to new requests. In full transparency, we intend to copy this response to our application sponsor (AOPT) to inform them of our work on their behalf.

The following areas require your attention:

1) **Citations:**

The Technical Report includes numerous facts but lacks proper citations to support them. References must be provided to validate the rationale for demand and need.

We need direction here. We have provided numerous citations and references to the majority of our statements. Please be specific as to which statements need reference beyond the findings of the survey.

2) **Demand:**

The Technical Report states that 39 facilities would develop a foot and ankle fellowship program. However, data from survey question 12 indicate the majority of facilities would *not* pursue this development.

The correct interpretation of survey question #12 is that 39 of the 222 respondents would consider sponsoring fellowship training. This means that 18% of the respondent's facilities would potentially pursue this development. Could that be said of any other specialty or subspecialty? We find this

18% to be impressive.

Additionally, only a small percentage of respondents expressed interest in enrolling in a foot and ankle fellowship program.

The correct interpretation of this value is that 19% of respondents would potentially be interested in applying for foot/ankle fellowship training. Again, in our opinion, a very high percentage. This is significantly higher than the interest of new graduates who actually apply each year for any type of residency training program.

While the report estimates the number of clinicians practicing in this subspecialty, it references vacancy data that is not included in the document.

This statement was written by a previous member of our committee, and we do not have a specific citation to substantiate this statement. We would, however, argue this is a common perspective. Nonetheless, even if the statement is not true, it should have no bearing on approving this petition as we've proven a high level of interest.

The second figure on page 3 of the report lacks context. The corresponding survey question should be included for clarity.

You are correct that his chart could have provided better legends. Let us explain the second figure. The top chart (middle of the three on the page) references the underlined text to the left that states "67% of those surveyed strongly agree or agree there is a clear demand for this subspecialty". The bottom chart graphic on the page supports the text to its left that 80% of respondents feel that fellowship-trained physical therapists would advance the profession in general"

3) **Need:**

The revised Technical Report provides stronger support for the need for this subspecialty. However, it remains unclear why current orthopaedic specialists cannot address this need. This is virtually an impossible construct to prove. Why do we need fellowship training in any area? Because fellowship training affords a more body-region-focused practice experience and the opportunity to explore care in greater depth and for more obscure conditions. This is the same philosophy for offering advanced training following orthopedic surgery residency in foot/ankle management. Were other fellowship areas held to this standard? How did they prove that their niche was not able to be adequately covered by ortho, sport, ped, or neuro clinical specialists? Our committee is legitimately puzzled about what evidence the board needs as it appears almost “common sense” to us given the other subspecialty areas that have been previously approved.

4) Current Practitioners:

The practice analysis survey had only 60 respondents, of whom just 8.5% reported treating a foot and ankle caseload. The petition uses this percentage as a proxy for estimating the number of physical therapists practicing at a subspecialty level, which is a significant assumption. This raises concerns about the reliability of the data for establishing demand and need.

This perspective is taken out of context. The 8.5% value is the percentage of respondents who have a > 50% foot/ankle caseload. This is not a “reliability” concern (maybe validity, but it is based on data from the survey). What it does show is that less than 10% of respondents specifically focus on this body region and it could be argued all day if this is too high or too low of a proportion. The committee would contend that if a patient had an unusual or complicated foot/ankle problem, we’d want one of these 8.5% of providers to be in charge of their care.

5) Fellowship Admission Criteria:

Concerns raised in the December 27, 2023 letter regarding fellowship admission criteria have not been addressed. Specifically, the petition does not provide a rationale for excluding specialties such as pediatrics and geriatrics, despite references to the “lifespan” in the petition.

We find this concern incredulous. This committee encouraged us to limit eligibility to ortho/sports specialists or residency graduates in our previous petition feedback. Now they’re asking why we didn’t consider other specialists? – We did!, and included them in our original petition. They’re essentially asking us to change it back to what we originally proposed. Look at the language we used in the original response. Please reference the committee’s letter of December 27, 2023 and our response as evidence of this “flip-flop”

6) Survey Responses:

The petition does not adequately address concerns about survey respondent eligibility. It is unclear if eligibility criteria extended beyond organizational membership in the Academy of Orthopaedic Physical Therapy or the American Academy of Sports Physical Therapy.

We made every attempt to be all inclusive in respondent access to the survey. The AOPT and ASSPT graciously advertised the survey link to the entirety of its membership. While other academies did not offer this luxury, the peds, neuro, and geriatric academies agreed to post it on their web sites. In addition, we did extensive social media advertising to promote distribution of and response to the survey. In retrospect, if these means of promotion were not adequate, why did the ABPTRFE approve our survey methods initially?

Furthermore, the response rate has not been justified to confirm whether the sample size is representative enough to validate this area of practice. Response rate justification should also be connected to the demand and need data for establishing this subspecialty.

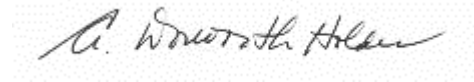
We addressed this concern in the previous feedback to the committee. We actually provided an estimate of our margin of error based on a 95% confidence interval and members of our committee know our response rate is consistent with other ABPTRFE and ABPTS survey attempts. We are confused why our survey response rate is being held to a higher standard. Please reference our response to the December 27, 2003, letter as evidence of these facts and acknowledgments of survey response rate limitations.

As stated, this is the petitioners' final opportunity to revise and submit a petition that addresses these concerns and provides clear evidence of the demand for ABPTRFE recognition of this subspecialty.

Finally, we respect the work done by the committee and acknowledge their time, effort, and expertise. That said, we would appreciate a virtual, face-to-face interaction with the committee members to better understand exactly what they are looking for that we haven't provided. As evidenced by an acceptable DFP, we do not understand why the approval process shouldn't be moving forward at this time.

If you have any questions or need further clarification, please contact APTA staff at kendraharrington@apta.org.

Sincerely,

A handwritten signature in black ink, appearing to read "A. Holder", is written over a light gray, textured rectangular background.

Alice Holder, PT, DPT, MHS
Board-Certified Clinical Specialist in Geriatric and Neurologic Physical Therapy
Chair, American Board of Physical Therapy Residency & Fellowship Education



PAIN MANAGEMENT
ACADEMY OF ORTHOPAEDIC PHYSICAL THERAPY, APTA

**Pain Management SIG (PAIN SIG) Report
January 2025**

Submitted by:

**Nancy Durban, President, PAIN SIG
Academy of Orthopaedic Physical Therapy, APTA**

SIG Members and Terms:

President:

Nancy Durban, PT, MS, DPT 2023-2026

Vice President/Ed Chair:

Eric Kruger, PT, DPT, PhD 2024-2027

AOPT Board Liaison:

Nancy Bloom 2024-2025

Carey Rothschild, PT, PhD	Nominating Committee Chair (Outgoing)	2022-2025
Rebecca Greenwood, PT, DPT, PhD, OCS, ATC, TPS	Nominating Committee Chair (Incoming)	2023-2026
Mary Beth Geiser, PT, DPT, OCS, FAAOMPT	Nominating Committee Member	2024-2027
Ryan Pontiff, PT, DPT, PhD	Nominating Committee Member	2025-2028
Adam Rufa, PT, DPT, PhD	Research Committee Chair	2021-present
Ryan Reed PT, DPT	Membership Chair	2023-present
Vacant	Public Relations Chair	
Vacant	Practice Committee Chair	

The Pain SIG seems to have hit the pause button this year. We will be meeting in March for our leadership meeting and then members meeting. We will be planning for a more productive year.

Officer Report:

- Eric Kruger, PT, DPT, PhD VP Education:
Eric continues to work on our PainCasts.
Eric has mentored 2025 CSM submissions and will be doing the same for the 2026 submissions.
Eric continues to work on supporting the Pain Education effort.

