PRESIDENT'S MESSAGE

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The Skies Are Clear for Physical Therapy Imaging Referral Privileges in New Mexico!!! A Historic Meeting Between the APTA and the ACR!!! … and a Monumental Board Reversal on Physical Therapist-Administered Ultrasound Imaging in North Carolina!!!

Let me take a breath …

Cherished members of the mighty
Imaging Special Interest Group,

New Mexico has done it! Imaging referral privileges ruled in our favor. The sweep through the southwest and mountain states continues, adding to victories achieved in Colorado, Utah, Arizona, Nevada, and Montana. The national landscape is changing from east to west, north to south, as we continue our march away from FUD (fear, uncertainty, and doubt … or in our case, self-doubt) to FOMO. And our patients are better served for it. This news is hot off the press, and I'm gathering more backstory on this. We have encouraged and shared resources with New Mexico, but this effort likely has a few additional twists that I'm currently vetting. But the signs are stunning. Our physical therapy champions are advocating with more sophistication, and we are a little more wary of shooting ourselves in the foot with consequential, poorly-phrased inquiries and language choices, which only conspire to haunt us later. New Mexico is also intriguing, as it has one of the few sonography boards in the country, and unique to the *land of enchantment*, it recognizes the Registered in Musculoskeletal (RMSK) sonography credential … I'm super stoked about that, being a zealous RMSK practitioner of Musculoskeletal Ultrasound (MSKUS). I am wowed by a seemingly unrelenting steady momentum, and I am up to my eyeballs trying to keep up with the ever-growing interest in physical therapist-administered ultrasound imaging and physical therapist-directed imaging referral!

Just in the past couple of weeks (I am putting fingers to keyboard November 12, 2025), we've had a historic meeting between the APTA and the American College of Radiology (ACR), and I have been in ongoing collaboration/talks/meetings with leadership who are gearing up and in the process of imaging-related efforts in Maine, Idaho, Arkansas, Missouri, New York, and Florida, as well as my very own adopted state of Washington. There is an appetite and a palpable impatience to practice at the top of our license. And these leaders/advocates distinctly project the "cut-the-crap" vibe and encourage us to move forward beyond our traditional instincts of surrendering our professional agency to other self-interested stakeholders. Again, we are rejecting FUD!

And why the heck wouldn't we have this desire to serve the public who are in desperate need of our help?

As Drs Bremen Abuhl and Dallas Ehrmantraut reported in their 2025 Physical Therapy & Rehabilitation Journal (PTJ) editor's choice journal article *First-Contact Physical Therapy Compared to Usual Primary Care for Musculoskeletal Disorders: A Systematic Review and Meta-Analysis of Randomized Controlled Trials,* the U.S. healthcare system—and global healthcare more broadly—struggles with the dual pressures of aging populations and a shrinking physician workforce, while the growing burden of musculoskeletal dysfunction has emerged as a major drain on healthcare resources, impeding efficient care delivery and intensifying systemic strain.

Speaking plainly—you and I both know it—primary care physicians are heavily strained by crushing musculoskeletal (MSK) caseloads, which can be offloaded to first-line-of-contact, direct-access physical therapy services to properly and quickly triage patients for conservative physical therapy care or more advanced referral, for both underserved urban and rural populations. And as studies continue to confirm, physical therapists are less likely to rely on imaging than our physician colleagues, who have a greater tendency to punt for immediate imaging studies for MSK evaluation.

As Abuhl and Ehrmantraut report in their meta-analysis, patients who saw a physical therapist first were 45% less likely to undergo diagnostic imaging—and that drop came without any compromise in outcomes or safety. Even more compelling, their likelihood of receiving prescription medication fell by 70%. Costs in the randomized controlled trials were equal to those in usual primary care (although earlier, nonrandomized trials and broader reviews often found physical therapy to be less expensive). Outcomes for pain, disability, and quality of life were also equivalent. In other words: equal results, but with far less imaging and medication use. In a system strained by shortages and rising costs, that formula isn't just good policy—it's policy dynamite. Physical therapists don't need to outperform on every measure to prove their value; delivering the same outcomes with leaner, safer, and smarter care is already a system-saving win.

