

Submitter:

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On Behalf Of:

Committee:

Senate Committee On Health Care

Measure, Appointment or Topic:

HB3824

Greetings: The proposed HB 3824 provides physical therapists license to perform joint "manipulation" without the requisite training necessary to provide such specialized care. The expertise that chiropractic physicians have attained in the specialty area of musculoskeletal disorders and in spinal and extremity joint manipulation in particular comes after rigorous training of 3,768 hours of classroom instruction, alone. To put that into perspective, physical therapists receive some 1,300 hours classroom instruction in total. (Numbers derived from a field study I performed and published in a baccalaureate thesis in 1991.) "Joint manipulation" is imprecise terminology that unfortunately may be conflated with the Chiropractic high-velocity, low-amplitude adjustments for which physical therapists have no professional training or practical internship. Licensing physical therapists to perform spinal and extremity joint manipulation directly competes with the specialty service that Chiropractors alone provide. (Osteopathic manipulation is yet another animal.)

Language in HB 3824 also sets forth exclusive "boundaries" to the use of physical therapy and physical therapy modalities that appears to prohibit their use by other disciplines, while chiropractic physiologic therapeutics predates physical therapist's implementation of same by 26 years. (Chiropractic was established in 1895 and the American Physical Therapy Association in 1921.) Also, medical physiatrists would likely raise the same objections as physical therapy is in their bailiwick.

In spite of the extensive generalist training chiropractors receive, their scope of practice with regard to needle insertion allows phlebotomy for hematological diagnostic purposes, but does not permit intramuscular injection, or vaccination. (Acupuncture and minor surgery are within the chiropractic scope of practice after specialty competency training.)

Public safety is already imperiled by insufficiently trained pharmacists, nurse practitioners, physician assistants and medical physicians who fail to prescreen for an individual's contraindication to vaccination. Vaccine injuries are not rare and are likely the most underreported adverse reaction in medicine. Also, because of the serious reactions associated with vaccination, like febrile seizures, Guillain-Barr'e Syndrome (GBS), Sudden Infant Death Syndrome (SIDS), autism, fainting, pregnancy complication, death and others, providing yet another medical discipline with this wholesale approach to vaccination only increases the potential for such injuries. This statement is not as controversial as one may believe. Look no further than public distrust resulting from the FDA's most recent emergency use authorization (EUA) for the ineffective COVID-19 experimental shots and their adverse effects. The Johnson & Johnson vaccine withdrawal due to risk of thrombo-

emboli and "Long COVID" are two more examples.

Physical Therapists already benefit from "knee-jerk" first referral from medical providers for any and all musculoskeletal disorders, when historically their primary vocation was limited to providing necessary post-surgical rehabilitative care. Physical therapy, massage, acupuncture, pain management, physiatry, occupational medicine and mental health professionals all provide important integrative and adjunctive therapy for Chiropractic referral. Each already has specialty health care services to provide without the infringement on other disciplines that HB 3824 would create.

Thank you for allowing and entertaining my input.