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On Behalf Of:
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Measure, Appointment or Topic: HB3824

This bill is unequivocally safe and necessary, and should be adopted immediately for the profession of physical therapy. I have been a licensed PT for a decade, and during that time have needed to be involved in several situations where the ordering of durable medical equipment was necessary for the benefit of my patients, however the burden continuously came from navigating referrals, waitlists for patients to be seen, and the increased monetary and time cost associated with needing to be referred to an external provider. A part of a Doctor of Physical Therapy's entry-level education includes identification of the most appropriate DME, indications/contraindications for specific aspects of the DME, and fitting the DME. DPTs fundamentally possess the knowledge and skill to prescribe DME, and it would be a direct detriment to patient's for this bill not to be passed.

Additionally, there are currently 37 states plus the District of Columbia that allow physical therapists to perform dry needling and include it within the practice act, including all neighboring states and states within the Pacific Northwest aside from California. Additionally, there has been ample literature published on the efficacy and safety of dry needling being performed by a physical therapist, highlighting an overall risk of serious adverse events being <1%. Dry needling is fundamentally different, and done for a different intent, than acupuncture and is a separate intervention that just so happens to also use needles.

Regarding the ordering of diagnostic imaging by physical therapists, this as well should unequivocally be a part of a physical therapist's scope of practice. I teach medical imaging and radiology in a doctor of physical therapy program, and in the course, students directly demonstrate competency in identifying when imaging studies are necessary, which imaging study is most appropriate, and to be able to make basic clinical decisions as a result of the findings. Additionally, there is an growing body of evidence highlighting that physical therapists can make these decisions and reduce overall healthcare costs, reduce the frequency of excessive and unnecessary ordering, and do so in a safe and informed manner. I teach the American College of Radiology Appropriateness Criteria to my students, which is the gold standard set of prediction rules for when and what imaging is necessary. The argument that is is encroaching on medical doctor's scope is asinine, as there has also been published literature that these appropriateness criteria are decreasingly being covered in medicine, and a vast majority of medical doctors and residents do not utilize them when making clinical decisions about diagnostic imaging. Physical therapists receive the necessary education about imaging ordering, are the musculoskeletal experts and can make these decisions in a safe and efficacious

manner. There is no reason that we should not be able to do order diagnostic imaging studies.