Imaging privileges for physical therapists are supported by clear precedent; continued hard evidence of our efficacy, appropriateness, and adherence to the American College of Radiology (ACR) guidelines; and our doctoral-level education and clinical reasoning skills in MSK dysfunctions.

Physical therapists overutilizing imaging referral? Physical therapists causing excessive ionizing radiation exposure? Get over it. It just won't happen. Just as the military branches declared, physical therapists are neuromusculoskeletal experts skilled in physical assessment and patient management. We are far less reliant on imaging due to our evaluative chops, but we absolutely want access to imaging when it is required.

But what I've learned with my tenure as APTA Orthopedics Imaging president is that it's on us to communicate our competencies more effectively, and preferably without injuring anyone's feelings. It's time to step up *our* communication efforts and make new friends with our radiology colleagues, and to be fair, *how on earth* are they supposed to know where our competencies are?

Friendly Introductions and Sharing Between the ACR and the APTA

And to that point, I will report briefly on our momentous meeting with the American College of Radiology delegation, which was held on October 28, 2025. APTA VP Governmental Affairs Justin Elliott; Dr Aaron Keil, DPT; and I met with ACR's Eugenia Brandt, Senior Director of Government Relations at American College of Radiology; Dillon Harp, Senior State Government Relations Specialist; and Dr Bonnie Litvak, ACR New York Chapter councilor.

We communicated our gratitude for the honor and opportunity to collaborate and start a conversation with our dear colleagues in the ACR. We related our genuine desire for them to express and share their understandable safety concerns with us, chiefly among them being the potential of *overutilization of imaging and exposure to ionizing radiation.*

We originally learned of these concerns because of an opposing position statement drafted by the ACR, which threatened to derail APTA Iowa's successful physical therapy imaging referral campaign in 2023. The ACR cited a JAMA 2015 journal article comparing nonphysician and physician imaging referral frequency, studying nurse practitioners (NPs) and physician assistants (PAs). This study pointed out only a slight increase in radiography and imaging overall (0.1%!!!!!). Based on that slight increase in imaging in that paper, the ACR lumped us into this nonphysician category, although physical therapists' imaging referrals were in no manner included. The APTA Iowa president, Dr Kory Zimney, explained to the honorable members of the Iowa legislative bodies that we were not included in the study and that, not to disparage our dear colleagues, we are a doctoral-trained profession that specializes in neuromusculoskeletal (NMSK) conditions, unlike master's-trained PAs and NPs. At any rate, I have to say that the authors of this JAMA article leaned heavily toward exaggerated concerns about ionizing radiation exposure, despite the, as they put it, *modest* elevation of imaging referral frequency. Incidentally, folks, we have since learned that the American Medical Association is really peeved by a perceived power grab by NPs who want to practice with greater independence … so, regrettably, there are other confounding agendas at play here.

At any rate, with more evidence pointing out our judicious use of imaging, I decided that the time had come to engage our colleagues at the ACR, so Dr Aaron Keil put fingers to keyboard, and we coordinated with Justin Elliott to facilitate the meeting.

We decided to address the ACR's valid apprehensions in a formal letter penned by Dr Keil, and cosignatories Justin Elliott, Dallas Ehrmantraut, Bremen Abuhl, and yours truly, concerning evidence supporting our judicious use of imaging referral. It is in this very communique that we expressed our desire to reach out and commence a dialogue between the APTA and the ACR.

Needless to say, it was a great honor for us to speak with the legendary American College of Radiology, given that we have a deep reverence for the ACR guidelines. It would be an understatement to say how incredibly important these guidelines are to us physical therapists. We assured the ACR delegation that not only do we depend on their use, but we also actively promote them in our doctoral training as well as our professional lives. I also related to the ACR representatives that, in my heart, *I have always felt that we are natural* ***allies,*** and plainly informed them that it's of course no **secret**, as first-line-of-contact providers, we physical therapists want to refer our patients ***directly to radiologists*** for their expertise and diagnostics.