- Carey Rothschild, PT, PhD Nominating Committee Chair
Committee: Rebecca Greenwood and Mary Beth Geiser members
Goal: Recruit potential candidates for 2026 year's election. Recruitment for vacant committee chair positions.
- Adam Rufa, PT, DPT, PhD Research Chair
Adam continues to work on Research Blasts and Clinical Pearls. He has a great committee he works with on these initiatives.
- Ryan Reed PT, DPT Membership Chair. Ryan is working on a membership plan, DEI involvement and SIG Membership survey
- Public Relations Chair: Vacant
- Practice Chair: Vacant

Pain Specialization Certification Efforts continue and will be supported by the SIG.

Pain Schools are in the planning and organizational phase. We will have a wrap up following the CSM Pre Conference course as to charting the course going forward.

2025-26 Goals: Remain the same

- Continue to support the efforts of the Academy, our SIG pillars of Education, Research, Practice and Business and members.
- Give more effort towards the Pain SIG Website page.
- Finish all elected and appointed position descriptions
- Produce mindfulness article for #ChoosePT site and AOPT Publication
- Support AOPT Blog Casts
 - Pain introduction
 - Pain Education
 - Pain Research
 - Pain and Sleep
 - Pain and Nutrition
- 2026 Membership Survey
- Appoint:
 - PR and Practice Chairperson
- Strategic Plan efforts include:... Waiting for AOPT approval to move forward on this effort
 - DEI Chairperson
 - DEI Scholarship draft

2025-26 Budget description.

Item 1: Communication platform: Two years ago, we investigated purchasing a communication platform, Basecamp. Adam Rufa has used Basecamp. He and his committee are so well organized with this platform.

This is an online program that we use for communication and organization. We as a SIG would like to investigate the possibility of usage for the SIG. There is a price tag for this platform. This will be revisited by the SIG and either support or funds may be reallocated to help support the Pain Education/Pain School efforts.

Item 2: Travel assistance for elected officers to attend CSM.

Item 3: SIG Awards. Covers cost of plaques for outgoing officers.

Item 4: Pain Pints Social networking for Pain SIG leaders and members at CSM26

Item 5: DEI scholarship place holder. As a SIG we would like to in the future offer a DEI scholarship. This is a place holder for a future endeavor.

Position Title: Pain Special Interest Group Diversity and Inclusion Chairperson

Position Overview:

It is the job of the Diversity and Inclusion Chairperson (here forward referred to as the DEI Chairperson) to help strengthen the reach and attainment of the mission of AOPT and the APTA: Building a community that advances the profession of physical therapy to improve the health of society.

This DEI Chairperson will assist the Pain SIG in supporting efforts to increase diversity, equity, and inclusion to better serve the association, the profession, and society.

The APTA uses the following to define “diversity, equity, and inclusion”:

- Diversity: The representation of all our varied identities and differences — collectively and as individuals.
- Equity: Seeks to ensure fair treatment, equality of opportunity, and parity in access to information and resources for all.
- Inclusion: Builds a culture of belonging by actively inviting the contribution and participation of all people.

The DEI Chairperson will help promote and recruit APTA AOPT members, non-members, and students to join the Pain Special Interest Group. This Chair will work closely with the Nominating Chairperson and Membership Chairperson to assist in reaching BIPOC membership participation. They will also work with the VP of Education and Research Chairperson to develop educational and research content addressing DEI subject matter. The DEI Chairperson will work closely with the AOPT diversity and membership committees identifying Pain SIG volunteers and mentors.

Reports To:

The DEI Chairperson will report to the Pain Special Interest Group Leadership Committee (President, Vice President and AOPT Director), SIG Committee Chairs and the Academy of Orthopaedic Physical Therapy.

Term:

This position is appointed and successful completion on responsibilities and duties of the DEI Chair will be reviewed yearly. The DEI Chairperson may continue to hold this appointed position if duties and responsibilities are met, and it is the wish of the chairperson and Pain SIG Leadership Committee.

Responsibilities and Duties:

- Work in coordination with all other SIG Chairs to ensure mindfulness of DEI matters in all SIG efforts.
- Identify and communicate areas of DEI to address.
- Develop the creation of a Diversity Committee
- Identify mentorship opportunities within the SIG for leaders and students of color and

underrepresented or marginalized groups.

- Invite students to attend SIG meetings.
- Collaborate with the VP of Education to create courses about DEI topics related to pain.
- Directly work with the nominating committee to ensure Diversity: The representation of all our varied identities and differences — collectively and as individuals, of member interested in participating on a committee or running or being considered for an appointed position of leadership within the SIG.
- Develop a DEI Student/early professional CSM Scholarship.
- Assist the SIG with completion of strategic plan.

Qualifications:

- Membership of APTA and AOPT
- Ability to influence others with tact
- Creative and innovative thinker
- Effective communication, listening and organizational skills (e.g., responsive to email requests)
- Sharp vision and Passion for the Pain SIG, AOPT and APTA
- Demonstrate empathy and emotional intelligence
- Willingness to approach and recruit members for SIG
- Be an initiative-taker with respect to developing and implementing SIG related initiatives.

Time Commitment:

This is a volunteer position and commitment is valued. There are four virtual meetings a year and electronic communications throughout the year. There is one large membership meeting held in person with virtual options following CSM. Fulfillment of responsibilities may take between 2 and 4 hours per month and more during CSM. However, the DEI chair can commit more than the required hours if so desired.

President:

Introduction

This report highlights the activities and accomplishments of the AOPT Performing Arts Special Interest Group between July 2024 and January 2025.



PASIG Meetings/Events held July 2024- January 2025:

- PASIG Leadership Team Meeting- Sunday, August 11, 2024 [virtual]
- PASIG Leadership Panel- Monday, November 25, 2024 [virtual]

Upcoming scheduled meetings:

- PASIG Leadership Team Meeting- Sunday, February 9, 2025 [virtual]
- PASIG Membership Meeting- Sunday, February 23, 2025 [virtual]

Nominating Committee, Taylor Augustine (chair), Sammi Harmon, Amy Humphrey

- Building a diverse pipeline of leaders
- Being mindful of artistic domains and geographic representation
- Elections postponed – due to lack of clarity about new leadership plans as the AOPT SIGs transition to ECs

The following AOPT members were slated for PASIG office in the November 2024 election:

Vice President/Education Chair: Melissa Strzelinski, PT, PhD

Nominating Committee Member:

- Alyssa Arms, PT, DPT, OCS
- David Mueller, PT, DPT, CMTPT/DN
- Jessica Rancour, PT, DPT, Cert. MDT

The following PASIG leaders are completing terms in their respective roles in 2025:

- Taylor Mravec, Nominating Committee, Served 2022-2025
- Pamela Mikkelsen, Membership Chair, Served 2023-2025
- Amanda Williamson, PR Chair, Served 2023-2025
- Melissa Strzelinski will finish her 2022-2025 term and was reelected for 2025-2028.
- Alyssa Arms was elected for the PASIG nominating committee or 2025-2028.

VP- Education – Melissa Strzelinski

PASIG Virtual Pannel

On Monday, November 25, 2024, PASIG hosted a virtual Performing Arts Panel featuring Emily Scherb, PT, DPT, Kristen Hope Schuyten PT, DPT, Melissa Strzelinski, PT, MPT, PhD and Janice Ying, PT, DPT and was moderated by Taylor Mravec. The panelists discussed their journeys to become performing arts PTs and how to care for circus artists, dancers, ice skaters, and musicians.

