



WASHINGTON
S T A T E
CHIROPRACTIC
ASSOCIATION

August 12, 2010

Dear

In the 2009 legislative session the Physical Therapy Association of Washington (PTWA) introduced legislation to expand their scope of practice to include spinal. The only additional requirement to allow these practitioners to perform these procedures on consumers was that Washington State physical therapists who graduated prior to the 2009 doctorate program requirement would provide an affidavit to the Washington State Board of Physical Therapy, stating that they possessed training in spinal manipulation.

The WSCA learned of the PTWA plan to initiate this legislation through another legislator, not from the PTWA. The PTWA proposed language and provided the WSCA with their rationale for the change being requested. Following a series of meetings the PTWA did not provide any meaningful details of the extent of training involved or of the level of practical application and clinical supervision associated with the training. Limited feedback was offered with respect to the deficiencies in diagnostic education and training associated with an acceptable standard for the safe use of the procedures in question.

With these concerns we set out to investigate questions at issue, including the review of the scope of physical therapy practice across all fifty states with respect to the definitions of mobilization, manual therapy, manipulation and the authorization to perform these procedures. As a result of this investigation and the inadequacies and misrepresentations it revealed we continue to be concerned about claims made by PTWA.

In an effort to focus on the education and competencies of the provider and the safety of the public the WSCA chose to respond to the PTWA proposal in a detailed report. Areas where the physical therapy curricula were lacking were outlined and discussed. In a desire to provide meaningful response to the PTWA goal, the WSCA detailed international, national and state expectations of the education and training that was expected to perform spinal manipulation procedures on a primary or secondary basis to the public.

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The PTWA reaction to the feedback of the WSCA was one of accusation absent an attempt to address the legitimate concern articulated to them. Until the PTWA can describe their education, training and clinical supervision, and relevant competency standards related to all the elements of concern in an appropriate manner we remain in the position of desiring to negotiate but receiving no feedback with which to do so.

The PTWA provided to you a five-page outline of the exchanges between the two associations. Unfortunately the PTWA chose to selectively recount details, meetings, discussion points and elements of their disparagement toward the WSCA, and, unfortunately, on some occasions, legislators. We have prepared the following brief summary report in hopes of clarifying our expectations with respect to the change in scope of practice on the part of the physical therapists as well as with respect to the desire of the WSCA to collaborate in achieving a rationale approach to this proposal in an appropriate, respectful and collegial manner.

Sincerely,

A handwritten signature in black ink that reads "David Butters". The signature is written in a cursive style with a large, stylized initial "D".

David Butters, DC
WSCA Board Member
Chair, Washington Chiropractic Trust

Enclosures: Cover Letter
Report to Legislators
Tracking Log Corrections

**Washington State Chiropractic Association
Formal Position Statement:
August 2010**

RE: Proposed Legislation: HB 1918 / SB 5230

Concerning Physical Therapists: expansion of physical therapy scope of practice to include spinal manipulation.

BACKGROUND:

Following the introduction of HB 1918 / SB 5230 proposing an expansion of physical therapy scope of practice to include spinal manipulation, the Washington State Chiropractic Association (WSCA) reviewed the legislation and supportive materials provided by the Physical Therapy Association of Washington (PTWA). The WSCA provided a discussion document and clarification of concerns directly to the leadership of the PTWA. In addition the WSCA provided a review of spinal manipulation related scope of practice regulations nationally and an analysis of reasonable training and skill acquisition standards.

Our efforts sought to establish an open relationship and working dialogue with the PTWA. We have looked for and requested detailed information and evidence to address concerns regarding the education and training of physical therapists relative to spinal manipulation. We have engaged in meetings with the leadership of the PTWA on several occasions with a goal of developing a better understanding of our respective positions, an exchange of information to address ongoing concerns related to the impact of this proposed legislation and to clarify whether or not there is an appropriate level of training and skill-set development within the base or post-graduate physical therapy curriculum to assure the essential competencies to perform spinal manipulative procedures is present. Given the shortcomings in the language of HB 1918 / SB 5230 our priority was to determine what modifications to the proposed legislation would have to be included for there to be an appropriate threshold of education and training to ensure that those competencies were met.

