

August 15, 2025

Sara Montauti, MPH
Healthcare Quality Safety Branch
Practitioner Licensing and Investigations Section
Department of Public Health
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P.O. Box 340308
Hartford, CT 06134

Dear Ms. Montauti:

The American Physical Therapy Association of Connecticut is submitting the attached scope of practice request for the 2025-2026 cycle.

Please contact me if you have any questions about our proposal.

We request that impact statements be sent to us at: ctapta@libertysquaregroup.com

Thank you.

Sincerely,

Joseph Grabicki, PT, DPT
President
APTA of Connecticut

Scope of Practice Submission to the Department of Public Health

American Physical Therapy Association of Connecticut
August 15, 2025

1. A plain language description of the request.

This submission updates the Physical Therapist practice act in Chapter 376 of the Connecticut General Statutes to 1) remove the requirement to refer a patient to another provider if improvement is not noted in six visits or thirty days, 2) remove the referral and continuing education requirement for spinal manipulation, 3) allow physical therapists to evaluate and treat those injured under section 31-275 (worker's compensation) without a referral and 4) add the right to order X-rays.

These changes will amend Section 20-73(b) of the Connecticut General Statutes with respect to spinal manipulation, referral for lack of improvement and worker's compensation, and amends Section 20-66(2) with respect to ordering X-rays.

Since 2006, physical therapists have served as key direct access, entry-point providers to the health care system in Connecticut, improving access to care for patients with pain and mobility limitations across the life span. Physical therapists provide safe and effective management of patients while coordinating and communicating with a broad range of health care providers to ensure the best outcomes for all patients. These proposed changes reduce barriers for patients to timely, best practice care.

2. Public health and safety benefits that the requestor believes will occur if the request is implemented and, if applicable, a description of any harm to the public health and safety if it is not implemented

Physical Therapists are doctorally trained health care professionals who have served as direct access, entry-point providers to the health system for patients in Connecticut since 2006. Physical therapists are experts in the evaluation and management of a wide range of musculoskeletal, neurologic, cardiopulmonary and integumentary disorders across the lifespan. The limitations on physical therapist practice under direct access that were implemented 19 years ago prevent patients from receiving contemporary best practice care, lead to undue barriers and increased costs for patients, and unnecessarily burden other health care providers. A generation after the passage of Direct Access legislation in Connecticut, these restrictions have direct negative consequences for patients' health and timeliness of care. Health systems research demonstrates that delayed care results in increased costs, overutilization of high-cost services, higher use of prescription analgesics including opioids, and prolonged disability.

Referral requirement: The requirement that a physical therapist refer to another provider after six visits or thirty days without objective, measurable, or functional improvement is an arbitrary and capricious limitation. For individuals with serious medical concerns, this standard would be too long a duration to wait to be referred to the appropriate medical provider. Physical therapists are

trained to evaluate for serious medical conditions from the first visit and identify the need for immediate referral to another medical specialist and after determining a prognosis, perform ongoing reassessment for appropriate response. When response of treatment is not in alignment with the prognosis, the physical therapist is trained to make an appropriate and timely referral. However, for patients with long-standing chronic conditions or individuals with progressive mobility loss wishing to reduce their decline, the requirement that they be referred to another provider after six visits based on an improvement standard simply interrupts and delays the health care that they require. Access to primary care and specialist providers in the state is limited. Eliminating the referral standard will reduce unnecessary visits to other health care providers, allowing them to focus on other more urgent patient needs, reduces patient costs for extra visits and maintain access to necessary care for patients.

Restriction on Manipulation: The inability of physical therapists to perform “Grade V spinal manipulation” without a referral is also arbitrary, outdated and delays access to the current standard of care. As experts in the evaluation and management of musculoskeletal disorders, physical therapists are highly trained in the appropriate use of a plethora of treatment modalities. Grade V manipulation has been a standard part of physical therapist entry-level training for more than twenty years. In 2004, 75% of physical therapist programs taught joint manipulation.¹ In subsequent years, contemporary accreditation standards have required all physical therapist programs to teach joint manipulation. (<https://www.captionline.org/globalassets/capte-docs/capte-pt-standards-required-elements.pdf>)

Grade V manipulation is a safe and effective procedure for relieving pain. It is included in the physical therapist Clinical Practice Guidelines for the management of low back² and neck pain.³ The current law significantly delays physical therapists administering timely effective, pain-alleviating treatment currently regarded as the standard of care for patients. In doing so, prolongs patient suffering, while increasing administrative burden on health care providers. Further, delays in care for conditions such as acute low back pain are tied to higher down-stream health care costs.^{4,5}

Restriction on Workers’ Compensation: Under the current law, physical therapists serve as the entry-point of care for many individuals with musculoskeletal disorders and are a key provider of musculoskeletal care for workers with work related musculoskeletal disorders in Connecticut through referral. Removal of the referral requirement for those covered under workers compensation will increase access to entry point providers thereby increasing access to care and reduce costs through elimination of duplicate evaluations of some work-related musculoskeletal disorders.

