



Chairman Huffman, Vice Chairwoman Gavarone, Ranking Member Antonio, and Members of the House Health Committee, thank you for allowing me to testify today.

My name is Alan Howell and I am here to testify as a proponent of House Bill 131. I am a licensed Physical Therapist as well as a licensed athletic trainer in the State of Ohio and have been such for 38 years. I have practiced physical therapy in the hospital setting, orthopedic and sports settings, as well as in the private practice setting. I am currently serving as Chair of the State Government Affairs committee with the Ohio Physical Therapy Association. There have been a lot of changes in physical therapy education as well as demand for our services over these 30+ years. With the increased demands on our health care system, we have been given a wonderful opportunity to serve the population. The value of physical therapy is well documented in triage and early intervention to reduce unnecessary treatment costs and expedite safe return to usual activities. I am here to explain how House Bill 131 will safely and effectively serve the public while also expediting care.

The first example deals with a patient that came into our office with her mother. She was a 13-year-old that suffered a soccer injury over the weekend. Her family had been to us in the past and knows the value of our practice. She came to the office limping with a swollen ankle. We performed a physical therapy evaluation and noted that she had increased tenderness not only on her ligaments, that are expected with a sprained ankle, but also had exquisite soreness over the fibula (the outside bone). With this tenderness it was a red flag that she may have a fracture or a growth plate injury, given her age. With House Bill 131 we would have been able to immediately refer for an x-ray to rule out a fracture. Currently, without this legislation, it took her three days to get into her Pediatrician for the image referral. An x-ray was ordered, the results were then faxed back to the Pediatrician in a couple of days, who then referred her to an orthopedic surgeon for repeat x-rays in the office, a boot, and subsequent physical therapy. This all took unnecessary time and further expense to the healthcare system as a whole as well as to the patient with unnecessary co-pays, co-insurance, and cost to the patient with high deductibles. With House Bill 131, an immediate referral for a diagnostic x-ray, and based on results, either a referral to the orthopedist if the fracture was diagnosed, or immediate physical therapy to resolve her sprained ankle, would have been possible.

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We, as Physical Therapists, are taught to look for red flags in our evaluation that could impede our ability to treat the individual with physical therapy modalities and exercise, as well as conditions that are not within our scope of practice. We are bound by our practice act to be safe and prudent in our evaluation procedures and refer on when necessary. With House Bill 131 we will be able to do this expeditiously, which will save the consumer time and money.

In closing I would like to point out that there are many studies available that show the value of physical therapy without the risk of opioids and the expedited care that physical therapy offers that supports keeping healthcare costs down while also safely returning patients with activity restrictions or disabilities back to healthy lifestyles. House Bill 131 streamlines cost effective delivery of physical therapy.

Thank you for giving me this opportunity to testify, Mr. Chairman. I would be happy to answer any questions that you may have.