Approved: 3-25-03
Date

MINUTES OF THE HOUSE HEALTH AND HUMAN SERVICES COMMITTEE.

The meeting was called to order by Chairperson Jim Morrison at 1:34 p.m. on March 20, 2003, in Room 243-N of the Capitol.

All members were present except Representatives Landwehr, Holland, Bethell, and Storm, all of whom were excused.

Committee staff present:
Bill Wolff, Kansas Legislative Research Department
Renae Jefferies, Kansas Revisor of Statutes' Office
Gary Deeter, Committee Secretary

Conferees appearing before the committee:
Marla Rhoden, Director, Health Occupations Credentialing, Kansas Department of Health and Environment
Christine Downey, Senator, Kansas Legislature
Dr. Janice Loudon, Associate Professor, Department of Physical Therapy, University of Kansas Medical Center
Sue Klein, Department of Physical Therapy, University of Kansas Medical Center
John Fernandez, Assistant Professor, Department of Physical Therapy, Wichita State University
Susan Willey, Physical Therapist, Wichita
Stephanie Johnson, Physical Therapist, Geary County Schools
Paul Silovsky, Legislative Chair, Kansas Physical Therapist Association
Willard Beaman, Topeka
Jane Beaman, RN, Topeka
Candy Bahner, President, Kansas Physical Therapy Association, and educator, Washburn University

Others attending: See Attached Guest List

Representative Long chaired the hearing for **SB 225**, welcoming Marla Rhoden, Director, Health Occupations Credentialing, Kansas Department of Health and Environment (KDHE), who reviewed the change in level of credentialing for physical therapists according to statutory criteria. (Attachment 1) She noted language overlap with other professions in describing the scope of practice, stating that KDHE supports the basic concept of licensure; she said the credentialing process determined that physical therapists had met the criteria for licensure; however, the process does not intend to restrict other health-care practices. Representative Morrison noted that the duty of the credentialing committee is to recommend a level of practice; scope is a legislative function.

Senator Christine Downey offered support for the legislation, introducing her husband Gordon, who was involved in serious motor vehicle accident and received regular services from a physical therapist. She noted that, in the care of her husband, the dispute over turf did not occur: the neurosurgeon, occupational therapist, physical therapist, and physician worked seamlessly together for treatment, bringing Gordon

from immobility to nearly full recovery. (Attachment 2) She stated that manipulation is part of what physical therapists do and should not be removed from bill. Members observed that if the existing law works so well, further legislation might be unnecessary.

Dr. Janice Loudon, Associate Professor, Department of Physical Therapy, University of Kansas Medical Center, traced the comprehensive educational requirements one must complete to become a physical therapist. (Attachment 3)

Sue Klein, Department of Physical Therapy, University of Kansas Medical Center, emphasized the scientific inquiry approach to treatment: developing a hypothesis, testing, and improving the treatment. (Attachment 4)

John Fernandez, Assistant Professor, Department of Physical Therapy, Wichita State University, testified that, like the KU programs, WSU follows guidelines and models of recognized physical therapy practice, all of which are accredited according to national standards. (Attachment 5)

Susan Willey, a physical therapist working in Wichita for 24 years, reinforced the concept that a physical therapist is part of a team. She said from her experience in educational and hospital settings working with many other health, educational and behavioral science professionals, she recognizes that various practices overlap; however, each discipline, though separate, treats the whole person so that the various disciplines are complementary, noting that, for instance, though physical therapists and occupational therapists may use the same terminology, each treatment procedure has a different purpose. (Attachment 6)

Stephanie Johnson, a physical therapist working in the Geary County School system, said she works with students with limited function, helping them to develop rudimentary motor skills. She said that her work is distinct, but includes practice activities that overlap with other professions. (Attachment 7) She noted that federal funding is dependent upon the number of services each child receives; such funding could decrease if the committee were to change the wording in the bill to blur separate services.

Representative Showalter assumed the Chair to continue the hearing on **SB 225**.

Paul Silovsky, Legislative Chair, Kansas Physical Therapist Association, summarized the educational components required for physical therapists, then focused on language in the bill describing the scope of practice. (Attachment 8) He said education defines a profession, noting that physical therapists' educational standards lay out their scope of practice.

Willard Beaman, Topeka, testified of his personal experience in receiving physical therapy, allowing him much greater comfort and freedom of movement. (Attachment 9)

Jane Beamer, RN, testified of the importance of licensure, stating that the term physical therapy should assure competent treatment; she said that she would be confined to wheelchair without physical therapy. (Attachment 10)

Candy Bahner, President, Kansas Physical Therapy Association and an educator at Washburn University, reviewed the process of obtaining licensure for physical therapists, the national educational standards required, and the certification examination. (Attachment 11) She said physical therapists want the freedom to do their job without infringing on the practice of other health-care professionals. She acknowledged overlaps in terminology and expressed a willingness to compromise so long as the bill does not limit what physical therapists are presently doing.

Members questioned conferees. Dr. Loudon said a scope of practice for physical therapists had never been outlined. Ms. Bahner said the scope listed in the bill describes current physical therapist practice.

Representative Long resumed the Chair.

Ms. Willey said that when different disciplines use the same terms for a treatment strategy, if each person is educated in relation to his/her practice, each can do a particular treatment and call it by the same name.

Members observed that the present law seems adequate for physical therapists to continue doing what they do and expressed frustration that physical therapists had not gained more support from other professions before bringing the bill to the committee; they commented that the scope of practice listed in the bill seems to be overreaching. Representative DeCastro, questioning Mr. Silovsky, commented that physical therapists have education, training, and procedures similar to other professions, but the broad scope of practice laid out in the bill was troubling.

Chairman Morrison closed the hearing on **SB 225**, saying that the hearing would reopen on Monday, March 24. The meeting was adjourned at 3:04 p.m.

