

A Vision of Imaging Referral Privileges in Physical Therapist Practice in Kentucky



Charles Hazle, PT, PhD
9/10/22



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The Long-Term Goal



Begin With the End in Mind

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Objectives

To look forward to future practice models of physical therapy:

Inclusive of imaging referral privileges & use point of care ultrasound

With PTs as predominant primary care providers for those with apparent MSK disorder

And....how do we get there (not pretending to have all the answers)

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Future Practice Model

PTs understanding imaging is a logical continuation of the role of being primary care clinicians



Consider Australian model of practice: *“My physio....”*
1st line practitioner of choice for MSK disorders

Examination/evaluation/assessment includes all available patient data

Not about imaging, but clinical reasoning inclusive of imaging data

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Rationale for PTs, Patients & Health Care



“Bigger Picture”

PTs understanding & referring for imaging is logical continuation of role of being primary care clinicians

Examination/evaluation includes all available patient data

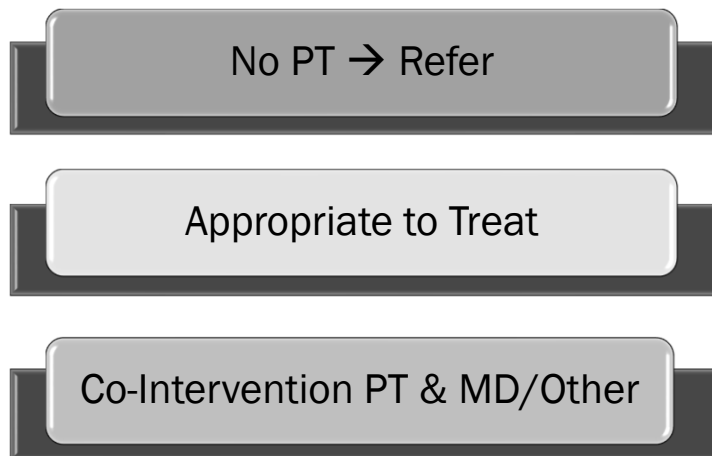
Supplementing history & clinical exam w/ imaging data, when indicated

Allow better patient mgmt strategies; cost & time savings

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Rationale: Primary Care Decision-Making



Delitto et al, 1995

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Role of the Physical Therapist

Incumbent upon us to understand & act on how imaging integrates with our:

Medical screening as primary contact clinicians

Our clinical decision-making in routine care

To improve those reasoning processes

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Imaging Referral by Physical Therapists

Considered “emerging practice?”

Established successfully in many settings

Growing interest in general clinical practice, esp MSK

How did we get to this point & to where are we progressing?

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Imaging Referral by Physical Therapists



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Increasing Domestic Usage

Almost 5 decades success in US military
 PTs in primary care role
 1st documented by James & Stuart, 1975
 50% ↓ in radiographs vs MDs & quality care



Other Federal institutions

Civilian Settings: Georgetown University Hospital (2012)
 University of Wisconsin Hospital & Clinics (circa 2006)
 Practitioners in Colorado for many years
 Evolving circumstances in individual states

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Physical Therapist Practice Defined by VHA

VHA Directive 1170.05 – Issued May 11, 2020



Definition of Physical Therapist practice includes:

Section 4 (q): “Any other practices that are informed by evidence and linked to existing or emerging practice models such as ... **ordering diagnostic imaging** and laboratory studies...”

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Rationale for PTs

Expanding scope of practice for future

Not unanimously supported--Will be resistance

Continue to demonstrate:

- Competence

- Favorable outcomes in patient care

- Economical decision making

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Why the Opposition?

“Not qualified to do it...”

“Patient safety”

PTs ordering imaging means more imaging & overutilization
with \$\$\$

....so they say, but what are the facts?

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Anticipated Barriers

Fear of over-utilization in current cost control environment

3rd Party Payers – emphasis on consistency w/ guidelines

Physician Entities

Other Providers

All politics are, indeed, local

And....unanticipated barriers

Follow-up after results—purview & responsibility

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Are you trained to recognize the bone tumor in this lower back?



Neither is a physical therapist.

We're the Florida Orthopaedic Society. We have a point of view on House Bill 1165 and Senate Bill 1992 – the Direct Access to Physical Therapy bills. If passed, these bills would allow physical therapists to see patients directly and indefinitely, without ever receiving an assessment or diagnosis from a medical doctor.

We're against these bills. One argument dominates our thinking, defines our position, and trumps the opposing view. Patient Safety.

When a patient goes to a physical therapist, the goal is to receive treatment, not a diagnosis.

When a patient sees a medical doctor, the goal is to get a diagnosis, followed by a decision about the best treatment – drawing from the full spectrum of medical knowledge. This treatment could include physical therapy.

Physical therapists aren't trained to make a medical diagnosis or recognize many potentially life-threatening conditions beyond their limited expertise. MDs are.

MDs and physical therapists are part of the world's best health care system. MDs study for at least eight years to fully understand health problems, their causes, and their symptoms.

