



February 17, 2022

Minnesota House of Representatives
Health Finance and Policy Committee

Re: HF 3240 Physical Therapy Direct Access Bill
Chief Author: Representative Liz Reyer

Dear Committee Members:

I am the President of the Minnesota Podiatric Medical Association (MPMA) which represents over 80% of the podiatric physicians and surgeons in Minnesota.

The MPMA has concerns about the bill that the Minnesota Chapter of the American Physical Therapy Association (APTA-MN) has introduced session that expands the scope of practice of physical therapists and removes current important and critical patient safety protections from its practice act. The Podiatric Physicians and Surgeons are concerned about the lack of patient safety provisions in the proposed legislation, coupled with questions about the education and training qualifications of physical therapists, that need to be addressed.

Current law permits patients to see physical therapists only for prevention, wellness, exercise, and education *whose conditions have been previously diagnosed by medical doctors, podiatric physicians, doctors of chiropractic, dentists and some advanced practice nurses.*

For those patients and for the limited aforesaid physical therapy services, patients can have access to a physical therapist without an initial referral because there has already been a “medical diagnosis” by a medical doctor, podiatric physician, doctor of chiropractic, dentist and advanced practice nurse.

For patients, whose conditions have been previously “medically diagnosed”, access to a physical therapist is properly limited to 90 days, after which time patients cannot be treated any longer by a physical therapist and are required to return to a medical doctor, podiatric physician, doctor of chiropractic, dentist, or advanced practice nurse.

The critical patient safety measure in current law that there is first a “medical diagnosis” of a patient by one of the licensed health care providers, is arbitrarily removed in this bill. Physical therapists can only perform a physical therapy “evaluation” and is expressly prohibited by law from performing a “medical diagnosis” on a patient.



Although the bill adds the word “diagnosis” to the physical therapy practice act, it clearly limits it to a “physical therapy diagnosis” by specifically stating that it precludes a medical diagnosis. This is because physical therapists are not trained or educated to make “medical diagnoses”.

A physical therapy evaluation is not a medical diagnosis. The physical therapy curriculum is heavily focused on rehabilitation and therapies to assist in rehabilitation of a functional deficit. Much of the physical therapy education and training is focused on being a treatment modality. Without extensive education and training in the science and the art of medical diagnosis, which physical therapists do not have (including the ordering and interpreting appropriate tests) the physical therapy evaluation is only an evaluation and assessment to prepare a treatment plan for the patient to follow in the delivery of services only within the scope of physical therapy. Physical therapists do not have educational standards, training, residencies, fellowships comparable to medical doctors, podiatric physicians, dentists, chiropractors, and advanced practice nurses to make medical diagnoses.

According to the physical therapists, in 2021, only 67% of physical therapists had a doctorate degree leaving 33% without doctorate degree meaning they only a bachelor’s degree, post-bachelor’s certificate, master’s degree, or post-master’s certificate. The physical therapists have argued that because they now have doctorate degrees available, this somehow advances their ability to diagnose. The doctorate degree does not substantially increase the physical therapist’s ability to properly make medical diagnoses for the safety of their patients. The burden is upon the physical therapists to prove that there has been a substantial change in their education and training that permits them to make medical diagnoses justifying direct access to patients. The burden of proof has not been met.

There are substantial differences in the level of education required to practice physical therapy versus podiatric medicine and medicine, dentistry, and chiropractic and advanced practice nursing. A DPM attends a Podiatric Medical School for 4 years, followed by a 3-year approved residency program and often fellowships. During their education, podiatrists’ study and practice a significant amount of the residency rotating through various non-podiatry departments, including, but not limited to internal medicine, family medicine, behavioral medicine, radiology, pathology, general surgery, vascular surgery, orthopedics, infectious disease, emergency medicine, anesthesiology, and dermatology. During these rotations, the podiatric student and residents are held to the same standard and have the same responsibilities as their MD and DO colleagues. Along with the podiatry related curriculum and experience, the additional rotation provides DPM’s with critical knowledge and experience in diagnosis and treatment of pathological condition of the human body, not just the foot and ankle.

A Podiatric Physician and Surgeon is authorized to “diagnose and treat” ailments, injuries and medical conditions of the foot and ankle. Podiatrists, along with medical doctors, chiropractors, dentists, and some advanced practice nurses by law make “medical diagnoses” and perform



diagnostic medical test such as MRI, CT scans and prescribe medications. Physical therapists cannot perform medical tests and are prohibited from prescribing medications which limits their evaluation of a patient and does not qualify them to make medical diagnoses.

Unlimited “direct access” by physical therapists to patients, which this bill authorizes, could cause serious harm to patients for failure to provide a proper “medical diagnosis” when they are not examined by a Podiatric Physician/Surgeon, Medical Doctor, Dentist, Chiropractor, and some Advanced Practice nurses. The following are four potential problems that can happen to a patient if a proper medical diagnosis is not made:

1. A patient may present with a multitude of vague symptoms. A physical exam may demonstrate foot pain which can give a variety of clinical appearances such as a foot sprain or a small lump on the foot. Further tests ordered by a podiatrist could show that a sprain or foot lump may be a tumor, benign or malignant. A patient with unlimited direct access to a physical therapist may very well not have this diagnosis made.
2. A patient could have complex pain syndrome/reflex sympathetic dystrophy syndrome. This is a condition that is very hard to diagnose. If this condition is not timely diagnosed, there could be delay in treatment which would be devastating to a patient resulting in chronic pain and disability.
3. A patient with a partial tendon rupture could potentially be treated as a sprain. The only way to appropriately diagnose this condition is through special radiological tests which PTs cannot perform or order. If physical therapy would be commenced, without a proper medical diagnosis first being made, the patient may end up with a complete rupture resulting in further harm to the patient, increased disability, and necessity of more costly and involved treatment.
4. A patient could have a fracture or dislocation of the foot. This is only determined through further testing such as X-rays or other radiologic scans which a physical therapist cannot order or perform. If the correct “medical diagnosis” is not made prior to the treatment, it could result in a longer and more difficult treatment for the patient.

These are just a few examples of problems that could develop for a patient with foot ailments, injuries or medical conditions who would have direct access to a patient without being medically diagnosed by a medical doctor, podiatric physician, chiropractor, or advanced practice nurse.



For these reasons, I ask that you do not support the bill that permits direct access to patients by physical therapists.

Very truly yours,

A handwritten signature in black ink, appearing to read 'D. J. Arens', written over a light blue horizontal line.

David J. Arens, DPM
President
Minnesota Podiatric Medical Association