Research supports a decrease in cost, decrease in the use of non-guideline adherent imaging, decreased use of opioids, and shorter disability with early access to physical therapist care.⁴⁻⁶ This research has been done for both workers compensation⁶ as well as other third party payers.^{4,5}

Imaging: As key providers of conservative care for musculoskeletal conditions, physical therapists evaluate and determine the need for plain film imaging as a standard component of practice. Currently, physical therapists are the only entry-point health care providers in Connecticut who cannot refer a patient directly for an X-ray. Current practice act language prohibits “the use of Roentgen rays or radium for diagnostic or therapeutic purposes.” By specifying that this statement does not prevent physical therapists from referring for imaging performed by another provider, patients will have more timely and cost-effective access to this necessary service. Under current law in CT, when a patient seeks care for a musculoskeletal issue from a PT, and the PT determines that a fracture cannot be excluded, the PT must refer to another provider who then

can make the referral for an X-ray. This results in a delay in proper management, excessive costs to the patient and unnecessary burden on another health care provider. Research suggests that physical therapists with referral rights for plain film imaging do not overutilize imaging in their practice and as such, reduce downstream healthcare costs.⁴

3. The impact of the request on public access to health care

Simply, all four proposed changes reduce barriers to care for patients, improve timeliness and access to contemporary and critical, evidence-based health care.

Referral Requirement: Patients who are seeing their physical therapist for conditions that would not expect to improve in six visits or thirty days would not need to stop their care to see another provider before being able to continue their care. Individuals with progressive neurologic conditions such as multiple sclerosis, Parkinson's disease or conditions that are chronic and long-standing, such as acquired brain injury and other long-standing neurologic conditions such as children with cerebral palsy see a physical therapist as a part of their health care team on an ongoing basis over many years. These conditions are often not expected to improve in such a short period of time. The current law requires such an individual to stop treatment after six visits or thirty days, and receive a referral from another health care provider, before being able to continue with their treatment.

Restriction on Manipulation: Manipulation is a standard of care for individuals with musculoskeletal pain, especially those with acute low back and neck pain. When a patient accesses physical therapist care directly, physical therapists in Connecticut are prohibited from providing this safe intervention that can provide direct, immediate pain relief. This results in a delay while the patient and physical therapist must seek out a referral from another provider before providing this intervention. In this time, the patient may continue to suffer in pain, and less effective, sub-standard methods are attempted.

Restriction on Workers' Compensation: Currently patients with work-related musculoskeletal disorders can see any physician approved by the Workers Compensation Commissioner. This list includes all medical specialties. However, appointment availability with specialists in musculoskeletal care are often not readily available and often Orthopedic Surgeons will not take a patient without a referral from another provider. Allowing physical therapists as an entry point to the workers compensation healthcare system would open a significant number of providers and locations where injured workers could receive high quality evaluation, treatment, and recommendations on appropriate work assignments during recovery.

Current research indicates a disparity in medical care utilization and outcomes for people whose injury is covered under workers compensation with utilization being higher and outcomes being poorer. There is emerging evidence that these trends are largely due to psychosocial factors which are thought to be influenced by the workers compensation system as well as other factors associated with the injury being work related. One additional factor in the prolonged recovery observed for individuals covered under workers' compensation is over medicalization of the injury which has been demonstrated to delay and impair recovery but also adds to medical and indemnity costs of the claim.⁷ Physical therapists are at the forefront of understanding and managing these

factors. The functional nature of physical therapy with regards to evaluation and treatment further addresses these concerns.

Imaging: Physical therapists directly referring for imaging will streamline the current process, allowing patients to access the appropriate care more quickly and ensuring safe management of their injury when a fracture cannot be excluded during the clinical examination.

4. A brief summary of state or federal laws governing the profession

Connecticut's laws regarding physical therapy are contained in Chapter 376 of the Connecticut General Statutes.