Doctors will continue to prescribe physical therapy to patients who can benefit from this kind of treatment. But a patient with a health problem needs to be seen by a doctor to truly evaluate the source of their symptoms or discomfort.

The Florida Orthopaedic Society recommends voting against HB 1165 and SB 1992, and continuing with the more medically responsible physician referral system currently in place. It's our position that this legislation threatens the quality and integrity of our health care system, and the patient safety measures that guide it.



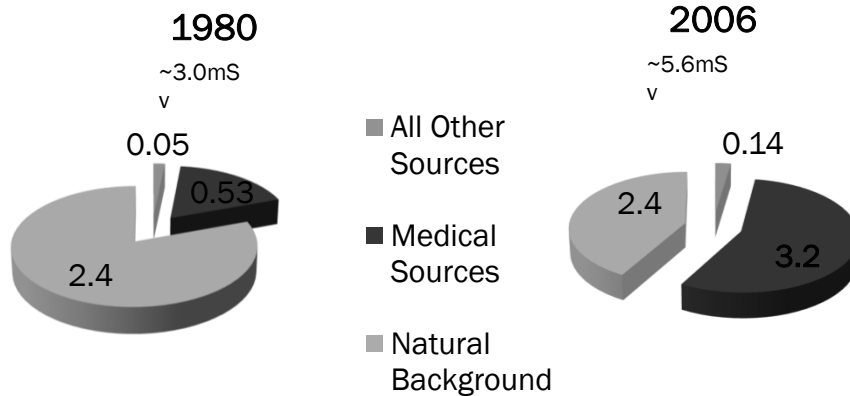
Florida Orthopaedic Society – 17503 Mallard Court, Lutz, FL 33559 – Tel: 813-948-8660

From the direct access battle a few decades ago...

This ad appeared in several locations around the US in response to proposed direct access legislation

Why alliances with radiologists & imaging services are so important

Radiation Exposure in US



In milliSverts

Mettler et al, 2009

Need for Improved Decision-Making

Estimate of 1.5 – 2.0% of all cancers in the US are attributable to radiation exposure from CT scans

“...perhaps 20 million adults and, crucially, more than 1 million children per year in the United States are being irradiated unnecessarily.”

Brenner & Hall, 2007

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Need for Improved Decision-Making

Estimated apx 29,000 future cancers will be related to CT scans performed in US in 2007

If apx 50% mortality rate w/ CT-induced cancers, apx 15,000 people will die as a direct result of CT scans performed in 2007 in US alone

66% of projected cancers will be in women

Berrington de Gonzalez et al, 2009

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Adults vs Children

↓ top 25% of doses in children could ↓ rate 43%

CTs declining since 2010?

Miglioretti et al, 2013

↓CT use in pediatric pts in large hospital system

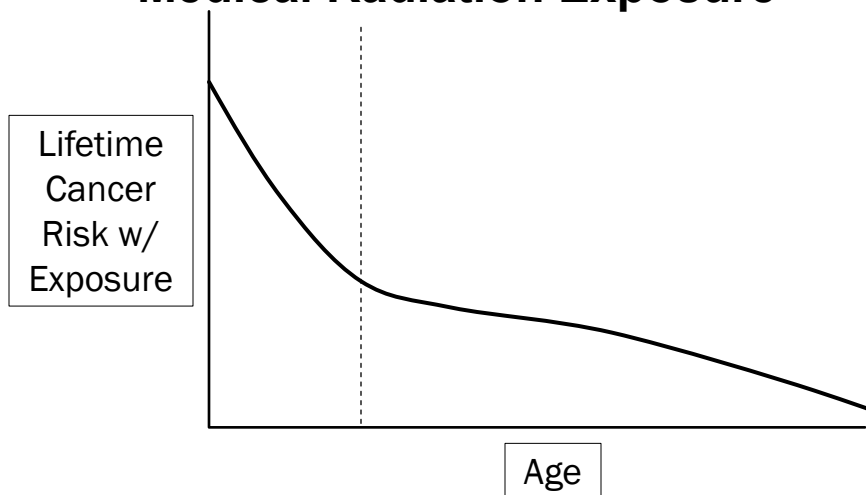
Parker et al, 2015

ALARA principle = As Low As Reasonably Achievable

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Example of Cancer Risk from Medical Radiation Exposure



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Concisely....

Actively reproducing tissue is more susceptible to DNA damage

A given dose of ionizing radiation is spread over a smaller area in a child, resulting in greater exposure

Malignancies have a very long latency; thus, a child has a longer period of life over which to develop a secondary cancer relative to an older adult

Puchalski & Magill, 2018

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...But Wait...

“...many of these alarming scientific publications appeared to be flawed by poor study design, but their conclusions were not openly contradicted.”

