



Advancing Scope of Practice — Physical Therapists Ordering X-rays in Wisconsin

This article is based on a presentation by Lori Dominiczak, PT, MS, Chair, Wisconsin Physical Therapy Examining Board; and Kip Schick, PT, DPT, MBA, Past President, Wisconsin Physical Therapy Association, at the 2016 FSBPT Annual Meeting.

On April 26, 2016, Governor Scott Walker signed and authorized the enactment of 2015 Wisconsin Act 375, which updated the Physical Therapy Practice Act (PTPA) to allow physical therapists (PTs) to order X-rays and also updated the Radiologic Technology Practice Act (RTPA) to allow radiologic technologists to accept X-ray orders from PTs. The presentation reviewed: the evolution of imaging as a component of PT practice; reasons for introducing this legislation in Wisconsin; stakeholder feedback during the legislative process from other medical/professional associations, insurance payers, and legislators; and the impact on rules promulgation for the Wisconsin Physical Therapy Examining Board (WPTEB).

Prior to April, Wisconsin statute stated, “Physical therapy does not include using roentgen rays of radium for any purpose, using electricity for surgical purposes, including cauterization, or prescribing drugs or devices.”

In 1995, the WPTA sought a legal opinion from the Wisconsin Department of Regulation and Licensing (DRL). WPTA wrote that it was its understanding that the statute banned PTs from administering X-rays, but would allow a PT to request or refer a patient for these tests if administered by the appropriate healthcare practitioner who is qualified to perform such tests.

“We believe that judicious utilization of appropriate diagnostic imaging tests by physical therapists would enhance patient care and improve public safety through identification of conditions that would necessitate referral to the more appropriate healthcare provider, as required by the Wisconsin PT Practice Act,” the WPTA wrote.

The DRL responded that it concurred with WPTA’s conclusion that PTs could not perform X-ray tests, but could refer a patient to a qualified healthcare professional to perform such tests.

“The results of those tests must then be interpreted by a qualified healthcare professional

and may be utilized by a physical therapist to determine an appropriate course of physical therapy or to determine whether a referral to another healthcare provider is necessary,” the DRL wrote.

WPTA interpreted the ruling to mean that while PTs could not directly deliver roentgen rays or radium, it could refer a patient for an X-ray to someone qualified to perform those tests. PTs also could not interpret the X-ray images but could use the findings from the X-rays when developing a course of physical therapy treatment or making a decision to refer the patient to another provider.

As a result, WPTA members at two hospitals began advocating for PTs to order X-rays as part of a direct access model. The two hospitals—University of Wisconsin Hospital and Clinics in Madison and Amery Hospital & Clinic—ultimately approved formal direct access programs that included the ability for PTs to order X-rays. This was done in close collaboration with the medical board and individual physicians, including radiologists. Wisconsin has had direct access since 1987 and its direct access language is fairly broad.

In 2009, unbeknownst to the WPTA, radiologic technologists in Wisconsin introduced and ultimately passed a scope of practice bill that defines from whom they can accept an order for X-rays. It includes MDs, PAs, NPs, podiatrists, chiropractors, and dentists, but does not include PTs. Because it didn’t know about the bill, WPTA did not register in opposition or provide testimony.

WPTA didn’t learn of the law until 2013 when a member tried to obtain X-ray-ordering privileges at his hospital and was told he was unauthorized to do so. WPTA investigated and, with counsel from legal professionals, determined the law did in fact preclude PTs from ordering X-rays. WPTA then urged its members to cease ordering X-rays.

WPTA then went to work. Wisconsin has a biennial legislature and the first six months of 2013 were focused on the state budget. WPTA used that time to obtain a legal opinion on how to proceed on the legislation. At the time, the WPTA’s legal team told WPTA it didn’t need to change the PTPA, it only needed to change the RTPA. WPTA also contacted the Wisconsin Medical Society, the Wisconsin Chiropractic Association, and the Wisconsin Hospital Association to alert them to the pending legislation.

The stakeholders did not know the history of PTs previously ordering X-rays and had many questions on process, education, and assurances of patient safety. In the fall, WPTA introduced legislation to amend the RTPA to include PTs as having the ability to refer patients for X-rays.

Identical bills were introduced in the Assembly and Senate. The Senate author was the chair of the Senate Committee on Health and Human Services, Leah Vukmir.

With limited time in the legislative session, WPTA opted for behind-the-scenes negotiations with Vukmir and the stakeholders, which included the medical society, chiropractors, and health plans. Vukmir was very helpful and eventually pulled all the stakeholders into one room to discuss the issue because there were so many one-off conversations that groups were having with her, her staff, and other legislators. She was really trying to get at: what is

the issue. She basically wanted a group dialog on what it was going to take to get to yes. Eventually, the Wisconsin Hospital Association declared its neutrality and only the chiropractors maintained opposition.

