PRESIDENT'S MESSAGE

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Momentum, Milestones, and a Meta-Analysis That Moves the Needle—Physical Therapists as First-Contact Providers? Less Imaging. Fewer Medications … Same or Better Outcomes!

Cherished members of the mighty
Imaging Special Interest Group,

I thought perhaps the advocacy effort would take a back seat this summer, so that we could all lounge in the comfortable, lazy, warm glow of beautiful sunsets and vacations. And given how everyone has been putting so much effort into the cause of autonomous primary care physical therapy practice, I was tempted to think that we would, quite understandably, kick back, relax, regroup, and reflect on the long game ahead.

HAH!

We'll have none of that!

Our Imaging SIG champions continue to shake the ground under our feet with legislative victories and groundbreaking research to dismantle long-held myths. North Dakota made history, Oregon broke new ground, and a meta-analysis in APTA's prestigious *Physical Therapy & Rehabilitation Journal (PTJ)* gave us a data-driven mic drop on first-contact physical therapy care. We unflinchingly continue our collective effort to dismantle the barriers that keep us from achieving our macro-picture goal: autonomous, primary care physical therapy practice. And for us at the Imaging SIG, that means normalizing physical therapist imaging referral privileges and physical therapist-administered ultrasound imaging.

I am charged up from our latest Imaging SIG meeting, recorded live on July 24, 2025, which you can check out on our APTA Orthopedics YouTube channel link: https://www.youtube.com/watch?v=uWkIUZcqK0c&t=124s

Our guests of honor were our esteemed colleagues and friends, Drs. Dallas Ehrmantraut and Bremen Abul, who gave us a privileged first look at a monumental meta-analysis published as an *Editor's Choice* journal article in the vaunted *PTJ* entitled:

First-Contact Physical Therapy Compared to Usual Primary Care for Musculoskeletal Disorders: A Systematic Review and Meta-Analysis of Randomized Controlled Trials

The findings? First-contact physical therapy means less imaging, fewer medications, and the same or better outcomes—without safety risks—exactly the kind of ammunition we need for legislators, boards, and skeptics.

But that was not all. In a truly vibrant session, we heard from former I-SIG presidents Chuck Hazle and Doug White, who foreshadowed some excellent developments that we will track and report. Apparently, Chuck Hazle and Bill Boissonault are striking the iron with more research that they are currently analyzing. Chuck PROMISED me that the I-SIG will have a first look and presentation.

Doug White, while teasing the introduction of great new language in the latest House of Delegates (HOD) session, implored us all to become delegates to represent the modern vision of physical therapy practice. You all know that he speaks the truth. We have to replace uninformed physical therapists in the HOD who are simply out of step with the aspirations of our beloved practice. We also heard from our I-SIG Vice President and Education Chair, Brian Young; and Research Chair, George Beneck, who also shared some brilliant newsworthy items that I will share with you in this newsletter.

META-ANALYSIS TO CHANGE MINDS AND GUIDE POLICY

But on to the main event it was. The University of Jamestown's (North Dakota) very own Drs. Abuhl and Ehrmantraut elegantly laid out the evidence that changes minds, informs lawmaking, and contributes to sound public health policy. The results from their meta-analysis are powerful, resounding, and validating. But this validation should not surprise us, given that it confirms what we have known or at least suspected all along. What Ehrmantraut and Abuhl have contributed to the body of evidence will reverberate profoundly for health policy and first-contact physical therapy. Let there be no doubt. We were educated to be exactly *that* first-line-of-contact practitioner. And to that effect, we incontrovertibly must be outfitted with the appropriate imaging and testing privileges, and of course, go our undeterred merry way with physical therapist-administered ultrasound imaging.

Musculoskeletal disorders are among the top drivers of primary care visits and years lived with disability worldwide. Physical therapists are purpose-built to absorb this burden safely.

