PRESIDENT'S MESSAGE

Bruno U.K. Steiner, PT, DPT, LMT, RMSK
President, APTA Orthopedics Imaging SIG

The Physical Therapy Profession's Drive to Modernize Will not Relent: *Momentum is Sustained with a Critical Landmark Study by Dr. Aaron Keil and Colleagues - Victories in North Dakota, Oregon, and North Carolina!*

Cherished Members of the Mighty Imaging SIG!

I want to begin this newsletter with a sense of gratitude—and, frankly, relief. After years in the trenches, fighting both policy barriers and perception problems, something truly extraordinary has happened. It wasn't just one breakthrough—it was the **convergence** of two in our *drive to modernize*.

First: a **legislative landslide in North Dakota**, where imaging referral privileges for physical therapists passed with force and clarity. Second: the arrival of new, peer-reviewed, data-rich evidence that bolsters our profession's push toward modernized, evidence-based imaging authority. Together, they've shifted the landscape.

And no, I'm not talking about applying and adopting applicable technological advances and modalities to our toolbelt. I'm talking about doing the harder work—**educating our multidisciplinary colleagues** about what we actually do, and how we're trained as doctoral-level professionals.

Before we clutch our collective pearls at my next scandalous reveal (Please react with shock-face… now), let's be honest: as a profession, we're notoriously muted when it comes to extolling our virtues and professional relevance, especially across disciplines. If we were to conduct a genuine self-audit of our advocacy efforts at the institutional and legislative levels, we'd have to admit we often show up unprepared against our stakeholder interlocutors with our passive-aggressive wallflower energy, chronic hesitancy, and institutional bashfulness, yielding to the bright lights of the unfamiliar landscape of the advocacy playing field. We are then called to parry challenges and queries spanning the continuum from the thoughtful to the genuine concern to the ridiculous. When faced with our more fearful and combative stakeholders, I have to resist the reflexive urge to say something like, "Were you perhaps imagining worst-case scenarios over cocktails?" or "Come on, man—you just made that up, didn't you?"

And yet, our painful advocacy stage fright and fear-of-own-shadow-ism is robustly countered by our bare-knuckle expertise in withering *self*-critique? We're experts. We wallow and bemoan our lack of recognition while hesitating to show up, speak up, or bring forward the kind of evidence that earns credibility. We highlight the doom and concede too readily to unlikely, unrealistic scenarios, resulting in professional-legal calamity. We need to find our objective center and banish our fear-fantasies from their cozy lawnchairs in the recesses of our amygdalas. Yes, I know I'm being harsh. It's very on-brand for my self-critical physical therapist (PT) persona. But the *only way to move forward is to address what is holding us back*. That's the basis of therapy, right? It's uncomfortable. Consider it deep tissue manipulation for the soul.

So, to recap bluntly, we need to engage with confidence and data. *Do not* default to self-indulgent tendencies such as doomscrolling and paralytic catastrophizing.

Luckily, to help with our neurosis, clinical physical therapy researchers are burning through the fog of uncertainty and equivocation. And what's cutting through that darkness? Data. Real science. Peer-reviewed evidence that separates myth from practice, narrative from reality. So, for those who still traffic in hearsay, worst-case assumptions, and passive resignation—brace yourselves. The ground has shifted.

EVIDENCE TO THE RESCUE: ORDERING OF DIAGNOSTIC IMAGING BY PHYSICAL THERAPISTS: A MULTI-CENTER ANALYSIS OF SUCCESSFUL IMPLEMENTATION

And at the center of that shift? One of our very own: Dr. Aaron Keil, DPT, OCS— associate professor, SIG member, collaborator, speaker, and lead author of a landmark multi-institutional study that has become one of the most important contributions to PT imaging policy to date.

Many of you joined us at our SIG-hosted webinar for a first-person presentation of this pivotal research: *Ordering of Diagnostic Imaging by Physical Therapists: A Multi-Center Analysis of Successful Implementation.* Dr. Keil, along with revered investigators Stephen Kareha, Kelly Clark, Evan Nelson, Scott Tauferner, and Brian Baranyi, delivered the goods with a study that firmly rebuts the three core misconceptions that have plagued PT imaging advocacy:

1. Physical therapists don't know what to order.
2. Insurance won't pay for it.
3. Imaging by PTs leads to unnecessary cost and radiation.

Let's put those myths to bed—permanently.

