



March 11, 2019

Dear Representatives Jonathan Singer and Lois Landgraf and Senators Rhonda Fields and Bob Gardner,

My name is Kristin Grimes and I am a practicing physical therapist from Crested Butte, Colorado. I wanted to first take the opportunity to thank you all for sponsoring this bill and for the privilege to speak in support of physical therapists being added to the list of providers who can clear youth athletes for return to sport following concussion.

Briefly, I have been in practice for ten years, the last five of which have been in Gunnison County. The entire county where I practice has approximately 15,000 people, divided primarily between the two towns in which I practice, Gunnison and Crested Butte. After spending the first five years of my career in a busy metropolitan hospital system in Denver, transitioning to a rural healthcare system was quite the shock. From plentiful resources and specialists for every challenge in the big city to seemingly archaic equipment, practices, and limited providers in the middle of nowhere, I was struck by the stark contrast.

Without being able to readily rely on an urban model with unlimited resources, our rural healthcare system has had to fall back on cooperation, clear communication, and reliance on individuals who do bring specific skill sets to their practices, sometimes blurring the lines of clinical titles. This is especially evident in our community concussion management model, as none of our family practice doctors have any specific training with this population. As rural health general practitioners, they take care of all ages with all diagnoses, and, in their defense, do not have the time nor professional energy to specialize in concussion management. As a PT with a vested interest in post-concussive rehabilitation, I have recognized a need for quality improvement in our tiny community, taken hours of continuing education, coordinated physician training sessions with providers from the front range, and have become the primary point person for referrals for evaluation and treatment following concussion. In accordance with the law, patients are always routed back through the medical provider for final clearance, but that final visit often does not even involve a physical exam, can be delayed due to busy family medicine clinics, and, as patients often relay to me, feels like an expensive visit to just "check a box".

What I think makes us as physical therapists not only qualified, but in rural communities potentially the preferred providers for making the return to play decision is our ability to tie clinical exam findings to function. From the most recent consensus statement in Berlin, the following statement describes sports related concussion (SRC):

711 NORTH TAYLOR STREET | GUNNISON, CO 81230 | 970-641-1456

WWW.GUNNISONVALLEYHEALTH.ORG



GUNNISON VALLEY HEALTH

HOSPITAL
SENIOR CARE CENTER
HOME MEDICAL SERVICES
ASSISTED LIVING
FAMILY MEDICINE CLINIC
MOUNTAIN CLINIC
HOSPICE AND PALLIATIVE CARE
FOUNDATION



“SRC may result in neuropathological changes, but the acute clinical signs and symptoms largely reflect a functional disturbance rather than a structural injury and, as such, no abnormality is seen on standard structural neuroimaging studies.”

With this in mind, I would challenge the opposition with this question—how are MDs (and NPs, DOs, PAs, psychologists) addressing the functional components of post concussive evaluation? An athlete may be able to sit in the lobby and deny all subjective symptoms on a symptom inventory, breeze through a superficial oculomotor exam seated on an exam table, demonstrate non-painful cervical spine movement when testing superficially, exhibit normal orthostatic vitals testing, and pass a quick balance screen, but how does that really translate to safety with regards to returning to sport? When was the last time a physician assessed a post concussive individual’s functional physiological response to exercise on a treadmill? Or observed an athlete’s response to head and eye movements in a functional context through sport-specific simulation? Or decided through cervical proprioceptive testing that resting head positioning was 20 degrees to the right, impacting his/her ability to head a soccer ball without elevated risk for re-injury? Or performed a more detailed balance assessment and combined those findings with qualitative movement observation during functional sport-specific movement patterns?

My point is this: we, as PTs, are experts at function and are skilled and qualified post concussive providers. Given the lack of consensus with uniform objective testing for return to sport clearance, adding PTs to the list of providers who can grant clearance would have a positive impact on athlete safety. If the primary concern truly is the safety of our youth, shouldn’t the providers that are best at assessing the athletes be allowed to make the decision for return to sport? In urban models with specialized concussion clinics, I fully agree that this is a great setting for this important decision to be made. Unfortunately, the urban model does not accurately represent a large majority of our state and, the reality is, countless athletes do not have access to this type of specialty medical care.

Thank you again for the opportunity to speak about this important topic.

Sincerely,

Kristin Grimes, PT, DPT, NCS



March 12, 2019

Julie Byrt MSPT, CMMT
Owner & Physical Therapist
Coal Creek Physical Therapy
315 W. South Boulder Road
Louisville, CO 80027

cc:

Rep. Jonathan Singer
Rep. Lois Landgraf
Sen. Rhonda Fields
Sen. Bob Gardner

Re: House Bill 1208

Dear Sponsors of HB19-1208,

I have been a clinical physical therapist and private practice owner for 23 years. I specialized early on in my career in complex spine and vestibular dysfunction. This lead me into helping doctors treat headaches, dizziness, balance dysfunction and a-typical symptoms that MDs needed help in diagnosing and treating, in addition to concussions.

I feel very lucky to live in an area where the MDs and PTs work so closely and cooperatively to help each patient with as much skilled intervention as we can as a team, without ego nor competition involved. I believe this is the model of care we should be promoting for concussion care as it is in the best interest of patients and athletes to have cooperative, professional, effective care that is easy to access quickly and efficiently regarding time and cost.

