Good afternoon, Chair Patterson and members of the committee, thank you for your time and the opportunity to speak with you and engage in dialogue about physical therapy scope of practice. My name is Rebecca Dobler. I have been a physical therapist for 27 years. I started with a Bachelor's degree in physical therapy, then obtained my Doctorate of Physical Therapy when our educational standards advanced, and I also have a Doctorate of Education in Health Sciences. I am currently an assistant professor of physical therapy and the director of interprofessional education at George Fox University in Newberg, OR, where I also continue to practice in our community clinic, and engage in research in the arena of physical therapy in primary care. I am here today to testify in full support of HB 3824 and feel I can offer a unique perspective as to the development of the field of physical therapy in the past 30 years, the current status of education of DPTs, and how this bill will improve access to healthcare services in Oregon.

In the 1990s, Oregon was one of the first states in the nation to allow patients direct access to physical therapists without the referral of a physician. At that time, PTs were required to take continuing education and testing to earn this certification as a part of their licensure in Oregon, as most programs in the nation were still graduating PTs with bachelor's degrees. This requirement evolved as the degree earned to become a PT is now the doctoral level, and entry-level information and study to provide direct access services are incorporated into the curriculum. The DPT curriculum emphasizes practicing "at the top scope of licensure". Meaning, we graduate individuals who are capable of utilizing their full scope of practice and skill at the highest level of care to provide the appropriate care to that specific patient at that moment in time. This also means the PT has full knowledge of what their scope of practice is and what it is not, and is capable of collaborating with medical peers to meet the quintuple aim of healthcare.

Doctors of Physical Therapy are musculoskeletal experts. The DPT curriculum is intensive, and students spend 2.5 to 3 years studying the MSK system and all of its intricacies. For example, at GFU, in the first year, outside of a rigorous program in neuroanatomy, biomechanics, and anatomy, a pathophysiology course is co-taught by Dr. Kevin Sellers, MD, and Dr. Jason Brumitt, PT, PhD. It teaches DPT students to learn collaboratively about disease models and treatment approaches from a physician and a physical therapist. In the second year, clinically based courses offer a scaffolded and spiral curriculum to build knowledge that emphasizes the real-world demands of collaborative, person-centered care, and combines the domains for MSK care, imaging, pharmacology, neurology, and pathophysiology to ascertain appropriateness of care within the scope of physical therapy practice. Students are educated in triage and management of patients in primary or direct access care settings, recognition of the potential need for imaging using evidence-based research and tools such as the American College of Radiology guidelines, to be able to communicate recommendations to interprofessional collaborative peers appropriately. Throughout this education, it is emphasized that a physical therapist shall immediately refer a patient to a provider of care if the patient exhibits symptoms

that require treatment or diagnosis by a provider of medical care; for which physical therapy is contraindicated; for which the treatment is outside that therapist's knowledge, skill and abilities; or for which treatment is outside the scope of practice of physical therapy. This is the verbiage from our Oregon practice act.

Additionally, the curriculum emphasizes working with interdisciplinary teams, fostering strong communication skills, and understanding the roles of other healthcare providers. Physical therapists often collaborate with physicians, nurses, social workers, and other providers to deliver holistic care, and students are equipped with the skills to navigate this collaborative environment. This training ensures that students are prepared for collaborative, team-based care. Additionally, the coursework brings in content experts from the various disciplines to speak about topics such as trauma-informed care, cancer, pediatrics, mandatory reporting (elder/child abuse), and women's health.

As an example of research, a GFU faculty member, Ryan Jacobson, has partnered with a physician-owned pediatrician group in Salem, OR, to provide onsite, same-day primary care PT services to children. Across just 14 days, there were a total of 76 referrals from 9 different providers, where 41 individuals were given a HEP, 13 needed one-time appointments, 12 were referred for continuing PT, 2 were referred for imaging, and 21 of the visits were < 30 minutes. At the two-week follow-up calls, the reported satisfaction with PT was 9.5/10, 93% rated PT as having 'moderate' to 'high' effectiveness, and 62% rated their condition better than at the PT visit. This is the first of its kind offering in the United States.

The goal of updating the scope of practice to recognize the educational level of the DPT also increases patient satisfaction, reduces the chronicity of physical and functional impairments, allows early access to an neuromusculoskeletal expert, decreases the PCP workload, and decreases unnecessary diagnostic studies and specialist referrals. In a state with many individuals living rurally, access to healthcare providers is limited, and HB 3824 will improve access to services for individuals in a timely manner. Thank you to this committee for allowing me the opportunity to speak and for the leadership that introduced this bill.