BETTER TOGETHER: SHARING THE PT PERSPECTIVE ON IMAGING REFERRAL

Dr. Aaron Keil started the membership meeting with something that has concerned us since Iowa's successful legislative campaign for PT full imaging ordering privileges in 2023. And that concerned a letter of opposition from the American College of Radiology (ACR).

Aaron and I are in full agreement: the physical therapy profession stands among the most committed supporters of the ACR, its appropriateness guidelines, and the broader radiology community. Their leadership in imaging safety, standards, and policy has shaped how we teach, practice, and advocate as physical therapists. We use their guidelines, whereas the bulk of

practicing physicians are completely unfamiliar with them. We respect their work. **We're natural allies—but they just don't know it yet.**

Dr. Keil notes that this is precisely what made the ACR's January 2023 opposition letter to the Iowa Joint Subcommittee on Health and Human Services so deeply disappointing. Not because they raised some concerns—*concerns in of themselves are fair*. However, because their conclusions were based on data that didn't apply to us and failed to meet the very rigor they've taught us to uphold. Thankfully, APTA Iowa Chapter President Dr. Kory Zimney, DPT, PhD, had already built a rock-solid legislative game plan—backed by mounting evidence and sharp coordination. When the ACR's opposition letter landed, he didn't flinch. With strong collaboration and airtight messaging, the team parried the critique and helped push HSB 11 through with overwhelming support. Physical therapists in Iowa can now order all imaging modalities, paving the way for more timely, efficient patient care.

WHEN SHARED GOALS ARE UNDERMINED BY MISDIRECTED DATA

Dr. Keil continued to explain that the ACR letter—written in opposition to granting PTs imaging referral privileges in Iowa—warned lawmakers that expanding such authority would increase unnecessary imaging, raise costs, and subject patients to excessive radiation exposure.

To support that position, they cited a single 2015 study in the Journal of the American Medical Association (JAMA) [1] that compared diagnostic imaging utilization between **advanced practice clinicians** (APCs) and **primary care physicians**. Physical therapists were **not** included in the data. At all.

Yet the ACR concluded that **our** participation in imaging referral would be unsafe, inefficient, and costly—based on findings about **other professions** (Physician Assistants (PAs) and Nurse Practitioners (NPs)) with different training, workflows, and scopes of practice.

"It's hard to draw strong conclusions about PTs from data that didn't even include us," Dr. Keil said during our SIG meeting. "It just doesn't hold."

Even within that study, the differences were clinically trivial:

- **0.3% more radiographs per episode** among "advanced practice clinicians"
- **0.1% more advanced imaging**

And from that, the letter extrapolated a sweeping assertion that allowing PTs to order imaging would burden the healthcare system and risk patient safety. Dr. Keil explains, *"This wasn't just a misapplication. It was a fundamental misinterpretation of the very evidence cited."*

He continued: *"Had* **we** *made a policy claim with such a thin thread of support, we'd have been rightly skewered."*

"So We Looked at Ourselves—and Found a Very Different Story"
-Aaron Keil

Though puzzled and demoralized with incredulity, the pragmatic Dr. Keil and his team of clinical researchers were not tempted to respond with outrage. They responded with evidence.

Dr. Keil described that their recently published 2025 **multi-center study** looked specifically at imaging referrals by PTs, including 75 participating clinicians, 19 clinics, four states, and three health systems. We evaluated:

- **Utilization** – How often PTs refer for imaging?
- **Appropriateness** – Are those referrals consistent with ACR guidelines?
- **Reimbursement** – Are those services being paid for?

This is what they found:

- **Utilization:** Imaging was initiated in **just 1% of total episodes of care**, and **7%** in direct access situations—numbers that reflect clinical restraint, not overuse.
- **Appropriateness:** Based on **manual chart review using ACR criteria**, they found **91% adherence**, with one site achieving 100%.
- **Reimbursement:** In nearly 600 imaging cases, there was **not a single instance** of a patient being held financially responsible due to a denied claim, *not one.*

Interestingly, and something I really want our clinical researchers to investigate, is how many imaging studies are prompted by physical therapists that go unreported. Dr. Keil addresses this as he reflected on the 1% imaging utilization rate in the study and explores whether it's actually an underestimate of PT decision-making. He explains that many PTs still show professional courtesy by reaching out to the referring physician to request the imaging, rather than placing the order themselves, even though the clinical decision originated with the PT.