HOUSE HEALTH AND HUMAN SERVICES COMMITTEE
GUEST LIST

DATE: March 20 2003

NAME	REPRESENTING
Frank Burwell	Kansas Occupational Therapy Association
Joyce McMahon	Kansas Occup. Therapy Assoc
Tami Litney	Kansas OT Assn.
Thomas Litney	Kansas OT Association President
Brian Litney	Concerned citizen
Merlin D. McCormac	Kansas Chiropractic Assoc. Pres.
Wendy Hildenbrand	Kansas OT Association
Chip Wheelen	Ass'n of Osteo' Medicine
Judy Pope	Ks. Chiro. Assoc.
Darrell Fore, D.C	Ks. Chiro. Assoc
Charles Grossman, DC	Ks Chiro. Assn.
Rebecca Rice	KCA
Gary L. Counselman, DC	KCA
SHARON H. CARTER	Ks. OT ASSOCIATION
Stephanie Johnson	Kansas Physical Therapy Assoc.
Kathy T. Williams	KOTA
Mary Jane Youngstrom	Kansas Occupational Therapy Assoc
Sue Willey	KPTA
Robin Haag	Kansas Assoc. Therapeutic Massage and Bodywork

2a

HOUSE HEALTH AND HUMAN SERVICES COMMITTEE
GUEST LIST

DATE: March 20 2003

Page Two

NAME	REPRESENTING
Mark Stafford	BOHA
Larry Buening	"
Maggie KcKay	Kansas Assoc Therapeutic Massage and Bodywork
Denise Gum	"
Janice Loudon PhD, PT	University of Kansas MedCenter
Sue A. Klein	University of Kansas Med Center
John Fernandez P.T	W.S.U.
Lou Sceber	Hein Law Firm
Tom BRUNO	KATS
Paul Silovsky	KPTA
BUD BURKE	KPTA
Candy Bahnmaier, PT	KPTA
Mark Dwyer, PT	KPTA
Scott Winslow MS/ATC-R	KATS
Marla Rhoden	KDHE/HOC
Christine Downey	KS Senate

K A N S A S
RODERICK L. BREMBY, SECRETARY KATHLEEN SEBELIUS, GOVERNOR
DEPARTMENT OF HEALTH AND ENVIRONMENT

Senate Bill No. 225

to the
House Committee on Health and Human Services

by
Marla Rhoden, Director, Health Occupations Credentialing
March 20, 2003

Chairman Morrison, I am pleased to appear before the House Committee on Health and Human Services to discuss Senate Bill 225. The Kansas Department of Health and Environment bears responsibility for the administration of the Kansas Health Occupations Credentialing Act, K.S.A. 65-5001 *et seq*., the purpose of which is to review the public's need for a new health occupation to be credentialed, or for a change in level of credentialing, in Kansas according to statutory criteria. Several health occupations have sought to become credentialed without the benefit to the legislature of this standardized review. This is a disservice to you, the legislature, in making fully informed decisions. Standardized and comparative data are not always brought to your attention which may be significant to your interest in public health and safety.

In June of 2002, the Kansas Physical Therapy Association provided a letter of intent and then in September 2002 submitted a formal application according to the Kansas Health Occupations Credentialing Act for a change in the level of credentialing for physical therapists from registration to licensure. A technical review committee was convened, and in January 2003 the technical review committee found that the applicant group met all ten criteria outlined in the statute. The Secretary of Health and Environment concurred with the technical committee's findings as reflected in his report to the Legislature dated February 4, 2003.

The Department supports enactment of licensure as the appropriate level of credentialing for physical therapists. However, it appears that there may be conflicting language in this bill as relates to scope of practice. The Department's position on SB 225 is intended to reflect support insofar as the bill would establish licensure as the level of credentialing for physical therapists in accordance with the credentialing review and the recommendations of the technical committee and the Secretary of Health and Environment.

Attachment 1
HHS 3-20-03

A complete record of the credentialing review is on file with legislative staff. However, I would like to refer to the technical committee's preface to their Final Findings and Recommendations report, which states the following:

> While many areas of our report are made up of excerpts regarding the scope of practice, protection of terms, and restrictions from the applicant's material, it is the understanding of this Committee that our sole task is to determine if the applicant has met the standards of each Criterion and if so, then address the level of credentialing. It is not the intent of the Committee to recommend to the Secretary or the Legislature restricting any profession that is currently licensed or registered from doing things that also fall under duties of a Physical Therapist if they are currently allowed to perform or delegate those duties. We feel any possible restrictions should be handled by the Legislature through their statutes, or the potential governing Board by Rules and Regulations.

The Department continues to support enactment of legislation establishing licensure as the level of credentialing for physical therapists as passage of such legislation serves to demonstrate the successful processing of an application for credentialing under the law. The applicant group has thoroughly demonstrated the need and rationale under the legislature's criteria for the licensing of physical therapists. Failure to enact legislation establishing licensure for physical therapists could further diminish the effectiveness of this important tool, the Kansas Health Occupations Credentialing Act, by ignoring an opportunity to demonstrate its purpose and success.

Thank you again for the opportunity to comment on Senate Bill No. 225. I would be happy to respond to any questions you may have.

DIVISION OF HEALTH
Bureau of Health Facilities, Health Occupations Credentialing
CURTIS STATE OFFICE BUILDING, 1000 SW JACKSON ST., STE. 540, TOPEKA, KS 66612-1365
Voice 785-296-1240 Fax 785-296-1266 http://www.kdhe.state.ks.us

STATE OF KANSAS

CHRISTINE DOWNEY
SENATOR, 31ST DISTRICT
10320 N. WHEAT STATE RD.
INMAN, KANSAS 67546

STATE CAPITOL BUILDING, ROOM 126-S
TOPEKA, KS 66612-1504
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TOPEKA

SENATE CHAMBER

COMMITTEE ASSIGNMENTS
RANKING MINORITY MEMBER: EDUCATION
RANKING MINORITY MEMBER: AGRICULTURE
MEMBER: WAYS AND MEANS
NATURAL RESOURCES
LEGISLATIVE EDUCATIONAL PLANNING COMMITTEE
JOINT COMMITTEE ON CHILDREN'S ISSUES

Thank you very much for the opportunity to testify on SB 225. I am here to offer my support for this Physical Therapy licensure bill.

Some people may think I'm biased on this issue; others will understand that it's not bias that directs my support - but experience.

Mr. Chairman and members of the Committee, I've brought some of that experience with me today.

Most of you know that my husband was involved in a serious motor vehicle accident last August and we've had a chance to observe physical therapy first hand ... on a daily basis during the 60-day hospital stay and three times a week since October.

We want to talk to you about the confusion and disconnect that has been created over this issue of pt licensure. All this conflict is unnecessary - it doesn't exist in real life health care situations back in our communities. It has been created here as a distraction, as a deterrent to passage of a needed licensure provision.

Attachment 2
HHS 3-20-03

During our recent experience, Gordon has had pt - ot teams and a total of 10 -12 different Physical Therapists and Physical Therapist aides. These pts worked with direction first from Gordon's neurosurgeon, then his trauma physician, then his hematologist and primary care physician.

Because he is unable to drive yet, Gordon has been with me here in Topeka. He transferred his physical therapy sessions to Topeka and will transfer back to Newton soon.

These transfers with alternating pt and physician oversight have occurred flawlessly. No fights, no accusations, no turf battle claims. There was no lapse in service, no problems with billing, no disagreements with pts, ots, or physicians. All the while Gordon has made steady progress from total immobility to near full recovery. This is as it should be

Again, we would say to you - it is our experience that the turf battle arguments, fears and concerns are being raised here because people are paid to raise them. In real life, the best of these professional health care providers work together for the benefit of the patient ... the consumer of these services. I hope that this committee will reject the objections and concerns being raised under this Dome and focus on the issue of licensure for pts. It has been done for rts and ots as well as many other health care professionals...it is a consumer protection measure also - not just a professional protection.

