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Chair Patterson, and members of the committee, my name is Dr. Brian Chambers, I am a physical therapist and practice in Eastern Oregon. I have been a owner and operator of an independent physical therapy practice since 2001. I possess a Doctor of Physical Therapy degree, a certification in manual therapy and I am a certified concussion specialist for concussion assessment and treatment. I have been asked to provide testimony for the need of PT's to have authority to order and interpret imaging.

I have been serving rural eastern Oregon since 2001, providing physical therapy services for our local community college and high school athletics. This service has proven to be invaluable to local high schools and CC, as many of the sports require a musculoskeletal specialist on site for the game to occur. I have had multiple occasions where an athlete falls and twists an ankle. After I perform a physical exam, I may determine that the athlete needs a 3-way radiograph to rule out an ankle fracture. Currently, my only way to legally handle this situation is to send them to the local Emergency Room. Due to our rural nature, and distance between hospitals, the ER wait can be hours long and the medical bill for a X-Ray can be extremely expensive. Currently the cost at the hospital ER for an exam and ankle x-ray is \$2500, however we do have a local imaging center, where cost and access are both much more reasonable, with pricing at the local Imaging clinic being \$250 for the same 3-way ankle radiograph. However, under the current practice act, I am not able to order a radiograph. If physical therapists were permitted to order images, this would provide safe and effective cost savings, as well as prevents a delay in receiving health care services. Multiple studies have shown that physical therapists are well educated in ordering imaging and interpreting imaging and show this to be safe and effective. One study found in England Journal of Medicine by Porter ME, in 2010, compared the rate of radiograph ordered by orthopedic surgeons to physical therapists in managing self-referred patients. The study found that physical therapists ordered fewer radiographs during the same period time period and same diagnosis. Also in

Oregon, physical therapists evaluate and treat patients under direct access, this allows patients to see a physical therapist without a referral from a physician or other provider. My practice currently treats about 25% of our total patient care under direct access who come in without a referral. Some of these patients come in for spinal manipulation and others have more rehabilitation needs with some needing imaging performed to more fully assess the injured area. . Some of these patients do not have a primary care provider and other patients it can take weeks to obtain a rx from their provider to get an image, further postponing a start to their physical therapy. By allowing PT's imaging ability, this will improve patient safety who see PT's under direct access, and will decrease patient wait time and access to needed imaging, and decrease liability of PT's who are providing pt care under direct access.

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