"We really feel like a lot of PTs exercise professional courtesy by reaching out to the physicians that referred patients to them and saying, 'Hey, I think Mr. Smith needs an X-ray. What do you think?' And the physician goes, 'Yeah, I agree, I'll order it.'

And how many times did that happen in our study? We don't know. We didn't track that exact number, but it actually happened like a fair amount, as you can imagine."

I know that for our readers, this happens *a lot.* And I can't tell you how many times we have been asked for input from our clinical collaborators regarding imaging selection.

Speaking directly to physical therapists, Dr. Keil emphasized that the data now acts as a form of professional permission. For those still afraid to push forward with imaging referrals, this research affirms: you are not out of line—you are ahead of it. "The data holds," he reminded us. "Now we need the policies to match it."

In one particularly powerful exchange during our membership meeting, Aaron described a conversation with a colleague from another profession who asked, somewhat skeptically, why PTs needed imaging authority in the first place. Aaron's answer was as elegant as it was unflinching:

"Because we already make those decisions. We just haven't always had the paperwork to back it up." That, to me, is the heart of this study. It doesn't change our practice; it documents it. It affirms what many of us have quietly done with skill and restraint for years.

Dr. Keil also took the time to highlight what didn't make it into the paper—the cases that didn't end up in the final analysis but still spoke volumes. The stories of therapists who caught occult fractures, flagged suspicious masses, and helped expedite referrals for advanced care, all through their clinical judgment and imaging insight.

THE FOLLY OF THE OPPOSITION ARGUMENT

Let's be clear: the ACR's argument was not just built on someone else's data—it was built on *negligible deltas* in imaging rates among unrelated professions. From a barely perceptible 0.1% increase in advanced imaging, they inferred a pattern of overutilization. What's more, the JAMA authors labeled this decimal-point difference "modest"—a description that still *oversells the already negligible imaging rate* of our master's-level educated NP and PA colleagues. From a study that never included PTs, they issued a blanket denial of PT imaging referral privileges. I'll remind you all that 85% of our practicing physical therapists are doctoral-trained professionals, and the ones who are not have amassed an astounding foundation of unparalleled experience and insight in their respective specialties. Dr. Keil clarifies:

"That's not stewardship of science—it's a disservice to it."

We at the Imaging-SIG humbly submit that we respect the ACR too much not to say this plainly: if your goal is to uphold safe, appropriate imaging practices across disciplines, it matters that your position be built on relevant, accurate, and applicable data. Ours is. And we're ready to share it."

We're not here to disrupt—we're here to integrate. We've followed ACR guidelines for years. We teach from their appropriateness criteria. We care about the same outcomes: clinical efficiency, safety, cost containment, and diagnostic accuracy. And as Dr. Keil reminds us all, the data tells the truth:

"PTs aren't guessing—we're measuring. We're not reaching beyond our scope—we're working squarely within it."

So, when we say we're collaborators-in-waiting, we mean it. This isn't a turf war. This is a systems opportunity—one that's already working in many states and institutions across the country.

TO OUR COLLEAGUES IN RADIOLOGY: AN OPEN INVITATION

We admire your leadership. We follow your standards. And we're aligned with your goals.

So, here's our ask:

Let's talk.

Let's stop drawing lines between us and start building bridges. The future of imaging is collaborative, and PTs are already proving we belong in the conversation.

We're not adversaries. We're your allies. Let's make it official. We're looking for alignment. The data is on our side—and the invitation is on the table.

Full Imaging Privileges Achieved in North Dakota

North Dakota has done it.

Under the formidable leadership of Drs. Scott Brown, DPT, and Mitch Walden, DPT, PhD, the Roughrider State has officially passed legislation—signed by the governor—that fundamentally expands the scope of physical therapist practice as it pertains to diagnostic imaging. Scott and Mitch choreographed a masterclass in advocacy, professionalism, and decorum. They were max-prepped, and I was blown away. Their performance was streamed and recorded at the Senate committee hearing. And as an aside, I HIGHLY suggest you check out the streams and meetings of your respective house and senate health committees and your state boards. It really gives you background on who you may want to or have to engage with. Remember, they work for you, so why not audit their sessions?

The bill amends the North Dakota Century Code to include musculoskeletal diagnostic imaging within the definition of physical therapy practice. And here's the critical part: the authority is no longer limited to plain film radiography. Physical therapists in North Dakota may now order all forms of musculoskeletal diagnostic imaging.