Secondly, we want to address the specific and misguided efforts of the chiropractors to remove the term "manipulation" from the physical therapy scope of practice indicated in this bill. I use the word "we" because this issue directly effects Gordon because if the chiropractors are successful in eliminating this standard practice from the scope of physical therapy, then people like Gordon will not recover from their impairments.

Beginning with the first orders by the neurosurgeon, Physical Therapists have performed manipulation - even during the week he was unconscious.

Manipulation is defined as skillful dexterous treatment as by hand; or specifically in physical therapy, the forceful passive movement of a joint beyond its active limit or motion. Manipulation has been a part of every single physical therapy session and because of that, Gordon's arms and legs work again. How can we believe that chiropractors have patient interests in mind when they propose such a change?

Does anyone really believe that the neurosurgeon would have ordered Gordon to find a good chiropractor to treat him from the hospital bed? Every profession has its place and its time for patients/clients, but this attempt to carve out an essential part of pt practice is suspect ... surely perceived professional gains would not supercede appropriate patient care.

We urge you to pass SB 225 to protect the physical therapy scope of practice as it is defined here, based on current practices, required training, and accrediting agencies. Please reject attempts to weaken this valuable profession and give favorable support to this licensure bill.

Sen. Christine Downey

Senator Christine Downey

Gordon Schmidt

Gordon Schmidt

This is a written testimony from the Department of Physical Therapy and Rehabilitation Sciences at the University of Kansas Medical Center regarding the qualification of the physical therapist to perform manual therapy techniques and manipulation.

Admission into the physical therapy program at KUMC requires the student to complete a bachelor's degree with a grade point average of at least 3.0 on a 4.0 scale for all undergraduate coursework. Prerequisite classes include: one class of anatomy with dissection lab; one class of physiology with lab; two classes of chemistry with lab; two classes of physics with lab; two classes of biology with lab. These requirements for admission, enables our faculty to build on previous learned material and teach at a higher and more focused level in the physical therapy curriculum. Admission into our physical therapy program is competitive. Historically, there have been at least two applicants for each available opening in the program.

Students in the physical therapy degree program undergo 24 months, 74.5 semester credit hours of rigorous schooling which incorporates didactic work, laboratory training and one-on-one clinical training. Within this exacting curriculum, students are trained to examine and treat the spine and peripheral joints in a safe and effective manner using the full spectrum of manual therapy techniques. The curriculum is driven by the accrediting body of physical therapy education, the Commission on Accreditation in Physical Therapy Education (CAPTE) drawn from the "Normative Model of Physical Therapist Professional Education" and the "Guide to Physical Therapist Practice".

Students begin to receive instruction in evaluation skills during the first semester of their professional education. Anatomy and Kinesiology provide base knowledge of each synovial joint of the human body. This base is a spring-board for more specific orthopedic courses taken in subsequent semesters. Other human systems are covered in Pathophysiology, Cardiopulmonary, and Neuroscience to supplement the base musculoskeletal knowledge.

During the specific musculoskeletal courses, the students learn to perform a subjective examination, including patient profile, detailed description of the patient's complaints, aggravating and easing factors, current and past history, and a general health screening. Upon completion of the subjective exam, the student formulates a working hypothesis, establishes severity and irritability of the condition, the nature of the condition, and its stability and stage of dysfunction. The student then confirms or disproves their working hypothesis with the objective examination, revises the hypothesis if necessary, and proceeds to treatment as appropriate. The student then re-tests the patient to confirm the efficacy of their treatment following the medical model of scientific inquiry. Before the students are finished with classes, they are tested for competency in written, oral and practical examinations, concluding with a full examination on a patient (not a mock patient) in a clinical setting. Students must pass this test before they are allowed to continue in the curriculum which would include full time clinical work.

Attachment 3
HHS 3-20-03

Manual therapy/manipulation has been shown to be an effective treatment choice for the physical therapist (Jull et al., 1988; Maitland, 1986; Twomey and Taylor, 1987). Withholding physical therapy manual therapy/manipulation from the patient prolongs the patient's recovery and increases the cost of the overall care. The vigorous mobilization of a joint is only one facet of the complete physical therapy care of an injured person. A physical therapist is capable of deciding when a vigorous mobilization is warranted and would only choose to use that technique when indicated and necessary for the successful resolution of a patient's dysfunction. In addition to all grades of joint mobilization (gentle to vigorous) a physical therapist is skilled and knowledgeable about the application of other therapeutic measures including: heat, cold and electrical modalities for tissue health and pain relief; prolonged, passive stretching; manual mobilization of soft tissue; active exercise and activity modification/instruction. A multi-faceted therapeutic program is the best approach for resolving a patient's mobility problems in the short and long term.

Curricular Flow to prepare students to become manual therapists:

SEMESTER	COURSE	Credit Hours
1	PHTH 880- Human Anatomy	5
1	PHTH 701- PT Procedures I	2
1	PHTH 706- Professional Interactions	1
1	PHTH 740- Research I	1
2	PHTH 705- Pathophysiology	4
2	PHTH 702- PT Procedures II	3
2	PHTH 711- Kinesiology	4
2	PHTH 707- Patient Care and Education	1
2	PHTH 741- Research II	2
2	PHTH 730- Clinical Education	1
3	PHTH 855- Pharmacology	1
3	PHTH 760- Eval/Rx Musculoskeletal	5
3	PHTH 780- Health Promotion	1
3	PHTH 708- PT practice issues	2
3	PHTH 842- Neuroscience	6
3	PHTH 871- Research practicum	.5
3	PHTH 770- Clinical Education	1
4	PHTH 846- Cardiopulmonary Therapeutics	3
4	PHTH 824- Pediatrics	3
4	PHTH 826- Neuromuscular Therapeutics	3
4	PHTH 871- Research practicum	.5
5	PHTH 850- Clinical Medicine	3
5	PHTH 861- Eval/Rx Musculoskeletal II	4
5	PHTH 830- Clinical Education	2
5	PHTH 841- Neuromuscular Therapeutics II	4
5	PHTH 836- Health Care Issues	2
5	PHTH 871- Research practicum	.5
6	PHTH 872- Clinical Education	9

References

American Physical Therapy Association. Guide to Physical Therapist Practice. Phys Ther. 1997;77:1276-1288.

Jull G, Bogduk N, Marsland A. The accuracy of manual diagnosis for cervical zygapophseal joint pain syndrome. Medical Journal of Australia, 1988; 148:233-236.