The event was attended by 44 participants and a video recording has been posted to the PASIG website: <https://www.orthopt.org/content/special-interest-groups/performing-arts/pasig-upcoming-meetings>

Scheduled CSM 2025 Educational Sessions:

The following educational programming has been secured for CSM 2025. However, the pre-conference course was cancelled.

Preconference Course – Cancelled

- **Session ID: 21564**
 - Session Title: More Than Movement: An Interdisciplinary, Holistic Approach to the Screening and Treatment of Hypermobile Dancers
 - Annette Karim, PT, DPT, PhD, Clare Frank, PT, MS, DPT, & Tina Wang, MD

Education Sessions

- **Session ID: 21254**
 - Session Title: Concussion Discussion in Performing Arts: A Multi-Faceted Approach to Assess, Treat, and Advocate for Performers
 - Speakers: Kristen Schuyten, Allyssa Memmini, Cindy Munday and Phil Schuyten
- **Session ID: 21546**
 - Session Title: Holistic Care of Hypermobile Dancers: Neuromuscular Coordination, Breathing, Fascia & Tendon Loading
 - Annette Karim, PT, DPT, PhD, Clare Frank, PT, MS, DPT, & Tina Wang, MD

PASIG PERFORMING ARTS CLINICAL AFFILIATION LIST

- PASIG Clinical Affiliation Sites was updated this fall

Research Chair – Michael Tsang

PASIG Citation Blasts

August 2024 - Pelvic Dysfunction and Disordered Eating in Performing Artists
by Jun Hee Lee | University of Southern California

September 2024 - Physical Therapy Considerations for Treating Dancers in High Heels
by Alexandra Smith | Integrative Spine and Sports (New York, NY)
Bibliography compiled during clinical affiliation at Harkness Center for Dance Injuries during Columbia University's DPT program

November 2024 Using Pilates to Treat Injuries,
Prevent Injuries, and Improve Performance in Dancers
by Carly Andrade, SPT

January 2025 - Vocal Recovery Following Lesion Treatment
Natalia Hanabergh, SPT | Duke University

Outreach Chair - Danielle Farzanegan

PASIG Spotlight

In November PASIG spotlighted **Dr. Michael Tsang, PT, DPT, OCS**

This was posted to FB, sent in an email blast, and featured in the PASIG newsletter.

CSM Meet & Greet

PASIG will host a Meet & Greet at Pitch 25 Prior to the AOPT Awards Ceremony on Friday, Feb. 14th in Houston. 5:15-6:15. Details are being finalized by Danielle Faranegan and Michael Tsang.

Day of Dancer Health

PASIG leaders are collaborating with Memorial Hermann and Dance Source Houston to host a Day of Dancer Health Screening event on the Saturday of CSM. PTs and students attending CSM are invited to attend.

Day of Dancer Health

- **What: Houston's Annual Day of Dancer Health 2025**
 - For the past several years, Memorial Hermann and Dance Source Houston have partnered to host an annual Day of Dancer Health Screening event. We would love to open this event to host volunteers that are visiting Performing Arts SIG members and others interested in seeing Dance/USA's Day of Dancer Health Screening in action in our Houston dance community. In addition to the full screening, we offer free consultations with sports dieticians and mental health professionals.
 - In addition, during the lunchtime break of the day's events, we will be hosting an abridged version of a prior program, "**PT Dance Exchange.**" This will be a demo and lecture style event presented by several Houston area dancers to educate clinicians on varying dance genres. They review their genre's background, common injuries, and specific needs that help clinicians better serve these specific artists. It will be followed by an interactive Q&A between dancers and clinicians. Our first event was a tremendous success in educating Houston-area clinicians and DPT students.
- **When: Saturday, February 15, 2025** (schedule breakdown below)
- **Where: MATCH Gallery Space** – 3400 Main St in Midtown
 - Easy light rail or Uber/Lyft from George R. Brown where CSM is being held. More details regarding transportation and parking to come.
- **Schedule:**
 - **8:30 am: ARRIVAL Morning Shift Volunteers**
 - 9:00 – 11:45 am: Morning Dancer Screenings
 - **12:00 pm: END Morning Shift Volunteers**
 - **12:00 – 1:00 pm: PT Dance Exchange****
 - **1:00 pm: ARRIVAL Afternoon Shift Volunteers**
 - 1:00 – 4:15 pm – Afternoon Dancer Screenings
 - **4:30 pm – END Afternoon Shift Volunteers**
 - 4:30 – 5:30 pm Load out

Scholarship Chair – Anna Saunders

Student Scholarship Recipients

The PASIG continues to offer up to two \$500 research scholarships to entry level DPT and post-professional residents/fellows that have performing arts abstracts accepted at CSM. The 2025 PASIG Student Scholarship applications opened in November 2024. The award recipient(s) will be honored at the Feb. 14th AOP Awards Ceremony.

Fellowship Chair, Tiffany Marulli

The PASIG continues to support post-professional performing arts fellowships. The PASIG developed the Description of Fellowship Practice (DFP) for the Performing Arts, which serves as

the curriculum guide for the three ABPTRFE accredited fellowship programs. Mentorship is the cornerstone of these fellowship programs. <https://abptrfe.apta.org/for-programs/clinical-programs/dfp/performing-arts>

The newest Performing Arts Fellowship at **University of Southern California** is accepting applications. The Program Director is Marissa Hentis: hentis@pt.usc.edu
<https://pt.usc.edu>

- USC joins The Johns Hopkins Hospital Performing Arts Fellowship, Harkness Center for Dance Injuries Performing Arts Fellowship, and Columbia University Irving Medical Center and West Side Dance Performing Arts Fellowship

Membership Chair, Pam Mikkelsen

- Continue to face challenges with accurate membership data
- Individuals frequently unsure if members of PASIG
- Want to facilitate access to FB closed group for networking [FB: @PT4PERFORMERS]
 - Private group membership up to **456** members (1/20/25)
- Want to resolve web issues for searching and finding PASIG colleagues.

<https://www.youtube.com/watch?v=ah4XcvX1giE>
<https://www.facebook.com/groups/PT4PERFORMERS/>

PASIG PARTNERSHIPS

PAMA, IADMS, Athletes & the Arts

Athletes and the Arts (AATA)

In January, 2025, AOPT leaders and AATA leaders signed the Memorandum of Understanding to formalize our collaboration with Athletes and the Arts.

Athletes and the Arts (www.athletesandthearts.com) is a non-profit of 18 independent sport and performing arts organizations with a mission of optimizing health and performance across performing arts.

- **Secretary, Janice Ying**, is serving as our liaison and will represent PASIG/AOPT at AATA meetings. [AATA Contact: Randall Dick, FACSM]

AATA will publicize our support and our work in our communities. The combined membership of our educational, medical, and industry partners exceeds several hundred thousand people.

The most important outcome of our participation is to increase awareness of the health and wellness issues of performing artists, from nutrition and exercise to injury prevention, diagnosis, and rehabilitation. This includes hearing health, the dangers of overuse, and a recognition of the physical demands facing all musicians and performers.

International Association of Dance Medicine and Science (IADMS)

- Leaders, Laurel Daniels Abbruzzese, Anna Saunders, Pam Mikkelsen and Sarah Edery-Altas, along with other past and incoming SIG leaders and SIG members attended and represented PASIG at the IADMS conference in Rimini, Italy Oct. 17-20, 2024.
- PASIG participated in a flier exchange with IADMS in 2024. Our fliers were included with conference materials and our logo was included in all of the digital signage and on the app.
- PASIG members presented many inter-professional education sessions and posters to a multi-disciplinary community of medical professionals working with performing artists.

