

SCUTTLE, OPINION, AND RUMINATIONS

from the Desk of the Imaging SIG President, Bruno Steiner, PT, DPT, LMT, RMSK; Bruno.steiner@wacabd.org

Cherished members of the mighty AOPT I-SIG,

I hope you have all enjoyed a great summer of fun, family, friendship, and professional fulfilment... and above all, spreading the importance of physical therapy imaging referral to anyone you know! It is time for some physical therapy imaging referral and MSKUS talk.

More Physical Therapists achieving the RMSK Credential – and More are Needed!

Let's start with some cause for celebration in MSKUS, shall we... I want to welcome our latest group of Physical Therapists who have passed the challenging RMSK exam. In a modest showing, we have added 5 more Physical Therapists who have been awarded the physician's RMSK distinction to administer MSKUS. Once again, this is the same board exam physicians take with the same questions focusing on intervention and pathology. It is not an easy exam and requires considerable preparation. Just ask our AOPT CPG task force liaison, Dr. James Dauber, DPT, DSc, RMSK, who just passed it. We are so pleased to welcome Jim to the RMSK fold along with our other successful examinees. James has been and continues to be a staunch advocate and collaborator for MSKUS and the AOPT's Physical Therapist imaging-referral initiative. I will reiterate to our dear readership that if you wish to commit the most impactful act to drive home physical therapist competence in imaging, then please start learning MSKUS, practice it in the clinic, build your caseload, study, and sit the RMSK exam. Join us as we integrate MSKUS into our practice to the point no stakeholder will be able to pry it away from our ever-evolving profession. The entry point into this technology has never been easier. There is no jurisdiction that prevents us from using it as an evaluative tool to extend our physical examination. Diagnostic ultrasound devices are getting less pricey, with outstanding high-definition handheld devices priced between 4-5K, so I say why wait? That's what I told a serious, bright, and forward-thinking physical therapy student, Borna Khavari, who reached me through the I-SIG. He wanted to know when and how to start learning. Along with some recommendations, I mainly implored him to start as soon as possible. I realize that students are cash-strapped and debt-burdened and may not want to hear this, but I say that there is no better time than NOW to join the quest. The sooner you commit to the initial awkwardness of learning this technology, the sooner you will master it. There is no magic formula to mastering MSKUS but to image, image, image. Borna has since reported to me that he has helped teach Anatomy to first-year students using ultrasound to identify and study structures, and it has proved to be a rewarding and enjoyable experience. Bravo, Borna!

Diagnostic Ultrasound Sales to Physical Therapists

As promised, a position letter has been approved and is now available to all Physical Therapists interested in buying a diagnostic ultrasound device. I have included the statement in this news-

letter in its entirety. The usable copy will have both my and AOPT President, Bob Rowe's signatures on it. It provides the reader and vendor/manufacturer a crucial primer about the Physical Therapy doctoral profession and MSKUS. The document provides talking points ranging from our use of MSKUS in research to the major institutional recognition supporting our use of this high-definition modality. Please remember that the context of this persuasive letter was to address the resistance of ultrasound device vendors from selling us this crucial technology based on a misinterpretation of FDA guidelines. Please do give it a read-through:

Dear (Vendor/Manufacturer),

The American Physical Therapy Association's Academy of Orthopaedic Physical Therapy, in collaboration with the Academy's Imaging Special Interest Group, support the ability of physical therapists to purchase diagnostic ultrasound devices for the continued purpose of research, point-of-care evaluation of patients, physical therapist rehabilitative interventions and procedures, in accordance with their scope of practice. Physical therapists are licensed health care practitioners who are taught at the doctoral level to evaluate, treat, and manage patients with orthopaedic and neuromusculoskeletal conditions. Patients may consult with physical therapists without the requirement of an initial physician consultation. Their graduate curriculum includes background in imaging, radiology, and in differential screening.

