

TAKING ASSESSMENT AND REVIEWING... AND MOVING FORWARD

How We Got to This Point

With the change in Imaging SIG Presidents, this is an opportunity to reflect on some of the accomplishments of the SIG in recent years. Not that long ago, we were an Educational Interest Group with a modest number of members. In 2016 with 200 members, and now advancing to over 500 members, the Imaging SIG has evolved into an impactful organization within physical therapy on a national level. Take a moment to consider some of the SIG key objectives and accomplishments in recent years.

In 2015, the Imaging Education Manual was published as a guide document for physical therapist educational programs to include imaging content into curricula and to assure graduates of programs are competent in imaging decision-making. An effort has just been initiated to revise the Imaging Education Manual for current needs as circumstances have evolved since the initial publication of the manual. The revised manual will likely be published later in 2022.

In 2016, a “white paper” titled Diagnostic and Procedural Imaging in Physical Therapist Practice was published by the then Orthopaedic Section (now Academy of Orthopaedic Physical Therapy). This document recounted the long history of successful referral for imaging within certain areas of physical therapist practice in the United States as well as an established model in physiotherapy around the world. The “white paper” further established the need and benefit to patients for physical therapists to have imaging referral privileges.

In the summer of 2016 at the House of Delegates in Nashville, the Imaging SIG offered support for RC12-16 in which the membership of APTA charged the organization with undertaking the necessary measures to pursue imaging referral as being within the scope of physical therapist practice.

In 2017, the Imaging SIG members began presenting for American Institute for Ultrasound in Medicine (AIUM) webinars. Although AIUM was considered multi-disciplinary, this was the first time physical therapists began leading the webinars. Since then, approximately 4 webinars each year have been presented by physical therapists, further establishing physical therapists as not just competent, but expert users of diagnostic ultrasound. Notably, these webinars also crossed beyond our members to enjoin other segments of the physical therapy profession.

In 2017, the Imaging SIG offered its first scholarship for accepted presentations at Combined Sections Meeting. Since then, a deserving recipient has been awarded \$500 for original research and presentation at CSM each year as the SIG supports original work and novel effort representative of imaging in physical therapist practice.

In the fall of 2019 spanning into the spring of 2020, an effort was initiated to assure consistency of imaging information in the AOPT Clinical Practice Guidelines. We have established progress to assure appropriate imaging information is included in all future published CPGs. Procedures are now in place to assure therapists have appropriated guidance for diagnostic imaging within the AOPT Clinical Practice Guidelines.

In 2020, a formal agreement was reached between AIUM, Inteleos, and APTA as facilitated by the Imaging SIG. This partnership has as a goal of the education and credentialing (RMSK) of more physical therapists in using diagnostic ultrasound. The intending goal was to improve reimbursement for physical therapists using diagnostic ultrasound with the established CPT codes for those procedures. Further, the recognition by these independent, external entities offers validation for physical therapists being expert users of diagnostic ultrasound.

The Imaging SIG Research Committee has done remarkable work in establishing a group of mentors for imaging research as published on the Imaging SIG web pages. The group has also recently undertaken a project to discover the optimal pedagogical approach for physical therapists learning the skills necessary for use of diagnostic ultrasound. Multiple presentations have resulted from this work in its early stages with many more likely to come as the evidence is gathered and analyzed.

In 2021, the Imaging SIG worked cooperatively with APTA toward amending the model practice act to include language with the Federation of State Boards of Physical Therapy that would be inclusive of physical therapists as primary contact clinicians having referral privileges for diagnostic procedures that would allow patient management decisions. This language encompasses referral for diagnostic imaging. At the time of this submission, the disposition of this proposal was not yet determined.

Multiple educational webinars have been hosted by the Imaging SIG, including that in October 2021 with the Chapter Presidents of the 4 states successfully bringing about legislative change to allow physical therapists to refer for imaging. Lance Dougher (Utah), Cindy Flom-Meland (North Dakota), Kip Schick (Wisconsin), and Michelle Collie (Rhode Island) described the processes they completed to successfully manage legislative change, including how they managed concerns by those not supporting such change. Sessions, such as these, remain available for members to view on the Imaging SIG web pages.

Notably, the Imaging SIG has become much more established as an advocacy body for imaging in physical therapist practice in providing resources and support for state associations attempting to undertake initiatives for imaging in practice within those jurisdictions. Particularly noteworthy in this regard, in addition to the previously mentioned webinars, is that the Imaging SIG has worked with APTA State Affairs to establish a resource kit for states undertaking the initiative for gaining imaging referral privileges. This resource kit is linked on the Imaging SIG webpages as based on APTA's main web site.

The Imaging SIG has also attempted to support publication of peer-reviewed evidence for imaging in physical therapist practice, including publications in 2021 resulting directly from SIG activities. Two articles published in *Physical Therapy* last year exemplifies this: Keil et al. Referral for imaging in physical therapist practice: key recommendations for successful implementation. *Phys Ther.* 2021;101(3) and Rundell et al. Survey of physical therapists' attitudes, knowledge, and behaviors regarding diagnostic imaging. *Phys Ther.* 2021;101(1).

