



March 1, 2009

RE: SB 5230/HB1918 concerning physical therapists

(Not to worry. We included an address and salutation.)

The purpose of this letter is to address the issue of the training and education in spinal manipulation that Doctor of Physical Therapy (DPT) students receive in the entry-level programs. The accreditation standards for physical therapy educational programs assure that this is consistent across all three institutions in the state of Washington.

Spinal manipulation is not new to the practice of physical therapy; it has been a part of what we have done since the inception of our profession at the turn of the last century. Although it is only one of numerous treatments we offer, it is an essential part of treatment in the care of patients with spine pain. Research studies and clinical practice guidelines verify that spinal manipulation is an effective treatment for those with low back pain and neck pain. In fact, the majority of quality randomized clinical trials that led to the evidence supporting spinal manipulation for back pain have been and are currently being conducted by physical therapists.

As educators and Program Directors, it is our responsibility to lead a comprehensive curriculum that not only covers manual therapy including spinal manipulation, but also anatomy and physiology, biomechanics, differential diagnosis, orthopedic evaluation, neuroanatomy, neurorehabilitation, and exercise prescription. Physical therapy education prepares the Doctor of Physical Therapy for an integrated approach to examination and treatment of our patients. Doctors of Physical Therapy have the ability to medically screen to rule out other underlying pathologies, effectively evaluate patients, and safely deliver the appropriate evidence-based interventions, which may include spinal manipulation.

It is specious to argue against the safety of physical therapists performing these techniques by attempting to compare the number of hours devoted to spinal manipulation in chiropractic curricula versus physical therapy curricula because it is a comparison of apples and oranges. The evidence for the safety of spinal manipulation in the hands of physical therapists lies in the published, peer reviewed studies that amply demonstrate this safety among therapists in the 48 states where it is legal. In these states where physical therapists and chiropractors both have the right to fully implement the skills for which they have been trained, there are no negative impacts to the economic or professional standing of either profession.

All DPT programs in the country must be accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE), which conducts periodic, independent, and objective review of physical therapy education in general and of each physical therapy program in particular, including on-site inspections. CAPTE standards require all programs to demonstrate extensive didactic and laboratory education that they have deemed leads to the safe and effective delivery of spinal manipulation. The consequences for inadequacies in curriculum can include probational or discontinued accreditation. All three Washington state programs in physical therapy have held continuous accreditation throughout their histories.

There is no doubt that the proper and safe training of spinal manipulation is effectively and safely being taught and practiced in the three DPT programs at the University of Puget Sound, Eastern Washington University, and the University of Washington.

Warmest regards,

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