This sets forth the definition of physical therapy as “the evaluation and treatment of any person by the employment of the effective properties of physical measures, the performance of tests and measurements as an aid to evaluation of function and the use of therapeutic exercises and rehabilitative procedures, with or without assistive devices, for the purpose of preventing, correcting or alleviating a physical or mental disability. “Physical therapy” includes the establishment and modification of physical therapy programs, treatment planning, instruction, wellness care, peer review, consultative services and the use of low-level light laser therapy for the purpose of accelerating tissue repair, decreasing edema or minimizing or eliminating pain, but does not include surgery, the prescribing of drugs, the development of a medical diagnosis of disease, injury or illness, the use of cauterization *or the use of Roentgen rays or radium for diagnostic or therapeutic purposes*. As used in this section, “low-level light laser therapy” means low-level light therapy having wave lengths that range from six hundred to one thousand nanometers.”

In 2006, Public Act 06-125 “An Act Concerning Patient Access to Physical Therapy” was signed into law and went into effect on October 1st.

Physical Therapy is a covered service in Medicare, Medicaid and Workers’ Compensation medical programs.

In 2023, Public Act 23-97 passed, joining the Physical Therapy Licensure Compact which permits physical therapists from member states “Compact Privileges” to practice across state boundaries without requiring licensure in each state.

5. The state’s current regulatory oversight of the profession

Physical Therapists are licensed by the Department of Public Health and are regulated by a Board of Examiners for Physical Therapists. The Board includes two physical therapist members, two public members and one physician member appointed by the Governor. Physical therapist assistants are licensed by the Department of Public Health and are supervised by physical therapists and assist in the practice of physical therapy.

6. All current education, training and examination requirements and any relevant certification requirements applicable to the profession

Before becoming a licensed Physical Therapist in Connecticut, an applicant must graduate from a school of physical therapy approved by the Board of Examiners for Physical Therapists with the

consent of the Commissioner of Public Health. Physical therapy students graduate with a Doctor of Physical Therapy degree after completing a minimum of 90 credits of didactic and clinical coursework in physical therapy, and 30 weeks of full-time clinical education. Physical therapists must receive 20 hours of continuing education annually to maintain licensure in Connecticut.

7. A summary of known scope of practice changes requested or enacted concerning the profession in the five years preceding the request

In August of 2024, our organization brought forward this same request for a scope of practice expansion. In October of 2024, the Department of Public Health concluded that they would not move forward with the request to establish and appoint members to a scope of practice review committee. Our organization was encouraged to resubmit our request for the next cycle. We have made no substantive changes to the request as submitted last year.

As mentioned above, in 2023, Public Act 23-97 passed, joining the Physical Therapy Licensure Compact which permits physical therapists from member states "Compact Privileges" to practice across state boundaries without requiring licensure in each state.

8. The extent to which the request directly affects existing relationships within the health care delivery system

Physical therapists are an integral component of the health care team. Collaborative practice and ensuring timely access to the right provider is essential to optimize the health of patients in the state of Connecticut.

Referral Requirement: This request does not directly alter existing relationships within the health care delivery system. Physical therapists will continue to evaluate all patients to determine appropriateness for physical therapy and refer those patients with conditions that are not appropriate for our care to an appropriate provider. Physical therapists regularly communicate with other identified members of a patient's health care team. Removing this arbitrary restriction will eliminate unnecessary and burdensome tasks for other health care providers.

Restriction on Manipulation: Physical therapist education provides extensive training on when and when not to utilize joint manipulation. Physical therapists perform these techniques safely and for the right patient at the right time. For other health care providers, the extra time, appointment(s) and paperwork that are required to write a physical therapist referral when a manipulation is indicated is unnecessary and burdensome for these providers. The restrictions, when eliminated will increase the time available to best care for the most appropriate and needy patients, and will decrease health care costs and delay of an extra appointment to obtain a referral.

Restriction on Workers' Compensation: Allowing physical therapists to serve as entry-point providers for injured workers provides more options for employers and workers. Physical therapists have demonstrated for the last 18 years in Connecticut under direct access that they are collaborative and communicative colleagues among other health care professions and make appropriate decisions to refer to other providers when indicated.

Imaging: Physical Therapists have an obligation to refer for x-ray when a fracture cannot be excluded. The addition of language to the physical therapist practice act affirming that physical

therapists have the right to make this referral would help streamline the process of obtaining an image. This would improve care coordination with our radiology and orthopedic physician, Advanced Practice Registered Nurse (APRN) and physician assistant (PA) colleagues.

Physical Therapists practice in emergency departments to help manage patients with non-emergent musculoskeletal conditions, allowing ER physicians, APRNs and PAs to focus on the most critical and emergent cases. This is a setting where a physical therapist may make the referral directly for imaging, reducing unnecessary burden on these providers.