Toma et al, 2017

*The risk is not great, but risk exists with radiation exposure
Should be considered in decision-making, esp w/ young patients*

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Changing Decision Making

56.3% ↓ in CT ordering after presentation of radiation exposure/health risk information

Changed to MRI or US

48.3% ↓ in CT & MRI ordering after presentation of Medicare reimbursement information

Changed to US

Gimbel et al, 2013

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Efforts to Reduce Radiation Exposure in Imaging



The Alliance for Radiation in Pediatric Imaging

Society for Pediatric Radiology

American College of Radiology

American Society for Radiologic Technologists

American Association of Physicists in Medicine

American College of Radiology

Radiological Society of North America

American Association of Physicists in Medicine

American Society of Radiologic Technologists



IMAGE WISELY[®]
Radiation Safety in Adult Medical Imaging

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“Diagnostic & Procedural Imaging in Physical Therapist Practice”

“White Paper”

Published May 2016 by the AOPT (then Orthopaedic Section), APTA

Comprehensive perspective

History, present & future

Evidence in support of expanded privileges

Addresses required legal, institutional & payer changes

available at www.orthopt.org

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Directives by APTA Membership

June 2016, membership charged APTA to pursue **practice authority** for imaging referral

RC 12-16 passed House of Delegates with **93% favorable vote**

APTA to address processes & barriers

APTA sought to analyze state practice acts & associated statutes/regulations in follow-up

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Increasing Presence of Imaging Content in PT Literature



Volume 101, Issue 1
January 2021

Survey of Physical Therapists' Attitudes, Knowledge, and Behaviors Regarding Diagnostic Imaging

Sean D Rundell, PT, DPT, PhD ✉, Murray E Maitland, PT, PhD,
Robert C Manske, PT, DPT, MEd, George J Beneck, PT, PhD

Physical Therapy, Volume 101, Issue 1, January 2021, pzaa187,
<https://doi.org/10.1093/ptj/pzaa187>



Volume 101, Issue 3
March 2021

Referral for Imaging in Physical Therapist Practice: Key Recommendations for Successful Implementation

Aaron Paul Keil, PT, DPT ✉, Charles Hazle, PhD, Amma Maurer, MD,
Connie Kittleson, DPT, Daniel Watson, DPT, DSc, Brian Young, PT, DSc, Scott Rezac, DPT,
Scott Epsley, PT, Graduate Certificate Sports Physiotherapy, Brian Baranyi, DPT

Physical Therapy, Volume 101, Issue 3, March 2021, pza013,

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CAPTE: PT Standards & Required Elements

Effective January 1, 2016

Standard 7

The curriculum includes content, learning experiences, and student testing and evaluation processes designed to prepare students to achieve educational outcomes required for initial practice in physical therapy and for lifelong learning necessary for functioning within an ever-changing health care environment.

REQUIRED ELEMENTS:

- 7A** The physical therapist professional curriculum includes content and learning experiences in the biological, physical, behavioral and movement sciences necessary for entry level practice. Topics covered include anatomy, physiology, genetics, exercise science, biomechanics, kinesiology, neuroscience, pathology, pharmacology, diagnostic imaging, histology, nutrition, and psychosocial aspects of health and disability.

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Proposal...

Imaging SIG worked w/ APTA to propose amendment to FSBPT Model Practice Act

to include "...referral for appropriate diagnostic procedures to allow for effective PT management..."

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So, This Is All New For PTs, Right?.....Or Is It?

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Bases for Imaging Decision-Making in ACR Appropriateness Criteria

Age
 Trauma presence/absence
 Mechanism of injury
 Prior surgery
 Risk factors
 Appearance
 Pain provocation / physical function tests

Other imaging results
 Weight-bearing ability
 Tenderness to palpation

*Well established in PT
 educational curricula &
 clinical practice*

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Imaging-Related PT Skills

National survey of 4796 PTs

Itemized skills associated with imaging referral privileges

Recently published in JMMT

Mabry et al., 2022

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Imaging-Related PT Skills

Specific Skill	Routinely Completed
Patient “triage”	95%
Use of evidence-based imaging guidelines	63%
Consider risk vs benefit of imaging	73%
Refer for imaging (directly or indirectly)	79%
Suggest an imaging modality	55%
Review imaging reports	85%
Educate patients on imaging findings	76%
Integrate imaging findings in treatment plans	83%
Refer patients if imaging findings out of scope of practice	86%

Mabry et al., 2022

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Imaging-Related PT Skills

2 lowest scoring items easily remedied w/ use of ACR

Appropriateness Criteria

- Use of evidence-based imaging guidelines

- Suggest an imaging modality

Precisely what the ACR-AC does

Familiarity to navigate & use NOT necessary to memorize

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Clinical Decision Guidelines

Every PT in MSK practice should know:

Access & use of ACR Appropriateness Criteria

<https://www.acr.org/Quality-Safety/Appropriateness-Criteria>

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Application of Imaging Guidelines

Utilization of Ottawa Ankle & Foot Rules

PTs & orthopaedic surgeons equivalent competencies in identifying those in need of imaging for possible fractures



Springer et al, 2000

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PTs & Imaging Referral in Direct Access Setting

2 yr review of 108 pts receiving MRI/MR arthrography

Consistency with ACR-AC: 83.2%

Imaging correlation of dx: 64.8%

Surgical correlation: 90%

Crowell et al, 2016

5 yr review of 108 pt cases

Rad use: 9% Advanced imaging use: 4%

Consistency with ACR-AC: 91%

Keil et al, 2019

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Part of the Solution—Rather than the Problem