Maitland GD, Vertebral Manipulation, 5th ed. Oxford:Butterworth-Heinemann, 1986.

Twomey LT, Taylor JR. The lumbar spine, low back pain and physical therapy. In: Physical Therapy of the Low Back, New York: Churchill Livingstone, 1987.

Respectfully Submitted,

Janice K. Loudon, PhD, PT, SCS, ATC
Associate Professor
Department of Physical Therapy and Rehabilitation Sciences
University of Kansas Medical Center

March 17, 2003

To: The Health and Human Services Committee

From: Sue Klein, PT, MTC

Dear Committee Members,

Thank you for the opportunity to appear before you and provide testimony in support of SB 225.

As a faculty member of The University of Kansas Medical Center, Department of Physical Therapy and Rehabilitation Sciences, I have been involved with teaching for the past four years and have been in clinical practice as a physical therapist for the past seventeen years. Physical therapists are trained to exam and treat the body in a safe and effective manner using a full spectrum of manual therapy techniques. They are able to exam the body for specific areas of stiffness or laxity and treat the specific level appropriately. More importantly, they have the education and knowledge to know when treatment is contraindicated. The physical therapist is able to recognize patterns of neuromusculoskeletal dysfunction and differentiate them from patterns of non-neuromusculoskeletal dysfunction, referring the patients who are not appropriate to physical therapy back to the physician for a medical diagnosis.

The graduate students in our program begin to receive instruction in evaluation skills during the first semester of their professional education. The students learn to perform a subjective examination, including patient profile, detailed description of the patient's complaints, aggravating and easing factors, current and past history, and a general health screening. Upon completion of the subjective exam, the student formulates a working hypothesis, establishes severity and irritability of the condition, the nature of the condition, and it's stability and stage of dysfunction. The student then confirms or disproves their working hypothesis with the objective examination, revises the hypothesis if necessary, and proceeds to treatment as appropriate. The student then re-tests the patient to confirm the efficacy of their treatment. As you can see, this follows the medical model of scientific inquiry.

Before the students are finished with classes, they are tested for competency in written, oral and practical examinations, concluding with a full examination on a patient (not a mock patient) in a clinical setting. They must pass this test before they are allowed to continue in the curriculum.

Manipulation is no more "owned" by one provider of health care than exercise is "owned" by another. If manipulation is the treatment of choice for the physical therapist, to withhold that treatment from the patient prolongs the patient's recovery, increases the cost of the overall care, and denies the patient a choice in who may provide this treatment.

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Thank you for your kind attention to these important matters. Please feel free to contact me if I can be of service to your committee on this bill.

Respectfully submitted,

Sue A. Klein, PT, MTC
Faculty Member/Clinical Instructor
Department of Physical Therapy and Rehabilitation Sciences
The University of Kansas Medical Center
3901 Rainbow Boulevard
Kansas City, Kansas 66160

TO: The House Committee on Health and Human Services

FROM: John Fernandez, PT, MS, OCS, ATC, CSCS

DATE: March 20, 2003

Good afternoon, my name is John Fernandez. I am an assistant professor at Wichita State University (WSU), College of Health Professions, Department of Physical Therapy. I currently teach in the Masters of Physical Therapy (MPT) program.

My teaching duties presently include: Physical Agents in Physical Therapy, Foundations of Therapeutic Exercise, Clinical Biomechanics, Foundations for Evaluation & Treatment of Musculoskeletal Conditions, Orthopedic Assessment and Treatment I, Orthopedic Assessment and Treatment II.

I earned my BS in Physical Therapy from Temple University, an advanced masters of Physical Therapy from Rocky Mountain University of Health Professions, and I have completed all course requirements for a Doctor of Science Degree in Orthopedic Physical Therapy from Rocky Mountain University of Health Professions. I am presently completing my doctoral dissertation.

I am certified in Orthopedic Physical Therapy by the American Board of Physical Therapy Specialties. Mr. Rob Manske, PT, MEd, SCS, ATC, CSCS also co-teaches with me for many of the same courses at WSU and is board certified in Sports Physical Therapy by the American Board of Physical Therapy Specialties. Mr. Manske is unable to be with us this afternoon.

Manual therapy has been and continues to be one of the pillars that Physical Therapy is built upon. Physical Therapy principles and manual therapy are integrated into the entire curriculum at WSU. The following list contains the course content (lecture and lab) hours of course work that relates to manual therapy.

Content Related to Manual Therapy	**Course Number**	**Contact Hours**
Foundations of Therapeutic Exercise	PT709	40Hr lecture/ 40 Hr lab
Gross Human Anatomy	PT700	75Hr lecture/75 Hr lab
Clinical Biomechanics	PT 711	50Hr lecture/30 Hr lab
Clinical Medicine II	PT726	40Hr lecture
Physical Agents	PT 735	40Hr lecrure/40Hr lab
Foundations for Evaluation & Treatment of Musculoskeletal Conditions	PT710	20Hr lecture/60Hr lab
Neurologic Approach to Patient Care	PT730	20Hr lecture/20Hr lab
Orthopedic Assessment & Treatment I	PT 809	30Hr lecture/ 60hr lab
Orthopedic Assessment & Treatment II	PT811	30Hr lecture/60Hr lab
Neurologic Assessment	PT832	30Hr lecture/60Hr lab

TOTAL Contact hours Lecture **295 hours**
TOTAL Contact hours Lab **395 hours**

Attachment 5

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I will be happy to answer any questions that you might have. Thank you for your time.

John H. Fernandez, PT, MS, OCS, ATC, CSCS,
Assistant Professor
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House Health and Human Services Committee

Dear Committee Members:

Thank you for allowing me to testify today in support of Senate Bill 225 - Licensure for Physical Therapists.

I have been a physical therapist for 24 years, graduating in 1979 from Wichita State University with a Bachelors Degree in Physical Therapy. I have seen my profession grow during this time both clinically and academically. All physical therapists now graduate with a masters degree and many programs have moved to a doctorate degree. Wichita State University will implement a doctorate program in Physical Therapy by 2004 - 2005.

Now is the time to update the Kansas State Statutes regulating physical therapy - K.S.A. 65-2901 to accurately reflect the advances in the education and the practice of physical therapy in Kansas. Along with advances in our education, comes additional accountability and responsibility to protect the public. Licensure for physical therapists would meet that responsibility and is recommended and supported by the Kansas Department of Health and Environment.

All of my clinical practice has been specialized in pediatrics, where I have worked closely with other health professionals - physicians, nursing, occupational therapists, speech pathologists, audiologists, respiratory therapists, and non-health professionals - teachers, school administrators, physical educators, child caregivers, and psychologists. Everyday I have educated patients and families about the differences and the similarities of our profession with other health professions and non-health professions. Everyday I have explained my unique role and responsibilities as the physical therapist on the "team". Part of my obligation, as a physical therapist is to educate; to clearly communicate to others what my assessment involves, what my results are, and what my recommendations will be for treatment. To use current terminology, I am expected to "examine, evaluate, and test", to determine a "diagnosis and prognosis relative to physical therapy" and to develop a "physical therapy plan of care".

