

Submitter: Kasey Calwell
On Behalf Of:
Committee: Senate Committee On Health Care
Measure, Appointment or Topic: HB3824
Elected representatives,

Thank you for your time and consideration on this matter. I come to you as an outpatient hospital-based neurologic and vestibular physical therapist, graduating 2 years ago from the University of Montana, a program that centers itself on providing care to underserved populations, especially rural areas. Montana has been a leader in providing autonomy to physical therapists, allowing them to sign off on plans of care without requiring MD signature, one of the first to provide direct access, and additional autonomy for workers' compensation. Dry needling has additionally been a mainstay in practice in this state. As a result, patients who have massive wait times to see their primary care providers get care faster, with doctorate level providers who seem them for longer visits.

For a patient with severe vertigo, commonplace in my practice and affects ~50% of older adults at least once in their life, many patients currently wait months to tell their primary care provider, or present to long waits at Urgent Care or ED with usually poor information from these emergency providers who sacrifice much for our community, but are not specialized in treating vertigo and usually give general recommendations. Often times, they present to me, and can often be treated quite quickly once in my practice. If symptoms do not improve to expected after our holistic treatments, I may ask primary care providers for imaging recommendations or durable medical equipment. Almost every provider has gladly followed through on the recommendations from me, because they trust our education and our observations about their patients. However, again this delay in asking takes time out of the PCP's and our busy schedules to manage.

Referring for imaging is not a diagnosis, it is a tool to find the root cause of symptoms. Not all imaging tells us the cause, but it can be a fabulous puzzle piece.

Referral for durable medical equipment is one of the cornerstones of our doctorate level training, and frustrating to wait days to weeks before getting MD approval, and can highly increase a patient's risk of falls or secondary injury.

With proper training, dry needling is a safe and effective tool to break through acute or chronic muscle pain, and is currently practiced by PT's in the vast majority of states, including Washington state as of 2024.

We lean on our MD's, DO's, nurses, PA's and additional rehab staff as a team to

make the patients better. Our education is comprehensive, and with the right guidance from the Oregon State Board of Physical Therapy and your leadership, we will be able to modernize this practice to our full scope of practice that we learn in our 7 years post-HS education plus additional continuing education. I would support an increase in Con Ed hours/2 years to compensate for this increased level of responsibility, as WA currently has 32 hours versus Oregon's 24 hours.

Thank you for your help and support.

Sincerely,
Kasey Calwell, PT, DPT, MBA, AIB-VRC