Overutilization of low yield imaging:

Low back pain imaging: 23-34% inappropriate

Emory et al, 2013; Kozac et al, 2015; Shaheed et al, 2016

Knee pain: 40% MRIs inappropriate

Solivetti et al, 2016

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Part of the Solution—Rather than the Problem

Compared Imaging Utilization & Safety Events

PT Clinic vs Family Health Center

Safety Incidents 1.9x more frequent at FHC

PT referred for imaging 1/37 pt encounters vs 1/5 pt encounters in FHC

Mabry et al, 2019

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Part of the Solution—Rather than the Problem

MSK exam de-emphasized in medical school education past
3 decades

Jauhar, 2006; Kelly et al, 2015; DiGiovanni et al, 2016;
Flegel, 1999; Ramani et al, 2010; Verghese et al, 2015

ACR NOT routinely taught in medical school curricula

Kozak et al, 2015; Powell & Silberzweig, 2015; Retrouvey et al, 2016; Sheng et al, 2016

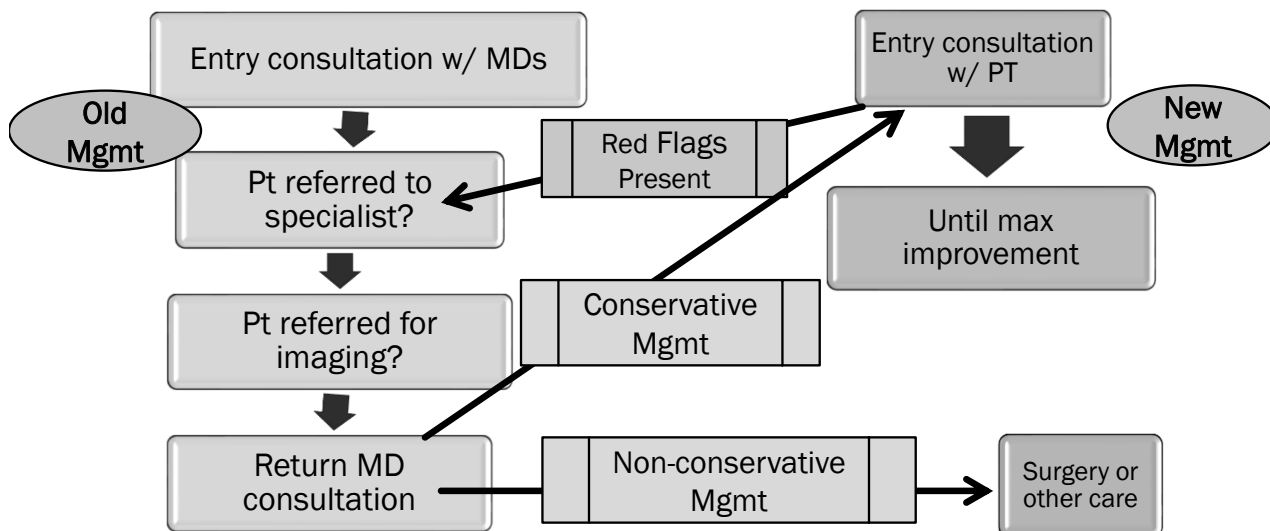
Our opportunity:

Who knows best how to integrate the history, clinical examination results for decision-making toward imaging?

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Virginia Mason Med Ctr Study: Mgmt LBP



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Virginia Mason Med Ctr Study: Mgmt LBP

- MRIs completed for LBP decreased 1/3rd
- Eventually mandated “red flags” for MRI ordering
- Needing specialist care rec’d more quickly
- System: 15 pts w/ LBP per day → 15 pts w/ LBP per wk
- Reduction in lost work time
- Loss of revenue for MDs
- Reduction of PT visits/pt

Furhmans, 2007; Pham et al, 2007

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Defensive Medicine & Unnecessary Procedures



38% of trauma CTs ordered “defensively”

Chen et al, 2015

96% of orthopedists reported defensive medicine, including ordering imaging

Sethi et al, 2012

45% w/ fear of litigation from not obtaining test & missing diagnosis

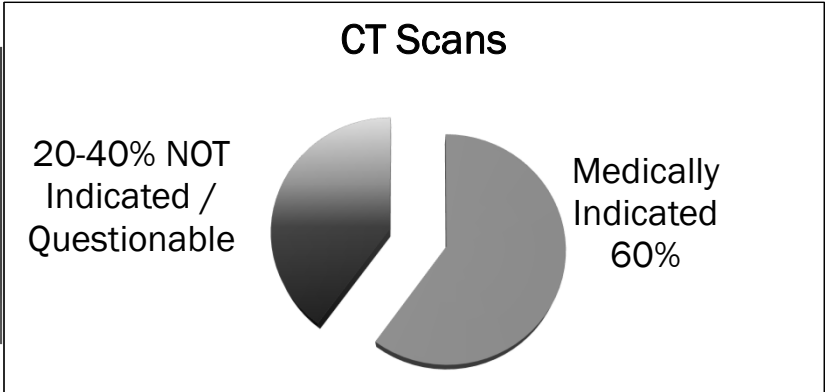
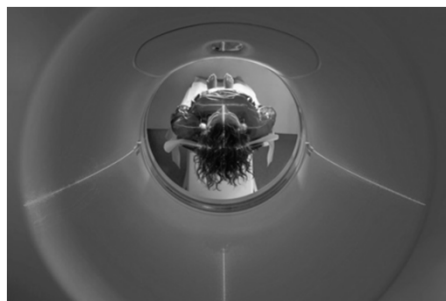
McBride et al, 2012

