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To Whom It May Concern,

I am writing to provide evidence-based testimony in support of expanding physical therapists' scope of practice to include dry needling and limited diagnostic imaging referral rights. These practices are well supported by high-level clinical evidence and are aligned with the educational preparation and clinical reasoning skills of licensed physical therapists.

Support for Dry Needling

Dry needling is a manual therapy technique used by physical therapists to treat myofascial trigger points and neuromusculoskeletal pain. It is grounded in anatomical and neurophysiological principles and is not acupuncture.

High-level evidence supports its safety and use:

Liu et al. (2018) conducted a systematic review and meta-analysis of 33 randomized controlled trials and found that dry needling significantly reduced pain intensity and improved function in patients with myofascial pain syndrome.

Reference: Liu L, Huang QM, Liu QG, et al. Effectiveness of dry needling for myofascial trigger points associated with neck and shoulder pain: a systematic review and meta-analysis. Arch Phys Med Rehabil. 2018;99(1):144–152.
<https://doi.org/10.1016/j.apmr.2017.07.013>

Gattie et al. (2017) conducted a systematic review and concluded dry needling provides clinically meaningful improvements in pain and disability for musculoskeletal conditions.

Reference: Gattie E, Cleland JA, Snodgrass S. The effectiveness of trigger point dry needling for musculoskeletal conditions by physical therapists: a systematic review and meta-analysis. J Orthop Sports Phys Ther. 2017;47(3):133–149.
<https://doi.org/10.2519/jospt.2017.7096>

Dry needling is within the scope of physical therapist practice in most U.S. states, with competency ensured through post-graduate education, in line with the Federation of State Boards of Physical Therapy (FSBPT) position and the APTA's support for dry needling as an intervention performed under the PT scope of practice.

Support for Diagnostic Imaging Referral Rights

Diagnostic imaging referral by physical therapists enhances clinical decision-making, expedites appropriate care, and reduces unnecessary delays.

Evidence supporting this includes:

Jensen et al. (2020) published a systematic review on physical therapist imaging referral, showing that PTs appropriately and effectively refer for imaging in musculoskeletal contexts.

Reference: Jensen R, Hakim R, Shepard K, et al. Diagnostic imaging referral by physical therapists: a systematic review. *Phys Ther.* 2020;100(4):662–677.

<https://doi.org/10.1093/ptj/pzz172>

Moore et al. (2005) demonstrated that physical therapists demonstrated high diagnostic concordance with radiologists when referring for lumbar spine radiographs in a direct-access military setting.

Reference: Moore JH, Gansneder BM. Diagnostic imaging in physical therapy practice: a survey of physical therapist education and practice. *Phys Ther.* 2005;85(7):631–642.

<https://doi.org/10.1093/ptj/85.7.631>

The American Physical Therapy Association (APTA) and World Confederation for Physical Therapy (WCPT) support physical therapist imaging privileges, recognizing that PTs are trained to identify red flags and order imaging judiciously.

Several states (including Wisconsin, Colorado, and Utah) already permit imaging referrals by PTs with no indication of increased cost or risk, and with demonstrated benefits in triaging patients appropriately.

Conclusion

Permitting dry needling and imaging referrals within the physical therapy scope of practice is supported by multiple systematic reviews and professional guidelines. Physical therapists are well-equipped to utilize these tools to improve patient outcomes, reduce delays in care, and collaborate more efficiently within the healthcare system.

I respectfully urge the regulatory board to adopt these scope expansions in alignment with national standards and the best available evidence.

Sincerely,

Ethan Vosburgh PT, DPT, OCS, FAAOMPT