Stakeholders signaled the legislation would be strengthened by including language that also modified the PTPA to make it explicitly clear PTs can order X-rays and to add language ensuring coordination of care and adequate training. Physicians and chiropractors were the most vocal on those two criteria. Basically, they said if you address those two issues we are more likely to get to a yes.

In 2015, WPTA introduced legislation modifying both the RTPA and PTPA in a single bill introduced in both the Assembly and Senate. The RTPA modifications are the same as in the 2014 bill. PTPA is all new.

It modifies the PTPA by keeping the language banning PTs from delivering X-rays, adding, “but does include ordering X-rays to be performed by qualified persons, subject to Wis. as provided for in Wis. Stat. § 448.50(4)(a) 5 and Wis. Stat. § 448.56(8), and using X-ray results to determine a course of physical therapy or to determine if a referral to another healthcare provider is necessary.”

The legislation also listed the qualifications and training a PT must have to order X-rays.

“A physical therapist may order X-rays to be performed by qualified persons only if the physical therapist satisfies one of the following qualifications, as further specified by the examining board by rule.

1. “The physical therapist hold a clinical doctorate degree in physical therapy
2. “The physical therapist has completed a nationally recognized specialty certification program
3. “The physical therapist has completed a nationally recognized residency or fellowship certified by an organization recognized by the examining board
4. “The physical therapist has completed a formal X-ray ordering training program with demonstrated physician involvement”

The fourth point is the crux of this section — finding a way for someone without the first three conditions to still receive the training necessary to be able to order X-rays with the public protected.

The care coordination part lays out who the PT must notify when ordering an X-ray.

“When a physical therapist orders an X-ray, the physical therapist must communicate with the patient’s primary care physician or an appropriate healthcare practitioner to ensure coordination of care, unless all of the following apply:

1. “A radiologist has not identified a significant finding on the X-ray film;
2. “The patient does not have a primary care physician; and
3. “The patient was not referred to the physical therapist by another healthcare provider to receive care from the physical therapist.”

This was put in to protect PTs when there was nothing to communicate and no one to

communicate it to. It also assuaged concerns by radiologists that if something major was found on the film—say a cancerous mass—and the PT did not communicate it, the radiologist could be open to liability.

Several considerations went into deciding to include training requirements in examining board rules and regulations rather than in statute. Things change over time and it's much easier to change rules than it is to modify statutes. The physical therapist educational curriculum undoubtedly will change over time and soon the majority of physical therapists practicing in the United States will hold entry level doctoral degrees. Also, the organizations that oversee post-professional physical therapist practice may change. Training requirements will evolve as well.

Eventually, the stakeholders were able to get to yes. WPTA's message included the fact that PTs had direct access for 30 years and never had any disciplinary complaints lodged to the WPTEB. One healthcare facility performed a retroactive review of direct access at its facility. It not only looked at if all the X-rays requested were necessary, but also if there were cases where an X-ray should have been ordered but wasn't. Another point WPTA raised was delay of care. PTs are obligated to refer for care, and if a patient needs an X-ray and the PT is not authorized to request one, it delays care because the PTs have to refer the patient to a provider who can order an X-ray. That usually means a visit to the other provider. Costs also factor in by having to see another provider and because it's been demonstrably shown that when care is delayed oftentimes care becomes more expensive. Those messages resonated with legislators. Finally, WPTA pointed out that Wisconsin has six PT programs and all six teach radiographic imaging and test on it. The military has allowed PTs to order X-rays since the '70s and other states allow it as well.

On February 18, 2016, the Wisconsin Assembly passed its bill on a voice vote. The Wisconsin Senate passed the Assembly bill by voice vote on March 15 — the last day of the legislative session. On April 25, Gov. Scott Walker signed the bill into law. It was a statewide grassroots effort to push the legislation through. APTA also provided grassroots resources.

On May 26, WPTA offered testimony to the WPTEB on training requirements. The WPTA suggested language that allows a PT to order X-rays if the PT holds an entry-level doctorate by a college or university that has an accredited PT program by the Commission on Accreditation in Physical Therapy Education (CAPTE).

The WPTA also requested that PTs with a transitional clinical doctoral degree in PT from a college of university that also has a CAPTE-accredited, entry-level clinical doctorate PT program be allowed to order X-rays. Most foreign-trained PTs would be excluded under this requirement because very few programs in other countries award a CAPTE-accredited, entry-level clinical doctorate in PT.

Furthermore, the WPTA recommended that PTs with a clinical specialty that is recognized by the American Board of Physical Therapy Specialties (ABPTS) be approved for ordering X-rays. The ABPTS currently awards nine specialty certifications, including Cardiovascular and Pulmonary, Clinical Electrophysiology, Geriatrics, Neurology, Oncology, Orthopedics, Pediatrics, Sports, and Women's Health. Although PTs can obtain specialty certifications

from other organizations, the WPTA believes the oversight process for specialties offered by the ABPTS demonstrate sufficient rigor and oversight to be included under this rule.

