Scope of Practice FAQs for Consumers
Physical Therapists

1. **What do physical therapists (PTs) do?**
   PTs are health care professionals who assess their patients’ physical functioning and work with them to treat and/or prevent physical limitations due to injury, illness or other health conditions through therapeutic exercises, functional training, patient education, physical manipulation and other related modalities.

2. **How are PTs regulated?**
   PTs are regulated as a licensed profession in all 50 states. In order to obtain a license to practice physical therapy an individual must graduate from an accredited physical therapy program, pass the National Physical Therapy Examination, and in some cases pass an additional state exam. In a majority of states the Board of Physical Therapy adopts regulations based on the state’s physical therapy practice act, investigates violations of laws and regulations, and disciplines those who are found guilty of such violations.

3. **What is the scope of practice issue in physical therapy?**
   The main debate over physical therapy scope of practice is this: Should patients be able to obtain care from a PT without first getting a referral from a primary care provider (such as a doctor, nurse practitioner or physician assistant)? The ability to go see a provider without a referral is known as “direct access.”

   Opponents of direct access argue that PTs may miss or misdiagnose a serious illness, resulting in the patient not receiving needed care in time to have the best chance of successful recovery. PTs maintain that they are trained to recognize serious illnesses or challenging diagnostic situations and to refer patients in these instances to primary care providers. Furthermore, requiring a referral from a primary care provider presents patients with additional and often unnecessary barriers in terms of time, cost and hassle in getting access to physical therapy.

   Many states have attempted to balance the access and safety considerations by placing limits on the number of days or sessions of physical therapy a patient is permitted without a referral, by requiring a referral only for specific types of services, or by allowing patients who received a prior diagnosis or referral for the same condition to receive physical therapy without having to get a new referral.

   Having seen no concrete evidence of harm to patients from direct access to physical therapy, CAC holds that the least restrictive model of direct access is most beneficial for patients.

4. **How are PTs trained?**
   In order to practice physical therapy today, an individual must obtain an advanced degree in physical therapy (either a Master’s or Doctorate). These degrees include coursework in biological science, behavioral science, and clinical practice, as well as practical on-site clinical experience outside the classroom under the supervision of licensed and experienced professionals.

5. **What evidence is there to demonstrate the ability of PTs to deliver safe and quality care under direct access?**
   CAC has found no evidence to indicate that direct access to physical therapy in states where it is
permitted has resulted in any increased risks to patient safety. There is some evidence that direct access episodes of care are shorter and less costly than referral-based care. Additional evidence shows that a majority of physical therapists make correct referral decisions in a majority of cases, that outpatients receiving physical therapy prefer direct access, that patient centered outcomes for individuals treated by orthopedic PTs are equivalent to those for patients treated by junior orthopedic surgeons, and that direct access does not result in an increase in PT-related malpractice incidents.

6. **Which states allow direct access to physical therapy?**
The states of AK, AZ, CO, IA, ID, KY, MA, MD, MT, ND, NE, NV, SD, UT, VT and WV allow unrestricted direct access to PTs. The states of AL, HI, IN, MI, OK require a referral for any treatment by a PT (although HI, MI and OK allow for an evaluation by a PT without a referral from primary care provider). The remaining states allow direct access to physical therapy, but impose a variety of limits in terms of the time or number of visits allowed before a referral is required or the types of services or types of setting for which direct access is allowed. Some states require additional education and experience for PTs who accept patients without a referral or allow direct access only when there was a previous diagnosis or referral to physical therapy by a primary care provider for the same condition

7. **How do PTs collaborate with physicians and other health care providers?**
PTs regularly collaborate with other health professionals. Most PT patients are referrals from variety of health providers, including physicians, dentists, podiatrists, chiropractors, physician assistants, nurse practitioners and others. PTs coordinate and communicate with all these professionals in the care they provide. PTs also work in hospitals, outpatient clinics, and physician’s offices as part of team of medical professionals who collaborate in planning and carrying out a course of treatment. In addition, a number of states require that a PT notify the patient’s primary care physician when the PT is providing services (in some states this requirement is used as a check on direct access to ensure patient safety is not compromised).

_This publication was produced by Citizen Advocacy Center (CAC). For questions, comments and further information please contact CAC at davidswankin@cacenter.org._