

## PRESIDENT'S MESSAGE

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## WRAPPING UP 2023 AND TYING A BOW AROUND IT! – REVIEWING PATHS TO IMAGING PRIVILEGES FOR PHYSICAL THERAPISTS - I-SIG PRESIDENT'S MESSAGE

### *Cherished Members of the Mighty Imaging SIG!*

I have to tell you I'm still over the moon about Dr. Scott Rezac's presentation for our exhilarating November 2023 Imaging SIG meeting entitled "Colorado Physical Therapists are Ordering Imaging ... and the Sky Has Not Fallen!!! And that off the heels of September's brilliant "PT-Imaging in Victory in Iowa!!!" with Dr. Corey Zimney (I clearly have a penchant for exclamation points...).

Colorado's Dr. Scott Rezac, who owns Rezac and Associates Physical Therapy LLC, brilliantly laid out *one of the three* paths forward in exercising physical therapist imaging referral. You really need to see his presentation, which is posted on our I-SIG resource page. Scott essentially started to refer his first patient in 2007 for imaging when his patient refused to go to his primary care physician or an orthopedist to get a referral, prompting Scott to read his practice act to see if there was any prohibition to imaging referral, only to find that nothing was holding him back. From then on, he established relationships with radiologists to serve his patients' needs expediently and thoughtfully, with very little resistance from radiologists, payors, or referring providers (really, dear members, you've got to see this recorded meeting).

So, Scott used '**Option One**': the practice act is silent, so go ahead, refer, and establish your relationships with radiology centers and radiologists. They are delighted to take your referral, and on occasion, you may need to meet with them to educate them about your role and clientele.

Colorado Physical Therapists decided to move along with '**Option Two**' in 2014 when they launched a successful inquiry to the Colorado State PT licensing board, which officially ruled that it is appropriate for physical therapists to order all imaging studies, including CT, MR, DEXA, and radiography. However, the second option is not without risk. When it comes to launching a state board inquiry, it is absolutely essential to prepare a thoughtful question involving (i) a context for the need, (ii) precedent, (iii) current supporting evidence, (iv) establishing a 'duty to refer'; (v) and an ultimate 'ask' calibrated explicitly to the question:

*"Does the practice act explicitly prohibit physical therapists from referring patients directly for diagnostic imaging studies?"*

And you might add (straight out of the DC playbook):

*"While the interpretation of diagnostic imaging falls outside the physical therapist scope of practice, the decision of when this testing*

*is necessary is well within the clinical decision-making abilities and scope of practice of the physical therapist. Additionally, inter-professional collaboration such as this is a hallmark of quality patient care."*

Or how about:

*"If I am mandated to refer conditions outside my scope of practice to an '**appropriate provider**', are radiologists excluded from the definition of appropriate healthcare providers?"*

(I am literally taking dictation from the legendary Dr. Aaron Keil right now as I write this!).

Marshall University's Dr. James Dauber, DPT, DSc, RMSK, gave me the go-ahead to show you West Virginia's successful state board inquiry. Team WV staggered the questions in two consecutive approaches. Here it is in its entirety:

### WV BOARD QUESTION #1

Dear West Virginia Board of Physical Therapy:

I am writing to you as a licensed physical therapist (PT) in West Virginia. I am asking for the Board's interpretation of WV 16-1-8.7.

The WV practice act currently states:

16-1-8.7. *"A physical therapist may refer a patient to an appropriate health care practitioner if the physical therapist has reasonable cause to believe that symptoms or conditions are present that require services beyond the scope of the practice of physical therapy."*

Our national governing body, the American Physical Therapy Association (APTA), has produced multiple documents including the Guide to Physical Therapist Practice, the Normative Model of Physical Therapist Professional Education, and APTA House of Delegates Policies which contain specific language directing physical therapists to refer to another health care professional if required services for evaluation or treatment are beyond the scope of the physical therapist. Specifically, the Code of Ethics, Principle 3C states "Physical therapists shall make judgments within their scope of practice and level of expertise and shall communicate with, collaborate with, or **refer to peers or other health care professionals when necessary.**" Likewise, the *Normative Model of Physical Therapist Professional Education* includes a specific requirement to "...determine the need for **referral to other health care providers.**" The language used by our national governing body seems to clearly delineate a duty to act, rather than an option to do so.