There are admittedly some professional guardrails included in the legislation. A PT must hold a clinical doctorate in physical therapy or complete a board-approved formal medical imaging training program to be eligible to order imaging studies. Once ordered, the therapist must report imaging results to the patient's designated specialist or primary care provider within seven days, barring specified exceptions. The bill affirms our autonomy while ensuring that patient care remains coordinated and responsive.

North Dakota's legislative process wasn't easy. They started with a law that limited PTs to radiography alone, which many would have seen as the final win. But not this team. Unsatisfied with a partial step, they came back for the rest. And they got it.

The final vote wasn't close, but that doesn't mean it was without struggle. This was an effort born of strategy, patience, and persistence. It's also a clarion call to Wisconsin and Rhode Island, where radiography privileges are on the books, but full imaging authority remains unrealized. The message? If you get partway, regroup. Then go again. I was particularly struck by how muted the opposition seemed. The was an anemic letter floated to the senate committee parroting the talking points of the ACR letter, but no one showed up to take the podium. It's almost as though fatigue is setting in among adversaries whose arguments simply no longer hold weight.

Advocacy 101, you have to SHOW UP. But that's one of my arguments for why I believe in the inevitability of our victory. Physicians are overstretched by their practices, their paperwork, their busy work, the firehose of newer biologics, treatments, and research coming out in an overwhelming deluge of information. And all this with the backdrop of worsening physician and nursing shortages. Try to deal with *that* and balance your life-work balance. I argue that it's an untenable proposition. The center cannot hold.

In an era of physician and nursing shortages, who are we really helping by limiting PT practice to less than what the evidence supports? If we stay the course—present the evidence, engage stakeholders, demonstrate our value—we can outlast resistance and usher in change. North Dakota just proved it.

You rock, North Dakota physical therapists, and thanks for leaning in.

OREGON IN MOTION – MOMENTUM IN THE DRIVE TO MODERNIZE

Oregon is rapidly closing in on a major win of its own. By the time this newsletter reaches you, I am hoping they'll have achieved ultrasound imaging privileges, dry needling authority, disability placard certification, and badly needed professional brand protection. Apparently, there's been a surge in folks calling themselves "DPTs" as shorthand for "dynamic personal trainers"—a trend that would be funny if it weren't so professionally undermining. Oregon's legislative overhaul isn't just robust—it's inspired. Stay tuned for updates from Noel Tenoso, President of APTA Oregon, who'll be joining one of our

upcoming SIG membership meetings to share the full story from the ground. Special shout-out for some fantastic advocacy and commitment from advocacy stars, Micah Wong DPT, and Sasha Kolbeck, DPT, OCS. Micah's individual efforts with diagnostic ultrasound imaging advocacy and Sasha's direct engagement with physician-legislators are examples of what it takes to tip the scales of success in your favor. They may not have imaging referral privileges just yet, but the carve-out to perform point-of-care Ultrasound imaging is HUGE. Can't wait to report. Just waiting on the Senate floor vote!

PARTNERSHIP WITH INTELEOS

And then there's Inteleos. We've been cultivating a deeper alliance with the parent company behind the American Registry for Diagnostic Medical Sonography (ARDMS), the Alliance for Physician Certification and Advancement (APCA), and the Point-of-Care Ultrasound Academy. Through these channels, we're developing ways to bring foundational ultrasound certification to physical therapy students—giving them a meaningful credentialing pathway while still in school. This modular approach has the potential to formalize PT ultrasound training earlier than ever before, aligning education with emerging clinical demands. It's an exciting synergy, and we'll be sharing more as the framework solidifies. Check out all the amazing credentials offered by (Point-of-Care Ultrasonography) POCUS and, of course, the emperor of all Musculoskeletal Ultrasound (MSKUS) imaging credentials, the APCA's RMSK. These certifications are super important and will prove to be transformational for your careers.

ADVANCING WITH THE AMERICAN INSTITUTE OF ULTRASOUND IN MEDICINE (AIUM)

The AIUM remains a cherished collaborator as well. Our members have been invited to contribute to both webinars and their annual Ultrasound conference. And I'm thrilled to share that Dr. Nathan Savage, DPT, PhD, RMSK, will be leading a session on ultrasound imaging in the validation of clinical electrophysiology—content that bridges disciplines and reinforces our growing presence in the wider ultrasound community.