As a licensed PT, my comprehensive evaluation of concussions includes assessment of balance function, oculomotor function, identification of spinal joint and myofascial injury and current state of stability, in addition to level of Central Nervous System up-regulation. My treatment then includes balance rehabilitation, manual care to the spine with individualized therapeutic exercise for re-stabilizing the spinal injury., (as I have yet to see concussion without a concurrent cervical spine injury), oculomotor exercises and a specialized treatment which helps the concussed patient get their brain out of the sympathetic "fight or flight" mode. (It has been identified that all concussions and TBIs cause the brain to go into the sympathetic response mode and being in this mode actually inhibits rather than helps healing). The neurologists and family practice MDs in the area lean on me as the rehabilitation specialist for restoring balance, oculomotor function and spinal mobility and stability in their concussed patients because treating all 4 of these areas all at once, under one roof gets concussed patients better faster. Athletes in particular are very concerned with healing as fast as possible and returning to play safely and efficiently for both short term and long-term success in their sport. Because, as the Physical Therapist, I am the one improving and measuring their progress every week in physical rehabilitation, Neurologists and Family Practice MDs also lean on my assessment of function in order to make their Return to Play (RTP) assessments, and many times make the call only when they have my written progress report stating that they have met their PT goals.

I agree whole heartedly that concussion care should be coordinated and comprehensive utilizing MDs for full medical evaluation and care, vision therapists for loss of vision function, cognitive therapists for

cognitive function loss and Physical Therapists for balance disturbances, oculomotor dysfunction, concurrent muscular-skeletal injuries and CNS down regulation. I feel that the part a PT plays in the cooperative care is directly related to rehabilitating the concussed athlete to the level of return to play, after the acute care phase, and if any practitioner would know if the athlete is ready, it would be the PT.

As biomechanical specialists, our daily practice includes creating exercises and therapeutic activities that increase a patient's strength, mobility, balance and physical abilities on a gradient, specific to our patient's functional goals. We know immediately when our patients have reached their functional goals by watching their movement patterns and performing balance and strength testing, and with this can easily assess what levels of force they would be able to withstand and if they are ready for return to play.

PTs are licensed as a primary care provider and are trained to evaluate any musculoskeletal and many neurological conditions in order to create a plan of care that includes rehabilitation and referrals to other licensed medical providers for comprehensive care. This has earned Physical Therapists Direct Access in many states including Colorado and has trained PTs thoroughly in the area of assessing if an athlete is fully healed and ready for return to play. Direct Access has allowed Colorado citizens legal direct access to PTs for faster evaluation, and recovery time than having to wait for an MD evaluation which can often take a week or more, only to be referred to a PT for rehabilitation as an appropriate portion or even majority of their care. (As a clinic owner, I staff to have evaluation appointments available every 24 hours and can get patients in same day). This evaluation skill can not only save patients precious time on the front end of care but can also save concussed athletes time away from their sport by getting the RTP assessment on the last day of their PT care instead of waiting another week to get into their MD again for the RTP assessment. This access is even more important in rural areas where providers are more scarce and therefore harder to access due to distance and available time slots. In addition to saving an athlete time, having Physical Therapist deliver the RTP assessment is less costly to the health care system at large due to lower reimbursement schedules for PTs.

I believe it is in the best interest of athletes who suffer a concussion to have fast cost-effective access to their professional RTP Assessment. Allowing Physical Therapists to perform this assessment is within their scope of practice and would help concussion outcomes and athletes return to play safely and efficiently. Stopping PTs from performing the RTP assessment is another step toward keeping our health care system difficult to navigate, and costly in both time and money.

Sincerely,

Julie Byrt MSPT, CMMT

Coal Creek PT

Testimonies
to be read

March 14, 2019

Michael Saxerud, O.D.
2120 Kittridge Ave
Colorado Springs, CO 80919

Re: House Bill 1208

CC:

Rep. Jonathan Singer

Rep. Lois Landgraf

Sen. Rhonda Fields

Sen. Bob Gardner

This letter is being written in support of physical therapists in Colorado being allowed to make return to play (RTP) decisions for their patients. I am a neuro-rehabilitation optometrist and have managed thousands of cases of concussion and traumatic brain injury over the past decade. The majority of these patients have been co-managed with physical therapists, therefore I am very familiar with the role that physical therapists play in the management of these patients.

The reasons that I believe that physical therapist should be allowed to manage RTP are outlined below.

First, physical therapist spend a much greater amount of time with their patients than almost any other type of provider. With regular visits a physical therapist will test many different areas of a patient's function, and therefore are less likely to miss deficits that would make RTP unsafe at that time.

Second, physical therapists test a much wider range of function than most other provider types. This breadth of testing gives them a much more detailed understanding of the patient's current status.

Third, there is a great deal of education and certification available to physical therapists who are interested in being involved in RTP decisions. Many physical therapists already have certification in the areas of neurology, pediatrics, sports injuries, and orthopedic care. These providers have the knowledge that is required for RTP decision making.

Fourth, physical therapists practice in nearly every community in the state, which would eliminate the need for travel, missing school and work, and unnecessary expenses related to traveling to another community to see a provider that in a single visit would make the decision on RTP.

In short, physical therapists may be the best provider to make RTP decisions. This debate should not be seen as a turf war, but as a way to improve the outcomes of concussed patients.

Michael Saxerud, O.D.