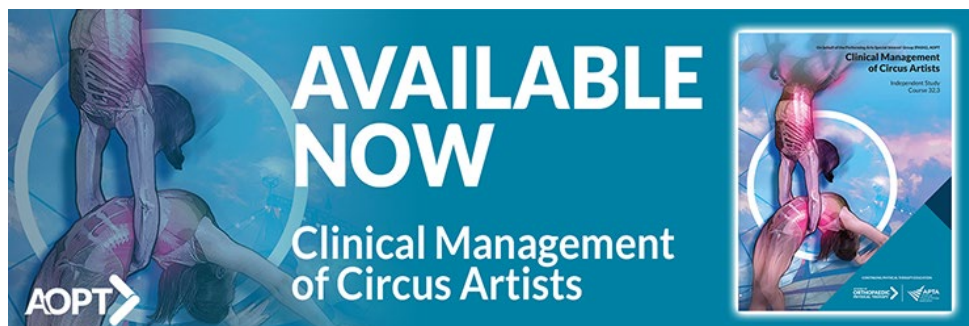


ISC: Clinical Management of Circus Artists

We continue to promote our PASIG Circus Arts Independent Study Course. The ISC can be found on the Academy of Orthopedics website:

<https://www.orthopt.org/content/education/independent-study-courses>

We would like to develop a PR campaign to raise awareness and interest in this resource.



**Animal Physical Therapy SIG Report
January 2025**

**Submitted by:
Francisco Maia, President
Academy of Orthopaedic Physical Therapy, APTA**

SIG Members and Terms:

President:

Francisco Maia 2020-2025

Vice President:

Jenny Jones 2020-2026

Members:

Edriana Fermin, Nominating Member 2024-2027
Sonia Lucas, Nominating Member 2023-2026
Sasha Foster, Nominating Chair 2022-2025

1. Elections
 - a. New president: Sasha A. Foster, MSPT, CCRT
 - b. New nominating committee member: Denise Mayhew, MS, PT, CCRT
2. CSM 2025
 - a. Educational track with Susan Davis scheduled for Saturday at 8am: Animal Physical Therapy: *Examination and Testing for Differential Diagnosis of Canine Stifle and Shoulder*
 - b. Virtual Business Meeting scheduled for February 6th
3. Insurance reimbursement for animal PTs
 - a. Amie Hesbauch, former president of the APTSIG, has been working with some contacts with the North American Pet Health Insurance Association (NAPHIA) and she showed an interest on attending their conference in Arizona last October to help lobby, but unfortunately she was unable to go
 - b. Moving forward this will likely become a bigger issue as more pet insurance companies have started to place restrictions on covering for services not done by a veterinarian. It will be key for AOPT and the APTA to help support the APTSIG leadership on its efforts on this matter
4. Legislation
 - a. We continue to work closely with our committee chair, Karen Atlas, who is also our liaison in California as she has been in a long legislative battle with the Veterinary Medical Board

- i. Unfortunately the most recent bill did not make to the CA State Senate floor before their session was over, but it made very far and had tremendous support. Karen is now getting things ready to submit a revised bill in 2025 that will address some of the concerns with the 2024 bill
 - ii. We have used some of the non-rolling funds to financially help our members in California with the cost of lobbying fees, and have included that in our budget for 2025
 - b. Potential legislative changes in Kentucky
 - i. Last August it came to our attention some potential proposed changes to the Kentucky Veterinary Practice Act that would place animal physical therapy 100% within their purview, thus no longer allowing PTs in Kentucky to work with animals
 - ii. I contacted a fellow PT who sits in the KYPTA legislative committee, and he has helped with communication between the APTSIG and the KYPTA (see attached letters)
 - iii. At first this issue was unfortunately dismissed by other members of the KYPTA board, but after the 2nd letter and with the proposed changes from the Kentucky Veterinary Medical Association moving forward, they asked me to join their board call on January 31st. I can provide with an update after this call but needless to say how important it is for us to protect the rights for qualified and certified PTs to work with animals
- 5. Research
 - c. No updates
- 6. Communication
 - a. We had started to work towards building up an online course, like an Animal PT 101, utilizing AOPT's online platform. The goal of this course was to provide basic information regarding animal PT to physical therapists and students. However, Jenny, our VP, and myself decided to put a hold on this since CSM given the discussions in turning the SIGs into ECs. We will resume this project, as it would be of great benefit to the SIG and its members, once we can be sure that our efforts won't be in vain
- 7. Membership
 - a. No updates, but now that the AOPT elections are over it would be helpful to hear from AOPT the strategies to build membership back up and how the SIGs can assist with that
- 8. American Association of Rehab Veterinarians (AARV)
 - a. On July 16th the AARV president contacted us with a proposal to potentially include a veterinarian as liaison within our SIG, much like their organization currently has a PT liaison role. We communicated with AARV to let

- them know we would pass the letter to the board and would wait for their guidance to know if that would be something allowed within the bylaws.
- b. They are also revising their Model Standards of Practice, which was a document that in 2021 we requested to be removed or edited since it stated that it was worked in collaboration with the APTSIG however, when I contacted the previous leadership, they gave me a copy of the proposed edits that they suggested and none of those has been taken into account with their final draft. They have not reached out to us directly on this matter yet, and my knowledge on this most recent development is limited to a conversation with their PT liaison.

As my 2nd term as president of the APTSIG comes to an end, I would like to take this opportunity to thank the board for the support over the years, and to encourage the board to start working more closely with each SIG moving forward as there has been a significant gap in communication between the board and the SIGs over the last several years. I have also voiced my concerns with the potential transition to Engagement Communities and how that could have a negative impact with the APTSIG lobbying efforts, and if the board decides to move forward with it then I hope the SIGs are a part of that conversation to determine the best plan moving forward. We understand the challenge in membership numbers and overall finances faced by AOPT and the APTA over the last few years, and I truly believe so much more could have been done to address those challenges if the board/leadership had worked closer with all the SIGs. Finally, I would also suggest working with the SIGs on an Strategic Plan, just like the one we had for 2018-2023 as that was extremely helpful. Thanks so much once again for all your work and dedication to AOPT/APTA and the field of physical therapy.



Dear Kentucky Physical Therapy Association,

I am writing on behalf of the Animal Physical Therapy Special Interest Group with the American Physical Therapy Association. It has recently come to our attention a draft of a proposed change by the Kentucky Board of Veterinary Examiners in relation to the definition and role of allied animal health professionals (AAHP) in veterinary medicine.

As it currently stands, the [current Veterinary Practice Act in Kentucky](#) definition of veterinary medicine states:

“Complementary and alternative veterinary medicine therapies” means a heterogeneous group of preventive, diagnostic, and therapeutic philosophies and practices that are not considered part of conventional veterinary medicine. These therapies include but are not limited to: (a) Veterinary acupuncture, acuthery, and acupressure; (b) Veterinary homeopathy; (c) Veterinary manual or manipulative therapy, such as therapies based on techniques practiced in osteopathy, chiropractic, or physical medicine and therapy; (d) Veterinary nutraceutical therapy; and (e) Veterinary phytotherapy.

Furthermore, there is no additional definition for rehabilitation and physical therapy with animals, only further language regarding AAHP which seems to be more closely associated with chiropractors that work with animals.

The proposed draft from their meeting on 03/13/24 would remove the ability for an AAHP to perform rehabilitation activities and different modalities including laser, shockwave, ultrasound, and electrotherapy.

An AAHP allied professional permittee’s practice shall not be construed to allow any of the following on animals: (a) Performance of radiographs or other medical imaging; (b) Performance of surgery; (c) Performance of shockwave, laser, ultrasound, electrotherapy, or similar therapies; (d) Rehabilitation activities.