9. The anticipated economic impact of the request on the health care delivery system

Physical therapy has a large positive economic impact on the health care delivery system.⁸ A 2023 report from the American Physical Therapy Association found that for eight common health conditions, physical therapists reduced the overall cost per episode of care for all eight conditions including osteoarthritis of the knee (\$13,981), carpal tunnel syndrome (\$39,533), low back pain (\$4,160), stress urinary incontinence (\$10,129), tennis elbow (\$10,739), vascular claudication (\$24,125) falls prevention (\$2,144) and cancer rehabilitation (\$3,514).⁸

This request seeks to alleviate restrictions on patient access to physical therapist services and therefore reduce costs to the health care delivery system.

Referral Requirement: By eliminating the need to refer to another provider for an arbitrary reason, we anticipate that eliminating this restriction will lower health care costs of an extra provider visit and administrative time in scheduling and billing.

Manipulation Restriction: By eliminating the requirement for a patient to obtain a referral prior to receiving the standard of care for back pain and neck pain, we anticipate lower health care costs of an unnecessary, additional provider visit. Additionally, we know that earlier access to pain-alleviating conservative interventions through physical therapy reduces the risk for chronic pain and downstream healthcare costs.⁴ The current restriction delays proper care for patients with acute pain and therefore contributes to downstream health care costs.

Workers' Compensation Restriction: Similarly, allowing workers to see a physical therapist first leads to improved outcomes and reduced costs for employers. There is current disparity in health outcomes for individuals on workers' compensation compared with those covered under commercial or governmental payers. Multiple factors account for this discrepancy, however over medicalization has been identified as one issue that contributes to delayed and impaired recovery but also adds to costs within the both the medical and indemnity costs of the claim.⁷ Physical therapists are ideally positioned to address root causes of pain and disability early in the process and facilitate workers' faster return to function and work.

Imaging: Studies evaluating systems where physical therapists are the entry point provider for musculoskeletal conditions and have imaging referral rights demonstrate the positive economic impact of imaging referral rights by physical therapists. In the US military system where physical therapists are entry-point providers and have imaging referral rights, studies comparing outcomes, utilization rates and costs associated with injuries demonstrate reduced costs across an episode of care, lower use of pharmaceuticals and *lower* rates of imaging utilization compared with other providers.^{9,10}

10. Regional and national trends in licensing of the health profession making the request and a summary of relevant scope of practice provisions enacted in other states

Referral Requirement:

- National
 - 21 states have unrestricted direct access. Most indicate that referral to another provider is required when the patient's condition falls outside of the scope of practice of a physical therapist.
 - 21 states and District of Columbia states limit duration or number of visits: limited from 15 to 90 days, 8 to 12 visits when limited.
 - 8 states have different types of limitations that do not reference a time period or visits
- Regional:
 - Maine: 120 days
 - Massachusetts: Unrestricted
 - New Hampshire: Unrestricted
 - Rhode Island: 90 days
 - Vermont: Unrestricted

Manipulation Restriction:

- 48 states and District of Columbia permit physical therapists to perform manipulation without a referral (Connecticut and Indiana)

Workers' Compensation Restriction:

- 48 states and District of Columbia permit patients to see a physical therapist directly under Workers' Compensation. (Connecticut and Oklahoma)

Imaging:

- National
 - 10 states and the District of Columbia expressly permit PTs to order imaging for patients. Of them, six are via explicit state statutes, and five are via physical therapy licensure board rules, policies, or opinions.
- Regional:
 - Rhode Island: Law enacted in 2021 and extended in 2023, permits PTs to order x-rays. The legislation requires PTs who order imaging report results within seven days of receipt to the patient's primary care physician if they have one. It also requires managed health plans to provide a utilization report back to the legislature annually.

11. Identification of any health care professions that can reasonably be anticipated to be directly affected by the request, the nature of the impact and efforts made by the requestor to discuss it with such health care professions

APTA CT has identified several related and interconnected health care professions that would reasonably be affected by the request. We have extended good-faith efforts to provide notice to and discuss these proposals with representatives including Board members, Governmental Affairs Committee members, Executive Directors and Lobbyists from the following professional organizations:

- Radiological Society of Connecticut
- The Connecticut Society of Radiologic Technologists
- Connecticut Chiropractic Council
- Connecticut Chiropractic Association
- Connecticut State Medical Society
- Connecticut Orthopedic Society
- Connecticut Academy of Physician Associates
- Connecticut Nurses Association
- Connecticut Advanced Practice Registered Nurse Society
- Connecticut Occupational Therapy Association
- Connecticut Athletic Trainers' Association