The reason for this study is obvious enough. We, as physical therapists, may believe that first-contact physical therapy is the way to move forward in a nation beset with ever-worsening physician shortages that cannot be alleviated by the implementation of physician assistants (PAs) and nurse practitioners (NPs) alone. Without harboring any disparaging overtones to our dear health care partners, physical therapists are uniquely qualified for neuromusculoskeletal conditions and injuries. Just ask the military branches, who have recently declared physical therapists to be neuromusculoskeletal experts, vital to military readiness … quite a designation indeed.

Ehrmantraut emphasized that as the U.S. health care system—and global health care more broadly—struggles with the dual pressures of aging populations and a shrinking physician workforce, the growing burden of musculoskeletal dysfunction has emerged as a major drain on health care resources, impeding efficient care delivery and intensifying systemic strain. So, our investigators from the Roughrider State set out to determine

whether physical therapists could be unleashed to relieve some of that pressure and help a health care system hobbled by musculoskeletal dysfunction.

For you, wonderful research wonks, our speakers elegantly laid out their rationale and research methods. Bremen outlined that the study specifically examined musculoskeletal disorders, drawing only from randomized controlled trials to ensure the evidence was strong. In each trial, the physical therapist was the first point of contact, steering the patient's plan of care rather than being locked into a protocol-bound, subordinate role. To be included, therapists also needed imaging privileges—either direct authority to order the study themselves or indirect authority, where physical therapists recommended the imaging study and a licensed colleague placed the order due to local policy limits. The data captured both immediate point-of-care imaging decisions and retrospective health care records, tracking how imaging was used at any point in the care episode following that initial contact.

Conclusions: Equal Outcomes, Less Meds, Less Imaging … Smarter Care

The results are striking. 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, non-randomized 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.

On a personal note, this resonates strongly with my own experiences as a manual physical therapist—from my early beginnings in chronic and acute orthopedic care to my current practice. Time and again, both physicians and patients observed significant reductions in medication use with physical therapy. That remains true in my practice today, and it is an advocacy point we must continue to highlight and further investigate.

Bravo, Drs. Ehrmantraut and Abuhl. We are excited about your future research. Being a privileged colleague in advocacy, I am grateful that these young ambassadors and standard bearers continue to investigate the macro-role that physical therapists can play.

STATE-BY-STATE VICTORIES AND PROGRESS

North Dakota – As expected, the governor has signed the bill into law granting physical therapists full imaging ordering privileges. Drs. Scott Brown and Mitch Wolden, masterfully done. Your legislative initiative stands as an example others would do well to follow.

Oregon – I am declaring a victory for imaging and a first for ultrasound imaging in the hands of physical therapists. In their drive to modernize their practice act, they took on a withering, sensationalistic campaign of fearmongering from the acupuncture lobby, lobbing professionally insulting, evidence-free assertions, which distracted us from focusing on the imaging referral privileges for physical therapists. We were very close to getting those privileges, but they slipped away by a slim margin in the Senate committee. However, not backing down from the pressure, Oregon physical therapists asserted themselves and won the battle for dry needling.

But here's the seismic development from my perspective. Apart from the practice act language update, Oregon physical therapists have engineered a change in the Oregon code that includes them as practitioners authorized to use ultrasound imaging.

INTRODUCING OREGON'S HB 3824

Oregon's HB 3824 is a gargantuan step forward for the profession and significantly validates physical therapy's scope of practice. Lawmakers officially expanded the scope of practice for physical therapists with House Bill 3824, signed into law on August 7, 2025. Starting July 1, 2027, physical therapists in Oregon will be able to do a few important things that weren't previously allowed. Most notably, the bill clears the way for physical therapists to perform **dry needling**—but only after the Physical Therapy Board sets the training and safety standards. That's a big shift, and one the Board will be busy defining in the next couple of years.

The huge win for us physical therapy imaging advocates is on the **use of ultrasound equipment.** Physical therapists no longer have to worry about separate licensing through the state's medical imaging laws if they're using sonography strictly for physical therapy purposes. That means musculoskeletal ultrasound stays firmly within physical therapy's scope without extra red tape.