For background, physical therapists have been working with animals since the mid-90s, and the Animal PT SIG with the APTA was founded in 1998 and we now represent about 500 members involved in the field of animal physical therapy in some capacity. In the past the APTA had already released a statement in support of physical therapists with advanced training to work with animals:

“The American Physical Therapy Association (APTA) acknowledges the collaborative relationships of physical therapists and veterinarians and the evolution of specialized practice by physical therapists in animal rehabilitation. Consistent with the Mission Statement Fulfillment adopted by the House of Delegates to enable physical therapists to improve their knowledge and skills in the interest of furthering the profession where allowable by law and regulation, the practice of animal rehabilitation by physical therapists is permissible.”



Then, in 2023 FSBPT published the newest edition of the Model Practice Act which Includes:

Article 4: Regulation of Physical Therapy: Section 4.03 Patient/Client Care Management of the MPA states: G. Nothing in this [Act] shall prohibit a licensee [certificate holder] from providing Physical therapy to animals for which the licensee [certificate holder] has completed the education and training as further established by rule (p. 12).

In the corresponding "Commentary" related to Section 4.03, the MPA states:

The practice of physical therapy continues to evolve including the treatment of animals. While there is currently no consistent standard of specified education and training, it is appropriate to note that additional rule development in a jurisdiction may address minimum standards to demonstrate competency to provide physical therapy to animals (p. 53).

As you can notice, there is ample support from APTA and FSBPT regarding the practice of animal physical therapy by physical therapists, and in 2019 the Animal PT SIG published a detailed ["Clinical Practice Standards for Physical Therapy on Animals"](#) to advance our profession and help guide federal and state organizations in this process.

With that being said, we have reviewed the meeting minutes from the Kentucky Board of Veterinary Examiners since the proposed draft from March 2024, and have found that during the [following meeting on 04/25/24](#) they had a discussion about that document after further discussions with the Kentucky Board of Chiropractic Examiners and the Kentucky Association of Chiropractors, and both raised a series of concerns regarding the draft. The meeting minutes state:

Members of the Board discussed the draft requirement that rehabilitation and other treatment modalities (e.g., laser, shockwave, ultrasound, electrotherapy, etc.) be prohibited. Members determined more research is needed to make an informed decision.

- *How is "rehabilitation" defined?*
- *Does this include gate training? Stretching? Other?*
- *How many hours of training would be required in rehab or various treatment modalities in order for a practitioner to safely provide such treatment?*

Members of the Board directed that edits be made to this proposed regulation and further research be conducted, as discussed, and that this regulation be placed on the May 23 meeting agenda for further discussion.

It does not seem that this topic was covered during their meeting in May, but it was discussed during their [Board Retreat in June of 2024](#). The meeting minutes state:



A MOTION was made by Dr. Quammen, to approve the changes as discussed to 201 KAR 16:563 for filing the regulations as amended, and to direct Ms. Shane to proceed with filing with LRC after the application forms have been created to match. Further, Ms. Shane, Chairman Dr. Park, and KBVE legal counsel are authorized to work together with LRC staff on any needed edits for conformity to KRS Chapter 13A. The motion, seconded by Dr. Velasco, passed unanimously.

They met again on 08/29/24 and 09/19/24, but there was no mention regarding this matter in their minutes.

We wish to bring this matter to your attention because physical therapists who receive further training in rehabilitation and physical therapy for canines or equines should be allowed to practice with animals; however, if this motion moves forward, they would be prohibited from doing so in the state of Kentucky. That would set a new precedent with Kentucky being the first state to outright prohibit physical therapists from working with animals, and it would go against the recent changes in legislature in a variety of states over the last years where physical therapists are clearly allowed to work with animals under the physical therapy practice act (such as in Colorado, New Hampshire, Oregon, and Utah) or the veterinary practice act (such as in Illinois, Nebraska, and Nevada).

The Animal PT SIG would be more than glad to help assist in communication with the Kentucky Veterinary Board of Examiners to address this matter, and through this letter I ask if we would have your support to do so. We look forward to hopefully working together on this matter.

Best Regards,

Francisco Maia, PT, DPT, CCRT
Animal PT SIG President



December 9th, 2024

Dear Kentucky Physical Therapy Association,

I am writing on behalf of the Animal Physical Therapy Special Interest Group with the American Physical Therapy Association. It has recently come to our attention a draft of a proposed change by the Kentucky Board of Veterinary Examiners in relation to the definition and role of allied animal health professionals (AAHP) in veterinary medicine, and with that in mind we sent you a letter last September with our concerns.

We are not as familiar with the legislative process in Kentucky, but since our letter the AVMA (American Veterinary Medical Association) has updated their legislative page with the [changes proposed](#) by the KBVE (Kentucky Board of Veterinary Examiners), including [201 KAR 16:731](#), [201 KAR 16:732](#), and [201 KAR 16:737](#). In particular, 201 KAR 16:737 states:

Section 3. Limitations on Practice.

- (1) An AAHP permittee shall be limited in their practice on animal patients, as established in this section, or the practice shall be considered the practice of veterinary medicine and subject to penalty for practicing without a veterinarian license from the board.
- (2) An AAHP permittee's practice shall not be construed to allow any of the following on animals:
 - (a) Performance of radiographs or other medical imaging;
 - (b) Performance of surgery;
 - (c) Performance of shockwave, laser, ultrasound, electrotherapy, or similar therapies;
 - (d) Rehabilitation activities;
 - (e) Prescription, dispensation, or administration of medications, supplements, or nutraceuticals; or
 - (f) Practice of veterinary medicine outside the scope of the allied animal health professional's permitted practice area.

As it can be noted, it limits the practice of any rehabilitation activities and modalities, including commonly used modalities by PTs such as shockwave, laser, ultrasound, and electrotherapy, under the practice of veterinary medicine with no exceptions for physical therapists who are certified and trained to work with animals, including both equines and canines.

Although the Animal PT SIG welcomes legislative changes that helps define the practice of physical therapy with animals, it is extremely concerning that such changes are stripping away the ability for licensed and trained physical therapists in the state of Kentucky to work with animals. Furthermore, although KBVE sought advice and has worked in collaboration with the Kentucky Association of Chiropractors, the KYPTA was not included in these conversations.

As mentioned on our previous letter, physical therapists have been working with animals since the mid-90s, and the Animal PT SIG with the APTA was founded in 1998 and we now represent about 500 members involved in the field of animal physical therapy in some capacity. In the past the APTA had



already released a statement in support of physical therapists with advanced training to work with animals:

"The American Physical Therapy Association (APTA) acknowledges the collaborative relationships of physical therapists and veterinarians and the evolution of specialized practice by physical therapists in animal rehabilitation. Consistent with the Mission Statement Fulfillment adopted by the House of Delegates to enable physical therapists to improve their knowledge and skills in the interest of furthering the profession where allowable by law and regulation, the practice of animal rehabilitation by physical therapists is permissible."

Then, in 2023 FSBPT published the newest edition of the Model Practice Act, which Includes:

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In the corresponding "Commentary" related to Section 4.03, the MPA states:

The practice of physical therapy continues to evolve including the treatment of animals. While there is currently no consistent standard of specified education and training, it is appropriate to note that additional rule development in a jurisdiction may address minimum standards to demonstrate competency to provide physical therapy to animals (p. 53).

As you can notice, there is ample support from APTA and FSBPT regarding the practice of animal physical therapy by physical therapists, and in 2019 the Animal PT SIG published a detailed ["Clinical Practice Standards for Physical Therapy on Animals"](#) to advance our profession and help guide federal and state organizations in this process.