Part of that plan of care is to educate the patient or the family on what they can do on their own to improve their function. That might be stretching exercises, or posture reminders, or very

Attachment 6
HHS 3-20-03

specific strengthening activities. Many other health care professionals use similar techniques. For example as a physical therapist, I may look at a child's cognition and sensory motor skills, as well as any physical impairments and determine how delays in these areas affect the child's function. The occupational therapist may also look at these areas, and determine an occupational therapy treatment plan. Our assessments and treatments may overlap, but our education and knowledge basis is specific to our professions. We may provide similar activities, yet our goals and objectives for treatment are different. It is very important that the parent understands the purpose of the activities and why each professional is involved in the care. The Kansas Occupational Therapy Association has indicated that they support our efforts to seek licensure, but have made recommendations for amendments to limit our scope of practice. Both the OT and PT professions utilize "activities of daily living, independent activities of daily living and self care" terminology. These common elements should not be the domain of only one profession. The occupational therapists in Kansas were successful in achieving licensure last year and in their bill, they expanded their definition of occupational therapy. Even though at the time, physical therapists were not completely happy with their wording, we did not oppose their efforts, as we truly recognize that our professions overlap. In this bill, we have made every effort not to prevent or limit anyone from their current practice. I would ask the same courtesy from the occupational therapists.

Another example of how professions can overlap is that other health care and non-health care professionals are knowledgeable and can provide instructions in stretching and strengthening exercises, ie. athletic trainer, personal fitness trainer, or physical educator. Yet again their perspective, knowledge and education is very different from a physical therapist. The physical therapist practice follows the medical model very closely. The consumer has the right to seek services from all of these individuals, yet these examples point out the confusion a person could have and the potential for harm, if the consumer is not aware of the qualifications of the person providing the instruction or service.

I can speak also from the patient's perspective, as I received physical therapy treatment myself last summer. I am currently in a management position and found myself spending more time sitting at the desk working at a computer. I developed neck, upper back, and shoulder pain and weakness. I went to my family practice physician and requested a physical therapy referral. The therapist determined through palpation, that a segment of my thoracic vertebrae was rotated and

was out of alignment. The treatment provided was mobilization, manipulation, stretching / strengthening exercises, posture exercises, and an ergonomic assessment of my workspace. After 3 sessions, my pain was significantly reduced and after 6 sessions, I was able to be released from treatment on a home program, which I continue today to prevent reoccurrence of my symptoms. I know that the Chiropractors Association speaks in opposition to this bill, indicating that we are not qualified to provide manipulation, however, physical therapists are educated to provide mobilization and manipulation, and have been doing so without any problems or complaints. We do NOT provide chiropractic manipulation - we provide physical therapy manipulation. We only provide treatments that we have been educated to provide and are competent to provide. To carve out this specific treatment technique would be restricting our current practice. Once again, this bill was scrutinized very closely on the Senate side and we were able to compromise with many groups on the wording to ensure that this licensure bill would not restrict any other professional or non-professional from continuing their current practice. We would hope that the committee would acknowledge our efforts and not allow others to amend this bill to restrict our practice.

Senate bill 225 would clearly define what physical therapy means and what the consumer can expect when they receive physical therapy. Physical therapy should only be provided by physical therapists. The public deserves to be protected from those individuals who are not qualified to perform physical therapy services. I hope your committee will support the passage of this licensure bill for physical therapists.

Thank you for again for allowing me to speak in favor of Senate bill 225.

Sincerely,

Susan Willey, PT, MS
8713 West 19th Street
Wichita, Ks 67212
316.721.0354

Thank you Chairman Morrison and members of the Health and Human Services Committee for the opportunity to speak in support of SB225. My name is Stephanie Johnson and I am a physical therapist from Manhattan. I have previously worked in the Twin Lakes Educational Cooperative and currently provide physical therapy services in the Geary County School District.

On a daily basis, the services I provide in the school system are directly related to delays in gross motor skills. These delays are not only movement related but also deal with limitations in self help skills and functional abilities. In addition, all of the children I service have different learning styles, behaviors and communication methods.

Non-movement related services provided by physical therapists include the fitting and adjustments to wheelchairs, standing devices, and assisted seating equipment needed for non ambulatory children. These services also include static positioning to improve airflow, digestion, and vocalization. For those higher level children, static balance is a skill they require to sit without support or stand without an assistive device. These basic non-movement skills are precursor skills for being able to sit in a classroom, carry a lunch tray or participate in P.E. classes.

Self help skills and functional training go hand in hand. The big picture for these children with special needs is that we would like them to be independently functioning adults. In order to accomplish this, it may mean training the staff on how to transfer a child with paralysis. It may mean teaching a child how to put on a leg brace on so they can participate in a middle school gym class. It is also as simple as teaching a child how to open a door and get out of the building if there is a fire. For school based physical therapy, all activities are related to self care and function because these are the skills that will allow special needs children to live and participate within our society.

In the same manner that we can not separate self help and function, we are unable to separate the mind and body. Understanding and implementing the cognitive goals, behavioral modifications and communication styles for these children is a key to improving their gross motor function. If a child is labeled mentally handicapped I must tailor my instructions to include words they can understand or provide a demonstration. If a child has attention deficit disorder, I must implement his classroom behavioral strategies. If a child is deaf, I must communicate in sign language. A physical therapist must be able to comprehend how all of these items affect the child in order to achieve maximum success with their gross motor skills. Our bodies are not machines. To separate the mind and body would be to digress from what science has taught us on how our neurological and musculoskeletal systems work together.

In closing, I would like to express two final concerns. First, I would like to reiterate that SB225 was not written with the intention of limiting anyone else's practice, specifically occupational therapists. The physical and occupational therapists as well as speech pathologists in our school systems enjoy a close working relationship. Many of the children we treat are extremely complicated, and it takes all disciplines with overlapping scopes of practice to help these children. If we had completely separate educations and scopes of practice, we would have no idea what the other professional was trying to accomplish. Additionally, my ability to provide services for self help skills, function, and cognition, does not restrict what other professionals are currently providing in the school setting. Occupational therapists and speech pathologists have direct access for school based services.

