

## PRESIDENT'S MESSAGE

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**APTA CSM 2025, Houston:  
Mission Accomplished in Space City – Wyoming  
State Board Positive Verdict Rendered; North Dakota on  
the Brink of Massive Legislative Win! - Imaging**

*Cherished Members of the Mighty Imaging SIG!*

Houston, we had a symposium. Yet another edition of APTA's Combined Sections Meeting (CSM) has concluded. We launched and landed a great session in Space City, Texas. I think we can declare the APTA CSM 2025 installment as successful, fulfilling, exciting, inspiring, and finally, satisfyingly exhausting.

As per usual, I don't know where to begin telling you about all the conversations I was delighted to engage in over this 3-day intensive *schmooze-athon*. I typically use these experiences to get a real pulse on the profession that we love so much. The continuum of ideas, pearls, insights, and perspectives continues to be dizzying.

## ADVOCATING FOR THE FUTURE OF PRIMARY CARE PHYSICAL THERAPY

As per usual, I was a man on a mission for the advocacy of primary care physical therapy and what that embodies. For those of you who know me, that means the promotion of **physical therapist-driven imaging referral privileges and physical therapist-administered ultrasound imaging**. They are the future of our profession and the modernizing agents of physical therapy care. You already know my views that these two components make up the fabric and foundation of what our profession will become.

## A CONTINUED COMMITMENT TO IMAGING ADVOCACY

As President of the Imaging Special Interest Group (SIG), it's obligatory for me to attend CSM until the end of my term. As you know, I've been re-elected to this position for another 3 years, and I'll be a continued presence for the next Combined Sections Meetings in **Anaheim, Philadelphia, and Chicago**, consecutively. I hope by that time we will have moved the needle significantly on our inexorable trajectory of realizing true primary care physical therapy practice.

Part of my responsibilities was to attend the APTA's Orthopaedic meeting, requiring all SIG presidents to exchange ideas. It was a very convivial session discussing the newest branding attempt of our Orthopaedic Academy, formerly known as the Academy of Orthopaedic Physical Therapy. We are now rebranded as **APTA Orthopaedic** rather than the former multisyllabic iteration.

I must admit that the recitation of my title when advocating for our imaging causes nationally required rehearsal due to the buccally demanding pronouncement of my title as the, and I quote: "I'm the president of the Imaging Special Interest Group

for the American Physical Therapy Association's Academy of Orthopaedic Physical Therapy." Challenging but doable. Now I must get used to: "Pleasure to meet you, my name is Bruno Steiner, I'm the president of APTA Orthopaedic's Imaging Special Interest Group." It'll take some getting used to, but I think I can swing it.

But what's in a name? I guess there's nothing wrong with re-inventing yourself or rebranding yourself, getting rid of the old tie, and maybe trying to bring back those vintage Adidas Sambas. But don't worry; we still are who we are, foundationally speaking. We still want the best for our profession, even if we just change the window dressing a little. *APTA Orthopaedic* is admittedly a little punchier and rolls off the tongue a little better. I do admit, though, that I enjoy the pomp of the word "Academy." Part of the humor when we were discussing the evolution of our name was that we still are an Academy. We are also considered a *component* of the American Physical Therapy Association. But a rose by any other name is still a rose, and we remain an Academy of consequence and action. It is a framework that has allowed me to work across state lines and the nation to vigorously advocate with those who hunger to actualize our phenomenal professional body.

I am heartened by a spirit of renewed collaboration within the Academy that promises to draw insights and perspectives from the SIG presidents and the members who work in the trenches to advance our professional interests.

I'm glad to tell you that the Imaging SIG was well represented in yet another installment of our *Imaging Master Class* orchestrated by our Imaging SIG Vice President of Education, Brian Young. Presiding over this panel of experts was the irrepressible James Dauber, DPT, DSc, RMSK, who continues to be a force majeure for imaging privileges and ultrasound imaging use for the physical therapist. He was joined by top experts John Umlauf, DPT, DSc, OCS, RMSK; Mark Krimmel, DPT, RMSK; and Danielle Andersen, DPT, DSc, FAAOMPT, presenting fascinating ultrasound imaging case reports from both terrestrial and extraterrestrial settings.

The Imaging Master Class entitled, "Physical Therapist Utilization of Diagnostic Ultrasound Imaging in Austere Environments," reflected on John Umlauf's experience in the field during military exercises using ultrasound for diagnostic guidance; Mark Krimmel's expert use of ultrasound imaging for the detection of hemarthrosis, hemophilic arthropathy, and pseudotumor in remote locations of Washington state; and an out-of-this-world account by NASA's Danielle Anderson, who showed how she remotely used ultrasound guidance in zero gravity for the International Space Station.

