

**From:** [Sunset Advisory Commission](#)  
**To:** [Janet Wood](#)  
**Subject:** FW: TBPTE Sunset Review Oppose Recommendation  
3.2  
**Date:** Friday, April 22, 2016 4:13:58 PM

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**From:** Michael Connors [mailto:mconnors@gtc-pt.com]  
**Sent:** Friday, April 22, 2016 3:51 PM  
**To:** Sunset Advisory Commission  
**Subject:** TBPTE Sunset Review Oppose Recommendation 3.2

Dear Sunset Advisory Commission (SAC) Members and Staff:

I am writing as an independent physical therapist to oppose SAC Recommendation 3.2, which would statutorily remove the Texas Board of Physical Therapy Examiner's (TBPTE) ability to delegate continuing competence approval.

I have served as a Texas Physical Therapy Association (TPTA) Continuing Competence Approval Program (CCAP) Orthopaedic Panel reviewer for over 10 years. I have a Doctorate in Physical Therapy degree, am a Certified Orthopaedic Specialist, and serve as an Assistant Professor at a Texas university-based Physical Therapy doctoral program.

It is imperative that experienced physical therapy providers continue to review continuing competence courses in their specialty area. Prior to TBPTE and the TPTA developing the CCAP program, an unqualified administrative clerk rubber stamped continuing education courses. This led to many classes being approved that were antiquated, content, content inadequate, and/or not in line with relevant clinical standards. This situation presented a significant risk to the public.

Healthcare providers must have access to accurate and current clinical information standards in order to ensure that they are able to deliver the appropriate treatment. I strongly recommend that the TBPTE be allowed to retain their authority to delegate continuing competence approval to any entity that who can meet the TBPTE's standards as a continuing competence approval authority.

I would also like to recommend that the Sunset Advisory Commission consider adding the TBPTE's Self-Evaluation Issue 20 to the list of SAC issues and recommendations. Currently in Texas, patients can be treated by a massage therapist or a personal trainer for injuries without a referral; however, as a licensed, doctoral-trained Physical Therapist, I cannot treat them without a referral, despite my more extensive training and expertise with the musculoskeletal system. Forty-seven (47) other states allow physical therapy treatment without a referral, and studies have shown that this has decreased costs with no increased risk to patients. Treatment without referral would not change the scope of practice for a physical therapist, but would allow patients the ability to access a PT without incurring unnecessary delays in access to care or additional costs.

Thank you for your consideration of my comments.

Sincerely,

Michael Connors, PT, DPT, OCS