COLORADO AND THE POWER OF SILENCE

We find it imperative to re-release Dr. Scott Rezac's Journey Imaging SIG Meeting from October 2023 from our APTA Orthopedics YouTube channel at the following URL:

https://www.youtube.com/watch?v=w45Qqe3xqMM&t=493s

Dr. Scott Rezac, DPT, OCS, FAAOMPT's story in Colorado is a critical case study for all of us navigating the ambiguous terrain of silent practice acts. At a time when Colorado's PT Practice Act contained no explicit language regarding imaging referral, Scott leveraged that very silence, not with defiance, but with dialogue. Recognizing the need for timely diagnostic imaging in his rural practice, he initiated a conversation with local radiologists. Rather than waiting for legislative permission, he worked within the existing (and notably non-prohibitive) framework to establish a direct referral relationship. The result? His patients got what they needed—faster, more efficiently, and without unnecessary gatekeeping. This is a model that can and should be replicated in similar jurisdictions. But it requires initiative, clarity of communication, and—most of all—courage. And here's where I urge all of you: persistence is everything. Advocacy is not a one-shot effort. Whether you're tackling a silent statute or a restrictive one, whether you're approaching lawmakers or negotiating with stakeholders, the key is follow-through. If the door doesn't open the first time, you knock again. And again. You revise your proposal. You build new alliances. You reframe the problem. You keep going.

Colorado didn't change overnight. But it changed. And it started with a PT who decided that a silent statute wasn't going to silence him. Colorado didn't change overnight. But it changed. And it started with a PT who decided that a silent statute wasn't going to silence him. The dominoes are falling. And the Imaging SIG is at the center of the table. Notably, Colorado followed up with PT board approval and, finally, legislative confirmation. It all started with trailblazers like Scott Rezac.

Don't miss our upcoming membership meetings and keep up with the many webcasts from APTA Orthopedics.

To fully view Aaron Keil's recent Imaging SIG Spring membership meeting, go to the APTA Orthopedic's YouTube channel for: *Newly Published Landmark Study Exposes PT Imaging Misconceptions! "PTs Don't Know What to Order!! Insurance Won't Pay!!" and Other Misconceptions Finally Debunked and Exposed!!* https://www.youtube.com/watch?v=ajvj83HVAJo&t=1528s

These virtual gatherings are where the rubber meets the road—where state-level wins are dissected, research is translated into strategy, and emerging leaders are given a platform. In our next sessions, we'll hear from:

- Scott Brown and Mitch Wolden on North Dakota's successful legislative campaign.
- Noel Tenoso on Oregon's hard-won policy package.
- Dallas Ehrmantraut and Bremen Abhul, to further reinforce our data-driven advocacy, will give us a first look at their new meta-analysis on PT imaging referral practices, which has been accepted for publication in PTJ.
- Nathan Savage, DPT, PhD will navigate the new NC realities of PT-administered ultrasound imaging.
- And as foreshadowed, Dr. Scott Rezac will share his approach to navigating imaging referrals in states with silent practice acts.
- Colorado's Scott Rezac, as we mentioned before, is a re-release.

Keep an eye out for our email blasts—these meetings are for you, and they're how we keep the mission moving forward.

FINAL NOTES FROM THE PT IMAGING SIG UNDERGROUND

I'd like to close with Aaron Keil's call for advocacy. Aaron ended his presentation with an image of one person in red stepping out from a sea of grey.

He offered: "Maybe that's you. Maybe you're the one ready to bring imaging privileges to your state. Maybe you've already started. Wherever you are in the process, we're here to help. We have data. We have model letters. We have legal phrasing. And we have momentum."

Above all, don't go it alone. We are here at the Imaging SIG to help and demystify the process. We got our hand on the pulse of diagnostic imaging referral and PT-administered ultrasound imaging. Let's keep our drive to modernize and outlast those voices who can no longer rely on fearmongering in the face of evidence. As callous as it may seem. If we just keep engaging and outlasting the fear peddlers, we will win, and most importantly, the public will win.

Let's keep the conversation going. Let's celebrate the victories, 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. We will also begin to engage with the American College of Radiology. It is time to 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

Bruno Steiner, DPT, LMT, RMSK,
President of the Mighty Imaging SIG
Doctor of Physical Therapy
Registered Diagnostic Musculoskeletal Sonographer
Physical Therapy and MSKUS Program Manager
Washington Center for Bleeding Disorders
University of Washington
Seattle, WA

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