For reference, there are currently multiple institutions in the United States that train and certify both veterinarians and physical therapists to work with animals, including: University of Tennessee with both their [canine](#) and [equine](#) programs, North Carolina State University with their [companion animal program](#), the [Canine Rehabilitation Institute](#), the [Animal Rehab Institute](#), and the [Healing Oasis](#). Please note that rehabilitation and physical therapy is not a part of the curriculum for any veterinary program, therefore the professionals working in this field must have completed their training through one of those institutions. In addition, multiple states have already included animal physical therapy as part of the Physical Therapy Practice Act, including Utah, Colorado, New Hampshire, and Oregon, whereas many other state associations have worked with their respective veterinary board to craft language in the veterinary practice for those states, including Nebraska, Nevada, Illinois.

We strongly believe that the KYPTA should work in collaboration with the KBVE to ensure the right for licensed and certified physical therapists to work with animals, much like they have worked with the



Kentucky Association of Chiropractors to endure that chiropractors trained to work with animals are able to do so. The Animal Physical Therapy SIG would be glad to help with that process as best as we can as we work to advance the field of animal physical therapy in the United States.

Best Regards,

Francisco Maia, PT, DPT, CCRT
Animal PT SIG President



IMAGING

ACADEMY OF ORTHOPAEDIC PHYSICAL THERAPY, APTA

Imaging SIG (ISIG) Report

1/26/2025

Submitted by:

**Bruno U.K. Steiner, President-Imaging SIG
Academy of Orthopaedic Physical Therapy, APTA**

SIG Members and Terms:

President:

Bruno U.K. Steiner 2022-2025

Vice President/Ed Chair:

Brian Young (recently elected for 2nd term) 2024- present

Nominating Committee Members:

Ryan Martin 2025-2028

Kai-Yu Ho 2024-2027

Toran Mcleod 2021-2024

***The State of the Academy of Orthopedic Physical Therapy's
Imaging Special Interest Group***

***I. Acknowledging our collaborating colleagues and partners – Our
participants are increasing:***

**Kudos for ongoing discussion, collaboration, and coordination with the passionate voices
for PT Imaging referral privileges and PT-administered MSKUS and POCUS:**

Scott Brown (ND), Dallas Ehrmantraut (ND), Bremen Abuhl (ND), Robert Manske (KS),
Gretchen Jackson (TN), Michael Voight (TN), Andy Shatley (AR), Tom Bohanon (VA), Jon
Umlauf (DOD), Nathan Savage (NC), Michael Ross (NY), Alyson Hackett (NY), Ryan Wooley
(NM), Craig Hadfield (WY), Stephen Kareha (PA), Matt Schumacher (ND), Emilie Herndon
(MO), Jeff Gordon (AK), Shirish Sachdeva (IN), Philip Page (LA), Judith Halverson (LA),
Charles Stevens (PA), Marcia Spoto (NY), James Dauber (WV), Aaron Keil (IL), Samantha
Schmidt (MT), Ashley McDermott (AIUM), Christina Werth (AIUM), Grace Kim (Inteleos),
Pamela Ruiz (Inteleos), Stephen Ramsey (GA), Bill Boissonault (WI), Justin Elliott (DC), Tajah
Franklin (DC), Lance Mabry (NC), Brian Young (TX), Beshoy Ghaly (NY), Greg Fritz (WA),
Murray Maitland (WA), George Beneck (CA), Bob Rowe (FL), Janae Chinn (WA), Charles
Hazle (KY), Mark Krimmel (WA), Cindy Bailey (CA), Annette Karim (APTA), Alice Bell
(APTA), Alycia Markowski, Lorna Harward, Maureen Watkins (MA), Fred Loeffler (IN),

Tiffany Kaltenmark (IN), Stacie Akins (IN), Jeff Kallberg (TX), Peter Aguero (CA), Grace Hernandez (CA), Mohini Rawat (NY). Their advocacy and professional dedication are recognized, and our ongoing discussions and collaboration remain vital to crafting advocacy language and strategy as we advance.

II. General Outlook – Looking Forward in 2025 – Irons in the Fire

Interest in PT-administered ultrasound imaging and PT-directed imaging referrals continues to grow unabated. I continue to respond to weekly queries from licensees and state chapter leaders who understand the implications of imaging applications to primary care physical therapy.

Reading the Pulse: I-SIG Members and Unaffiliated PT Licensees

There is an intensifying impatience to actualize primary-care physical therapy aspirations. Both PT-directed imaging referral and PT-administered ultrasound imaging are considered fundamental to the fabric of primary-care physical therapy practice. Leadership and nationwide State-board membership should reflect modern physical therapy practice and include relevant technologies to improve care for the public and the diagnostic accuracy of the primary-care physical therapist.

The membership cannot accept poorly informed rulings that offer clumsy and conflicted misinterpretations of their respective practice acts. Such rulings serve to derail efforts to modernize physical therapy practice and adopt beneficial technologies for the improvement of public health. Our membership suggests an improved selection of state board and professional organization candidates to represent the needs of the evolving practice of physical therapy.

AOPT Imaging SIG Membership Meeting – A YouTube Surprise

It is admittedly surprising that the recorded Imaging-SIG membership meetings have received a large amount of attention from AOPT members. The viewership of these lengthy meetings reinforces the outsized interest in our core issues of PT-directed imaging and PT-administered ultrasound imaging. We believe that imaging referral and ultrasound imaging are grossly underestimated issues of importance by our beloved national organization, the APTA.

We are a small force with an intensifying reputation but still operating in relative obscurity.

III. On the Immediate Horizon

Wyoming. We are awaiting a board ruling on imaging referral privileges and PT-administered ultrasound imaging in Wyoming. We should have the results in mid-February.

North Dakota. In the hopes of advancing PT-directed imaging referral, North Dakota is acutely engaged in a highly coordinated legislative campaign to secure imaging referral beyond the stricture of their current radiography-only policy. I am confident but awaiting the results of our North Dakota team's intensified engagement. Our colleagues and former speakers at our

Imaging SIG membership meetings, Dr. Scott Brown and Matt Schumacher, have assumed an outsized leadership role in marshaling institutional and political backing, reinforced by the Imaging SIG's resources in an advisory capacity for consultation and resources/evidence. I am awaiting the results with bated breath. A victory in North Dakota would be ground-breaking and a great learning experience for states that are forced into a legislative effort.

Other States. There is acute interest in Maine, Arkansas, Virginia, California, Michigan, Nebraska, and New York.

Oregon is a special area of interest, as their board has approved ultrasound imaging for PTs, but requires reconciliation with the Oregon Radiology Board. Please refer to AOPT Board member Tim Brinker (OR) for details. I will be ready when he decides to implement me for advocacy.

New Mexico and Florida. The Individual licensees and local APTA chapter leadership have also approached me and are intensely interested.

IV. Exciting Developments and New Synergies – Above and Below the Radar

National Radiology Consortium Collaboration. Since this progress report is an open document and subject to leaks, I will have to limit my disclosure to avoid telegraphing our efforts to recalcitrant competing stakeholders. But here's what I can disclose.

We are actively engaged with a national consortium of diagnostic imaging (radiology) centers with multi-state representation from coast to coast. Representatives see physical therapists as an exciting source of referrals and are excited by the collaboration. In the spirit of this synergy, they are open to my request for a possible QI study as well to explore PT utilization as well. I have formed an ad-hoc delegation to further explore this. We have had several productive meetings and continue to engage this week for the next steps.

Inteleos – Parent Company of the APCA and POCUS. We continue to deepen our ties with Inteleos and continue to enjoy an ever-integrated effort to coordinate and promote ultrasound imaging for the many specializations of physical therapy. The great leadership of Inteleos understands the importance of the physical therapist's role in health care and the astonishing benefits of this high-definition, safe technology.

