PRESIDENT'S MESSAGE

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The San Diego 2023 APTA CSM: A Celebration of Collegiality, Collaboration, Reunions, and Critical Discourse

CHERISHED MEMBERS OF THE MIGHTY IMAGING SIG!

The San Diego 2023 CSM installment has passed; March is here, I just finished my first year as I-SIG president, and the year is blazing inexorably forward. I continued to be delighted by the incredibly well-attended event celebrating our beloved profession. CSM remains a marvelous opportunity to feel the vibrant pulse of Physical Therapy and to appreciate the current interests, concerns, aspirations, inspirations, and direction of our colleagues, friends, and new acquaintances. When I wasn't attending the phenomenal sessions, I especially enjoyed the exchanges and conversations with new and older members, whether seasoned professionals, advocates, energized younger professionals, or passionate students. This discourse is critical to advance our collective cause and to inspire us to actualize primary care physical therapy. I must say that I am heartened to see how engaged our young professional demographic is in our profession. This enthusiasm is the energy we must collectively leverage to ensure our goals, as these passionate voices will be our future standard bearers. I admit I am still reeling with self-reflection, having gathered everyone's valuable insights and perspectives, and there is much to digest… Perhaps this is the mental equivalent of a food coma. As a member of the Imaging SIG, my role is clear…to to vigorously promote and advocate Physical Therapy Imaging Referral privileges, PT-administered MSKUS, and diagnostic Ultrasonography. But my interactions at CSM and many conversations over the year with cherished colleagues, governmental affairs representatives, stakeholders, physicians, lobbyists, state board members, and a barrage of people at CSM framed the context of our professional culture and psyche. Accepting it may help us turn aspirations into realities embodying the promise of the primary care physical therapist who refers a patient for further testing and imaging orders, whether it's radiography, CT, MRI, or sonography. The message is clear to me. The evidence is there, and the impact of imaging referral for the physical therapy profession is unequivocal. As APTA's Vice President of government affairs, Justin Elliott succinctly states, "PT Imaging Referral is the 'Direct Access' issue of our day."

Physical Therapists currently recommend and order imaging. Moreover, we order imaging appropriately and without overutilization. We need to suspend our disbelief and move on with it. I was particularly intrigued by exchanges with well-intentioned practitioners and board members entertaining imaging language. Following the counsel of Dr. Aaron Keil and Dr. James Dauber, when asking for a state board ruling, it is imperative to get the board members to stick to the reading of the practice act to eliminate prevailing cultural biases of our professional psyche. In other words, if a well-intentioned Physical therapist asks a board, "is imaging referral within the scope of practice?" (Which is the equivalent of 'mother, may I refer for imaging?'), the response will likely be a knee-jerk response to the negative. Dauber and his team laid out the right approach when they made an inquiry to the West Virginia State Licensing board based on the trail-blazing efforts of Keil. The question must be asked in a way that focuses on a dispassionate reading of the practice act as a legal document. The question must explore whether there is a prohibition against referring to a medical provider who happens to be a radiologist. However, the inquiry must be stepwise outlined by Dr. Dauber in our recorded fall 2022 membership meeting (see https://www.orthopt.org/content/special-interest-groups/imaging/imaging-sig-membership-webinar-recordings . Dr.'s Mabry, Nelson, and Schmitz follow with excellent contributions as well!).

To test the *'mother may I'* question', I asked a board member how he would respond to the direct question, 'can we order imaging' to which he admitted bristling against, and I also saw the physical reaction and body language. I asked, 'why the strong response?' He responded that he worried about the physician's lobby response instead of paying attention to the actual objective word of the practice act, which reflects the current letter of the law.

We do recognize, as part of our cultural context, a subservience to physicians in which we forget to inform the members of our multidisciplinary team that we are a doctoral-level profession. Our cultural psyche, to our patient's benefit, is that of nurturing and fostering good, thoughtful care. But when it comes to physicians, we are conflict-averse and shrink from advocating for ourselves. As a profession, we admittedly 'eat our young' to our detriment, as a few seasoned veterans confess. With that, we unintentionally promote a hesitancy to move forward and fail to realize the current educational realities of the Doctor of Physical Therapy. As a result, we tend to resist adopting applicable technologies to modernize our practice. These negative influences make it difficult to compete with encroaching professions (ATC, Chiropractic, OT) who have not been burdened by this cultural baggage. We must look honestly at ourselves and say, "Therapist, heal thyself." I asked the luminaries of our profession, "would you rather have ATCs treat our patients?" The answer is, of course, not. Well, what would you say if I heard them knocking at the door? We must face our internal resistance to move on if we are to accord our profession the agency it requires to move our imaging agenda forward.

