

May 3, 2025

Senate Committee on Health Care
900 Court Street NE
Salem, OR 97301

Re: Support for House Bill 3824 – Expanding Physical Therapist Practice Authority

Dear Chair and Members of the Committee:

I write to you as a licensed physical therapist practicing in Oklahoma that will soon be moving to Oregon and obtaining my license in Oregon to express my strong support for House Bill 3824, which would grant physical therapists (PTs) enhanced authority to prescribe durable medical equipment (DME), deliver care via telehealth, order and interpret diagnostic imaging, and use sonographic equipment. I firmly believe these changes will improve patient access, clinical outcomes, and health-care efficiency throughout our state.

Prescribing Durable Medical Equipment

Timely access to appropriate DME is critical for patient mobilization and recovery. A recent quality-improvement study demonstrated that a PT-managed spinal orthoses program eliminated delivery delays (from 42 to 0 delays) and reduced time to mobilization by nearly 14 hours, leading to shorter hospital stays and cost savings of approximately \$2,000 per patient (Willey et al., 2022). By authorizing PTs to prescribe DME directly, Oregon can replicate these efficiencies and reduce administrative burdens on patients and providers.

Telehealth Services

The COVID-19 pandemic accelerated adoption of telehealth for rehabilitation, with robust evidence supporting its effectiveness. A rapid overview of 53 systematic reviews found that telerehabilitation delivered by PTs often matched or exceeded the outcomes of in-person care for conditions such as osteoarthritis, low back pain, and post-operative rehabilitation (Seron et al., 2021). Patient satisfaction in these programs has been exceptionally high—92–99% of patients reported telehealth PT sessions to be safe, effective, and easy to use (Bennell et al., 2021). Furthermore, a longitudinal observational study of patients with chronic low back pain showed significant improvements in pain, disability, and function at 10- and 26-week follow-ups when treated via real-time videoconferencing (Fritz et al., 2022). Granting PTs explicit telehealth authority will sustain and expand these successful models.

Ordering and Interpreting Diagnostic Imaging

Physical therapists possess the diagnostic acumen to order imaging appropriately. In a five-year retrospective analysis, PT-ordered imaging referrals met American College of Radiology criteria 91% of the time, with PTs ordering X-rays or advanced imaging in only 9% and 4% of new evaluations, respectively (Keil et al., 2019). Moreover, clinical diagnoses rendered by PTs showed 74.5% agreement with MRI findings—a rate comparable to orthopedic surgeons (80.8%) and far above non-specialist providers (35.4%) (Moore et al., 2005). Empowering PTs

to order and interpret imaging will streamline care pathways, reduce unnecessary referrals, and ensure patients receive timely, accurate evaluations.

Use of Sonographic Equipment

Point-of-care ultrasound (POCUS) enhances musculoskeletal assessment without radiation exposure. A review of 42 PT case reports found ultrasound confirmed the correct diagnosis in 77% of cases and led to changes in intervention strategy in 67% of those cases; 63% of patients were referred based on ultrasound findings (Manske et al., 2023). A recent scoping review identified over 200 studies on PT-performed POCUS, highlighting a rapidly growing evidence base supporting PT competency in ultrasound application (Strike et al., 2023). Exempting PTs from additional licensure requirements for therapeutic sonography will allow more practitioners to incorporate this safe, cost-effective tool into routine care.

Conclusion

The peer-reviewed literature unequivocally demonstrates that PTs, when granted these expanded authorities, deliver safe, effective, and cost-efficient care, with high patient satisfaction and professional competency. By enacting HB 3824, Oregon will align its practice act with national standards, improve access to essential services, and uphold patient safety.

I urge the Committee to pass HB 3824 without amendment. Thank you for your consideration.

Sincerely,

Dr. Nathan Spencer, PT, DPT

References

Bennell, K. L., et al. (2021). Physiotherapists and patients report positive experiences overall with telehealth during the COVID-19 pandemic: A mixed-methods study. *Journal of Physiotherapy*, 67(4), 351–360.

Fritz, J. M., et al. (2022). Outcomes of telehealth physical therapy provided using real-time videoconferencing for patients with chronic low back pain: A longitudinal observational study. *Archives of Physical Medicine and Rehabilitation*, 103(5), 869–877.

Keil, A. P., et al. (2019). Ordering of diagnostic imaging by physical therapists: A five-year retrospective practice analysis. *Physical Therapy*, 99(3), 337–341.

Manske, R., et al. (2023). Physical therapists use of diagnostic ultrasound imaging in clinical practice: A review of case reports. *International Journal of Sports Physical Therapy*, 18(2), 203–214.

Moore, J. H., et al. (2005). Clinical diagnostic accuracy and magnetic resonance imaging of patients referred by physical therapists, orthopedic surgeons, and nonorthopedic providers. *Journal of Orthopaedic & Sports Physical Therapy*, 35(6), 322–327.

Seron, P., et al. (2021). Effectiveness of telerehabilitation in physical therapy: A rapid overview. *Physical Therapy*, 101(6), ptaa100.

Strike, K., et al. (2023). Physiotherapist performed point of care ultrasonography (POCUS): A scoping review of 209 studies. *Physiotherapy*, 109, 340–348.

Wiley, S., et al. (2022). Impact of the physical therapy–managed spinal orthoses program on cost of care in the hospital setting: A retrospective interrupted time-series study. *International Journal for Quality in Health Care*, 34(1), 1–8.