

May 5th, 2025

Members of the Senate Committee on Health Care,

I am writing to express my strong support for Oregon House Bill 3824, which is critical to advancing healthcare delivery in Oregon. Our scope of practice has not been updated for 20 years. This bill will modernize our state's standards, aligning them with national best practices and reflecting the evolving scope of patient care across other states.

As a physical therapist with a board-certification in neurologic physical therapy practicing in a community-based setting that serves folks in the greater Clackamas area, an assistant professor in the Doctor of Physical Therapy program at Pacific University, and a Doctor of Education in Healthcare Education and Leadership candidate invested in community wellbeing, I hold a multifaceted perspective on the impact of this legislation. I have witnessed firsthand how the current limitations impede optimal patient care and service access.

Here are several key areas Oregon HB 3824 addresses that are vital to improving healthcare delivery:

Permitting the Prescription of Durable Medical Equipment (DME): Physical therapists frequently assess the need for DME to support patients' movement and safety. Ensuring they get the right DME at the right time can reduce falls, improve safety, and increase functional independence. For example, I work with many adults with Parkinson's Disease (PD), a neurodegenerative condition characterized by slow movement, stooped posture, and shuffling gait. Certain walkers can exacerbate poor movement patterns and fall risk for people with PD, but insurance often only covers one assistive device annually. Unfortunately, I have witnessed many patients receive less than optimal medical equipment that they cannot use safely or receive no DME at all; this limits their ability to move independently. They are left with the challenging decision to pay out of pocket or risk injury and functional decline. Our role as "movement specialists" allows us to assess patients in the hospital, the home, and the clinic. The ability to prescribe DME directly will eliminate unnecessary steps and delays, ensuring patients receive the equipment they need promptly. This will not only improve patient outcomes but also reduce the burden on other healthcare providers, leading to more efficient care.

Authorization for Physical Therapists to Order Diagnostic Imaging: Currently, physical therapists are highly skilled in evaluating movement and function, but must rely on other providers to place orders for diagnostic imaging in Oregon. This creates delays in care, increases costs, and presents safety concerns. Our profession emphasizes hands-on assessment and intervention when able, but has diagnostic criteria (like the Ottawa ankle rules for traumatic ankle injuries) that indicate when imaging is necessary for safety concerns. I recall seeing a 15-year-old with significant knee pain that was not improving; his medical care team had been advocating for him to "give it time" and gradually return to his sport; after my recommendation for imaging, we had to wait over two months to receive an X ray which showed a fracture of his tibial plateau. When clinically indicated, the ability to order imaging streamlines the diagnostic process so that people, like this 15-year-old who lived in a rural community and faced systemic barriers to accessing multiple healthcare providers and navigating complex referral pathways, can be placed on the proper care pathway. At Pacific University, our doctoral students must pass a 700-level radiology course to obtain their entry-level degree after passing 83.5 graduate-level credits in courses like Anatomy & Physiology, Musculoskeletal Exam & Intervention, and Clinical Biomechanics. This authorization for PTs to order imaging has precedent. Currently, 17 states in the U.S. allow PTs to order diagnostic imaging. I strongly urge Oregon to follow to improve population health and reduce barriers to care.

Providing Term Protection for the Use of DPT (Doctor of Physical Therapy): The Doctor of Physical Therapy (DPT) has become the entry-level degree for our profession, signifying a high level of education and expertise. Protecting the use of this title will ensure that patients and the public can accurately identify qualified physical therapists, safeguarding the integrity of our profession and promoting public trust. A growing problem throughout the country is the misuse or inappropriate advertisement of physical therapy services. People who are not licensed physical therapists have held themselves out to the public as providing "physical therapy," or use the initials "DPT" to describe their services. I have worked with individuals who have needed physical therapy and who thought they were previously receiving it, but, in reality, were not. People deserve to know what treatment they are receiving and that the person performing the treatment is a licensed physical therapist with the requisite education and training to provide it. Passing HB 3842 will be important in protecting the public and building trust between our communities and medical systems.

Scope of Practice: The scope of practice for physical therapists has three components: professional, jurisdictional, and personal. Licensed physical therapists are informed and educated on the differences between our personal scope of practice (i.e., our individual skills and competencies), our jurisdictional scope (i.e., the extent to which we are legally allowed to practice), and our professional scope (i.e., the extent of the body of knowledge, education, and skills in the profession of physical therapy.) This bill more closely aligns our jurisdictional scope of practice in Oregon with our professional scope in the US. Regardless of jurisdictional scope, each licensee remains legally held to our personal scope of practice (i.e., competency) for patient safety.

For example, as a board-certified neurologic clinical specialist, I have expertise and training on vestibular maneuvers that other physical therapists do not have – when they see complex patients requiring these interventions, they refer to me. Similarly, when I see someone who needs significant hands-on orthopedic care, including spinal manipulations, I may refer to a physical therapist with a fellowship in manual physical therapy. This is not unique to physical therapist practice; it happens across healthcare. Adopting HB 3824 will allow physical therapists the jurisdictional scope to use our tools according to our education and skill level, more closely aligning our state practice act with our professional scope and with jurisdiction across other states. Patient safety is paramount and remains protected through our professional licensure, obliging us to our personal scope.

Public Health Perspective: Overall, this bill will have a significant positive impact on addressing social determinants of health by improving access to healthcare services and equipment, reducing delays in care, and empowering physical therapists to practice to the full extent of their education and training. Patients from underserved populations face challenges related to transportation, insurance coverage, and limited access to specialists. These populations often experience a disproportionate burden of chronic disease and disability, and this bill represents a step towards greater health equity. By updating our scope of practice to match our profession's evolution over the past 20 years, you are allowing trained, licensed, and accessible health professionals to contribute to the well-being of Oregonians.

In conclusion, I strongly urge you to support Oregon HB 3824. This legislation is a crucial step towards modernizing our practice act, enhancing patient care, and improving the well-being of all Oregonians. Its passage will empower physical therapists to more effectively serve their patients and contribute to a more accessible, equitable, and efficient healthcare system.

Respectfully Submitted,



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