It was a thoughtful meeting, and Dr Litvak and Ms Brandt reiterated their position regarding education, imaging utilization, and overexposure to ionizing radiation, which we addressed in the letter and during the meeting. My feelings are that these concerns are easily addressed, and we can do this convincingly. But our radiology advocates also mentioned that they ultimately are beholden to the position of supporting "*physician-centered care."* They mentioned this *twice*. In plain language, they *must* hold the physician and AMA line of pushing back on the perceived advances of allied professionals. They mentioned that they were concerned about patients being lost to the allied health silos and that we would exclude physicians in the management of patient care.

I'm glad to understand their strictures, political challenges, and, frankly, their worries. Again, they don't know anything about us, and they have no clue about existing precedent, evidence, or even our long-established imaging referral privileges in the military branches.

So, with all this, I don't think this is an unworkable situation at all … I believe this is a promising first step.

I know that our profession is traditionally collaborative and reverent of our physician colleagues, and I argue that we are bringing patients to the physicians for appropriate referral and relieving the burden of MSK caseload with great triage. We are MSK care expeditors. There is no way that I see our profession retreating into a silo. I further argue that it brings us closer to the medical profession, so that we may contribute more significantly.

The ACR panel was concerned about the management regarding "incidental findings," and this has also been a repeated theme from some of our diagnostophobic FUD physical therapists. There is a concern that we wouldn't refer these patients back to the physician, particularly if there is nefarious pathology. I understand the worry from the radiologist's side, because they do not realize how important multidisciplinary care is to physical therapists, and how anathema it would be for us NOT to refer to our physician colleagues. Conversely, I continue to scratch my head at the few therapists who continue to ask, "What if we get a radiology report that shows cancer?" Seriously? Is that a real question? **Do your work and *refer*** the patient to a physician … I mean, come on. For those physical therapists who ask that seriously, I think you may just need to swallow your FUD and sharpen your communication skills a bit, because I think … going out on a bit of a limb here … you may be a little phobic of speaking with a physician.

One more concern the radiologists have is that they don't want to be legally responsible for the patient's care, and that there may be some inadvertent legal exposure. That's reasonable and totally manageable—though my instincts tell me the issue is a nothingburger that can be handled with language that indemnifies the reading radiologist.

Overall, I thought the tone of the meeting was pitch-perfect, and I believe we acquitted ourselves very well and collegially … so huge kudos to Justin and Aaron, and deep appreciation for Dr Litvak, Ms Brandt, and Mr Harp for the meaningful exchange of an hour or so.

We will follow up with our new friends with additional information and elaborate on evidence to assuage ongoing concerns. My main goal was to start our dialogue and to primarily do away with the notion that physical therapist imaging referrals will turn patients into human glow sticks

because of a perceived threat of higher degrees of ionizing radiation exposure.

This historic meeting has cracked open an avenue of opportunity with new friends and allies. I am pleased, optimistic, and hopeful.

Dramatic Victory for Physical Therapist-Administered Ultrasound Imaging in the Tar Heel State as North Carolina Physical Therapy Board Reverses a Poorly Reasoned Ruling

In a head-scratching 2019 ruling, the previous North Carolina Physical Therapy Board flatly denied physical therapist-administered ultrasound imaging—even though the state's own practice act explicitly states that physical therapists evaluate and treat using sound. The disconnect was glaring. And, oddly enough, the board closed its statement by admitting they considered ultrasound a "promising modality." You can't make this stuff up—I mean—c'mon, Tar Heel State. Granted, the phraseology of the inquiry had all the self-sabotaging naïveté of a *"mother-may-I"* request—the kind that needs to be avoided at all costs. We should be able to rely on the board to engage in sophisticated deliberation, but alas, when you're dealing with members who don't grasp the modern realities of our profession or the needs of the public, you've got to frame the question in a more legally-minded way.