In this spirit, it is absolutely incumbent on us to re-assume our talks with Inteleos and ratify our memorandum of understanding as soon as possible. We also have to ratify our memorandum of understanding with the American Institute of Ultrasound in Medicine (AIUM).

V. Diagnostic Ultrasound Imaging

Diagnostic ultrasound continues to generate interest nationwide, and Physical therapists continue to pass the gold standard physician credential of the RMSK with Inteleos' Alliance

for Physician Advancement and Certification (APCA), and the enrolment for Inteleos' POCUS academy for certification is also increasing.

VI. *MORE Membership Meetings (Recorded and available for review on the imaging SIG webpage) and AIUM Webinar Content :*

Significantly, our monthly virtual Imaging SIG membership meetings enjoy excellent viewership on the AOPT YouTube channel. We have resumed our meetings since our recess after our last end-of-June 2024 with:

Put Your Money Where Your Mouth Is: Value-Based Care and Imaging Utilization, with Dr. Dallas Ehrmantraut, DPT, PhD Student, aired December 4th, 2024.

I will continue to hold regular membership meetings, as finding speakers with new research and insights is a target-rich environment. But I am holding out for the acceptance of a couple of pivotal, nay, game-changing publications on PT imaging referral utilization, which I want to report on in the next couple of meetings. These will be critical pieces of additional evidence to bulwark our positive narrative.

VII. *Imaging SIG Advocacy Suite to be Published to the Imaging SIG Resources Website Page:*

Four documents need to be uploaded pending updates as we continue to tabulate 'wins' and new evidence, bolstering our case. Two of which are as follows. There is an additional document integrating evidence from the two source documents below to inform stakeholders and institutions about physical therapists and imaging referral/ultrasound imaging. A fourth is based on my last newsletter, which includes rebuttals to common objections by recalcitrant rivals and uninformed stakeholders.

**i. THE APTA'S ACADEMY OF ORTHOPAEDIC PHYSICAL THERAPY AND THE IMAGING SPECIAL INTEREST GROUP has released the:
The Physical Therapist-Directed Imaging Resource Guide: A Review of Current Evidence**

Contributing authors and reviewers: Bruno U.K. Steiner, PT, DPT, LMT, RMSK, Robert Rowe, PT, DPT, DMT, MHS, FAAOMPT, James Dauber, DPT, DSc, RMSK, Aaron Keil, PT, DPT, OCS, Lance Mabry, PT, DPT, OCS, FAAOMPT, Tim Flynn, PT, Ph.D., OCS, FAAOMPT, FAPTA, Bill Boissonault, DPT, DSc, FAAOMPT, FAPTA, Kory Zimney, DPT, Ph.D., Scott Rezac, PT, DPT, OCS, FAAOMPT, George Beneck, PT, Ph.D., OCS-Emeritus, KEMG, Beshoy Ghaly, DPT, RMSK, ECS, Chuck Hazle, PT, Ph.D., Mark Krimmel, DPT, RMSK, Peter Aguero, DPT, RMSK, Jon Umlauf, PT, DPT, DSc, RMSK, Colin Rigney, DPT, OCS, RMSK, Cindy Bailey, DPT, ATC, Jeff Kallberg,

DPT, Brian Young, PT, DSc, OCS, FAAOMPT, Shirish Sachdeva, DPT, MS, FOR, cert. MSKUS, Murray Maitland, PT, PhD.

The guide will be the foundation of state board, state legislative, and CMS initiatives to advance PT-directed imaging.

**ii. THE AMERICAN PHYSICAL THERAPY ASSOCIATION'S
ACADEMY OF ORTHOPAEDIC PHYSICAL THERAPY AND
IMAGING SPECIAL INTEREST GROUP
Physical Therapist-Administered Ultrasound Imaging:
A Review of History, Current Realities, Use, and Institutional Support**

Bruno U.K. Steiner, PT, DPT, LMT, RMSK, President, AOPT Imaging Special Interest Group; George Beneck, PT, PhD, OCS-Emeritus, KEMG; Research Chair, AOPT Imaging Special Interest Group; Robert H. Rowe, DPT, DT, MHS, FAPTA, FAAOMPT, FNAP; President, Academy of Orthopaedic Physical Therapy; Nathan Savage, PhD, DPT, RMSK; James Dauber, DPT, DSc, RMSK; Robert Manske, DPT, MEd; Jon Umlauf, DPT, RMSK; Mark Krimmel, DPT, RMSK; Charles Stevens, DPT, RMSK; Shirish Sachdeva, DPT, RMSK, Cert. MSKUS; Craig Hadfield, DPT, FAAOMPT; Francis Ryan, DPT; Beshoy Ghaly, DPT, RMSK; Colin Rigney, DPT, RMSK; Ryan Martin, DPT, RMSK; Alycia Markowski, DPT, FAAOMPT, RMSK; Maureen Watkins, DPT, OCS, MBA, LMT, Cert. MSKUS; Lorna Hayward, DPT, EdD, MPH; Mohini Rawat, DPT, ECS, OCS, RMSK; Greg Fritz, DPT, RMSK; Cindy Bailey, DPT, ATC; Peter Aguero, DPT, RMSK; Jeffrey Kallberg, DPT, RMSK; Fred Loeffler, DPT, ATC; Stephen Ramsey, DPT, CCS; Tiffany Kaltenmark, DPT; Stacie Akins, MSPT, MHS; Lorene Schmaderer, MSPT; Jesse Ovans, DPT; Curtis Yee, DPT, RMSK; Charles Hazle, PhD, PT; Bill Boissonault, DPT, DHSc, FAAOMPT, FAPTA; Aaron Keil, DPT, OCS; Stephen Kareha, DPT, ATC, PhD; Lance Mabry, DPT, OCS, FAAOMPT

iii. Review of Nationwide PT-directed Imaging Referral: conducted by Bruno Steiner and Lance Mabry has finished the work of the initial 25 state reviews and got a complete lay of the land of state practice acts and imaging laws germane to physical therapists. We have conducted our final review to identify which states explicitly prohibit, support, or are neutral without prohibitions for PT-directed imaging. The general PT community has asked for this, and we have addressed this once and for all. Along with the review is our nation's map with a color code to see our progress at a glance.

iv. Review of Nationwide PT-Administered Ultrasound Imaging: conducted by Bruno Steiner has finished an extensive review of PT practice acts and has a complete lay of the land of state practice acts and language germane to physical therapists. I have conducted our final review to identify which states explicitly prohibit, support, or are neutral without prohibitions for PT-administered ultrasound imaging. Similarly to the imaging-referral map, I have created our nation's map with a color code to see our progress at a glance.

VIII. Repeat Statements

i. APTA Diagnostic Ultrasound Declaratory Statement:

Though there had been explicit support for a cooperative agreement between the APTA, Inteleos (and its POCUS and APCA academies), and the American Institute of Ultrasound in Medicine (AIUM), the APTA had never made a declaratory statement supporting Dx Ultrasonography in the hands of the Physical Therapist until recently. The Imaging SIG has asked for an explicit statement from the APTA, and we have been issued a statement affirming that Diagnostic Ultrasound Imaging is within the scope of physical therapy practice. This critical statement is carrying weight in our advocacy for PT-administered sonography at the state board and legislative levels.

ii. APTA, Inteleos, and AIUM Trilateral Agreement:

As foreshadowed previously, this agreement is up for renewal. This is crucial to physical therapists' recognition as a provider of diagnostic ultrasonography.

iii. *The Imaging SIG Short-Term Goals:*

We will continue to provide rapid-response service for leadership, members, and licensees in their inquiries into state board or legislative initiatives. We will continue to support and consult with all physical therapists who require clarification of PT-directed imaging and PT-administered Dx Ultrasonography.