“Defensive medicine is a serious and prevalent challenge in modern medicine and is a major cause of overutilization of imaging, i. e., its application with a low probability to improve patient outcome.”

Kainberger, 2017 ⁴³

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Defensive Medicine & Unnecessary Procedures



Sathiyakumar et al, 2013; Blackmore et al, 2011; Bowen et al, 2011; Curry et al, 2011; Georgiou et al, 2011; Rosenthal et al 2006; Gibbons et al, 2011; Lehnert & Bree, 2010

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LBP: Consequences of Early Imaging

Workers with mild/major sprain, early imaging associated with a 2X increase in likelihood of work disability benefits at 1 year

Relative risk: 2.03

Adjusted for covariates

Workers w/ early imaging
2x as likely to NOT return
to work 1 yr later

Graves et al, 2012

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LBP: Consequences of Early Imaging

19.8% injured workers w/ early MRI

Initial visit type w/ surgeon associated with 78% greater likelihood of early MR

May lead to:

Greater subsequent interventions

Potentially poorer outcomes

Increased health care expenditures



Graves et al, 2012

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Consequences of Early Imaging?

Pt's knowledge of imaging results or not w/ LBP, including lumbar radiculopathy

Early clinical outcomes same

“Patient knowledge of imaging findings are **associated with a lesser sense of well-being**”

Knowledge of results lowered health perception

Ash et al, 2008

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Negative Effects of Early Imaging

Early MRI → Leads to wide variety of expensive & potentially unnecessary services

Webster et al, 2014



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Negative Effects of Early Imaging

Early consultation & MRI does not improve outcomes for those w/ physically demanding jobs who have onset of LBP

Hansen et al, 2019

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Image Decision Making

What information is being sought?

How likely is the imaging result to change the course of care?

How likely is that information to be decisive in mgmt of the pt?

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Imaging Interpretation

Necessarily the purview of radiologists

Requires thousands of “reads” to be skilled

Commensurate w/ medical specialty

AI will be 1st interpreter in near future

Helpful in understanding our patients

Recognize normal vs abnormal anatomy

Consistency w/ history & clinical examination

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Imaging Interpretation of the Future: Artificial Intelligence

All digital images are arrangements of pixels

Patterns of pixels represent normal vs pathological

Algorithms to recognize patterns of pixels c/w pathology

Likely to become 1st line of image interpretation in near future

Relationship of AI & Radiologists interpreting images in future will evolve—what role will each have?

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IMAGING INTERPRETATION OF THE FUTURE: ARTIFICIAL INTELLIGENCE



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<https://youtu.be/QWdJLYSh72c>

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Role of the Physical Therapist

Incumbent upon us to understand & act on how imaging integrates with our:

- Medical screening as primary contact clinicians
- Our clinical decision making in routine care

To improve those reasoning processes

Not to presume to be radiologists

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Rationale for PTs

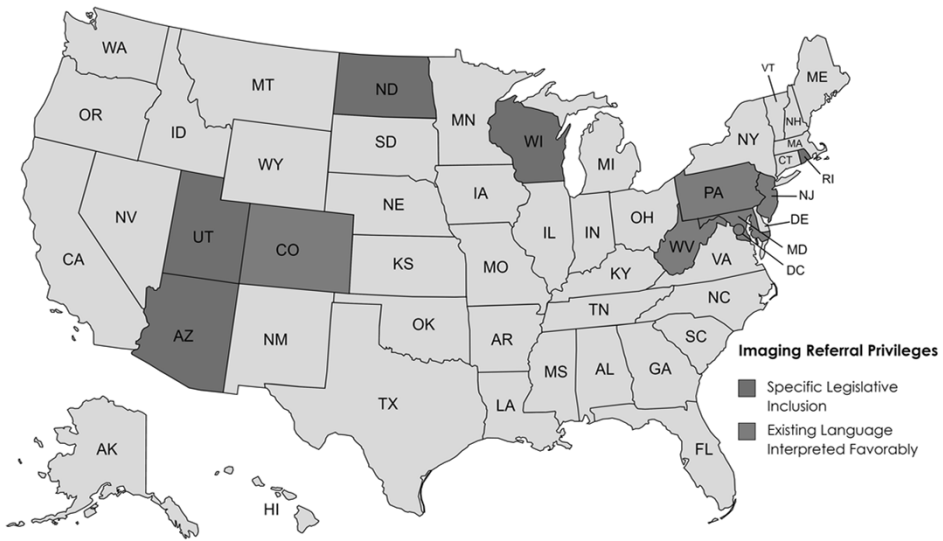
PTs understanding imaging is a logical continuation of the role of being primary care clinicians