Physical therapists are recognized providers of musculoskeletal ultrasonography by the American Institute of Ultrasound in Medicine and the Inteleos Foundation family of certification alliances: the Alliance for Physician Certification and Accreditation, the American Registry of Diagnostic Medical Sonographers, and the Point-of-Care Ultrasound Certification Academy. Pertinently, physical therapists are eligible for the physician's board certification of the APCA-conferred RMSK distinction, which many physical therapists have achieved. Moreover, the AIUM recognizes physical therapists as licensed medical providers of MSK ultrasound. The first published accounts of physical therapist-administered use of diagnostic ultrasound began in the 1980s. Physical therapists have continued to add high-quality peer-reviewed publications to the body of scientific literature, including submissions to the American Journal of Ultrasound in Medicine, Haemophilia, JOSPT, British Journal of Sports Medicine, Research Practice in Thrombosis and Haemostasis, and Blood, to name a few.

There is no federal regulatory basis to preclude physical therapists from purchasing ultrasound imaging devices, which are defined as Class II devices. Other Class II devices traditionally administered by physical therapists include electric stimulation, therapeutic ultrasound, and paraffin baths. Physical therapists have been administering therapeutic ultrasound for its thermal and nonthermal therapeutic effects since the 1950s and have routinely purchased these Class II devices for their practices without restrictions.

Relevantly, under the labeled use delineated in the "Title 21—Food and Drugs Chapter I—Food and Drug Administration Department of Health and Human Services; Subchapter H — Medical Devices; Part 801 — Labeling, Subpart D - Exemptions from Adequate Directions for Use, Sec. 801.109 Prescription devices" is the following:

The labeled use of this Class II device stipulates that the device is:

1. (i) *in the possession of a person, or his agents or employees, regularly and lawfully engaged in the manufacture, transportation storage, or wholesale or retail distribution of such device; or*
 (ii) *in the possession of a practitioner [emphasis added], such as physicians, dentists, and veterinarians, licensed by law to use or order the use of such device*
2. *Is to be sold only to or on the prescription or other order of such practitioner for use in the course of his professional practice.*

The Labelling 1. (ii) simply refers to “a practitioner” and provides examples of practitioners without the exclusion of others. Section 2 follows with specific language concerning sales to “such practitioner for the use in the course of his professional practice.”

It is clear and consistent with FDA stipulations that graduate-trained and licensed physical therapists are eligible for the purchase of diagnostic ultrasound devices, given our long-established precedent of routine purchases of Class II devices and as providers of POC-MSKUS recognized by the AIUM and APCA.

The physical therapy community looks to the continued engagement and collaboration with the vendors and manufacturers of diagnostic ultrasound devices. We anticipate increased demand for ultrasound devices and are excited to continue our integration of this crucial, high-definition, and, above all, safe, non-ionizing evaluative tool into our specialized orthopedic and neuromusculoskeletal practice of physical therapy.

Sincerely,

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 APTA Academy of Orthopaedic Physical Therapy*

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Minding our MSKUS language

Now then, I am certain that some of us reflexively cringed when the words ‘Diagnostic Ultrasound’ were pronounced - An unease of which rivals the very mentioning of ‘Voldemort.’ All kidding aside, though, I understand that we physical therapists from certain jurisdictions continue to deal with state board members who wither in fear from using the word ‘diagnosis,’ and thus, we continue to perform linguistic contortions, meritorious of Cirque-du-Soleil praise, to somehow defang the diagnostic implications of MSKUS. To accommodate and appease our profession’s ‘diagnostophobic’ tendencies, we have teased and parsed out distinctions of Diagnostic US, Rehabilitative US, Interventional US, and Research US.¹ We further categorize the first 3 under the rubric of Point of Care US Imaging. Not to be outdone, my literary offering to this fecund lexical territory is ‘Evaluative US’ for those who absolutely must avoid the use of the “Word-which-must-not-be-named”, or... “you know *WHAT*.”

