



Minnesota House of Representatives
Health Finance and Policy Committee
Re: HF 3240 Physical Therapy Access Bill
March 4, 2022

Dear Committee members:

On behalf of the Minnesota Chapter of the American Physical Therapy Association (APTA MN), thank you for this opportunity to respond to the position of opposition by the Minnesota Chiropractic Association (MCA) to HF 3240, the Access to PT Bill.

Similar to other groups who believe that patient safety is at risk, MCA's argument is based on diagnosis. MCA claims that physical therapists (PT) are "limited by their education and training to provide a diagnosis." That position fails to recognize that for nearly 40 years in Minnesota, PTs have been permitted to make a physical therapy diagnosis and deliver interventions without physician referral, and to identify those situations where the expertise of physicians is required. Medicare requires that the PT diagnose and to place the PT diagnosis as the primary diagnosis on the claims form. Medicare's reasoning is that there are many patients with medical conditions (which PTs cannot diagnose) that do not require the services of a PT. It is up to the PT to determine and justify whether or not the patient's needs physical therapy.

Physical therapists make a differential diagnosis by the same process as other healthcare providers who do so. The point is to differentiate between musculoskeletal (MSK) conditions and medical conditions. In the case of the PT, when the patient has a condition that requires medical attention the expectation is referral. The inverse is supposed to be true for those who treat medical conditions, whereby the medical condition is differentiated from the MSK condition.

MCA cites the fact that PTs cannot interpret nor order imaging as rationale to support their belief that PTs cannot diagnose. It is true that it would be helpful in some cases, such as a suspected fracture, to have the privilege of ordering imaging but PTs have been trained to use their eyes, ears, and hands to identify when a fracture is suspected and as with other conditions that are outside of the PT scope of practice, PTs are obliged to refer. PTs are however, trained in the American College of Radiology's Appropriateness Criteria for imaging and they are taught when and how to refer for these services.

In the nearly 40 years in which PTs have been diagnosing and treating without referral, there has been no evidence of harm to patients. This fact was confirmed in a report the MN Board of Physical Therapy. Liability insurers do not risk adjust their premiums for PTs who practice in the 20 states that have full

access to PT without these arbitrary restrictions as compared to those PTs who practice in states with various forms of restrictions. **There is no reason why patients in MN should be forced to seek unnecessary medical visits at any point in their course of care.**

MCA also raised concerns about “chiropractic adjustments” and protection of the term, “physiotherapy.” APTA MN understands that the chiropractic and physical therapy professions are separate and distinctly different. Physical therapists are not trained in chiropractic adjustments, nor in the scientific foundation of such procedures. Elsewhere in the PT practice act, PTs are prohibited from the practice of chiropractic just as PTs cannot practice medicine. The language that MCA is concerned about is redundant and unnecessary.

The title of physiotherapist is protected under current law. The term physiotherapy is not but using that term is a misrepresentation of the services being offered. Physical therapists don’t have exclusive rights to any treatment interventions. In fact, there are 13 different provider groups who use the CPT codes that describe physical agents/modalities and procedures that both PTs and Chiropractors use. APTA-MN recognizes that that the term “chiropractic physiotherapy” is used in the Practice Act of Chiropractors in MN and has been for many years, in part because the Chiropractic examination calls the section on physical agents/modalities and procedures by that name. MNPTA believes it is time to find other more appropriate language. APTA-MN has met over this issue and is willing to continue our dialogue.

APTA MN urges the Committee to remain focused on the patients who face these arbitrary barriers and who must pause their care even if they are getting better, to affirm that they are on the right track. **Patients should not be subject to unnecessary regulations that limit their choices and cost them money. No harm to patients. No reason to maintain access barriers to Physical Therapists.**

APTA MN welcomes the opportunity to further discuss MCA’s concerns should they be willing to do so.

Please do not hesitate to contact APTA MN if you have questions regarding our comments.

Thank you,



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