My request for the Board's interpretation is specifically:

**In the case where a PT has reasonable cause to believe that symptoms or conditions are present that require services beyond the scope of the practice of the PT, does the PT have a duty to refer a patient to an appropriate health care practitioner for assistance in managing the case when warranted?**

Thank you in advance for your thoughtful consideration of this issue.

#### WV BOARD'S RESPONSE TO QUESTION #1

Good afternoon,

Per our Board, a physical therapist has the duty to refer any patient to the appropriate provider when the treatment is outside the physical therapist scope of practice according to 16-1-8.7.

#### WV BOARD QUESTION #2

"I am writing to you as a licensed physical therapist (PT) in West Virginia. I am asking for clarification on a recent Board opinion.

The WV practice act currently states:

16-1-8.7. "A physical therapist may refer a patient to an appropriate health care practitioner if the physical therapist has reasonable cause to believe that symptoms or conditions are present that require services beyond the scope of the practice of physical therapy."

The Board recently provided an opinion that 16-1-8.7. not only allows, but requires, a physical therapist to refer a patient to the "appropriate provider" when the therapist concludes it is warranted.

My questions are specifically:

1. **In reference to 16-1-8.7., does the Board consider a board-certified radiologist to be an "appropriate provider?"**
2. **Does section 16-1-8.7., or any other part of the WV practice act, prohibit physical therapists from referring patients directly for diagnostic imaging studies?"**

#### WV BOARD'S RESPONSE TO QUESTION #2

"Per our Board members, according to 16-1-8-7, a board-certified radiologist is an appropriate provider. **No, there is no part of the WV Practice Act that prohibits physical therapists from referring patients directly for diagnostic imaging studies.**"

This line of questioning is masterful and expertly facilitates a dispassionate, pragmatic assessment of the physical therapist's role.

Clearly, you have to prepare a calibrated question to maximize your chances for a favorable response. On the negative side, do not be surprised if a poorly informed board (1) rules against you, (2) suggests that a legislative process is required to open up the practice act (**Option 3**), or at best, (3) refers it to its legal department for further deliberation. I will say it again. **I implore you or your leadership to consult us at the Imaging SIG to marshal our resources and prep you maximally for the best possible chance at a favorable outcome.** Check your impulses from acting alone. Remember, we seldom rise to the occasion when we sink to the level of our lowest preparation. That, and "Luck favors the prepared."

#### Option Three: The Legislative Approach - Get your Game on!

Folks, we need to talk about that last option. There is an alarming prevailing myth that one must pursue '**Option Three**' the relatively grueling legislative path, in the event of (a) a *silent practice act*, (b) one that mentions '*Roentgen use*,' or (c) being in a state where a *radiology technician practice act* does not allow referral from PTs.

Permission to be blunt... NO, you don't need to pursue a challenging legislative initiative and open up your practice act to the eyes of rival stakeholders, combatants, and self-sabotaging, insecure internal forces to make this happen. The notion that you need to itemize everything in your practice act is a rookie mistake that other professions avoid. Useful technologies and services come our way for adoption and our educational realities are ever-evolving, as are the needs of our population; thus, the practice act must reflect an inherent flexibility to serve the public interest and leverage the talents of the primary care Doctor of Physical Therapy.

We must resist the constant impulse to 'line-item' our Practice Acts. There's a real risk of calcifying our practice act, with the undesirable consequence of strapping our profession into a stultifying straitjacket.

Having said that, to topple the undesirable omission of Physical Therapists as listed providers of radiological referral will literally take an act of Congress. We plan to engage in a legislative initiative to change the CMS rules. We are going to need our A-game to ramp up this attempt. We are currently fashioning a legislative guide to that effect.

#### PT Imaging Referral and Angst!

I must admit I am concerned about the palpable angst that some of our members experience with the concept of physical therapist-directed imaging referral. And I'm inspired to pen a 'Myths vs. Realities' newsletter or perhaps to log a webinar to address this fear. It is clearly anxiety-provoking for some of our dear members, resulting in some seriously impressive catastrophizing... Leave it to us physical therapists to fantasize about seriously unrealistic license-cancelling scenarios and disasters. Having spoken with so many colleagues across all age groups, I think it's time for us to have a collective intervention (or exorcism) to deal with our toxic catastrophization. I mean, the stuff people invent and confabulate to paralyze the practice of sound public health policy and public service is impressive. Spoken from one of our members: "Our toxic desire to 'eat our own' and our unsubstantiated chronic professional self-doubt and lack of faith in our newly graduating DPTs are examples of sheer self-sabotage."