But it does not stop there, my well-intentioned lexical ninjas. Here is how notables such as J. Jacobson MD and L.N. Nazarian MD define MSKUS in a very recent AIUM’s *Journal of Ultrasound in Medicine* entry ‘Recommended Musculoskeletal and Sports Ultrasound Terminology.’² By and large, it is a good article with some sound (pun intended) nomenclature use for diagnostic and interpretational language. Regarding the definition of ‘MSKUS,’ the collaborating authors, who did not include physical therapist consultation, described MSKUS as:

“The use of ultrasound to diagnose and/or guide treatment of conditions involving bones, joints, tendons, muscles, bursae, ligaments, cartilage, nerves, fascia, and related soft tissue structures.” Whereas ‘Sports ultrasound’ was described as “The use of ultrasound by a qualified medical professional to diagnose and/or guide treatment for injuries and medical conditions associated with sport and exercise...the authors continue, “This may involve both clinical and in-the-field applications. Sports ultrasound evaluations are most often performed to answer a specific clinical question, and the need for further imaging or involvement of other medical imaging experts should be considered.” This rebranding of MSKUS should sound familiar as it is the very embodiment of POC-MSKUS.

Fortunately, Physical Therapists, as was mentioned in our position statement, are recognized by the AIUM as ‘licensed medical providers’ of MSKUS. My ultimate preference is to call it MSKUS or POC-MSKUS. Luckily for us Washingtonians, our state board recognizes that physical therapists provide a ‘diagnosis.’ At any rate, my fellow PT-image buffs, don’t sweat the language, the words, and enjoy learning MSKUS, and see for yourself what lies beneath the surface... and answer the questions about the tissues you have been and will continue to treat. If you are concerned and uneasy about challenges from Physical Therapists or non-physical therapist stakeholders, simply explain that you are using MSKUS adjunctively as an evaluative tool to extend and inform your physical examination, and that you are not using MSKUS in lieu of a physical exam.

Noteworthy Educational Offerings in Imaging Advocacy and Ordering

The more informed we are as advocates, the better prepared we are as negotiators and effective communicators. I would urge you to check out the following webinar offering from the APTA Federal Academy. Dr. Aaron Keil, PT, DPT, will guide us through the image ordering with ‘Diagnostic Imaging: What to Order and When?’ at <https://aptafederal.org/events/webinars/?recID=89D24287-B793-BD90-5A1A6E37D-8DCE5DC>

And I would also strongly encourage you to get boned up on Aaron Keil’s overview on the state of PT Imaging referral from the APTA learning center. It is as relevant now as ever. Please check out ‘Direct Ordering of Diagnostic Imaging by Physical Therapists: Updates from the Field’ at <https://learningcenter.apta.org/Student/MyCourse.aspx?id=4fa88dbf-0272-457d-a344-c8118360dea2&ProgramID=dcca7f06-4cd9-4530-b9d3-4ef7d-2717b5d>

Getting Ready Already for CSM 2023 in San Diego, CA

Keep a watchful eye for the Imaging Special Interest Group’s one-day pre-conference course at CSM 2023 in San Diego on Wednesday, February 22nd. The course titled, “Getting a Clear View of Imaging Content in Physical Therapist Educational Curricula” is focused on providing guidance to educators teaching imaging content in DPT programs and in residencies. This accompanies the publication of the revised Imaging Education Manual, scheduled for release later this year. The course presenters consist of Michael Ross, Lynn McKinnis, Dale Gerke, Aimee Klein, and former I-SIG president, Chuck Hazle, who collectively have an extensive background in imaging education in multiple dimensions. Included are various strategies and multiple models of incorporating imaging content for students and residents. Discussions of barriers and opportunities for imaging content in curricula in preparation for evolving practice will also be featured.

Educators in long established and developing programs will benefit from attending this course. Please register early and inform your colleagues of the availability of this opportunity to enhance your curricular design and delivery.

Our Research Chair, George Beneck PT, PhD also reminds us that the AOPT SIG Research Committee will be presenting an educational session titled, “Integration MSK-US Integration into Physical Therapist Clinical Practice: Directions Exemplified by Case Reports” at CSM 2023.

