



Oregon Medical Board

omb.oregon.gov

971-673-2700

HB 2817 Workgroup Podiatry Practice Rules

August 23, 2023, 5:15PM

Videoconference

[Join Zoom Meeting](#)

Meeting ID: 847 0763 6658

Passcode: !73RDgUr3

Phone: 253-215-8782

Meeting ID: 847 0763 6658

Passcode: 638643723

The public is invited to attend all portions of this meeting and may participate by providing comment during the public comment period (item #5).

1. Call to Order and Roll Call, Eric Evans, DPM (5:15-5:20PM)

Workgroup Members:

Eric Evans, DPM, Oregon Medical Board Representative
Niknam Eshraghi, MD, Oregon Medical Board Representative
Timothy Mineo, DPM, ABFAS Representative
Melissa Lockwood, DPM, ASPS Representative
Cassandra Tomczak, DPM, OPMA Representative
Sabrina Riggs, OAOS Representative
Mark Bonanno, OMA Representative
Scott Boynton, DPM, DPM Representative
Sean Dunn, DPM, DPM Representative
Elliot Michael, DPM, DPM Representative
Justin Brohard, DO, MD/DO Representative
Enoch Huang, MD, MD/DO Representative

Meeting overview:

- This workgroup has been formed to gather input from those who will be directly impacted and from those with knowledge and expertise to inform the development of proposed rules implementing House Bill 2817 (2023).
- The workgroup's role is advisory, and consensus is not necessary. While the workgroup may make recommendations, the OMB retains decisionmaking authority.
- Open, honest, and respectful communication is expected at all times.
- This is a public meeting, and all portions will be held in public session and recorded.
- Please state your name and organization prior to speaking.



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- The public is invited to attend the meeting and may provide comment during the designated public comment period. Members of the public will be muted for the other portions of the meeting. When invited to speak, please state your name and organization (if applicable) and limit your comments to three minutes.
- Additional opportunities for public input will be provided when the draft rules are prepared and submitted to the Secretary of State.
- Any questions about this workgroup or the rulemaking process generally should be directed to OMB staff.

2. Introductions, Eric Evans, DPM (Workgroup Members) (5:20-5:30PM)

3. Background & HB 2817 Overview, Elizabeth Ross, OMB Legislative & Policy Analyst (5:30-5:35PM)

Podiatric physicians and surgeons (DPMs) are licensed to diagnose and perform medical and surgical treatments related to ailments of the human foot, ankle, and tendons directly attached to and governing the function of the foot and ankle. There are about 220 actively licensed DPMs in Oregon.

Like all OMB licensees, DPMs practice within the “duty of care,” meaning that they must use that degree of care, skill and diligence that is used by ordinarily careful physicians in the same or similar circumstances and in the same or similar community. DPMs must practice within the scope of practice defined in statute and within their individual education, training, and experience.

In 2023, the Oregon Legislature passed HB 2817 which explicitly states that the practice of podiatry includes:

“The treatment of the skin, skin-related structures and subcutaneous masses, and wounds involving skin, skin-related structures and subcutaneous masses, on the human leg no further proximal than the tibial tubercle.”

This language becomes operative January 1, 2024. The Oregon Legislature¹ directed the OMB to adopt rules defining “treatment” and determining appropriate levels of education.

¹ House Committee On Behavioral Health and Health Care, [04/03/2023 3:00 PM](#) around the 12:04 minute mark.



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4. Topics for Discussion, Eric Evans, DPM (5:35-6:15PM)

- a. Does “treatment” of skin, skin-related structures and subcutaneous masses, and wounds involving skin, skin-related structures and subcutaneous masses, on the human leg no further proximal than the tibial tubercle need to be further defined?
- b. Does “treatment” include the treatment of ulcers on the human leg no further proximal than the tibial tubercle?
- c. Is additional education or training needed for podiatric physicians and surgeons to treat skin, skin-related structures and subcutaneous masses and wounds?

5. Public Comment, Eric Evans, DPM (6:15-6:30PM)

Any member of the public may provide oral comments at this time. OMB staff will call on public participants or participants may raise their hand to indicate the desire to comment. Please limit comments to three minutes and state your name and organization (if applicable). You may submit additional comments in writing to elizabeth.ross@omb.oregon.gov.

6. Closing Discussion, Eric Evans, DPM (6:30-6:45PM)

Workgroup members may provide closing thoughts and summary of the meeting discussion. Additional information and rule drafts will be available on the [HB 2817 website](#). Workgroup members and the public may submit additional written comments to Elizabeth Ross, elizabeth.ross@omb.oregon.gov, through the public comment end date for the rulemaking.