I have to tell you, Athletic Trainers don't manifest angst like this, and they are always ready to encroach on our turf without a shred of doubt or worry. If we don't step up and meet the needs of our communities and citizenry beset with physician and nurse shortages, others will step up. We have to get out of the way of... ourselves and, above all, stand tall and assume agency over our profession. We got this. No other allied healthcare professional is more suited to Musculoskeletal imaging referral than the primary care physical therapist.

#### MSKUS and Diagnostic Ultrasonography KUDOS!

A huge debt of gratitude to Drs Tiffany Kaltenmark, PT, DPT, Stacie Akins, PT, MHS, and Fred Loeffler, PT, DPT, LAT, ATC, CLT, for representing us so well with their 3-part *Navigating The*

*Pediatric Joint* webinar series with the American Institute of Ultrasound in Medicine (AIUM). And a phenomenal groundbreaking Part 1 of a two-part Cardiopulmonary ultrasound series from Dr. Stephen Ramsey, PT, DPT, CCS, who shows how physical therapists use high-definition sonography across specializations in physical therapy.

#### **From the Desk of our VP of Education, Brian Young, PT, DSc**

The I-SIG has been busy working with AIUM with several recent presentations. Be sure to check out the most recent at AIUM. Click the QR code to go there right away!

POCUS in PT: An Introduction to Cardiovascular and Pulmonary Diagnostic Ultrasound, Part 1 – Dr. Stephen Ramsey, PT, DPT, CCS

Navigating the Pediatric Ankle – Dr. Tiffany Kaltenmark, PT, DPT

Navigating the Pediatric Knee – Stacie Akins, PT, MHS

Navigating the Pediatric Elbow – Dr. Fred Loeffler, PT, DPT, LAT, ATC, CLT

Stay tuned for several presentations in 2024! If you have an excellent topic for this platform, please get in touch with Brian at [brian\\_a\\_young@baylor.edu](mailto:brian_a_young@baylor.edu). We are always looking to get more voices into the imaging world!



#### **From the Desk of our Research Chair, George Benneck, PT, PhD, OCS-Emeritus, KEMG**

Members of the Imaging SIG Research Committee workgroup, Alycia Markowski, Maureen Watkins, and George Benneck, with the assistance of their respective university colleagues, Luke Brisbin, and Silvertan Nguyen are offering an education session titled, *Integrating Ultrasound Imaging into DPT Anatomy Curricula: A Multimodal Approach to Promote Learning* at CSM 2024 (Boston) on Saturday, February 17. This session will describe how ultrasound imaging has been used as a teaching tool in the anatomy courses of two physical therapy programs and the potential clinical benefits of ultrasound imaging learned by future practitioners.

#### **PT-Directed Imaging Nationwide Scorecard - The Current State of Physical Therapist-Directed Imaging Law and State Board Rulings**

Here's the current State of PT Imaging referrals in the USA explicitly allowing us to order imaging studies:

Eleven states presently have enacted laws or state board rulings explicitly mentioning PT-directed Imaging referral, 7 of which have accorded physical therapists full imaging privileges, and the four remaining limiting referrals to radiography (X-ray). It is noteworthy that legislative deliberations, which have limited physical therapists to radiography referral, have been based on cost concerns associated with advanced imaging as opposed to ionizing radiation exposure to patients.

## **TO RECAPITULATE**

### Iowa State Law

- Most recently, in May 2023, the state of IOWA conferred full imaging referral privileges to Physical Therapists.
- In Iowa, Physical Therapists can order imaging studies, including MRIs.

### Colorado Physical Therapy Board Policy

- In Colorado, Physical Therapists can order imaging studies, including MRIs, as directed by a Colorado Physical Therapy Licensing Board policy.

### Utah Radiology Law

- The Utah *Radiologic Technologist, Radiologic Assistant, and Radiology Practical Technician Licensing Act* governs the ability of Physical Therapists to order imaging studies in the state. Under the act, radiological technologists, assistants, and technicians can accept orders from physical therapists for X-rays and MRIs.

### District of Columbia Board Ruling

- In a 2010 letter, the District of Columbia Board of Physical Therapy clarified its ruling that Physical Therapists can order diagnostic imaging studies.

### New Jersey State Board of Physical Therapy Examiners Ruling

- In a 2016 public session, the New Jersey Board of Physical Therapy Examiners clarified that Physical Therapists can refer patients for diagnostic testing, such as imaging studies.