On the patient-facing side, physical therapists can now **sign off on disabled parking permit applications,** putting them in the same category as physicians, nurse practitioners, and other providers who help patients navigate mobility challenges. The law also updates professional standards—tightening the rules around when and how physical therapists use the title "Doctor" and adding new requirements for background checks, temporary permits, and reporting malpractice claims.

Importantly, some of the more expansive items that were floated early in the legislative process—like vaccine administration and prescribing durable medical equipment—**did not make it into the final bill.** So the core changes really come down to dry needling, ultrasound, disabled-parking certification, and regulatory modernization.

In short: Oregon physical therapists just got a carefully measured scope expansion that reinforces their role in musculoskeletal care while leaving room for the Board to shape the details.

But MOST importantly … this puts imaging directly in the hands of physical therapists, and ***just imagine*** the possibilities of ultrasound-guided dry needling. I always said, if you're tired of waiting for imaging privileges, just start using ultrasound imaging in your practice. You don't have to go through what Oregon went through to get those privileges. Oregon was subject to relatively exotic rules compared to the rest of the nation. The vast majority of states across the nation have no restrictions or explicit prohibitions on ultrasound imaging in the hands of a physical therapist. And don't forget, our national organization, APTA, recognizes that physical therapist-administered

ultrasound imaging falls within the physical therapist's scope of practice.

Oregon's trajectory to ultrasound imaging privileges began as an inquiry to the State Board of Physical Therapy, seated in Salem, OR. Our current treasurer for APTA Orthopedics, Tim Brinker, DPT, MBA, inquired with the Oregon State Board whether ultrasound imaging was explicitly prohibited for physical therapists. The board confirmed that it indeed was part of physical therapy practice; it could be used by the physical therapist, but due to the rules, there had to be some reconciliation with the radiology board. I repeat, this is unique to Oregon. Oregon physical therapists had to go to the next legislative step to be included in the list of providers permitted to use ultrasound imaging. This is huge and was necessary for the state of Oregon.

As I've mentioned in the past, most, if not all, states do not prohibit physical therapists from using ultrasound imaging for evaluative and treatment purposes. There have been state board inquiries to clarify any insecurities that physical therapists have had about using the high-definition imaging modality. But it is a risky endeavor. The inquiry must be conducted in a thoughtful and carefully phrased manner, which we can assist with here at the Imaging Special Interest Group. It has been very successful as an approach, and we continue to make strides.

Kudos go to APTA Oregon chapter president Noel Tenoso for shepherding this forward with his team of fabulous Oregon physical therapists, and thanks to Tim Brinker for alerting the mighty Imaging SIG to pitch in with resources and consultation for this effort.

Team Oregon deserves a victory lap and a little break from advocacy, but they are not giving up on the imaging referral component. They are so close to victory in that regard, and I believe the opposing factions do not have the stomach, resources of time, and conviction to defend antiquated notions that are not supported by evidence.

VIRGINIA STATE BOARD AFFIRMS ULTRASOUND IMAGING IN THE HANDS OF PHYSICAL THERAPISTS

The Virginia inquiry fortunately confirmed the use of ultrasound imaging for both evaluative and treatment purposes. The one caveat is that the physical therapist is not allowed to provide a medical diagnosis as per the Virginia state physical therapy practice act.

OK, it's time for me to rant a little. In that very Virginia practice act, physical therapists are authorized, if not obligated, to provide and interpret their findings. Any normal human being would use the efficient shorthand nomenclature of "diagnosis" to describe findings for expediency. So how the heck do you interpret your findings? With interpretive dance? Acrylic or oil on canvas? Or the cryptic poetry of a long paragraph when all you want to do is tell them that you suspect a rotator cuff tear? I mean, to quote Austin Powers' Dr. Evil, "throw me a frickin' bone, people!"

We could discuss this entire concept in another newsletter, but the idea of diagnosis restriction needs to be nationally revised, rebuffed, and jettisoned. It's total bull feathers. To that effect, former Imaging SIG president and Hawaiian HOD delegate Doug White informed us that exciting changes have been made just recently in the APTA House of Delegates. The HOD just amended the position on diagnosis to better support imaging. We should be hearing about it soon, so keep an eye out for it.