IX. Aspirations and Long-term Goals:

- a. RMSK CMS task force coordination:** to allow for RMSK Medicare/Medicaid billing privileges.
- b. CMS Imaging Referral Provider Language:** The ultimate goal is to legislatively advance the inclusion of physical therapists to this list of providers. This will be a crucial driver for physical therapist-directed imaging referral and will help our state-side efforts. We argue that this is the most significant development. When the imaging resource guide gets APTA approval, we can fashion a specific federal congressional strategy to move this forward in the following year or two.
- c. Negotiation and Negotiation Workshops for Imaging Advocates:** It is clear that we need a scripted approach to boilerplate objections, behavior, rhetoric, and conflation from adversarial stakeholders.

X. The State of MSKUS RMSK certification for Physical Therapists:

Physical therapists continue to pass the vaunted RMSK in respectable numbers alongside our physician counterparts, and they continue to take advantage of the generous POCUS academy's certificate offerings. The Imaging SIG continues a solid relationship with the RMSK credentialing body APCA (Inteleos). Pam Ruiz and Inteleos' leadership continues to recognize physical therapists' successes in passing the physical credential of the RMSK, and many are also passing the certification for POC-MSKUS. Our numbers continue to substantially exceed Chiropractors, PAs, and NPs.

We are saddened that one of our cherished Inteleos collaborators, Grace Kim, has accepted a position in public health, but we recognize her great contribution to furthering Inteleos' and our interests. Our dear I-SIG member and contributor, Shirish Sachdeva and I continue to be actively and regularly engaged as an ad-hoc PT working group in Inteleos to promote our mutual interests.

9. Strategic Planning Updates:

The list above suggests that we are on an appropriate trajectory with our strategic plan.

Bruno U.K. Steiner, DPT, LMT, RMSK,

President, Imaging SIG, AOPT, APTA

Doctor of Physical Therapy, Registered Diagnostic Musculoskeletal Ultrasonologist

Submitted by:
Molly Malloy, President
Academy of Orthopaedic Physical Therapy, APTA

President:

Molly Malloy

2022-2025 (re-elected through 2028)

Kirk Bentzen

2021-2027

- Alex Bonhomme 2022-2025 (outgoing)
- Adam Walsh 2023-2026
- Christopher “Chris” Thurston 2024 – 2027
- Leda McDaniel, PT, DPT, OCS 2025-2028

Total Members: 403

- **Facebook Group: 195 (+24)**

- Residencies:
 - **Orthopaedic:160 (+4)**
- Fellowships:
 - Hand: 0
 - OMPT: 21 (-4)
 - Performing Arts: 3
 - Spine: 4
 - Upper Extremity: 5

- OMPT: 37 (-2) note 2 programs included who are on probation (+/- in members/programs since last quarter)

COMMITTEE Updates:


Education Committee:

Sessions for CSM 2025

3 programs were accepted from the ORFSIG:

OR-21872 - Cultivating success in residency and fellowship programs – establishing the basics and being prepared for the challenges along the pathway to excellence


 Wednesday, February 12, 2025

 8:00 AM - 5:00 PM

 Ballroom of the Americas A (Level Two, Hilton Americas)

OR-21571 - One Size Does Not Fit All: Exploring Residency Models for Applicants, Faculty, Mentors, and Sponsors

 Thursday, February 13, 2025


 11:00 AM - 1:00 PM


 Room 382 (Level Three, GRB Convention Center)




OR-22232 - AOPT Platform Session III



 Thursday, February 13, 2025

 3:00 PM - 5:00 PM

 Room 381 (Level Three, GRB Convention Center)

DESCRIPTION

This session will present current research and perspectives applicable to AOPT physical therapy practice. This session may present both scientific and/or clinically oriented topics to promote physical therapy practice and ongoing research initiatives. This session will include research or case studies from orthopaedic residency programs.



Ortho Resident Presenters CSM 2024

This platform session is the second annual highlight for Orthopaedic Resident research and cases. 12 presenters were selected out of the 72 submissions for 2025. Many of the others were accepted as poster presentations.

Research Committee: Kirk Bentzen, Kathleen Geist, Steve Kareha

- **Research within ORF-SIG:** A universal post-graduate survey has been developed, IRB finalized and data is being collected. This will lead to an opportunity to collect universal graduate information. With one survey we will be able to more accurately analyze the value of post-graduate training. We need to look beyond the OCS pass rate to show value to employers for other areas including leadership roles, patient outcomes, patient satisfaction, productivity etc. Historically there has not been a way to track this information across all programs within the ORF-SIG. We hope a universal survey will help all programs to identify value once we assess the data.



[Access graduate survey here](#)

Membership Updates: Adam Walsh

- **Member Recruitment:**
 - Continue to reach out to programs for engagement in ORF-SIG
- **Program Spotlight:** (Adam Walsh, Bob Schroedter) Members of the
- ORF-SIG are able to highlight their Res/Fellowship Program, Faculty or Mentors via our Monthly Spotlight hosted on the ORF-SIG Website. Bob Schroedter

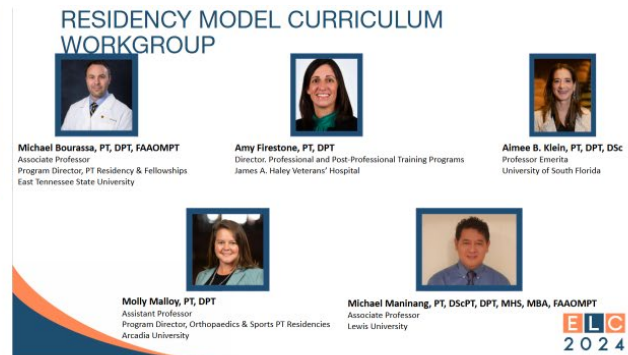
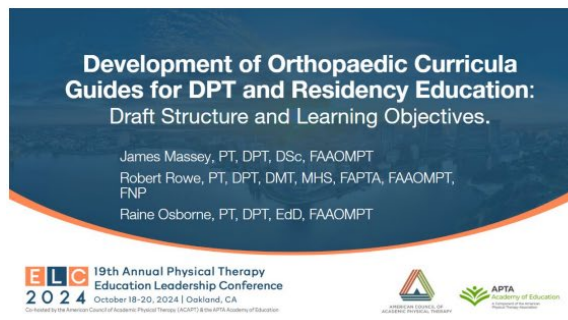
organized a Selection Committee to review and streamline the process to apply and submit information highlighting respective programs.

- Programs apply with interest and the Selection Committee oversees the collection and verification of the application materials to meet monthly deadlines
- Goal to post 1-2 programs monthly and to continue to expand social media posts to include:
 - Research opportunities
 - CSM programing, Abstract opportunity for residents
 - Links to educational opportunities, journal clubs etc.

Curriculum Updates: Molly Malloy, Kathleen Geist, Aimee Klein

Collaboration for Residency Exam questions:

This past year we have been compiling OCS style test questions. We are working with the academy to have these available through an online testing portal. In the interim please reach out to me if you would like access to OCS style test questions (malloyma@arcadia.edu).



Orthopaedic Curricula Guides

Workgroup developed to tackle the unwarranted variability in Orthopaedic Residency Education and to provide resources to Orthopaedic Residency Programs for building/revision of curricular materials. This group has been working for the past 2 years and presented at ELC and will present at CSM.

Building on: • ABPTRFE Core-Competencies • DRP – Orthopaedics • APTA documents • Review of Literature • Best Practice Guidelines • Current Concepts

Members: Raine Osborne, Michael Bourassa, Amy Firestone, Aimee Klein, Michael Manninang, Molly Malloy