I was honored to lead off CSM 2025 with a robust session of "Musculoskeletal Ultrasound: Where Do I Begin?" I teamed up with expert RMSKs Jon Umlauf, DPT, DSc, OCS, RMSK, and Mohini Rawat, DPT, ECS, OCS, RMSK. It was nice to get a bunch of RMSK-credentialed physical therapists to inspire an enthusiastic, packed room to join the movement to integrate ultrasound imaging and pursue credentialing through the gold-standard parent company, Inteleos. The appetite for the adoption

of this modality was palpable. The question-and-answer period would have far outlasted the time allotted and would have extended significantly into the next session. It is abundantly clear to all of us that this interest is not just a fad, as imaging referral privilege and physical therapist-administered ultrasound imaging were hot topics for CSM 2025.

I was talking with our Research Chair for the Imaging Special Interest Group, George Beneck, PhD, PT, OCS, KEMG (California State University Long Beach) and Maureen Watkins, DPT, LMT, MBA (Bouve College of Health Sciences), who compared notes regarding the imaging and diagnostic ultrasound content—consisting of educational sessions, poster presentations, and platform presentations—increased from the low 24 in 2024 in Boston to 61 in this year's session in Houston. If you don't think that's a jarring increase in interest from that particular metric, then only your chosen deity can help you.

That number speaks to a subject that I'd like to address.

I think these numbers show that the APTA is responding to the interests of the membership and may actually be listening to our imaging mission. The 'mighty imaging SIG' may actually be somewhat responsible for this shift. But at any rate, we need to keep paying attention to what people find relevant to their professional aspirations and needs. There is a perception among many of our members that the APTA has lacked focus or at least has been rudderless on what matters to the ongoing crises that our members are experiencing. For the seasoned veterans who fight in the trenches, it is all about billing concerns and making our profession relevant and ready for what the future holds.

Additionally, many physical therapists feel they've been promised autonomous primary care practice—a concept seemingly inherent in the "Doctor of Physical Therapy" title—only to be thwarted by entrenched leadership within state boards and even the APTA itself, who maintain outdated views of our profession. This disconnect may contribute to declining membership as practitioners grow frustrated with the lack of progress toward true professional autonomy.

The concern that I encounter most frequently is that we don't focus enough attention at the top levels on adopting and advocating for imaging privileges and relevant technologies. The complaint I hear repeatedly is that our organization is distracted by a political agenda that doesn't align with the advancement of our profession. While this stance may be anathema to current leadership, it's worth assessing whether we're aligning ourselves with an agenda that maximally impacts our ability to affect public policy and modern physical therapy practice.

The APTA and its academies must engage more vigorously and visibly to actualize autonomous practice and apply relevant technologies and policies so we can treat our patients more effectively. This means removing barriers and promoting evidence supporting our goal for autonomous practice. Advancing our profession in this way makes us more invaluable, indispensable, efficient, and expedites care. It will increase demand for our services, and with that, our professional circumstances—both material and intellectual—will be fulfilled. We're on the cusp of something great, if only our leadership would realize that. And to that purpose, the special interest groups must be leveraged for their leadership and intense involvement.

Some of my more desperate colleagues, who have devoted significant effort to advocacy, feel that the larger organization isn't

fully committed to this cause. I've found that listening to all perspectives, whether I agree with them or not, fuels my creativity and helps me develop new ideas and strategies beneficial to my efforts. Despite my attempts to keep our stalwart warriors within the APTA's fold, sometimes we lose them, and that's a sad thing.

I've been a member of the APTA for over 30 years now, and I believe it's a wonderful organization through which you can effect change—but you have to be part of the change. It gives you a platform from which you can choose to challenge antiquated notions or perhaps identify a deficiency and address it yourself if that's your particular jam. I've always seen vacuums and neglected areas of advocacy as an opportunity. This is how I personally get involved. I figure I'll just do it myself if no one else is paying attention to it. It's tempting to sit back, grouse, and tell your organization, "Hey, you're not paying attention to this!" My view is that if someone's not paying attention to something, that gives me an opening to occupy that space, act, and create movement until it gains critical mass. This is what has happened with the Imaging Special Interest Group and its focused advocates. Now, we'll have to keep making noise to get the greater group's attention and make them realize that our issues are serious and must drive the association forward. Alternatively, you can just complain to yourself that your issue isn't being represented. You have to communicate with the right people to make sure your voice is heard. And don't just tell them what NOT to do. Offer up an actionable and inspiring idea to fill the void. Everyone needs inspiration. I know I need it. It's the fuel that drives me forward.

