

Submitter:

Stephanie Sultzer

On Behalf Of:

Committee:

Senate Committee On Health Care

Measure, Appointment or Topic:

HB3824

I fully support this bill, and you should too! Physical therapists undergo extensive training in school in order to perform nearly all of the actions listed in this bill; we take an oath to protect our patients and do no harm, to fundamentally help our patients.

-We take a diagnostic imaging course in physical therapy school; patients are constantly delayed by the lack of access to healthcare providers who can currently order imaging, and treatment is delayed weeks or months due to this. Imagine a 38 year old patient in pain, who continues to have pain or dysfunction following treatment, who cannot see her orthopedic surgeon for 5 weeks due to the lack of doctors in town. How long does she have to wait in pain before she has clear answers?

-We are the primary providers who are trained to discover and assess disability and therefore are uniquely qualified to determine when a patient may or may not need or continue to need a disability placard. We see these patients more often than their primary care physicians and any other specialized physicians as well and can make these determinations much faster for the patient. Direct Access to physical therapy allows physical therapists the ability to function as the first point of contact for musculoskeletal and neuromuscular conditions; though unfortunately many insurance companies oppose this, we are qualified to assess and refer to other specialties if appropriate. Imagine a 78 year old patient after a hip replacement without family support who has returned to driving but cannot walk long distances. How long does she need to wait for a placard to go get her groceries?

-As I've stated, we undergo three years of rigorous post-graduate schooling to achieve our Doctor of Physical Therapy degrees; no other entity should have the privilege of using the "DPT" designation behind their name. Should I represent myself as a physician, just because I can be called "Doctor?" (No.)

-Along those lines, the Oregon Board of Physical Therapy and/or the PT Licensing Board should have the ability to investigate and govern any type of physical, verbal, or electronic misconduct whether is it sexual or otherwise. Our patients should always be protected.

-ALL PTs are aware that we must undergo additional training for the ability to perform any type of needle insertion (i.e. dry needling). Dry needling is NOT acupuncture. It follows a completely different treatment philosophy altogether and has different training and techniques. I do not believe that the article cited by many of the opposing views here is a real article (Brady et al, PM&R 2014); please research this. The closest I can find is Brady et al, J Man&Manip Ther 2014, which found a 19.18% incidence of adverse events, the most common of which was bruising (7.55%). We do not want to take patients away from acupuncturists; this enhances our practice

and is used as an adjunct to other treatment performed. I have worked alongside an amazing and skilled acupuncturist for four years and would never take patients or referrals from her. We treat completely differently.

Thank you for reading this and for voting to expand our practice and keep our patients safe.