From the desk of the I-SIG VP for Education – Brian Young, PT, DSc, OCS, FAAOMPT (brian_a_young@baylor.edu)

I want to highlight some recent work by members of the Imaging SIG in regard to research and physical therapist referral for imaging. First of all, Lance Mabry and colleagues have recently completed a paper titled, *Physical Therapists Are Routinely Practicing the Requisite Skills to Directly Refer for Musculoskeletal Imaging: An Observational Study.*³ The study should expand the groundwork for obtaining imaging referral rights within the United States. The authors explore how residency/fellowship training, board certification, entry-level degree, experience, and APTA membership status influence the routine practice of imaging skills. The study is currently in press with the *Journal of Manual and Manipulative Therapy* and is anticipated to be available online in the immediate future.

This study follows a 2021 paper by Rundell et al titled, *Survey of Physical Therapists' Attitudes, Knowledge, and Behaviors Regarding Diagnostic Imaging.*⁴ One of the key conclusions from this paper is that although physical therapists may recommend imaging, there is inexperience with writing referrals for imaging.

This brings us full circle to an educational point: algorithms to use for the writing of diagnostic imaging referrals. This topic was, to my knowledge, first published in Keil et al's *Referral for Imaging in Physical Therapist Practice: Key Recommendations for Successful Implementation.*⁵ As part of the roles and responsibilities, the authors covered how to write a referral, considerations for urgent referrals, and an algorithm to use when determining if the physical therapist is the right clinician to write a referral for imaging. Make sure to check out these articles to advance your physical therapy and imaging endeavors.

The Imaging SIG has significant resources to assist you, your clinic, or your educational programs in using diagnostic imaging and performing referral for imaging in physical therapist practice. Reach out – we are here to help!

State Legislative Round-Up: Daniel Markels, State Affairs Manager, APTA

More States Moving Forward on Imaging

Another state so far in 2022, Arizona, expressly recognizes the ability of physical therapists to order x-rays. Arizona Senate Bill 1312 passed both chambers of the legislature unanimously and was signed by the Governor on June 13, 2022. Unfortunately, another imaging bill, Georgia Senate Bill 1514, which would have expressly allowed physical therapists to order imaging and diagnostic ultrasound, was not acted upon by the legislature before it adjourned for the year.

On another front, the AOPT Imaging SIG has been working with the APTA State Affairs Department in proposing legislative language to the Federation of State Boards of Physical Therapy (FSBPT) for the next edition of the Model Practice Act for Physical Therapy that is currently in the process of being updated. The APTA and the SIG provided language to FSBPT that proposes to expressly include language within the definition of physical thera-

py that would state that “consulting with other health care providers and referring for indicated services and testing.” Such referrals would certainly include referral for imaging. The FSBPT Board of Directors is expected to finalize the updated Model Practice Act at the beginning of 2023. It will then be available for state licensure boards and APTA state chapters, who can use the model as they consider changes to their state practice acts.

Although most states' legislative sessions have ended for 2022, some APTA state chapters are already exploring pursuing imaging legislation in the 2023 state legislative session. APTA State Affairs will continue to work with the AOPT Imaging SIG to support APTA state chapters in pursuing such efforts.

Final Notes from the Trenches in Washington State – Bruno Steiner, President, AOPT I-SIG

I will leave you with the knowledge that I have been pursuing direct referral for advanced imaging here in the state of Washington and am eager to share our continued travails, tribulations, perspectives, and challenges in the next newsletter, so please stay tuned.

In the meantime, keep up the good fight, and keep your eyes on the noble vision of the Primary Care Physical Therapist. We can and need to do this for our patients, our profession, and for good, sound health policy change.

Yours collegially,
Bruno

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FREE RESOURCE

The Imaging SIG offers to members a FREE, on-demand, and interactive learning session to aid your development and application of diagnostic and rehabilitative imaging skills.

Module 1: Diagnostic Referral for Imaging: Clinical Decision Resources can be accessed here: <https://www.orthopt.org/course/mli-01-diagnostic-referral-for-imaging-clinical-decision>