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They are already an integral aspect of our public schools due to how their educational training directly relates to our public education curriculum. In the school systems, all disciplines overlap and work together for the benefit of the students we serve, not to benefit personal career agendas. The second concern is that limiting physical therapists to only movement related services would decrease government funding in our public schools. We know the budget constraints for special education are tight. Our special needs children have already had reductions in services due to decreases in funds. At the beginning of each school year, the amount of money given to the school for a particular student is based upon the number of different services that child receives. It is not based upon the amount of time any one provider spends with a child. Thus, if physical therapists are limited to only movement related activities and subsequently reduce the number of children we serve, the school districts will have less funding. They would be unable to hire additional providers to cover those needed services physical therapists can no longer provide. The ultimate price would then be a further decrease in the services provided to our children with special needs.

Thank you for your time.

Stephanie Johnson P.T.M.S.

To: The House Committee on Health and Human Services

From: Paul Silovsky PT
Kansas Physical Therapy Association
Legislative Chair

Re: SB 225

Date: 3-20-03

Chairman Morrison and members of the Health and Human Services Committee, I wish to present to you today information regarding the current education of physical therapists, relating to the proposed scope of physical practice included within SB 225. I ask you to first consider the favorable recommendation of PT Licensure by the Credentialing review committee and Secretary of KDHE as they applied all the criterion of the Kansas Act on Credentialing (as established by the legislature). Listed below are the credentialing criteria that specifically involve PT education and the proposed scope of practice in SB 225.

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1. **KSA 65-5006** credentialing criteria # (2) substantiates that there is a required and identifiable level of knowledge to engage in the practice of physical therapy; **"the practice of the occupation or profession requires an identifiable body of knowledge or proficiency in procedures, or both, acquired through a formal period of advanced study or training, and the public needs and will benefit by assurances of initial and continuing occupational or professional ability."** This criterion was met.

2. **KSA 65-5006** # (9) **"nationally recognized standards of education and training exist for the practice of the occupation or profession and are identifiable."** This criterion was met and is supported by the following organizations and facts.

- ✓ 212 Accredited PT Programs Nationally
- ✓ The only recognized accrediting agency in the US is the Commission on Accreditation in Physical Therapy Education (CAPTE). CAPTE is recognized by:
    1. Kansas State Board Of Healing Arts
    2. US Department of Education
    3. Council for Higher Education Accreditation
    4. North Central Association of Colleges and Schools
    5. Kansas Board of Regents
- ✓ Masters level entry in both Kansas programs currently and Doctorate level by 2005
- ✓ Physical therapists are the only trained professionals in the state of Kansas that have advanced degreed training in **Physical Therapy** from a Kansas Board of Regents University. (Wichita State or Kansas University Medical Center)

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Physical therapists education and clinical experience includes a minimum of 2600 hours of instruction with more than 1000 hours spent in directed clinical education. This education and clinical experience provides the physical therapist with the ability to safely and effectively screen, perform examinations and evaluations, establish a diagnosis and prognosis for physical therapy, and treat individuals who have impairments, functional limitations and disabilities. The educational standards currently required are in alignment with the scope of practice described within SB 225 and accurately describes the depth and breadth of Physical Therapy education in Kansas. The Kansas public will be adequately protected from documented harm by elevating the level of credentialing of physical therapists from registration to licensure.

Outlined below is a summary of the recognized standards of education and training that currently exist for physical therapists credentialed in the state of Kansas.

Physical Therapy School Pre-Admission Requirements

1. Baccalaureate degree with a minimum GPA of 3.0
2. The following academic prerequisites:

Humanities
English Comp.-2 courses
Speech

Social Sciences
Psychology
Advanced Psychology
Sociology
Normal Development

Basic Sciences
Chemistry with lab-2 Courses
Physics with lab- 2 Courses
Biology with lab- 2 courses
Anatomy with dissection lab
Human Physiology with lab

Mathematics
Calculus or Algebra Trig.
Statistics

Miscellaneous
First Aid and CPR Certification

Strongly Recommended
Computer Literacy
Exercise Physiology
Kinesiology
Biochemistry
Embryology

Ethics

The following curricular components exist for all Physical Therapy education programs as supported by the following;

1. **Normative Model of PT Professional Education, Version 2000.**
2. **Evaluative Criteria for Accreditation of Education Programs for the Preparation of Physical Therapists**
3. **CAPTE Accreditation Handbook, revised August 2000.**
4. **Wichita State and Kansas University Medical Center**

Foundational Sciences:

Cellular Biology / Anatomy, Histology, Physiology
Exercise Physiology
Exercise Science
Biomechanics
Kinesiology
Neuroscience
Pharmacology
Pathology

Behavioral Sciences:

Communication
Social and Physiologic Factors
Ethics and Values
Management Sciences
Finance
Sociology
Teaching and Learning
Law
Application of Scientific Principles

Clinical Sciences Matrix:

Cardiovascular / Pulmonary
Endocrine and Metabolic
Gastrointestinal, Genitourinary
Integumentary
Musculoskeletal
Neuromuscular

Professional Practice Expectations:

Communication
Individual and Cultural differences
Professional Behavior
Critical Inquiry and Clinical Decision Making
Education
Professional Development

Patient / Client Management:

Practice Management Expectations:

CURRICULAR COMPONENTS:

KANSASUNIVERSITY MEDICAL CENTER-PHYSICAL THERAPY

Advanced Topics in Human Anatomy
Physical therapy Procedures I
Professional Interactions
Research I
Pathophysiology
Physical therapy Procedures II
Applied Kinesiology and Biomechanics
Patient Care and Education
Research II
Clinical Education I
Pharmacology for Physical therapy
Neuroscience
Evaluation methods and Principles of Treatment of Musculoskeletal Problems
Health Promotion
Physical therapy Practice Issues
Research Practicum
Clinical Education II
Development and Pediatrics
Advanced Cardiopulmonary Therapeutics
Neuromuscular Therapeutics I
Research Practicum
Clinical Medicine
Advanced Eval Methods Principles of Musculoskeletal Disorders
Neuromuscular Therapeutics II
Contemporary Health Care Issues and Management
Clinical Education III
Research Practicum
Clinical Education IV

WICHITA STATE UNIVERSITY - PHYSICAL THERAPY

Professional Issues and Ethics
Clinical Medicine I
Introduction to Patient Management Skills
Research Methods and Statistics
Gross Human Anatomy
Clinical Biomechanics
Clinical Medicine II (Orthopedics)
Physical Agents in Physical Therapy
Directed Research I
Foundations for Evaluation & Treatment of Musculoskeletal Conditions
Neuroscience
Clinical Medicine III (Neurological/Cardiovascular)
Therapeutic Exercise
Acute Medical Conditions Assessment and Interventions
Clinical Education I (Two, three-week rotations)
Directed Research II
Administration I (Healthcare Delivery/General Management)
Orthopedic Assessment/Intervention I
Neurological Assessment and Intervention
Lifespan Assessment, Intervention, Prevention
Education Methods in Physical Therapy

Electives - NOT Required
Directed Research III
Administration II (Departmental Management/Marketing)
Orthopedic Assessment/Intervention II

Cardiopulmonary Assessment and Intervention

Clinical Education (one six-week rotation)
Clinical Education III (One six-week rotation)
Clinical Education IV (One six-week rotation)

As outlined, the educational breadth and depth of Physical Therapy education appropriately prepares and clinically trains physical therapists for the current and future practice of physical therapy. The proposed scope of practice included within SB 225, accurately reflects both the current educational competencies and scope of clinical practice of physical therapists. I ask for your support of SB 225 in order to assure the public that physical therapy is indeed a safe and effective health care practice when received from a PT licensed in the state of Kansas. There has been no clear evidence presented that the public of Kansas has or will be harmed by physical therapists practicing within the defined scope of practice in SB 225. Furthermore, the public deserves the protection of knowing that the practice of physical therapy comes from a well defined body of knowledge, with a defined scope of practice and a physical therapist licensed within the appropriate statutory guidlines of the state of Kansas.