### West Virginia Board of Physical Therapy Advisory Opinion

- In 2021, the West Virginia Board of Physical Therapy issued a written opinion, advisory in nature, that physical therapists may refer a patient to a radiologist (eg, order imaging), with clinical justification, for any diagnostic imaging study within the recognized standards of the practice and education for a physical therapist.

### Maryland Board of Physical Therapy Examiners Ruling

- In a 2014 letter, the Maryland Board of Physical Therapy Examiners clarified its ruling that Physical Therapists can order imaging studies, including X-rays, MRIs, and CT scans.

### Wisconsin Physical Therapy Licensure Law

- Wisconsin's Physical Therapy Practice Act permits Physical Therapists to order X-rays. Detailed regulations require PTs to complete a formal X-ray ordering training program with demonstrated physician involvement and to communicate and coordinate with the patient's primary care physician or appropriate health care provider when ordering X-rays, with some exceptions.

### North Dakota Century Code

- North Dakota's practice act, revised in 2021, permits Physical Therapists to order X-rays.

### Rhode Island Public Law

- Rhode Island law, enacted in 2021, permits Physical Therapists to order X-rays. The legislation requires Physical Therapists who order imaging report results within 7 days of receipt to the patient's primary care physician if they have one. It also requires managed health plans to provide a utilization report to the leg-

islature annually starting in 2022. The RI law has recently been reauthorized for another two years in 2023.

#### Arizona Senate Bill 1312

- Arizona passed legislation in 2022 permitting Physical Therapists to order X-rays. The physical therapist ordering the x-rays must report the results to the patient's health care practitioner of record.

#### **MSKUS Highlights**

Physical therapists continue to test their mettle in musculoskeletal ultrasound imaging by sitting the gold standard APCA (Inteleos' Alliance for Physician Certification and Advancement) diagnostic MSKUS credential, namely the RMSK. It is a board exam that requires much preparation and promises much professional reward. It shows the diagnostic-imaging world that physical therapists can manage just fine in the world of diagnostic musculoskeletal ultrasound imaging compared to our physician, chiropractic, nurse practitioner, and physician's assistant colleagues. We keep adding a modest number of new RMSK physical therapists to the total. And we physical therapists are thrilled to embrace and apply MSKUS to our practices. Physical therapists realize this is a game changer for primary autonomous physical therapy practice and our collective professional relevance. I will repeat my call to action, reminding everyone to study MSKUS and sit the RMSK:

WHO is next to subject themselves to the crucible of this physician credential of the RMSK? As I have parroted repeatedly, if you want to show that we rival the MSK diagnostic acumen of other diagnostic professions, this is a compelling way to do it. My dear Physical Therapists colleagues, we need to take advantage of this opportunity, and we need MORE body count to (i) study this excellent imaging modality, (ii) use it, (iv) study for the RMSK exam... and (v) pass it! Let's make MSKUS our own!

Remember! Physical therapists are recognized providers of musculoskeletal ultrasonography by the Inteleos Foundation family of certification alliances: the Alliance for Physician Certification and Accreditation (APCA), the American Registry of Diag-

nostic Medical Sonographers (ARDMS), and the Point-of-Care Ultrasound Certification Academy (POCUS). Pertinently, physical therapists are eligible for the gold-standard physician's board certification of the APCA-conferred RMSK distinction, which many physical therapists have achieved, as well as the POCUS certifications in MSKUS and other point-of-care applications.

Moreover, the American Institute of Ultrasound in Medicine (AIUM) recognizes physical therapists as licensed medical providers of Musculoskeletal ultrasound. The AIUM, the home of the *Journal of Ultrasound in Medicine*, is a multidisciplinary association dedicated to advancing the use of ultrasound in medicine through professional and public education, research, development of guidelines, and accreditation.

#### **A Return to Our Annual In-person Imaging SIG meeting at CSM 2024 in Boston!**

CSM 2024 is around the corner as the road show rumbles into the cradle of liberty. I look forward to rubbing elbows with our Bay State colleagues and hearing what they have to share about their professional aspirations. The Imaging SIG meeting will occur on Saturday, February 15, from 1:30– 2:30 p.m.

That's all for now, you Physical Therapy MSKUS imagers and Physical Therapy imaging referral aspirants. Continue to beat the deafening drums for autonomous modern physical therapy practice, proudly proclaim our unique skill sets to all-comers, and don't shrink in the face of false narratives and misinformed mischaracterizations. We play nice, but we don't back down... we represent! We got this!

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