We anticipate that reducing our referral requirements after six visits or thirty days as well as the referral requirement to perform spinal manipulation will alleviate unnecessary administrative burden on those professions currently listed as able to provide such a referral including, physicians, surgeons, podiatrists, naturopaths, chiropractors, dentists, APRNs, and Physician Associates. We recognize that this requirement may also reduce the need for a patient visit with such a provider to obtain such a referral. We believe that the number of potential visits annually that are expressly due to these provisions are low, and that physical therapists will continue their track record of collaborative care and refer to the appropriate provider when a patient has a condition which is outside of the physical therapist's scope of practice, or when a patient would benefit from a consult from another provider.

We anticipate that allowing patients direct access to physical therapists following an occupational injury will reduce the number of visits to primary care providers and will work with these providers to discuss the unique scope of practice and skill set that physical therapists have in the early evaluation and management of these patients to help restore their optimal function and return to work.

With respect to the imaging request, we anticipate impacts to radiographers/radiologic technologists as they will need to accept referrals from physical therapists. A change in their practice act will need to be made to allow them to accept a referral from a physical therapist. Currently CT General Statutes Chapter 376c "Radiographers and Radiologic Technologists" Sec. 20-74bb (b) states a radiographer licensed pursuant to this chapter may operate a medical x-ray system under the supervision and upon the written or verbal order of a physician licensed pursuant to chapter 370, a chiropractor licensed pursuant to chapter 372, a naturopath licensed pursuant to chapter 373, a podiatrist licensed pursuant to chapter 375, a dentist licensed pursuant to chapter 379 or a veterinarian licensed pursuant to chapter 384. We will work with these providers to address this restriction.

We acknowledge that additional providers will be impacted by this provision, especially primary care and urgent care providers as physical therapists will refer directly for x-ray and not need to refer to one of these providers to obtain the referral. However, we believe that physical therapists

have the appropriate knowledge and evaluative skills to determine the need for said x-ray and will make appropriate referrals when fractures are identified.

12. Description of how the request relates to the health care profession's ability to practice to the full extent of the profession's education and training

Physical therapists are doctorally trained health care providers with expertise in the evaluation and management of patients with conditions that affect their mobility and function. Entry-level physical therapists are trained to carefully evaluate patients including identifying the need for referral when a patient's condition falls outside of the physical therapist's scope or when co-management with another provider is in the patient's best interest.

Connecticut's restrictions on Direct Access are arbitrary and do not reflect contemporary standards. They do not improve patient safety but create barriers to care. Practitioners in Connecticut need only to work across the border in Massachusetts to practice without restrictions on Direct Access. Only Connecticut and one other state in the country restricts physical therapists as entry-point providers for those with occupational injuries. Only Connecticut and one other state in the country require a referral for a physical therapist to perform a Grade V manipulation.

Manipulation is a standard of care for many patients who seek physical therapy to address their musculoskeletal pain. These techniques and their application have been taught as a required component of physical therapy entry-level curriculum for the past twenty years. This education directly addresses the safe and judicious application of these techniques. Physical therapist clinical practice guidelines for the management of low back pain and neck pain specifically identify manipulation as a standard of practice for the management of these conditions.^{2,3}

Physical therapists have had privileges to order imaging in the military health system since the 1970s. Entry-level physical therapists have extensive education in imaging modalities as well as in the clinical decision-making algorithms used by health care providers to determine appropriateness for imaging referral. Thirteen years ago, the American Physical Therapy Association stated affirmatively that ordering imaging was an integral component of physical therapists' scope.¹¹ Since that time, ten states, including Rhode Island and the District of Columbia have affirmed this right through changes to their scope of practice. Evidence shows that physical therapists provide appropriate and judicious referrals for diagnostic imaging.^{12,13}

Concluding Comments

As physician and primary care provider shortages in Connecticut reach critical levels, patients in pain and with mobility and functional limitations need access to high quality, appropriate care. Eliminating arbitrary referral requirements, easing administrative burden on providers, and allowing all providers to practice at the top of their scope is imperative to address the health of Connecticut's population.

Physical therapists are doctorally trained health care providers who have demonstrated high value to the health care system, reducing costs and providing safe and effective care for patients. Connecticut's laws currently restrict the practice of physical therapists in ways that limit patient access and impart arbitrary barriers and costs to patients.

This scope expansion request, if approved, will bring Connecticut's laws up to contemporary standards for physical therapist practice, while providing more timely, less costly, and safe access to health care services for patients.

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