The initial language of HB 1918 / SB 5230 lacks many key elements. The language is overly vague and does not provide assurances that physical therapists will meet minimum standards within their basic training and continuing education to competently deliver spinal manipulative care. Specifically these competencies include an adequate demonstration of clinical expertise, skill and decision-making specific to spinal manipulative procedures including a reasonable selection of appropriate manipulative procedures across the range of patient presentations and populations, and assuring an adequate level of procedural training. Because of these shortcomings, the WSCA was unable to support the initial bill as proposed. A formal position along with rationale and threshold recommendations was put forward by the WSCA in November 2009. We continued to seek specific clarification from the PTWA to address our concerns. Unfortunately, the response from the PTWA was to discount every WSCA concern, misrepresent key details supporting WSCA threshold recommendations and to attempt to confuse the central issues with semantics.

The PTWA offered no revisions to address the vague and problematic language in the proposed bill. Although it was encouraging to know that the PTWA at least acknowledged the need for endorsement to their license, it was alarming that the endorsement they were advocating was essentially a low-threshold approach consisting of recent graduation from a general PT program or the equivalent of no more than a weekend course. There were no concessions made to improve or otherwise provide reasonable clarifications to the proposed bill language. The PTWA push was to move the bill using initial bill language in an “as-is” form.

We continue to ask that the PTWA provide information that would aid in the correction of the shortcomings in the proposed HB 1918 / SB 5230 language and aid in resolving the continued concerns of the WSCA regarding this proposed bill. Requested information about the general physical therapy educational curriculum includes:

1. A detailed list of specific hours of training devoted to spinal examination, assessment and diagnosis specifically related to spinal manipulative procedures;
2. A detailed list of hours of training in interpreting spinal diagnostic imaging including / radiography (X-ray), MRI, and CT.
3. A detailed list of hours and coursework specific to spinal manipulative therapy procedures, including a breakdown of course time spent in lecture, practical and supervised clinical application, as well as application of training devoted to each spinal region;
4. A detailed description of competency testing for the range of clinical skills, patient management, care procedure selection, efficacious integration of spinal manipulative therapies within a broader care plan and condition management across as common range of presenting patient populations;
5. Identification of detailed statements of standards and guidelines for general physical therapy education relating to the training and competency testing specific to spinal manipulation in CAPTE or generally used physical therapy reference manuals.
6. A description of the training and skill-base requirement of educators engaged in the training of spinal manipulative procedures.

These same concerns apply to physical therapy continuing educational or post-graduate endorsement curriculum that would be used by those already graduated from a physical therapy program.

The intent in requesting this information from PTWA has been to obtain an adequate level of information to determine reasonableness of this proposed bill and provide a basis to develop a sound WSCA position for this bill. Our concern has always been centered on appropriate care and public safety. The inability of the PTWA to provide the requested information leads to a continued and necessary position of “DO NOT SUPPORT” by the WSCA.

CORRECTING MISREPRESENTATIONS

We feel it critical that the discussion of issues relating to HB 1918 / SB 5230 be focused on open communication and accurate information. We have been concerned at the tone set by the PTWA in position papers and responses that are adversarial and accusatory toward the WSCA. Nonetheless, the WSCA remains open and committed to discussions and efforts that provide the

necessary detail and clarity to adequately address ongoing concerns about this bill. We continue to look for meaningful responses to concerns about this bill rather than the discounting of concerns altogether.

It is the WSCA position that there needs to be an accurate reflection of facts relating to issues central to this bill. There have been misrepresentations of facts by the PTWA for the purpose of discounting concerns about this proposed legislation or to discount WSCA threshold recommendations. These misrepresentations include but are not limited to:

