

April 10, 2015

**BEFORE THE HOUSE HEALTH COMMITTEE
Testimony on HB 3087 - Notification of Patient Choice**

Submitted by Karl J Kolbeck, Physical Therapist
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Therapist owned private practice located in Portland, OR.

Herein are examples of some experiences myself and my staff has faced regarding how and whether referring physicians are complying with the provisions of SB 683 and the newly adopted administrative rules:

From a staff member:

1. Last year I was seeing a patient for a peripheral joint rehab when he mentioned he is currently a patient of a pain management clinic near Beaverton. This pain management clinic is physician owned and they have their own physical therapists. He had been a patient there after dealing with ongoing pain after several lumbar spine surgeries with poor outcomes. I was screening him to see if the peripheral symptoms were related to the spine, and asked if he's had ever had physical therapy for the spine. The more we talked, the more it seemed as if physical therapy to address his spine could help his symptoms. I asked him to speak to his chronic pain physician to see if he thought physical therapy would be beneficial.

The patient returned to me, stating he had the conversation with his physician. The physician agreed physical therapy could help, but he would only write a prescription for physical therapy with their in house physical therapy department. When my patient explained he had a physical therapist (myself) two blocks from his home he liked and was seeing for his other problem, and the physician's office in-house physical therapist is 15 miles away, the physician still refused to write a prescription for physical therapy. Furthermore, he said if my patient saw any other physical therapist for his spine, the pain management group would drop him as a patient.

From clinic co-owner:

2. I had a patient who insisted to his physician at Legacy Good Samaritan that he wanted to come and see me for physical therapy. The physician refused and the patient continued to insist he would only see me. The physician was firm in wanting the patient to see a physical therapist at the hospital. After back and forth discussion with his primary care physician, the patient was eventually given a referral to see me.
3. A patient of mine went to see a physician at Legacy Good Samaritan and the patient, who is a minor, was told she needed to see a physical therapist at the hospital. The patient's father insisted that she maintain her current treatment with me, and eventually the physician provided her with a prescription.

4. A patient that I had seen in the past, as well as had treated her husband in the past, had an appointment with her physician at Legacy Good Samaritan. She asked about physical therapy and the physician agreed and said he wanted her to see a physical therapist at the hospital. The patient indicated she wanted to come and see me as I've treated her for other things in the past and she wanted to only see me. She said the physician was resistant to writing a prescription to come to see me but eventually, upon her persistence, provided her with one.

From myself:


5. Two weeks ago a professional runner for Nike that I have been caring for, who was not responding to conservative physical therapy management and we discussed an orthopedic surgeon consult, asked if I know a certain orthopedic surgeon at OHSU. The patient indicated he has a friend who did a residency at OHSU and this friend recommended the orthopedic surgeon. I shared I did know the orthopedic surgeon he asked about, and that I would reach out and see if this physician could see my patient. The orthopedic surgeon agreed and indicated the patient would first see their non-orthopedic board certified sports medicine physician first, and if this physician thought a surgical consult was necessary, said orthopedic surgeon would then see the patient.

The patient went to his physician visit and initially saw the non-ortho board certified sports medicine physician. This physician, knowing the patient was seeing me, insisted he go to physical therapy at one of their clinics for a specific soft tissue treatment technique. The patient shared that he's currently receiving that same treatment at my office (we have 4 PT's certified in this specific technique). The physician was still insistent he sees one of their therapists anyway.

6. When marketing to two local Zoom Care Urgent Care clinics in our neighborhood, I was told they did not need our pamphlets or prescription pads as they have their own physical therapist (which at that time was located only at their downtown Zoom Care office) and they tell their patients they need to go see their physical therapist downtown for care.

Thank you for the opportunity to submit this testimony. I am available to the Committee as needed and to provided any additional information.

Respectfully submitted,



Karl J Kolbeck