I'm reminded of something a patient said to me last month. Some people are dissatisfied with the direction of our politics—moving forward, backward, or in nonsensical directions—and complain about things that should or shouldn't be done but don't get involved in the process, or the intellectual battle of ideas, or reaching out to those who disagree. While I empathize with your happiness or, conversely, disgust with the political or professional situation our profession is in, you still have to be part of the process to make things happen.

*"Everybody wants to save the Earth;  
nobody wants to help Mom do the dishes."*

— P.J. O'Rourke

Maybe this is an awkward way of using this quote, but the only way to effect change for our profession is to be involved in it. You might not like the association, but it's the one we've got, and it does a lot of good things. I often find myself tempted by focusing on negativity and impatience, but I am also very aware of our all-too-human tendency toward selective inattention, preventing us from counting our victories. This APTA ecosystem, though challenging, has still allowed me to be an effective advocate for physical therapy-directed imaging referrals and PT-administered ultrasound imaging. It's a collaborative effort, and it's messy, and you're not going to escape *that* in any organization you join, create, or coexist in. It's inelegant at best, but we're making strides. But the strides we're taking aren't a short walk to the corner grocery store; it's a long game, with victories, annoyances, distractions, obstacles, idiotic recalcitrant stakeholders, and outdated attitudes—but hey, that isn't unique to our struggle. You get that, right?

So join us, and let's take this struggle day by day and show our colleagues a path forward toward actualizing the Doctor of

Physical Therapy as a primary care practitioner. I envision a world where we're embedded in provider groups as musculoskeletal orthopedic experts, offering exceptional musculoskeletal diagnostic acumen and excellent recommendations and treatments for our patients and the public. I see the amazing possibilities ahead for us.

### **SURROUNDED BY BRILLIANCE: IN GRATITUDE TO MY PHYSICAL THERAPY COLLEAGUES AND COLLABORATORS**

I want to give a big shout-out to all my colleagues who generously devoted time to me and shared their thoughts. I'm frankly blown away by how smart these people are and how blessed I am to share some time and space with them. I draw all my ideas from these conversations and come up with a few of my own. They provide me with the physical therapy hive mind that continuously hones my strategies going forward. Kudos and immense appreciation to all my colleagues who are academicians, practitioners, imaging experts and masters, clinical researchers, advocates, speakers, students, future standard-bearers, and warriors in the trenches of private practice who take the brunt of our battle at the tip of the spear:

To name but a few (now I know why I'm so tired after CSM 2025):

Mark Krimmel (WA), Tyrik French (LA), George Beneck (CA), Craig Hadfield (WY), Phil Page (LA), Nathan Savage (NC), James Dauber (WV), Brian Young (TX), Tim Brinker (OR), Jon Umlauf (DC), Mohini Rawat (NY), David Chesson (PA), Charles (Chuck) Hazle (KY), Bill Boissonault (WI), Dallas Ehrmantraut (ND), Bremen Abhul (ND), Alycia Markowski (PA), Maureen Watkins (MA), Murray Maitland (WA), Steve Allison (LA), Nancy Durban (OH), Laurel Abbruzzese (NY), Sasha Foster (CO), Molly Malloy (PA), Annette Karim (CA), Aaron Keil (IL), Lance Mabry (NC), Scott Brown (ND), Matt Schumacher (ND), and Paul Marquis (ME).

And frankly, I'm missing a few names. What a great time it was, and what an opportunity it was to connect. Mark it in your calendars for next year, folks, because it's going to be Anaheim, mouse ears, and all. Come one, come all to APTA's Combined Sections Meeting in Anaheim, California, from February 12-14, 2026.

### **LANDMARK STUDY PUBLISHED SUPPORTING PHYSICAL THERAPIST-DIRECTED IMAGING REFER- RAL: AARON KEIL, EVAN O. NELSON, STEPHEN MICHAEL KAREHA, SCOTT TAUFERNER, BRIAN BARANYI & KELLY CLARK BRING THE GOODS!**

A groundbreaking study titled "**Ordering of Diagnostic Imaging by Physical Therapists: A Multi-Center Analysis of Successful Implementation**" has been published in the *Journal of Manual & Manipulative Therapy*. Authored by Aaron Keil, Evan O. Nelson, Stephen Michael Kareha, Scott Tauferner, Brian Baranyi, and Kelly Clark, this research provides compelling evidence supporting the role of physical therapists in ordering diagnostic imaging. The evidence continues to mount, and of course, we shouldn't be shocked. Please read this journal article. We will be interviewing Dr. Keil and colleagues at the next imaging SIG membership meeting. Check with our APTA Orthopaedic YouTube channel, as it may very well have already been posted! We can't wait to have Dr. Keil and crew answer all our questions!

