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Dear Chair Black and members of the committee,

I thank you for the opportunity to speak with you personally yesterday and for the opportunity to submit written testimony in support of universal primary care here in Vermont. I am submitting this to clarify and expand on my comments during the hearing on April 30, 2026.

My name is Dr. Julie Adams, PT, DPT. I am a physical therapist, a seventh generation Vermonter, and a lifelong resident of Addison County. I have lived in Ferrisburgh for the past 23 years. I am representing the American Physical Therapy Association (APTA), our national professional association, as well as our Vermont chapter in this testimony.

Before I can speak to our position, I wanted to tell you just a bit about myself as background. I am the granddaughter of two Vermont State Representatives: Herrick Spencer, whose seat was filled by his wife after his death. My grandmother Marion Spencer served in the House for over 15 years, successfully running for reelection and representing our district. I am also the granddaughter of a primary care physician in New Jersey, who practiced into his late 80s. I carry the values and the legacies of these grandparents into my choice of career and advocacy.

I have been a licensed physical therapist since 1991, after graduating with a dual degree in physical therapy and pre-medicine; I returned to higher education to expand on my research and public health knowledge and received a Doctor of Physical Therapy (DPT) degree with honors in 2006. For the past 23 years until my retirement in December 2025, I have served in a leadership role at the University of Vermont Medical Center, leading both the Inpatient Rehabilitation Unit's therapy services as well as the outpatient neurological and complex medical rehabilitation programs. I have only worked in nonprofit healthcare organizations by choice, and I have been a consistent advocate for universal healthcare and improved access to care. From 2004-2024 I was the Legislative Chair for the Vermont APTA and I continue to serve in an ad hoc manner for specific legislative efforts. This is a topic that I am happy to come out of retirement for. I wish to share that much of my thought process about retiring at this relatively early point in my career, at age 55, is because of my frustration with the lack of meaningful health coverage for my patients. I have come to the sad realization that I can do far more OUTSIDE of the current lack of a system through pro bono and advocacy work than I can do within it. This makes me sad. Our country is far behind others that have prioritized healthcare as a human right, and I am grateful that Vermont is aware of this.

I have personally seen thousands of patients in the past 35 years, either as their direct clinician or as the leader responsible for their care under my teams. In far too many cases, the disease process or injury could have been prevented with PROACTIVE primary care. Early signs of disease are often silent, such as high blood pressure. It has broken my heart on countless occasions to meet someone who could have avoided so much pain and disability if only they had accessed diagnosis and care much earlier.

I'd like to share a few examples of access to care as a PROACTIVE, PREVENTATIVE action:

- UVMHealth physical therapists since 2003 have routinely checked resting vital signs prior to examining a patient. We have prevented strokes, identified atrial fibrillation or postural hypotension,

alerted PCP's to a need for medication, and helped patients to recognize the need for care oftentimes with patients completely unaware that they had these conditions.

- UVMHealth has reversed the usual referral pattern where a MD refers to PT for patients with concussion- resulting in MUCH faster access to specialist physiatry care when needed, and a reduction in unnecessary expenses. We essentially eliminated the waitlist for a MD appointment for these patients by adopting this pattern.
- In collaboration with the Vermont Department of Health and what eventually became the Falls Free Coalition, the Community Health Team, Elder Care Services at UVM and my team at UVMHealth created an evidence-based interdisciplinary Fall Prevention Program in 2006. We then shared this program across all of the Vermont hospitals. The program continues to this day, 20 years later, in my former outpatient department and has been updated as the research has evolved. We have prevented thousands of injuries with this program and had measurable results from patients who had previously fallen multiple times each year to a program average of less than one fall per year for all participants. Our findings were shared nationally in 2008 at the National Council on Aging's annual conference through a live presentation.
- UVMHealth has created same day access to physical therapist examination and treatment for vertigo and dizziness- resulting in less burden on the patient, less fall risk and less cost: allowing PCP's to focus on patient care that is needing their expertise and licensure while allowing patients to experience the treatment in a more supportive environment with additional staff and longer appointment times (one hour is the standard examination and treatment time for these patients in PT).
- UVMHealth has identified physical therapists as the first point of contact for low back pain, resulting in less imaging tests being ordered and less overall cost from unnecessary physician visits. This has also resulted in less wait for patients to receive effective care. This pattern aligns with best practices around the world, with the Choosing Wisely recommendations from physician organizations and with Consumer Reports' review of the costs of care.
- UVMHealth has embedded physical therapists in several physician practices (or embedded physicians in our own spaces!) such as the Upper Extremity Surgical Clinic, the Sports Medicine Clinic, the ALS Clinic, Oncology Services, Prosthetic Clinic, Brace Clinic, and several network primary care offices with great impact on cost and access to care. Physicians and physical therapists are colleagues that collaborate well to enhance and streamline care.

In summary- while these examples are from my own experience working within the health network, the APTA and I fully support increased access to primary care. We would be seeing far less people with PREVENTABLE serious and complex conditions in my former departments if this were enacted.

We would also put forth that PT's can help with direct and timely access. Our services do not require a referral and have not required one in Vermont since 1987. Insurers do cover direct access to physical therapy and referrals from a physician are not necessary for coverage. We are happy to help clear the dockets of primary care or embed ourselves in primary care practices to see patients that are appropriate for our expertise- not only for musculoskeletal conditions, but other diagnoses can be screened by PT's and triaged appropriately. There is a large group of patients that we can assist with should we be permitted to. Thank you for your time.

Sincerely,

Julie S. Adams PT, DPT