ON THE IMMEDIATE HORIZON: MORE STATES, MORE INQUIRIES

***Vermont*:** Our liaison, Elizabeth Sargent, PT, DSc, OCS, FAAOMPT, with the guidance and coordination of the I-SIG, has initiated a board inquiry for physical therapist imaging referral privileges.

Missouri: Our liaison, Chase Miller, AIB-VRC, PT, DPT, CLT, with the guidance and coordination of the I-SIG, has initiated a board inquiry for physical therapist imaging referral privileges.

Maine: Our liaison, Paul Marquis, PT, owner of an independent physical therapy practice, has initiated a board inquiry with guidance and coordination from the I-SIG. We are awaiting a ruling from the deputy attorney general of Maine. This has the support of APTA Maine.

FORMER I-SIG PRESIDENT DOUG WHITE WEIGHS IN!

Speaking of Doug White, you would be hard-pressed to find anybody who can better cut through and deconstruct legal gibberish. He has been incredibly instrumental in engineering our eligibility for the diagnostic ultrasound physician credential of the Registered in Musculoskeletal Sonography Certification (RMSK). His voice remains a compellingly important force, and he now calls for our service in the APTA's HOD.

Dr. White urges Imaging SIG and APTA Orthopedics members to run for delegate positions and represent a modern perspective for change, reflecting the current realities and education of the modern physical therapist. There are simply too many members who lack the necessary knowledge and should, frankly, step aside. I share the same view regarding physical therapy state board members who are ill-informed and have no business or bandwidth for the job. I've been in meetings and driven to repeatedly face-palm far too often. Please get involved. Thanks to Doug for stepping up and being the steady sentinel against the forces of nonsense that threaten to obstruct our professional progress.

Attention Physical Therapists with the RMSK Credential: Check Your Inbox—Important Communication from Inteleos

Doug White also wants RMSK credentialled physical therapists to please check your inbox for a practice analysis survey from the gold-standard credentialling body, Inteleos (the Alliance for Physician Certification & Advancement's home). This is critical—our input shapes the RMSK exam to make the exam questions better reflect our practice.

Newly Minted RMSK Physical Therapists! The Latest Wave Continues to Increase the Physical Therapist Numbers!

I've got to start with congratulating one of our own. A big shout-out to APTA Orthopedics Treasurer Tim Brinker, DPT, MBA, RMSK.

Tim is a newly minted RMSK, which is the physician credential for diagnostic MSK ultrasound imaging. This is no easy feat. This is a challenging process and a capricious physician's board exam, where physical therapists showcase their talents, intellect, and diagnostic acumen. Bravo, Tim. Welcome to the proud ranks of the RMSK society. Take a bow.

Included in this roster of new RMSK physical therapists is Oregon advocate Micah Wong, DPT, who is now pursuing his PhD in Iowa. Micah is a fresh new voice in advocacy and is an incredible speaker. I know great things are going to happen for Iowa, with Micah continuing to lead in this important high-definition modality.

Also, a big shout-out to my colleague from Pennsylvania, Clayton Kubrick, DPT, RMSK, who works in the realm of bleeding disorders at the regional and national level. He uses ultrasound imaging for the detection of hemarthrosis, hematoma, joint health monitoring, and general musculoskeletal differential diagnostics. He is a fresh voice for advocacy, and I expect great things from him as well.

I will receive the actual numbers in the next month, but I can tell you that our colleagues continue to expand the ranks of MSK physical therapists.

CONTINUED SYNERGIES WITH INTELEOS AND THE AMERICAN INSTITUTE OF ULTRASOUND IN MEDICINE

I will be brief, but there have been significant developments and a deepening of our relationship with these two incredibly important institutions. We have memoranda of understanding to be ratified and updated, which have some interesting implications for physical therapy. I am super stoked about the possibilities and the synergies. Both Intelios and the American Institute of Ultrasound in Medicine are very enthusiastic about physical therapist engagement and interest in ultrasound imaging technology, applications, and diagnostics.