In the summer of 2021, two infographics were published by

the Imaging SIG toward informing about the benefits of physical therapists having imaging referral privileges. These were immediately used in some jurisdictions toward starting the effort toward gaining imaging referral privileges. Two additional infographics are being finalized toward physical therapists using diagnostic ultrasound.

In the summer of 2021, the Imaging SIG participated in webinars hosted by the Federation of State Boards of Physical Therapy and APTA State Affairs on the evolution of imaging referral in physical therapist practice.

Just recently, the Imaging SIG has undertaken the publication of micro-learning modules on our webpages. These are intended to be brief educational vignettes that practicing therapists can view and understand in the course of a busy clinical care day. These will serve within the context of the newly published and recently updated Clinical Practice Guidelines as well as updating new information as published by the American College of Radiology Appropriateness Criteria.

The Imaging SIG has also offered physical therapists multiple opportunities at advancing individual knowledge with Combined Sections Meeting pre-conference courses and educational sessions. These opportunities have been directed at the cutting edge of imaging in physical therapist practice, particularly with the use of diagnostic ultrasound to complement the clinical examination as well as referral for imaging as part of direct access/primary care and daily decision-making.

The future of imaging in physical therapist practice is very promising and the Imaging SIG is well-positioned to advocate and assist in that effort from multiple perspectives.

Moving Forward by Bruno Steiner, Imaging SIG President

Foremost, I wish to offer my deepest appreciation to Charles for his dedication to the role of Imaging SIG President for the past 6 years. Because of his heartfelt concern for the Imaging SIG, he has generously extended his help and time to transition me into the role, and he will undoubtedly be a force and guiding hand to help the Physical Therapy profession actualize the promise of Imaging Referral privileges.

Despite the challenge of Omicron, and the winter storms, which conspired to derail flight plans, CSM 2022 in San Antonio was an impressive summit of talented speakers, stimulating discussions, and vertiginous range of impressions and opinions on the many components and avenues of imaging privilege advocacy. Charles was my speed-dating guide as he chaperoned me to meet all the fascinating and impassioned voices and levers of influence to help us realize our collective aspirations. It was at that point I realized the critical work Charles Hazle put into his presidency to create an infrastructure of connectivity, collegiality, and collaboration. This is no small feat, when you are trying to prepare for the ground game to erode the unnecessary barriers to imaging privilege and fulfill the APTA's Vision 2020 primary care Physical Therapist.

And it was this foundational work from former presidents Charles Hazle and Doug White that culminated in my recruitment as an Imaging SIG member.

My point of introduction to the I-SIG in 2016 was marked by a frustration with the American Registry of Diagnostic Medical Sonographers' sudden denial of Physical Therapists from sitting in on the physician's RMSK exam. The RMSK is the board certification of musculoskeletal ultrasound diagnostic imaging. After numerous calls expressing my candid displeasure with this

sudden about-face, I learned that the ARDMS had reinstated our privilege. I learned that it was the newly nascent Imaging SIG that deftly restored our right to sit for the exam. I read the Imaging SIG white paper, and I was hooked. Since then, the Imaging SIG, has constructively deepened its relationship with the credentialing body, which is now under a physician specific title of the Alliance of Physician Certification & Advancement. Both the APCA and ARDMS are under the aegis of Inteleos. The exam is very difficult, includes pathology and intervention, and results in a high failure rate for examinees. However, with seismic implications, of the 30 physical therapists who recently sat for the exam, 28 passed. Inteleos was extremely impressed. Given our educational background and dedication to our respective continuing education trajectories, I thought our physical therapists would do reasonably well. But 28? I admit, I am dumbfounded and humbled by our colleagues. If you want an outcome to show, well, that's it!

In the interim, we have also secured an ever-deepening relationship with the American Institute of Ultrasound in Medicine who recognize physical therapist-administered MSKUS, and actively seek MSKUS webinar content from us. These webinars provide CMEs and are watched by physicians and sonographers alike. You can imagine the grass-roots advocacy and credibility conferred to us with this continued effort. Much to the AIUM's satisfaction, we have contributed remarkable professional content and will continue to nurture this crucial association.

I, along with all my colleagues who practice MSKUS as an extension of our physical exam, strongly feel that this is a keystone to our professional credibility and proof of our role in imaging referral. And, I will further state that, if you wish to commit to a single act of critical advocacy, I implore you to learn MSKUS and sit for the RMSK and swell the ranks of our presence.

In closing, I would like to thank all the members who have generously shared their insights, concerns, and dreams and will continue to draw inspiration and consultation from your experiences and aspirations. We will need all voices, from the experienced passionate battle-weary advocates to our future standard-bearers who wish to see Imaging referral privileges realized and normalized. I am convinced we will get there.



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