



Massachusetts Society of Radiologic Technologists

info@msrt-ma.org

<https://member.msrt-ma.org/>

Representative Marjorie Decker
House Chair, Joint Committee on Public Health
State House, Room 130
Boston, MA 02133

Senator William Driscoll
Senate Chair, Joint Committee on Public Health
State House, Room 312D
Boston, MA 02133

Testimony for the Joint Committee on Public Health
On Behalf of the Massachusetts Society of Radiologic Technologists (MSRT)

Testimony in Opposition to S.215

July 14, 2025

Dear Chair Decker and Chair Driscoll,

On behalf of the Massachusetts Society of Radiologic Technologists, thank you for the opportunity to offer testimony in strong opposition to proposed legislation that would allow physical therapists to independently administer and interpret diagnostic imaging studies.

The Massachusetts Society of Radiologic Technologists (MSRT) is a professional membership organization that serves as the voice for more than eight thousand licensed radiologic technologists and radiation therapists in Massachusetts. We are a state affiliate of the American Society of Radiologic Technologists (ASRT) with a membership of more than 150,000 technologists nationwide.

Diagnostic imaging is a critical component of the diagnostic process, requiring a deep understanding of anatomy, pathology, radiation safety, imaging physics, and clinical correlation. Radiologic Technologists undergo extensive accredited education and national certification to perform imaging safely and accurately. Similarly, interpretation of these studies requires the advanced medical training of radiologists or physicians specifically trained in imaging.

Granting physical therapists, the authority to both administer and interpret diagnostic imaging undermines patient safety for several reasons:

1. **Training and Scope of Practice:** Physical therapists are highly skilled in movement science and rehabilitation, but their education does not include the rigorous training in radiologic anatomy, imaging pathology, or differential diagnosis necessary for accurate image interpretation. This lack of training increases the risk of missed or incorrect diagnoses.
2. **Risk of Overutilization or Misuse:** Without appropriate training in evidence-based imaging criteria, physical therapists may overuse imaging or misinterpret results, potentially leading to unnecessary radiation exposure, inappropriate treatment plans, or delays in proper care.
3. **Fragmentation of Care:** Diagnostic imaging must be part of a comprehensive clinical evaluation. When interpretation occurs outside of the traditional physician-radiologist team, it fragments the care process and increases the likelihood of communication errors and incomplete clinical oversight.

4. **Patient Safety and Quality of Care:** Misinterpretation of imaging could have serious consequences for patients, particularly in cases involving fractures, tumors, infections, or vascular conditions that may not be obvious without radiological expertise.

This is not a matter of professional rivalry, it is a matter of ensuring patients receive the safest and most accurate diagnostic care. Expanding the scope of physical therapists to include the administration and interpretation of diagnostic imaging interpretation places them in a role for which they are not adequately trained or prepared, and it bypasses established standards designed to protect patients.

For the sake of quality care, interdisciplinary collaboration, and patient safety, we urge the committee to reject this proposal.

Respectfully Submitted,
Karen Farris MHA, RT(R) (M) (QM) (ARRT)
President