The WPTA also requested language that allows a PT to order X-rays if the PT has completed a residency or fellowship that is accredited by the American Board of Physical Therapy Residency and Fellowship Education (ABPTRFE).

Because training programs on X-ray ordering do not have oversight from an accrediting organization, either the WPTEB or WPTA should offer a way for a provider, group of providers, or an organization to submit a formal X-ray ordering training program for endorsement.

Criteria would need to be in place to make decisions on endorsement. The WPTA recommends:

1. Use of learning objectives
2. Use of evidence in teaching materials
3. Program faculty have contemporary expertise in knowing when and what to order for X-ray images
4. Evidence of demonstrated physician (MD or DO) involvement
5. Competency assessment

Seminar participants then were advised on when to expect implementation and the steps to get there.

The Scope Statement was approved for publication and sent to the governor's office for approval on May 26. In July, the Scope Statement was sent to the Legislative Reference Bureau for publication. On August 19, the WPTEB chair approved the Scope Statement for implementation.

On September 7, the WPTEB met and began discussing the creation of new administrative rules related to X-rays. At that time no draft rules existed so the board discussed how they would be developed and what may be included. WPTA representatives at the meeting provided recommendations for the rules.

A key WPTEB objective is to ensure the rules are written so they survive as far into the future as possible. Rules are nice because you can change them when you need to, but the board doesn't want to change them every year. Discussions centered on the criteria to decide who could order X-rays. Did all those letters after your name really make you competent? The toughest part for the WPTEB is determining the formal training programs aspect of the rules and defining what that competency assessment is really going to look like.

There already are continuing education credit approval standards in the rules. Most of it is similar to what is proposed by WPTA, except for the added provision that there be some kind of assessment. The WPTEB credit approval standards also don't require any physician involvement, which is required for the X-ray competencies.

The WPTEB is set to review the proposed rule language, edit as necessary, and approve a

preliminary draft on December 6. The draft rules will be posted for comment and economic impact and the preliminary draft rules will be sent to the Legislative Clearinghouse for review and comment.

On February 8, 2017, if all goes as planned, WPTEB will conduct a public hearing on the draft rules. The WPTEB will receive the legislative report, the WPTEB chair will approve the final draft rules that are then sent to the governor for approval and then the legislature for approval.

The legislature will probably take about four months and hopefully the WPTEB will adopt the final rules and send them to the Legislative Reference Bureau for publication, with an anticipated effective date of August 1. The thing the board is most going to struggle with is the definition of competence. How can you be sure just because the person has all these other qualifications they are actually competent to order X-rays? That may never be achieved, but the rule for unprofessional conduct does hold PTs to the APTA Code of Ethics, which requires them to practice within their scope of practice and within their scope of expertise.

Finally, the Radiology Examining Board (REB) also has to promulgate rules to meet the provisions laid out in statute. Current scope of practice for radiographers involves the production of images for the interpretation by, or the request of, a licensed independent practitioner. The definition of a licensed independent practitioner currently does not include a PT. The REB has proposed a rule that amends the definition to include a PT who satisfies the criteria set out in statute.

The WPTA is advising PTs not to order X-rays until the rules have been finalized.



Lori Dominiczak, PT, MS, is Chair of the Wisconsin Physical Therapy Examining Board. She currently owns Dominiczak Therapy Associates, LLC, a school-based therapy contracting and consulting company. She is a 1983 graduate of Texas Woman's University-Houston and has held clinical and administrative positions in rehabilitation agency, pediatric outpatient, and school-based settings prior to establishing her private practice in 2004. She serves as adjunct faculty in the Physical Therapy Program at Concordia University-Wisconsin, Mequon. She is currently a member of the Wisconsin Physical Therapy Association (WPTA) Reimbursement Committee as the Medicaid Liaison. She is actively involved in educating and training professionals who provide Medicaid services and a participant at the Wisconsin Department of Health Services/Professional Associations' meetings. She is the current chair of the Wisconsin Physical Therapy Examining Board (Wisconsin Department of Safety and Professional Services) and has served as a Delegate to the Annual Meeting of the Federation of State Boards of Physical Therapy. Dominiczak has been an active member of the American Physical Therapy Association since 1981.



Kip Schick, PT, DPT, MBA, served as President of the Wisconsin Physical Therapy Association (WPTA) from 2010-2016, and led the WPTA's effort to secure legislation to allow physical therapists to order X-rays. In this capacity, Dr. Schick and WPTA lobbyists led the dialogue with multiple groups: WPTA Board of Directors, WPTA members, WI Physical Therapy Examining Board, legislators, the insurance community, and many other professional associations: physicians, radiologists, chiropractors, insurance, and hospitals. Dr. Schick also works as an administrator at the University of Wisconsin Hospitals and Clinics in Madison. In this role, he has worked closely with physicians and administrators to allow physical therapists to have ordering privileges to order X-rays.