Thank you for your time and consideration of SB 225. Please allow me to answer any questions that you may have.

Paul Silovsky PT

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March 20, 2003

Willard Beamond
1020 SW Marge Ct.
Topeka, KS 66615

House of Representatives
Health and Human Services Committee

Chairman Morrison and Committee Members:

Physical therapy has really improved my left shoulder, neck, back, leg and has increased my breathing ability. Help my physical therapist to continue to provide all these services to me. Pass S.B. 225 only as amended in the Senate. Thank you for your time today.

Sincerely,

Willard Beamond

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March 20, 2003

Jane Kurtz Beamond
1020 SW Marge Ct.
Topeka, KS 66615
785.228.2220

House of Representatives
Health and Human Services Committee

Chairman Morrison and Committee Members:

Thank you for allowing me to speak before you today. I ask for your support and passage of S.B. 225 as passed by the Senate.

As a retired nurse, I understand the importance of licensure of a health care profession, and physical therapists should be licensed. As a consumer, I know how beneficial physical therapy care has been to me. When I receive 'physical therapy' I expect it to be performed by a physical therapist. The term 'physical therapy' is not a generic term and should be limited only to the care of physical therapists and physical therapist assistants.

I have had three motor vehicle accidents and major surgery. My physical therapist has helped me learn how to do self care and be able to perform my daily functions. Her manual therapy and joint manipulation has been very beneficial.

Please pass S.B. 225 only as amended in the Senate. I will be pleased to answer questions.

Sincerely,

Jane Beamond, RN

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TO:

From: Candy Bahner, PT, MS
Kansas Physical Therapy Association President

Date: March 20, 2003

Subject: SB 225; concerning licensure of physical therapists

Chairman Morrison and members of the Committee, my name is Candy Bahner and I appear before you today as a physical therapist and as the President of the Kansas Physical Therapy Association to express support for SB 225. I am a 1978 graduate of the University of Kansas Physical Therapy Program and have been registered as a Physical Therapist in Kansas since that time. I have also served on the Physical Therapy Examining Committee and am currently serving as a Commissioner for the Commission on Accreditation in Physical Therapy Education.

In the 2002 legislative session, the Kansas Physical Therapy Association was directed to go through the Health Occupations Credentialing Program administered by the Kansas Department of Health and Environment. In June of 2002, the Kansas Physical Therapy Association submitted a letter of intent and then in September submitted a formal application. A technical review committee was convened and confirmed by unanimous affirmative votes on November 21, 2002 and again on January 16, 2003, that Kansas Physical Therapists had met the statutory requirement of clear and convincing evidence that there is a definitive need to further protect the Kansas public's health, safety, and welfare by licensing Kansas physical therapists. The Secretary of Health and Environment concurred with the technical committee's findings as reflected in his report to the Legislature dated February 4, 2003.

Representatives of the Kansas Physical Therapy Association then met with Norman Furse, Revisor of Statutes, for assistance in drafting a licensure bill for physical therapists and thus, our request for introduction of SB 225 and HB 2384 (identical bills).

The intent of SB 225/HB 2384 is to:

1. Clarify the definition of the scope of physical therapy practice in Kansas to accurately reflect how physical therapists practice today,
2. To grant licensure to Kansas physical therapists, and to
3. Provide exclusionary language for all current health care providers who have overlapping scopes of practice.

Senate Bill 225/HB 2384 does not:

1. Expand the scope of physical therapy practice as it is practiced today, and
2. Does not limit or impinge upon anyone from practicing within his or her own profession.

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There are 212 accredited Physical Therapy education programs in the United States and two accredited programs in Kansas, Kansas University Medical Center and Wichita State University. All accredited programs are required to confirm at least the Masters degree and several confirm the Doctor of Physical Therapy degree upon graduation.

Program accreditation is granted through the Commission on Accreditation of Physical Therapy Education (CAPTE), which is the only recognized agency in the United States for the accreditation of physical therapy programs. Graduation from an accredited physical therapy education program is one of the requirements in all states for credentialing of physical therapists. In addition, all states require the applicant to successfully pass the national physical therapy examination, which has been developed, administered and scored by the Federation of State Boards of Physical Therapy.

In the accreditation process, CAPTE uses the *Evaluative Criteria for the Accreditation of Education Programs for the Preparation of Physical Therapists*. The Evaluative criteria outline four areas of compliance for institutions. These are organization, resources and services, curriculum development and program assessment. The entry-level skills and knowledge required for safe physical therapy practice are outlined in the section of the Evaluative Criteria addressing curriculum development and content. The framework provided in the curriculum development and content section is reflected and expanded on in *A Normative Model of Physical Therapist Professional Education*. The *Normative Model of Physical Therapists Professional Education* is used by educational programs to determine necessary course content for the physical therapy curriculum and addresses all areas covered in the proposed scope of practice section of SB 225.

Upon graduation from an accredited physical therapy program, a graduate is required to sit for and pass the National Physical Therapy Examination. As stated previously, this examination is developed, administered and scored by the Federation of State Boards of Physical Therapy. Examination content is determined based on an extensive job analysis of what the current practice of physical therapy involves and the examination construct/outline addresses all the areas outlined in the proposed scope of practice section in SB 225.

Thus, a person who is able to meet the stringent criteria to be accepted into an accredited physical therapy program, complete the program, and pass the national physical therapy examination would be able to practice safely and effectively within the proposed scope of practice in SB 225.