Forging an Alliance with the American College of Radiology (ACR)

I have always believed physical therapists are natural allies and friends of the ACR. With the approval of our APTA Orthopedics President Judy Hess, we are proceeding with an invitation to a dialogue with the ACR. Dr. Aaron Keil drafted a response letter to address ACR concerns about over-imaging referral by non-physicians. Dallas Ehrmantraut, Bremen Abuhl, and I have added our two cents to the letter as well. In agreement and support, APTA VP of Governmental Affairs Justin Elliott has just submitted it to the ACR, and their representative has immediately agreed to meet with us. We are unequivocally committed to building a long-term relationship with the ACR. I would argue that physical therapists are the greatest champions of their imaging guidelines!

THE COMBINED SECTIONS MEETING (CSM) IS CLOSER THAN YOU THINK! IMAGING SIG REPRESENTS!

Imaging SIG Vice President Brian Young, PT, DSc, OCS, FAAOMPT announced our Imaging SIG's contribution to CSM 2025, held in Anaheim from February 12 to 14. Brian has cooked up another "imaging master class" featuring an incredible panel of speakers, consisting of Chuck Hazle, Alycia Markowski, and Lance Mabry. Please look out for:

Elevating Diagnostic Imaging Skills for DPT Students, New Graduates, and Practicing Clinicians

Brian continues to represent us with robust content, and we are all deeply appreciative of his efforts.

RESEARCH CHAIR GEORGE BENECK, PT, PH.D., OCS-EMERITUS, KEMG REPORTS!

In true Imaging SIG fashion, Dr. Beneck's mission focuses on imaging referral privileges and physical therapist-administered ultrasound imaging. One of his ongoing projects within the Imaging SIG is the development of a clinical applications ultrasound imaging mentor directory. He already established a mentorship program for ultrasound imaging in research 6 years ago and is now expanding to include clinical applications, making it easier for physical therapists new to ultrasound to connect with seasoned colleagues for feedback and guidance. He has already identified over 50 such mentors to help newbies navigate the ultrasound waters—or, more accurately, the ultrasound gel.

If you—or someone you know—would be interested in serving as a mentor, please consider doing so and send us your or their contact information. Check your inboxes at any rate. You can expect a follow-up email from George soon.

SONOGRAPHIC REFLECTIONS: ULTRASOUND IMAGING IN DOCTOR OF PHYSICAL THERAPY (DPT) SCHOOL? IT'S NEVER TOO EARLY!

During the evening's banter, George and I stumbled onto the importance and possibility of teaching ultrasound imaging in DPT school. We both shared our experiences with that topic.

Dr. Beneck is a professor in the Department of Physical Therapy at California State University, Long Beach. A true kindred spirit, George is passionate about teaching students ultrasound imaging in California. He shared that his program has been teaching ultrasound anatomy skills for 4 years, providing students with 12 hours of dedicated scanning practice. This year, he took things a step further by launching a clinical rotation with 5 to 10 hours per week of ultrasound experience. He is coordinating with Cindy Bailey, DPT, ATC, OCS, SCS, a renowned expert in sonography. I know because I teach with her at numerous courses/seminars nationally and internationally.

George has been at the forefront, along with the Imaging SIG, Deputy Research Chair, and the University of Washington (UW) DPT Program's Murray Maitland, PT, PhD, Associate Professor, who has similarly introduced ultrasound imaging (USI) to his DPT students. I have had the privilege of collaborating and teaching with him for the past 7 years. With the help of my excellent colleague, Mark Krimmel, DPT, RMSK, we conduct hands-on ultrasound imaging workshops to bring this advanced, high-definition imaging technology into the hands of UW physical therapy students.

But we're not alone. Several of our visionary colleagues have also been teaching it at the DPT level. I'm going to provide a list of them in the next newsletter to provoke some FOMO and motivate you academicians to get USI into your students' hands as well.

Final Words and Wishes

I was raised that practice makes perfect and that repetition is the mother of proficiency. So, guess what, 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

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ultrasound imaging. Let's stay unified in a common purpose to keep our drive to modernize and outlast those voices who can no longer rely on fearmongering in the face of evidence. 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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