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Combined Sections Meeting
February 17-20, 2010
San Diego, California

PT 2010
June 16-19, 2010
Boston, Massachusetts

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Michael D. Maves, MD, MBA
Executive Vice President, Chief Executive Officer
American Medical Association
515 N State Street
Chicago, IL 60654

Dear Dr Maves:

I am writing in response to your letter of October 13, 2009, requesting "specific information regarding any factual misstatements contained in the attached module," referring to the "Scope of Practice Data Series module focused on Physical Therapists." You state in your letter that the module is intended to be "used to inform legislators, regulatory bodies, and other governmental decision-makers" in order to "act in the best interests of the patients we serve." The American Physical Therapy Association (APTA) questions the intent and accuracy of the current draft of the Scope of Practice Data Series on Physical Therapists.

APTA exists to represent and promote the profession of physical therapy in order to provide the best care possible for members of society. As part of this mission, we are viewed as the primary voice of the profession and are experts in the education, practice, and scope of the profession. We take this responsibility seriously and provide information that accurately portrays current practice. Out of respect for other professional organizations, we limit our voice to the profession of physical therapy and do not, nor believe that we should, speak for any other profession. We expect the same of other professional associations, including medicine. Further, we challenge strongly the assertion that the profession of medicine feels that it can provide unbiased information about physical therapy. Physical therapy is not a subspecialty of the medical profession, and physical therapists are not medical doctors; we are a separate profession that provides a unique service that physicians are unable and untrained to provide. The premises upon which the creation of this module on physical therapists is based are deeply flawed and do nothing more than confuse the intended audiences and call into question the claimed motivations behind it.

The flawed premises include: 1) that direct access to physical therapists is a threat to the safety of the public, and 2) unless physical therapists have the amount and type of training and education that orthopedic surgeons have, physical therapists cannot treat patients safely without a physician referral. There is no evidence that direct access threatens the safety of the public. Indeed, since you claim in your letter that the module is "a carefully researched, fully documented assessment of the profession of physical therapists" and yet you cannot cite any evidence that harm has befallen the public as a

result of direct access, you fail to provide evidence for your own claim. On the contrary, APTA can provide evidence demonstrating that direct access to physical therapists provides cost-effective, high-quality care.

The premise comparing the training of physical therapists to that of orthopedic surgeons is also flawed, as it serves no purpose to compare the training and education of two distinct professions. By law, physical therapists, like non-surgeon medical doctors, cannot perform surgery, the primary intervention employed by orthopedic surgeons. Further, physical therapists are extremely adept at identifying and treating musculoskeletal diseases.¹ APTA highly values the collaborative relationship that physical therapists share with orthopedic surgeons and all physicians to meet the musculoskeletal needs of patients and clients. This module erodes that collaboration in its attempt to further fragment health care into a defined hierarchy.

The inaccuracies of these premises highlight the issues inherent when one profession attempts to speak for another. As well, it calls into question the motive behind this project. AMA claims that the motive is public protection. Since no evidence is provided that the public has been harmed, a more accurate motive seems to be the financial threat that physicians perceive may result from direct access to physical therapists. We are not aware of any evidence indicating that direct access, which has been legal in some states since the 1950s, has a negative financial impact on physicians. It appears that under the veil of trying to protect the public, AMA has done nothing more than reveal its interest in protecting the financial security of its members at a significant cost to the patients we all aim to serve.

There are numerous inaccuracies in the module that we will not take the time to correct since the premises on which the module is based are flawed, as we have stated above. Rather, we maintain that the public is better served if physicians and physical therapists—indeed, all health care providers—offer honest and accurate information about their own professions and refrain from disparaging others based on unspoken fears and unwarranted agendas. Rather than taking the approach demonstrated by AMA by creating this scope of practice initiative—that any one of the health care professions can solve the many challenges that exist in delivering health care to society—we recommend a collaborative approach and stand ready to work with AMA, physician societies, and other health care practitioners to find solutions to the challenge of access to high-quality health care for all Americans.

Thank you for the opportunity to provide input on this module. We strongly suggest that AMA not publish its flawed module on physical therapists.

Sincerely,



John D. Barnes
Chief Executive Officer

ⁱ Aiken AB, McColl M. Diagnostic and treatment concordance between a physiotherapist and an orthopedic surgeon – a pilot study. *Journal of Interprofessional Care*. 2008;22:253-261. Childs JD, Whitman JM, Sizer PS, Puglia ML, Flynn TW, Delitto A. A description of physical therapists' knowledge in managing musculoskeletal conditions. *BMC Musculoskeletal Disorders*. 2005;6:32. Moore JH, Goss DL, Baxter RE, DeBerardino TM, Mansfield LT, Fellows DW, Taylor DC. Clinical diagnostic accuracy and magnetic resonance imaging of patients referred by physical therapists, orthopaedic surgeons, and non-orthopaedic providers. *Journal of Orthopaedic and Sports Physical Therapy* 2005;35(2),67–71.