During the hearing on SB 225 in the Senate Public Health and Welfare Committee, various individuals and groups proposed amendments or stated concerns with SB 225. Secondary to this, the Kansas Physical Therapy Association made or agreed to several amendments/changes in the bill. They are as follows:

1. Page 2, section (c), line 11: agreed to insertion of the term "anatomical" after the term "mechanical". This was inadvertently left out. (Daryl Menke, PT)
2. Page 2, section (c), at beginning of line 14: insertion of the word "solely" (Compromise with KMS relevant to diagnosis)
3. Page 2, section (c), line 33: agreed to insertion of the words "and the making of a medical diagnosis" (Compromise with KMS relevant to diagnosis)
4. Page 6, Sec. 6, (c), line 20: agreed to deletion of the words "one year" and insertion of the words "three months" (Daryl Menke, PT, to be consistent with current K.A.R. 100-29-5 Temporary permits)
5. Page 8, Sec. (b) dealing with the fees: agreed to proposed changes to this section consistent with current language found in K.A.R. 100-29-7. (Daryl Menke, PT)
6. Page 10, Sec. 10, (c), (5), lines 40 and 41: deletion of the words "licensed physician" and insertion of the word "licensee" (Lawrence Buening, Jr, Kansas Board of Healing Arts)
7. Page 11, Sec. 10, (c), (13), lines 22 – 24: agreed to insertion of the words "and occupational therapy assistants practicing their profession when registered and practicing in accordance with the occupational therapy practice act;" (Lawrence Buening, Jr, Kansas Board of Health Arts)
8. Page 11 (lines 33 – 43) & page 12 (lines 1-6), Sec. 10, (c): agreed to new sections (18), (19), (20), (21) and (22) to cover exemption of persons who massage, barbers practicing their profession, cosmetologists practicing their profession, attendants practicing their profession and naturopathic doctors practicing their profession. (Per requests by the various groups or Senators to exempt out these individuals)
9. Page 12, Sec. 12, (b), line 41: agreed to insertion of the words "in the name of the state" (Lawrence Buening, Jr., Kansas Board of Healing Arts)
10. Page 33, line 30: Agreed to insertion of a new Sec. 29, which provides for a policy of professional liability insurance, even though this is not required of other Allied Health groups such as Occupational Therapy and Respiratory Therapy. Also asked that we not be required to participate in the Healthcare Stabilization Fund.

There have also been amendments proposed by the Kansas Occupational Therapy Association (KOTA) and the Kansas Chiropractic Association (KCA).

The Kansas Physical Therapy Association reviewed the proposed amendments by the KOTA and in the spirit of compromise are willing to agree to the following change:

1. On page 2, section (c), line 16, so it would read: "practice of physical therapy" also includes alleviating impairments, functional limitations and disabilities **as they relate to movement and health** by designing, implementing and modifying therapeutic interventions that may include, but are not limited to, (and continue on as already in the bill).

The Kansas Physical Therapy Association is in disagreement with Mr. Duncan's testimony to the Senate Public health and Welfare Committee on what physical therapists focus on during their interventions with patient/clients, as well as his description of what

is included and supported by physical therapy education and research. The KPTA feels the amendments proposed by the KOTA would restrict physical therapists from doing what they do on a daily basis, and are allowed to do per current statutes relating to physical therapy. We are not seeking to limit occupational therapists from doing what they currently do and would ask that they not seek to limit physical therapists from doing what physical therapists currently do. During last legislative session, the KOTA sought licensure, and within their licensure bill they expanded their definition of Occupation Therapy. Even though the KPTA did not like the wording of the definition of Occupational Therapy in the bill, we decided not to speak against their licensure bill, as we felt we were covered by the exemptions outlined in the bill. We also felt that there are areas of overlap between professions and that no one profession "owned" those areas of overlap.

The Kansas Physical Therapy Association has been willing to entertain compromises by the Kansas Chiropractic Association, but to date has been unable to accept the proposed amendments as they would limit physical therapists from doing what they are currently allowed to do and trained to do by education in the classroom and clinical settings, and as required by the Commission on Accreditation in Physical Therapy Education and supported by *A Normative Model of Physical Therapist Professional Education* and the *Guide to Physical Therapist Practice*. Manual therapy, which includes mobilization/manipulation, is a well-established part of physical therapist education and practice. There is no evidence that there is any harm to consumers when spinal mobilization/manipulation is provided by physical therapists. In fact, the leading insurers that provide Professional Liability Insurance for physical therapists has reported that no specific losses can be attributed to "manipulation or high velocity thrust" by physical therapists. A February 12, 2003 letter written by Michael A. Scott, Assistant Vice President of Medical Professional Liability for CNA stated: "After review of our claims database, which includes approximately 1000 open and closed claims involving insured physical therapists, we have not identified any trends relative to manipulation that would indicate this procedure presents a risk factor that we need to be specifically concerned about. Further, we currently do not anticipate any impact to claims or rates in this program related to physical therapists performing manipulation." The latest proposal by the Chiropractic Association on 3/17/03 would not only limit physical therapists, but also limit medical doctors, osteopaths, podiatrists and dentists from referring a patient to physical therapy for some types of manual therapy techniques and make it so that physical therapists could only accept orders from Chiropractors for those particular manual therapy techniques. It would also impose greater educational and credentialing requirements for physical therapists wanting to perform certain manual therapy techniques. Again, without any factual documentation of harm caused by physical therapists performing manual therapy techniques. Manual therapy is just one type of intervention used by physical therapist, thus, it is only a part of our educational training, not all of it, making it very difficult to compare the education of Chiropractors with Physical Therapists.

On March 18, 2003, the Kansas Physical Therapy Association was given a copy of a letter to Representative Morrison from Phill Kline, Kansas Attorney General dated March

13, 2003 regarding Senate Bill 225. Various individuals and organizations appear to be interpreting the letter differently. Some interpret it to state that the exemption clause works and others interpret it that it doesn't. However, in visiting with Norman Furse, Revisor of Statutes and in the briefing of SB 225 on 3/18/03 by Bill Wolff, it appears they believe there is wording that could be included that would solve any perceived problems. The Kansas Physical Therapy Association is willing to consider any wording that would clarify the exemption section of the bill so that it does not prohibit others from doing what they are trained and qualified to do. Again, we are not trying to limit other groups or individuals.

In summary:

1. There is nothing in the proposed scope of practice language of SB 225 that is not covered/substantiated by the *Evaluative Criteria for Accreditation of Education Programs for the Preparation of Physical Therapist, A Normative Model of Physical Therapist Professional Education,* and the *Guide to Physical Therapist Practice.*
2. Senate Bill 225 does not expand the scope of physical therapy practice as it is practiced today, but rather clarifies the definition of the scope of physical therapy practice.
3. The intent of SB 225 is not to limit or impinge upon anyone from practicing within his or her own profession. The Kansas Physical Therapy Association is very willing to consider possible wording changes that would help to clarify the exemption section of the bill.

We ask for your support and passage of SB 225 with amendments agreed to by the Kansas Physical Therapy Association.

Thank you for the opportunity to present testimony in support of SB 225 and I would be happy to respond to any questions.