### **HATS OFF TO THE COWBOY STATE: WYOMING'S WIN FOR PUBLIC HEALTH**

In a significant development, Wyoming's State Board of Physical Therapy has responded to an inquiry, and we will declare it a victory. We owe APTA Wyoming's President, Dr. Craig Hatfield, a massive debt of gratitude for his skillful inquiry.

However, an explanation is warranted. The ruling tilted benignly in our favor.

The board grappled with the issue and confirmed there's no prohibition against both imaging referral privilege and physical therapist-administered ultrasound imaging. To be critical though, the response was colossally anemic and tepid, likely aiming to avoid ruffling feathers in higher governmental chambers. After reviewing the response language, which admittedly doesn't elicit a gleeful high-five from me, we can still work with it. Their response actually generated more of a shoulder shrug followed by an eye roll and a "Whatever, good enough... sigh."

The board's assertion of non-prohibition at least bulletproofs us from a potential inquiry from a fearful licensee that could have led to an even worse response of *actual* prohibition. This ruling, at least, safeguards us from that eventual silly question: "*Mom, Dad, is imaging referral and PT-administered ultrasound imaging in our scope of practice?*" Leading to a clumsy line-by-line search of the practice act, resulting in the inevitable poorly reasoned response: "*Oh, my, I don't see any language about MSKUS or ultrasound imaging or imaging... um, I guess it's not part of our practice... I know, let's just shoot ourselves in the foot again... that way, we can deny our public access to our collective skillset so that we can... er, protect them?*"

Here's my guidance to state board members struggling with interpreting the rules: You have to interpret them within a modern context and precedent. Please coordinate with your national organization (APTA) and the Federation of State Boards of Physical Therapy (FSBPT), both of which ultimately guide us to accept imaging referral privileges and ultrasound imaging as part of our practice. Easy.

For physical therapists in Wyoming wanting to refer for imaging: build relationships with independent radiology centers that want your business. I will re-release our membership meeting with Scott Rezac, who detailed how you can successfully navigate this in a state that's neutral on the matter. Stay tuned.

In the meantime, I am throwing my hat in the air (and I have many of them) for the Cowboy State! Nicely done!

### **IMAGING SIG CALL: NORTH DAKOTA ON THE BRINK OF A MONUMENTAL BREAKTHROUGH**

Imaging SIG Call: North Dakota Will Win! ...but check. By the time this newsletter is out, it is with high likelihood that the bill conferring full imaging privileges to Physical Therapists in the Roughrider State will stampede to the Governor's desk for another ground-shaking breakthrough for our profession. Imaging SIG colleagues, presenters, and clinical researchers cum advocates Scott Brown and Matt Schumacher have got their max-game on and are about to bring this home. I am waiting with bated breath!

### **OTHER IRONS IN THE FIRE**

Our advocacy efforts continue to gain momentum across multiple fronts. We are actively engaged with a national consortium of radiology centers encompassing 142 facilities across 22 states, all eager to collaborate and accept referrals from physical therapists.



From left to right: Brian Young, PT, DSc, VP Education for the Imaging SIG, James Dauber DPT, DSc, RMSK, Jon Umlauf, DPT, DSc, RMSK, Mark Krimmel, DPT, RMSK, Danielle Andersen, DPT, DSc, FAAOMPT



From left to right: Mohini Rawat, DPT, ECS, RMSK, Bruno U.K. Steiner, DPT, LMT, RMSK, President, APTA Orthopedic Imaging SIG, Jon Umlauf, DPT, DSc, RMSK

Additionally, our ongoing partnerships with esteemed organizations such as Inteleos and the American Institute of Ultrasound in Medicine (AIUM) are paving the way for further advancements in our field.

## IN CLOSING

As I prepare to take a brief respite in April to recharge, I remain steadfast in my commitment to our cause. For those feeling impatient or frustrated by the pace of change, I urge you to stay the course. We are on the right side of history, championing physical therapy as a primary care profession. Remember, persistent effort and unwavering dedication are the keys to overcoming obstacles and affecting meaningful change. Remember, we are playing the long game, but you never know what massive breakthroughs we will achieve when chipping away at the barriers. We may be closer than we realize.

And remember, this is OUR profession.

Do not *give away* your agency to another lobby, stakeholder, rival, or opponent. We must reassess our toxic relationships or codependences and create new alliances. An emerging friendship has been found among radiologists at the independent and national consortium levels. We will continue to look into talks with the American College of Radiology given our new data in support of PT-directed imaging referral.

It is time to nurture new friendships 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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