Examination/evaluation/assessment includes all available patient data

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Imaging Referral Present Status



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Imaging Referral Present Status

Specific Legislative Inclusion

- Wisconsin (2016)
- Utah (2018)
- North Dakota (2021)
- Rhode Island (2021)
- Arizona (2022)

Existing Language Interpreted Favorably

- Maryland
- District of Columbia
- New Jersey
- Pennsylvania
- Colorado
- West Virginia

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A Few Important Details



Extent of Privileges by Modality

Some states radiography only, some not

Responses to Imaging Results

RI's "Sunset" Clause

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Changes Are Coming...

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

Data collected 2020 & presented at APTA CSM 2021

17 state ass'ns indicated moderate to high interest in pursuing imaging referral privileges as part of overall strategic plans within next 5 years

Lawson & Mathistad, 2021

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Momentum is Building...

In July 2021, the Federation of State Boards of PT held a webinar re: imaging as a part of PT practice.

In August 2021, APTA State Affairs hosted webinar for state leaders re: imaging as a part of PT practice

In October 2021, the Imaging SIG hosted a webinar with the 4 chapter presidents successfully ushering in legislative change for imaging referral by PTs

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State/Jurisdiction PT Practice Act Language

Specifically inclusive

Interpretable to allow for referral

Including “duty to refer” ...

Silent

Specifically exclusive

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Published
Sept 2019

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LEADERS. INNOVATORS. CHANGEMAKERS.

APTA
American Physical Therapy Association.

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ABOUT US MEMBERSHIP EDUCATION RESEARCH PRACTICE SPECIAL INTEREST GROUPS GOVERNANCE

PTA APTA

SPECIAL INTEREST GROUPS / IMAGING

IMAGING

IMAGING EDUCATION MANUAL

- I-SIG Officer Directory
- Credentialing/Accreditation
- Become an I-SIG Member
- I-SIG Membership Directory
- State Acts and Regulations on Imaging Referral in Physical Therapist Practice
- Membership Webinars
- Imaging SIG Mentors
- Visit us on Facebook
- Archived *OPTP* Newsletters
- I-SIG Policies
- Imaging SIG Scholarship
- I-SIG White Paper

MISSION STATEMENT

- The Imaging SIG is recognized as a leading authority for imaging in physical therapist practice
- The SIG leads by:
 - Providing professional development opportunities for physical therapists
 - Sharing current information related to imaging in physical therapist practice
 - Identifying opportunities for outreach and interdisciplinary collaboration
 - Supporting practice and research initiatives

GOALS

- To be a valued resource for PTs involved with imaging.

JOIN I-SIG

1. Verify membership status.
2. Select your desired SIG.
3. Submit your request!

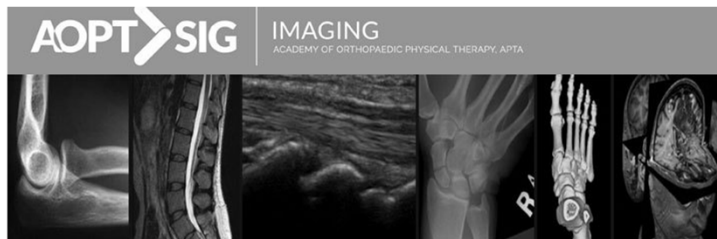
SIGN UP NOW!

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Summaries in first 24
states

Remainder not likely to
be completed



State Acts and Regulations on Imaging Referral in Physical Therapist Practice

In June 2016, the APTA House of Delegates passed RC 12-16 by a 93% favorable vote, which resolved that APTA pursue practice authority for imaging referral in physical therapist practice. Pursuant to this action, APTA employed a consulting firm to examine and report upon the legal landscape for physical therapist referral for imaging in each of the 50 states. In the summer of 2019, APTA began releasing the results of that study to the leadership of the components nationally and are contained herein. Please note these documents are not intended to serve as the final word on imaging referral in the states, but rather as starting points in the process of attaining imaging referral privileges. Further interpretation of the content of these documents may be required, including with point of care ultrasound imaging. This information provides a basis for each component to determine its course of action and also allows APTA a foundation from which to plan nationally. Considerable variability exists across the jurisdictions in these documents; thus, local circumstances are to be considered when acting on this information.

The listing of state reports is expected to be complete by early 2020.

- Alabama
- Alaska
- Arizona
- Florida
- Georgia
- Hawaii
- Idaho
- Illinois
- Iowa
- Kentucky
- Louisiana
- ...

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State Summaries

Physical Therapy Practice Act & Regulations

Non-physical Therapy Practice Acts & Regulations

Attorney General Opinions

Jurisdictional Case Law

State Law & Regulations Governing Hospitals & Other Facilities & Services

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Summary for Kentucky

PT Practice Act:

Excludes the use of roentgen rays and radium for diagnostic purposes from the scope of physical therapy

Not necessarily prohibitive

Not conducting procedure/operating eqpt

Is a “duty to refer” clause



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Summary for Kentucky

“...diagnostic test, or treatment shall not be given without a written order signed by a physician, dentist, or other ordering personnel acting within their statutory scope of practice.”