Enter Nathan Savage, DPT, PhD, RMSK. To say he is among the most consequential physical therapists in the USA would be an understatement. He was recently tenured and promoted to associate professor at Winston-Salem State University and has become associate professor and director of the Targeted Enhanced Athletic Movement (T.E.A.M.) at High Point University.

Lofty words, I know, but I'm glad he's on *our* TEAM! I hit it off with Nathan from the moment we met in person at the Combined Sections Meeting (CSM) 2024 meeting. He reflected his ongoing frustration with the infuriatingly braindead ruling … my words, not his. But he was frustrated, and I shared my acute annoyance with this intellectually lazy and ineffective handling of the inquiry. We both independently long thought the question needed to be rephrased, re-asked. And why not revisit the question? What's stopping us? I didn't think anything held us back but ourselves. I offered my support and resources whenever he wanted to gear up and pull the levers.

Fueled by his beliefs and vision of the profession, Savage drafted the question and made his approach to the board with surgical precision and reasoning that has dramatically impacted North Carolina's position on physical therapist-administered ultrasound imaging. This has been a colossal victory and reversal that I believe will reverberate through the USA. I believe the language will serve as a model for neighboring states, if not throughout the nation.

I asked Nathan to be our honored guest at our membership meeting so you can appreciate the work, the nuance, and the action behind this amazing piece of advocacy as he takes us through the play-by-play in NC.

Deepening Ties with Gold-Standard Ultrasound Imaging Credentialing Inteleos

Speaking of consequential, the great Dr Shirish Sachdeva, DPT, MS, RMSK (and way more letters) and I have been very busy with Inteleos leadership to ratify and deepen our mutual admiration society. We've enjoyed a marvelous working relationship with Inteleos' Brent Rood, MA, Director of Strategic Partnerships, and have handed off our work to APTA CEO Justin Moore and Inteleos' Jamie Blietz, COO, to work out the final details. Spirits are high, and I must credit Shirish, who has been tirelessly maintaining our robust ties with Inteleos. Shirish has also provided substantial intellectual input to the development of the memorandum of understanding. Special shoutout to Inteleos' Pam Ruiz, Chief Business Development Officer, who continues to be a beacon of positivity for our alliance.

Irons in the Fire—In the Hunt for Change

New York, California, Maine, Vermont, Texas, Alaska, Florida, Washington, Arkansas, and Idaho. Illinois is making some noise as well … I will be snooping around the Great Lakes. We are active. We are engaged. We are optimistic.

Final Words and Wishes

I want to wish everyone a wonderful holiday season and New Year! I will be spending Christmas with my fabulous and funny in-laws, as we do every year. I'm responsible for the turkey! I can smell it already!

Stay Focused and Optimistic—We Got This!

I was raised that practice makes perfect and that repetition is the mother of proficiency. So, no shocker here, I'm going to repeat my message regarding advocacy.

Please don't go it alone.

We are here at the Imaging SIG to help and demystify the process. We have our hand on the pulse of diagnostic imaging referral and physical therapist-administered ultrasound imaging. Let's stay unified with a common purpose to keep our drive to modernize and outlast those voices who rely on fearmongering despite the evidence supporting our cause. All we need to do is just keep engaging and outlasting the fear peddlers.

With perseverance, we will win, and more importantly, the public will win.

Let's keep the conversation going. Let's celebrate the victories and dream on the possibilities of opportunity rather than entertain the unlikely landmines of insecurity.

I'll remind you of my mantra or refrain:

It is OUR profession.

Do not give away your agency to another lobby, stakeholder, rival, or opponent. We must reassess our toxic relationships or codependencies and create new alliances. An emerging friendship will be found among radiologists at the independent level. Let's find new friends if our old adversaries continue to obstruct us and, frankly, see no value in us.

I know our value. Our patients know our value.

Keep representing!!
Bruno

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