But internal resistance is not our only barrier when making a legislative push or pursuing a favorable state board ruling. What about when facing the stubborn, recalcitrant legislator/physician/stakeholder who holds quaint, antiquated, calcified preconceptions and whose only pertinent experience consists of a physical therapist walking a patient down a hospital corridor? I suggest that when faced with this, we should use our heartfelt empathy (think PNE) and ask them to (i) elaborate on their concerns, (ii) re-state their concerns sincerely and then apologize… yes, I said apologize… maybe something like this:

"First off, I really appreciate your thoughtfulness and your genuine concern for our public's health. It must be difficult when

many people ask you for so much and pull you in so many directions**… I feel the need to apologize that we Physical Therapists have not been forthcoming about our professional education**. We should have been updating you that we have been a doctoral-level profession for some time now and that our education includes neuromusculoskeletal physical assessment, differential diagnosis (or screening, if you like), **AND** radiology. As a matter of fact, Physical therapists have been referring for imaging since the 1970s, and the evidence shows that we refer appropriately and do not overutilize imaging studies."

…or some facsimile/variant to thereof adapt to the person you're speaking to… but be sure to include a disarming ***apology***. That way, you avoid an argumentative tone, or intimate another's ignorance. And frankly, it is on us to emphatically broadcast what we do. We must state it at any chance we get and take low-hanging opportunities to remind people of our credentials. You will never see my e-mail signature without '*Doctor of Physical Therapy*' directly under it, not just DPT. Also, now that I have the vaunted RMSK distinction, I add *Registered Diagnostic Musculoskeletal Ultrasonographer*… anything that underlines my credentials when communicating with Physicians, Insurers, stakeholders, allied health professionals, vendors, and industry.

Here's another advocacy pearl I gleaned from one of my many discussions. Suppose a stakeholder or someone from the American College of Radiology argues that they do not support your effort by citing a *JAMA* study showing Nurse Practitioners and Physician Assistants do not order imaging appropriately and over-use imaging. In such a case, you may counter with a brilliant response by Iowa's APTA chapter president Dr. Kory Zimney. In his response, which quickly convinced legislators, he confirmed and agreed with the findings of the *JAMA* article, stating that Nurse Practitioners and Physician Assistants are master's level programs. In contrast, we have a doctoral-level profession with clear evidence showing appropriate referral and utilization of imaging studies.

Circling back to our approach to state board members, we do not doubt that they are all well-intentioned and dedicated to the craft. We must, however, rigorously explore whether the current educational realities and objective language are affirmed by their deliberations or conversely governed by fear of reprisal from external stakeholders. We all agree that our collective responsibility is to care for and protect our public and offer optimal service. However, what happens if rulings prevent the adoption of appropriate technologies and referral processes that clarify diagnostic accuracy and expedite patient care? Is that in the spirit of our collective mandate for good public health and patient protection? Is it potentially poor practice?

As AOPT's President of the Imaging SIG, I must inform you that we are an unrealized, underleveraged resource. We are ready and willing to step in for rural and urban communities, fill a vital need in underserved areas, and enhance care in the private and multidisciplinary setting, which are increasingly burdened by nursing and physician shortages.

We just have to tell everyone.

All things MSKUS and Diagnostic Ultrasound

I must share great tidings from the realm of PT-administered MSKUS. During CSM, I received correspondence from Pam Ruiz of Inteleos who reported the results from our recent wave of applicants who sat for the most difficult of all sonography exams, the RMSK. Just to remind you, the RMSK is the physician's MSKUS credentialing exam. Out of 11 candidates, seven passed!! That is a significant number, to which I say… 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 Therapist 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, (iii) study for the RMSK exam… and (iv) pass it! Let's make MSKUS our own!

