

Diagnostic Imaging in Physical Therapist Practice: A Survey of Jurisdiction Priorities and Strategic Plans

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INTRODUCTION

- In 2012, APTA released a position statement detailing the responsibilities of physical therapists in diagnosing patients / clients to include "order[ing] appropriate tests, including but not limited to imaging and other studies." (APTA)
- In 2016, the APTA House of Delegates voted by 93% favorable vote to charge APTA to pursue practice authority for imaging (RC 12-16, June 2016)
- Physical therapists currently have imaging referral privileges by explicit legislative action in two states: Wisconsin (2012) and Utah (2017). Five additional jurisdictions more have interpretations of existing practice act language allowing for imaging referral.
- Although APTA supports pursuing PT practice authority on a national level, the landscape of perceived importance of obtaining imaging referral privileges among individual state chapters, as well as individual strategies being implemented to obtain them, is largely unknown.

PURPOSE OF STUDY

- To assess perceived importance of obtaining imaging referral privileges in individual state chapters.
- To compile information about the strategic plans of individual APTA chapters as they relate to pursuing diagnostic imaging referral privileges.
- To provide the AOPT Imaging Special Interest Group (SIG) with information about the current variable national climate surrounding the pursuance of PT practice authority to allow better function in an advisory capacity.

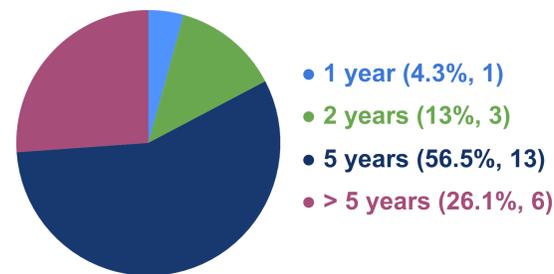
METHODS

- The survey was created in REDCap, in association with the AOPT Imaging SIG.
- The identical survey was sent via electronic mail to all 51 APTA chapter presidents.
- Responses to the survey were received from May 19th - August 27th, 2020. Three electronic messages encouraging participation were sent to chapter presidents while data collection was open.
- Questions were branched to ensure brevity for participants, resulting in a minimum of 9 questions and a maximum of 30 questions depending on individual responses. Not every participant answered every question, resulting in low numbers of responses for some questions.
- Participants were not required to disclose the chapter which they represented. No questions mandated responses.

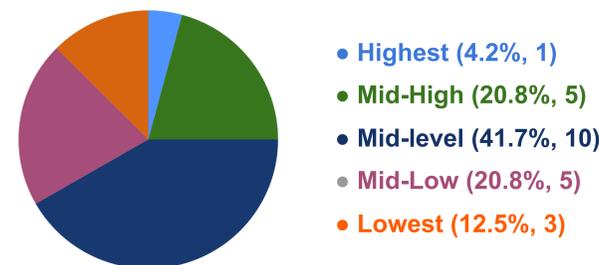
RESULTS

27 total participants.	Response rate: 53% (26 chapter presidents, 1 chapter vice president).
16 known participants.	Alaska, Connecticut, Indiana, Louisiana, Missouri, Nebraska, New Jersey, North Carolina, Ohio, Rhode Island, South Carolina, Texas, Virginia, West Virginia, Wisconsin, Wyoming.
11 unknown participants.	

Projected timeline for attaining imaging referral privileges for physical therapists

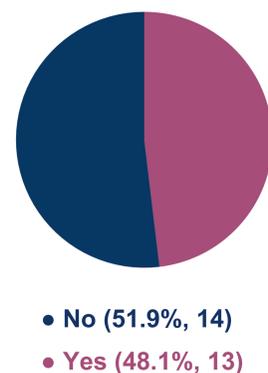


Ranking of importance of imaging referral privileges within each chapter's strategic plan

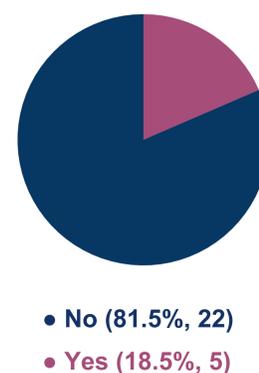


Other issues listed of higher priority than gaining imaging referral privileges	Count
Unfettered direct access	9
Telehealth	7
Fair copays	6
Compact legislation, insurance/payer issues (authorization, reimbursement, mandatory announcement of changes)	5
Modality reimbursement - dry needling (4) and spinal manipulation (1)	4
Terminology protection, COVID-19 response & support of therapists, membership benefits & outreach enhancement, issues with legislation being pursued by other practitioners	2
Issues with referral for financial gain, early testing for DPT graduates, maintaining the ban on POPTS (Physician-Owned Physical Therapy Services), Medicaid reimbursement, rebranding, direct access for worker's compensation	1

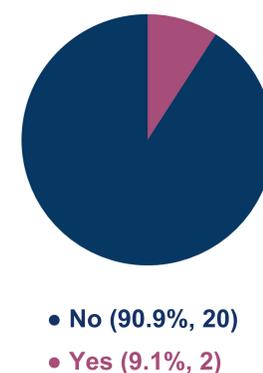
Chapters in which respondents are aware of physical therapists using diagnostic ultrasound in clinical practice



Chapters with an interpretation / legal precedent on the use of diagnostic US by physical therapists



Chapters in which diagnostic ultrasound to augment the clinical examination is part of the strategic plan



SUMMARY OF RESULTS

- 74% of respondents (17/23 chapters) will be working toward obtaining imaging referral privileges within the next five years.
- 67% of respondents (16/24 chapters) ranked imaging referral privileges of mid/high-level importance or greater among other components of their chapters' strategic plans.
- 90.9% of respondents (20/22 chapters) reported that diagnostic ultrasound to augment the clinical examination is not specifically stated as part of their chapters' strategic plans.
- While 48.1% of respondents (13/27 chapters) are aware of physical therapists using diagnostic ultrasound in clinical practice, only 18.5% (5/27 chapters) have had an interpretation or legal precedent in favor of diagnostic ultrasound as part of the physical therapist's scope of practice.

CONCLUSION

- This study found that chapters seeking imaging referral privileges are implementing different strategies based on their chapters' individual needs, from opening their state's PT practice act to seeking formal or informal interpretations of existing practice act language.
- Each chapter has its own local considerations, and many provided substantial input regarding issues of high importance in the next few years, of which imaging referral privileges ranks mid/high-level importance or greater in 16/24 chapters. Other high-ranking issues included: unfettered direct access, telehealth, fair copays, compact legislation, and insurance/payer reimbursement.
- While an effort to obtain imaging referral privileges is projected within the next five years in 74% of participating chapters, only 9% of respondents report that diagnostic ultrasound is specifically included as part of their strategic plan.
- Chapters with physical therapists already practicing with diagnostic US without specifically supportive regulatory language or existing interpretations of their PT practice acts may need to consider this modality additionally as part of their strategic plan.

CONTACT INFORMATION

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