Resources

- [HB 2817 \(2023\)](#)
- Council on Podiatric Medical Education, [CPME 120-Standards and Requirements for Accrediting Colleges of Podiatric Medicine](#)
- Council on Podiatric Medical Education, [CPME 320-Standards and Requirements for Approval of Podiatric Medicine and Surgery Residencies](#)
- [OMB Statement of Philosophy on Scope of Practice](#)
- [OMB Statement of Philosophy on Professionalism](#)



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For questions about the HB 2817 workgroup and bill implementation process, contact Elizabeth Ross, Legislative and Policy Analyst, at elizabeth.ross@omb.oregon.gov or (971) 673-2700.

For information on attending or to request accommodation for workgroup meeting, contact Gretchen Kingham, Executive Assistant, at gretchen.kingham@omb.oregon.gov or (971) 673-2700.

Rulemaking Timeline (tentative):

- August 23, 2023 – HB 2817 workgroup meeting.
- September 13, 2023 – Administrative Affairs Committee (AAC) meeting; AAC reviews workgroup information and makes recommendations to the full Board.
- October 5, 2023 – Oregon Medical Board (OMB) meeting; OMB may initiate rulemaking or provide guidance for further review by the HB 2817 workgroup.
 - If the OMB initiates a rulemaking, OMB will file notice of proposed rules with a public comment period and public hearing.
 - If the OMB provides guidance for further review by the HB 2817 workgroup, the workgroup will reconvene for further review.

Agenda Subject to Change: To assure that the Workgroup makes the best use of meeting time, agenda items may be reviewed out of order. The agenda is subject to change without additional notification. Posted times are provided as an estimate.

Enrolled
House Bill 2817

Sponsored by Representatives EVANS, NOSSE; Representatives CONRAD, DIEHL, GOODWIN, JAVADI, MORGAN, NELSON, PHAM H (Presession filed.)

CHAPTER

AN ACT

Relating to podiatry; amending ORS 677.010.

Be It Enacted by the People of the State of Oregon:

SECTION 1. ORS 677.010 is amended to read:

677.010. As used in this chapter, subject to the exemptions in ORS 677.060 and unless the context requires otherwise:

(1) "Approved internship" means the first year of post-graduate training served in a hospital that is approved by the board or by the Accreditation Council of Graduate Medical Education, the American Osteopathic Association or the Royal College of Physicians and Surgeons of Canada.

(2) "Approved school of medicine" means a school offering a full-time resident program of study in medicine or osteopathic medicine leading to a degree of Doctor of Medicine or Doctor of Osteopathic Medicine, such program having been fully accredited or conditionally approved by the Liaison Committee on Medical Education, or its successor agency, or the American Osteopathic Association, or its successor agency, or having been otherwise determined by the board to meet the association standards as specifically incorporated into board rules.

(3) "Board" means the Oregon Medical Board.

(4) "Diagnose" means to examine another person in any manner to determine the source or nature of a disease or other physical or mental condition, or to hold oneself out or represent that a person is so examining another person. It is not necessary that the examination be made in the presence of such other person; it may be made on information supplied either directly or indirectly by such other person.

(5) "Dispense" means the preparation and delivery of a prescription drug, pursuant to a lawful order of a practitioner, in a suitable container appropriately labeled for subsequent administration to or use by a patient or other individual entitled to receive the prescription drug.

(6) "Dispensing physician" means a physician or podiatric physician and surgeon who purchases prescription drugs for the purpose of dispensing them to patients or other individuals entitled to receive the prescription drug and who dispenses them accordingly.

(7) "Drug" means all medicines and preparations for internal or external use of humans, intended to be used for the cure, mitigation or prevention of diseases or abnormalities of humans, which are recognized in any published United States Pharmacopoeia or National Formulary, or otherwise established as a drug.

(8) "Fellow" means an individual who has not qualified under ORS 677.100 (1) and (2) and who is pursuing some special line of study as part of a supervised program of a school of medicine, a hospital approved for internship or residency training, or an institution for medical research or ed-

ucation that provides for a period of study under the supervision of a responsible member of that hospital or institution, such school, hospital or institution having been approved by the board.

(9) "Intern" means an individual who has entered into a hospital or hospitals for the first year of post-graduate training.

(10) "License" means permission to practice, whether by license, registration or certification.

(11) "Licensee" means an individual holding a valid license issued by the board.

(12) "Physical incapacity" means a condition that renders an individual licensed under this chapter unable to practice under that license with professional skill and safety by reason of physical illness or physical deterioration that adversely affects cognition, motor or perceptive skill.

(13) "Physician" means a person who holds a degree of Doctor of Medicine or Doctor of Osteopathic Medicine, or a person who holds a degree of Doctor of Podiatric Medicine if the context in which the term "physician" is used does not authorize or require the person to practice outside the scope of a license issued under ORS 677.805 to 677.840.