- Mischaracterization of the meaning of manipulative care. As far as the WSCA is concerned, spinal manipulation is a thrust procedure to the spine regardless of intent, effect, or name.
- Mischaracterizing and oversimplifying the nature, complexity, risk, skill requirements and first-hand diagnostic assessment related to administering spinal manipulative procedures. The PTWA representatives during their discussions with the WSCA have characterized this range of procedures as sophomorically simplistic. It is the position of the WSCA that this reflects a general lack of understanding of the procedures and relative risks to the population to which they would be applied.
- Mischaracterization of comparative state physical therapy scopes of practice. *There are NOT 48 states approving spinal manipulative procedures under physical therapy scopes of practice.* There are 2 states that prohibit spinal manipulation under PT scope of practice; approximately 15 that allow it with various requirements or restrictions; and the rest of the states are silent.
- Mischaracterization of hours cited by the Federation of Chiropractic Licensing Boards (FCLB) necessary to develop the skill to perform spinal manipulation procedures. The PTWA has represented that this is a total of 150 hours when the actual citation references *150 hours for each of 4 spinal regions* (or a total of 600 hours).
- Mischaracterizing the importance of dedicated supervised clinical training (in addition to diagnosis, imaging and basic procedural training) and reasonable time frames adequate for such supervised training. The WSCA has provided reputable source references citing *9 months of additional dedicated clinically supervised training in spinal manipulative procedures* as being a reasonable threshold baseline.
- Discounting the validity of and mischaracterizing the Minnesota requirements for spinal manipulative procedural training as not applying to the practice of physical therapy. PTWA continues to be unable to demonstrate anything even remotely equivalent within the structure of their basic or post-graduate training.
- Discounting and mischaracterizing the importance of skill and training in the interpretation of diagnostic tests and imaging of the spine by the health care professional performing manipulative procedures.

The WSCA remains committed to engaging in meaningful discussions and providing recommendations regarding issues related to the performance of spinal manipulative procedures using accurate facts and resources.

POSITION SUMMARY:

In consideration of our stated concerns, the review of information provided to date and the remaining questions present as a result of the failure of the PTWA to provide detailed and specific clarifying information as requested, **the position of the WSCA is to oppose HB 1918 / SB 5230.**

THRESHOLD RECOMMENDATIONS:

Because there has been nothing provided to allow for consideration of reasonable alternatives, the WSCA makes the following threshold recommendations that would establish reasonable criteria to be included in any language to expand the physical therapy scope of practice to include spinal manipulative procedures. *Our position is that the criteria list provided below is all inclusive, with each point being necessary and mutually inclusive for endorsement of spinal manipulation procedures by physical therapists.*

These criteria would need to be demonstrated as having been met and maintained by new graduates and established graduates alike in order to receive an endorsement to perform spinal manipulative procedures:

1. Educational training of the physical therapist must include focused courses in physical examination, laboratory procedures and diagnostic imaging. These courses must include the range of neuromusculoskeletal diagnostic imaging, differential diagnosis to competently provide spinal evaluation and patient evaluations for providing spinal manipulative procedures;
2. Diagnostic imaging coursework must include x-ray training in hard tissue interpretation, soft tissue interpretation, magnetic resonance imaging and computed tomography. Consisting of no less than 500 hours of training;
3. Coursework directly related to spinal manipulation procedures (in addition to background training consisting of general assessment, differential diagnosis related to spinal complaints/problems, and diagnostic testing) should entail approximately 600-800 hours of education and training to cover each of the 4 spinal regions and integration of manipulative procedures within overall patient management;
4. The inclusion of 800 hours of spinal manipulation focused clinical experience;
5. Demonstration of spinal manipulation skill addressing special patient populations including pregnancy, geriatrics, post-surgical patients and cases of spinal structural and/or neurological compromise;
6. Educational training must be conducted by licensed physical therapists or chiropractic/medical personnel with a minimum of 3 years of full-time practice in spinal manipulative procedures, ;
7. A requirement for annual spinal manipulation endorsement renewal to include 12 hours of continuing education requirements specific to spinal manipulation and at least 12 hours every 3 years in diagnostic imaging interpretation/utilization skills;
8. A provision relating to enforcement must be addressed within legislation language;

It is the position of the WSCA that the above threshold recommendations be included within any proposed legislation to expand spinal manipulation into physical therapy scope

of practice. These provisions will provide a standard for education, training, competency, and the maintenance of appropriate skill related to spinal manipulative procedures for the physical therapy profession over time, and provide a reasonable precedent for any other professional seeking in the future to include spinal manipulation under their respective scope of practice.