ONGOING COLLABORATION WITH THE AMERICAN INSTITUTE OF ULTRASOUND IN MEDICINE

In coordination with I-SIG President Bruno Steiner, Vice President Brian Young, our specially selected pediatric expert sonologists from Indianapolis based Physical Therapists, Stacie Akins, PT, MHS; Tiffany Kaltenmark, PT, DPT; and Fred Loeffler, PT, DPT, ATC, CLT will present a pediatric series on the elbow, knee, and ankle for the detection of hemarthrosis, hemarthropathy, and joint health. The 3-part series is entitled:

Navigating the Ever-Changing Pediatric Joint:
Part 1 – Knee Fred Loeffler 5/26 1-2 p.m. EST
Part 2 - Ankle Tiffany Kaltenmark 6/26 1-2 p.m. EST
Part 3 – Elbow Stacie Akins 6/30 1-2 p.m. EST

The AIUM has never presented this topic; thus, this series should give PT-administered MSKUS considerable exposure.

As a reminder, the Imaging SIG continues to nurture an ever-deepening relationship with the American Institute of Ultrasound in Medicine, which recognizes PT-administered MSKUS, and actively seeks MSKUS webinar content from us. Moreover, the AIUM recognizes physical therapists as licensed medical providers of MSK ultrasound. The webinars provide CMEs and are watched by physicians and sonographers alike. The grass-roots advocacy and credibility conferred to our profession with this continued effort cannot be underestimated. Much to AIUM's satisfaction, we have contributed great professional content and will continue to nurture this crucial association.

CSM2023 Imaging Content Highlights

The Imaging SIG presented a superb "***Imaging Masterclass: A Case-Based Learning Experience with Physical Therapist Imaging Experts***." Our panel of experts, Drs Scott Tauferner, Stephen Kareha, Cindy Bailey, and Peter Aguero, artfully showed why Physical Therapists must be accorded imaging privileges as they skillfully navigated us through the clinical decision-making process with their fascinating case presentations. Of note was PT-administered MSKUS by Drs Bailey and Aguero, who use the high-definition imaging modality to differentially diagnose the complexities of hemophilic arthropathy and hemarthrosis. Drs Tauferner and Kareha gave accounts of superb spinal radiographic and MR imaging.

We proudly report that our sponsored Imaging SIG pre-conference, ***"Getting a Clear View of Imaging Content in Physical Therapist Educational Curricula,"*** with Drs. Charles Hazle, Michael Ross, Kimiko Yamada, Aimee Klein, and Dale Gerke was a great success. A special shout out to former I-SIG President, Charles Hazle for his ever-dedicated efforts to imaging pedagogy.

What would we do without him?

In a critical report pertinent to MSKUS, Robert C. Manske, PT, DPT, Med; Murray Ernest Maitland, PT, PhD; Maureen K. Watkins, PT, DPT, LMT; MBA, Lorna M Hayward, PT, EdD; and Alycia Marie Markowski, PT, DPT presented ***MSK-US Integration into Physical Therapist Clinical Practice: Directions Exemplified By Case Reports***. We were delighted with the emphasis on MSKUS and the guidance offered in pursuing the RMSK credential. Dr. Markowski impressed everyone with beautiful MSKUS images to highlight to incredible possibilities of this imaging modality, and we are so proud to announce that she has achieved the distinction of RMSK! Who's next??

The Imaging SIG has also promoted ***Focus on POCUS: Cardiovascular & Pulmonary Diagnostic Ultrasound***, providing an exciting application of Ultrasound in the hands of the physical therapist with Stephen Ramsey, PT, DPT, CCS; Simon Hayward, BSc PT (Hons) PGCert MCSP; and Rich Severin, PT, DPT, PhD, CCS. What a demonstration and lecture this was!! They convincingly showed us more exciting possibilities when primary care Physical Therapists integrate sonography with their daily practice. Physical therapist-administered imaging doesn't end with MSKUS. This is just the beginning. We're just getting started.

Well, cherished members, I fear that will be all for this abridged post-CSM stream of thought/fever dream. In future newsletters, you will hear more from our wonderful VP, Brian Young, PT, DSc and Research Chair, George Beneck, PT, PhD, OCS.

Stay safe and keep advocating for *sound* public health by telling the world what we learn, what we do, what we can do, and that we are stepping up! Onward!

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