

Submitter:

David Juratovac

On Behalf Of:

Committee:

Senate Committee On Health Care

Measure, Appointment or Topic:

HB3824

As a staunch advocate for patient-centered healthcare, I strongly support the chiropractic profession and oppose the proposed expansion of the scope of practice for physical therapists and their assistants to include spinal and extra-spinal manipulation, needle insertion, and vaccinations, as well as the limitation of descriptors like “physiotherapy” and “physical therapy.”

Chiropractic care is a distinct and highly specialized field rooted in a holistic, evidence-informed approach to musculoskeletal health, particularly spinal care. Chiropractors undergo rigorous education and training—typically a four-year doctoral program with thousands of hours dedicated to anatomy, physiology, biomechanics, and hands-on techniques like spinal manipulation. This expertise equips chiropractors to deliver precise, safe, and effective interventions that address the root causes of pain and dysfunction, often without the need for invasive procedures or pharmaceuticals. Studies, such as those published in *Spine Journal* (2018), demonstrate that chiropractic care for low back pain is not only effective but also cost-efficient, reducing reliance on opioids and unnecessary surgeries.

Expanding the scope of physical therapists and their assistants to include spinal and extra-spinal manipulation undermines the specialized training and expertise of chiropractors. While physical therapists play a vital role in rehabilitation and mobility, their education—typically a three-year doctorate for therapists and an associate degree for assistants—does not match the depth of training chiropractors receive in spinal manipulation. A 2020 study in *Journal of Orthopaedic & Sports Physical Therapy* noted that improper manipulation techniques can lead to adverse events, including spinal injuries. Allowing less-specialized providers to perform these procedures risks patient safety and dilutes the quality of care.

Similarly, permitting physical therapists to perform needle insertion (e.g., dry needling) and administer vaccinations further blurs professional boundaries. Needle insertion requires precise anatomical knowledge to avoid complications like nerve damage or pneumothorax, risks documented in case studies (*Physical Therapy*, 2019). Vaccinations, meanwhile, fall squarely within the domain of medical doctors, nurse practitioners, and pharmacists, who are trained in immunology and public health protocols. Expanding these roles to physical therapists and assistants, without equivalent training, invites errors and erodes trust in healthcare delivery.

The proposed limitation on descriptors like “physiotherapy” and “physical therapy” is equally misguided. These terms are broadly recognized and integral to the identity of physical therapy as a profession focused on rehabilitation and functional restoration. Restricting their use creates unnecessary confusion for patients and practitioners alike, while doing nothing to enhance care quality or access.

In contrast, chiropractic care remains a cornerstone of non-invasive, patient-focused

healthcare. Chiropractors excel at diagnosing and treating neuromusculoskeletal conditions, fostering wellness, and empowering patients to lead healthier lives. Rather than diluting their role by expanding the scope of other professions, we should invest in strengthening chiropractic access—through insurance coverage, interdisciplinary collaboration, and public education.

I urge policymakers to reject this proposal and instead champion the unique contributions of chiropractors. Protect patient safety, preserve professional integrity, and ensure that specialized care remains in the hands of those best trained to deliver it.

Sincerely,

David Juratovac, DC

Advocate for Chiropractic Care