902 Ky Admin Regs 20:016 § 4 (f) (2) (c) (5) (2011)

“Radiologic services shall be performed only upon written order of qualified personnel in accordance with their scope of practice and the hospital's protocols and bylaws, and the order shall contain a concise statement of the reason for the service or examination.”

902 Ky Admin Regs 20:016 § 4 (6)(b)(2) (2011)

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Summary for Kentucky

Not definitive: physical therapist referral

User/operator vs completing referral consistent w/ established imaging guidelines

Interpretation likely required

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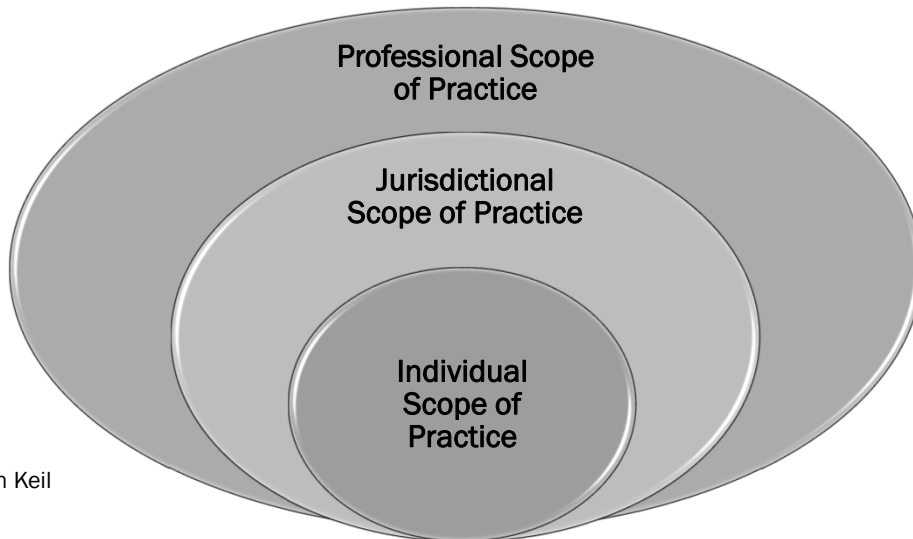


So, What Parts Will Be New or Different With Referral Privileges?

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Scope of Practice



Credit: Aaron Keil

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Imaging in Diagnostic Context

Only a portion of the entire patient presentation

Weighted within context of all information

Prevalence of apparent pathologies in asymptomatic populations

Sensitivity & specificity of imaging important

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Importance of History & Clinical Exam

Completing detailed history & clinical exam

Recognition of red flags

Knowledge of evolving clinical decision “rules”

Imaging does NOT lessen importance of history & clinical exam

Imaging magnifies their importance

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The Decision To Image Or Not

Yes, imaging indicated

- High diagnostic yield
- Medium-high potential for change in mgmt
 - Patient safety

No, not indicated / defer

- Possible pathologies low risk
 - Low diagnostic yield
 - Low magnitude of error
- Radiation exposure potential
 - Cost
 - Mgmt/Rx delay

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ACR Practice Parameter for Communication of Diagnostic Imaging Findings

Referral:

“...should include relevant clinical information, a working diagnosis, and/or pertinent clinical signs and symptoms.”

“a specific question to be answered can be helpful.”

“...helps tailor the most appropriate imaging study to the clinical scenario and enhances the clinical relevance of the report, thus promoting optimal patient care.”

Importance of history & exam for hypothesis development & informed referral

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Prescription for Imaging

Radiograph series R wrist
Clinical indicators for suspicion of scaphoid fx

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ACR Practice Parameter for Communication of Diagnostic Imaging Findings

New for PTs...

How do you respond when results are available & you are patient manager?

Other consultations?

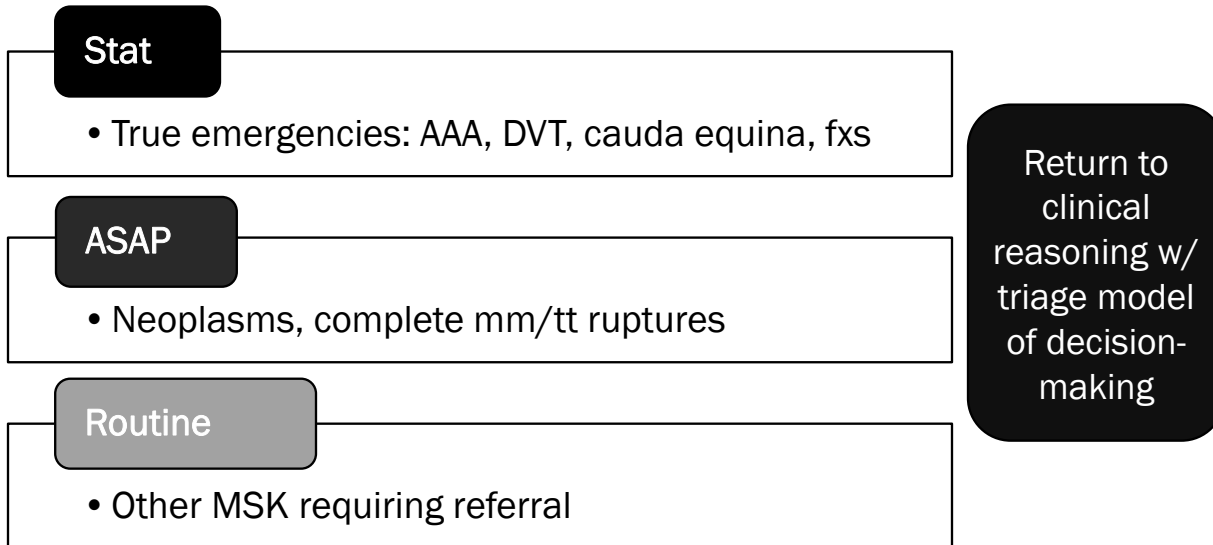
Continue PT?

Unanticipated non-MSK results (possibly serious)?

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Responding to Imaging Results



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How Do We Get There?

Educate Within

Consistency w/ Imaging Education Manual across PT programs

Educate practitioners w/ courses & on-line resources

Consensus Within

Build Relationships & Educate Other Stakeholders

Existent Evidentiary Support

Educate Physicians

Alliances w/ Radiologists

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In Kentucky

Development & integration in APTA-KY Strategic Plan

Educational programs: UK, Bellarmine, WKU, Cumberlands, Spalding

Continuing education programs for practitioners

Recommendations for residencies & fellowships in KY to include imaging content

Board review & opinion of current language

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In Kentucky

Integration in overall APTA-KY Legislative Plan---if deemed necessary

Learn from other states

Those who succeeded & have not

Change in practice act, if warranted---when ready to fully commit time & energy for possible battle

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Resources

APTA & Imaging SIG compiled resources

Numerous

Webinars

Infographics

Success stories of other states

<https://www.orthopt.org/content/special-interest-groups/imaging>

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The IMAGE is CLEAR!
If you need diagnostic imaging, a Physical Therapist can order that!

PTs are movement experts and understand when imaging is needed.

Diagnostic Imaging → **Your Life**

PT → PCP → Specialist → Diagnostic Imaging → PT → Your Life

WHY?

- Save time & money
- Get needed info fast
- Quicker return to function
- Get back to life faster
- Patient-centered care

PTs order imaging in:

- Military since 1972
- Federal healthcare systems, including Veteran's Affairs
- Growing number of states with imaging referral privileges for PTs
- Multiple other countries

AOPT SIG IMAGING
 SOCIETY OF ORTHOPTIC PHYSICAL THERAPISTS

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Advancing Best Practices
PHYSICAL THERAPY & DIAGNOSTIC IMAGING

HISTORY 50-year history of imaging privileges for physical therapists within the industry

PRACTICE Imaging referred to part of PT practice in a growing number of US states & in Federal health care systems including Veterans Affairs

CRITERIA Physical therapists utilize consensus-derived imaging guidelines effectively

EFFECTIVE PATIENT MANAGEMENT

Efficient Utilization Research shows that best practice for physical therapists is cost-effective and that physical therapists do not over-utilize imaging

Inefficient Patient Care Lack of PT utilization increases duration of care, contributes to excessive use of imaging and increases cost

QUALITY DRIVEN CARE

Educational Competencies

- Physical therapists utilize consensus-derived criteria for imaging and diagnostic imaging
- Physical therapists utilize consensus-derived criteria for imaging and diagnostic imaging
- Physical therapists utilize consensus-derived criteria for imaging and diagnostic imaging
- Physical therapists utilize consensus-derived criteria for imaging and diagnostic imaging

Evidence Based Outcomes

- Research supports physical therapist competence in ordering and interpreting imaging
- Physical therapists order for imaging and diagnostic imaging and a lower rate than other providers
- Clinical imaging utilization can be used to identify and address the needs of individual patients, the needs of individual practices, the needs of individual states, and the needs of the profession

AOPT SIG IMAGING
 SOCIETY OF ORTHOPTIC PHYSICAL THERAPISTS

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Professional Association Alliances



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Key Points

Imaging does NOT lessen the importance of the history and clinical exam --- **it magnifies their importance.**

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Key Points

“Treat the patient, not the picture” as imaging results alone usually do not guide selection of treatment approaches

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Who best?

Can collect the relevant patient information through the history & clinical examination, then determine if information is sufficient to begin conservative care or if additional information is needed?

Opportunity awaits.....

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Key Points

Understanding Imaging

Improves our medical screening capabilities

Expands our understanding of pathologies

Increases pt safety & encourages better quality of care

Improves capability to be primary contact clinicians

Allows us to see the “big picture” of the patient better

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ANY
QUESTIONS
?

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