(14) "Podiatric physician and surgeon" means a physician licensed under ORS 677.805 to 677.840 [to treat ailments of the human foot, ankle and tendons directly attached to and governing the function of the foot and ankle.] **to practice podiatry.**

(15)(a) "Podiatry" means:

(A) The diagnosis or the medical, physical or surgical treatment of ailments of the human foot, ankle and tendons directly attached to and governing the function of the foot and ankle, [except] **and** treatment involving the use of a general or spinal anesthetic [unless the] **if that** treatment is performed in a hospital licensed under ORS 441.025 or in an ambulatory surgical center licensed by the Oregon Health Authority and is under the supervision of or in collaboration with a podiatric physician and surgeon; [and]

(B) Assisting in the performance of surgery, as provided in ORS 677.814[.]; **and**

(C) **The treatment of skin, skin-related structures and subcutaneous masses, and wounds involving skin, skin-related structures and subcutaneous masses, on the human leg no further proximal than the tibial tubercle.**

(b) "Podiatry" does not include administering general or spinal anesthetics or the amputation of the entire foot.

(16) "Prescribe" means to direct, order or designate the use of or manner of using by spoken or written words or other means.

(17) "Resident" means an individual who, after the first year of post-graduate training, in order to qualify for some particular specialty in the field of medicine, pursues a special line of study as part of a supervised program of a hospital approved by the board.

Passed by House April 13, 2023

Repassed by House June 23, 2023

.....
Timothy G. Sekerak, Chief Clerk of House

.....
Dan Rayfield, Speaker of House

Passed by Senate June 21, 2023

.....
Rob Wagner, President of Senate

Received by Governor:

.....M.,....., 2023

Approved:

.....M.,....., 2023

.....
Tina Kotek, Governor

Filed in Office of Secretary of State:

.....M.,....., 2023

.....
Secretary of State

Item 3: Background

From: Scott L. Haag, JD <shaag@apma.org>
Sent: Tuesday, August 22, 2023 9:09 AM
To: ROSS Elizabeth * OMB
Cc: Gail M. Reese, JD; Nick Zuleta; Dyane E. Tower, DPM
Subject: RE: Scope of Practice Map

Dear Ms. Ross,

APMA is pleased to offer a summary of the requested information regarding regional variations for podiatric physicians concerning the treatment of skin, skin-related structures, subcutaneous masses, and leg wounds limited to the area no more proximal than the tibial tubercle. Additional questions can be directed to Nick Zuleta, APMA Health Policy Senior Analyst, who assisted us in pulling the following together. Approximately 41 unique states and DC make no reference to these issues in their scope while 9 do address specifically. Of those states that reference these issues, the subsequent list comprises states that have addressed these matters. This info is generally based on recent reviews and generally comes from each state's statutory podiatric scope of practice. Based on our research, we found the following state scope of practices addressed either skin-related structures, subcutaneous masses, wounds, or some combination thereof directly in statute:

Skin and Subcutaneous	Skin	Wound
Connecticut New Mexico New York South Carolina	Arkansas Connecticut Georgia Louisiana New Mexico New York South Carolina*	California Colorado New York

The vast majority of states indicated above make no specific reference to requirements for specialized training in skin, subcutaneous, or wound care.

New Mexico's scope of practice, as clarified in the New Mexico Administrative Code, includes the following:

- A. For the purpose of clarification of the Podiatry Act, Section 61-8-2(C) NMSA 1978, the practice of podiatry:*
(1) in regard to surgical treatment shall include the skin and subcutaneous tissues of the thigh and all structures distal to the tuberosity of the tibia;. . .
N.M. Code R. § 16.21.1.8

South Carolina indicates:

For the purposes of this chapter: (1) "Ankle" means the distal metaphysis and epiphysis of the tibia and fibula, the articular cartilage of the distal tibia and distal fibula, the ligaments that connect the distal metaphysis and epiphysis of the tibia and fibula and the talus, and the portions of skin, subcutaneous tissue, fascia, muscles, tendons and nerves at or below the level of the myotendinous junction of the triceps surae.
SOUTH CAROLINA CODE OF LAWS § 40-51-20. Definitions

Another example of scope language addressing treatment of wounds can be found in Colorado:

(a) "Practice of podiatry" means:

(I) Holding out one's self to the public as being able to treat, prescribe for, palliate, correct, or prevent any disease, ailment, pain, injury, deformity, or physical condition of the human toe, foot, ankle, tendons that insert into the foot, and soft tissue below the mid-calf, by the use of any medical, surgical, mechanical, manipulative, or electrical treatment, including complications thereof consistent with such scope of practice;

(II) Suggesting, recommending, prescribing, or administering any podiatric form of treatment, operation, or healing for the intended palliation, relief, or cure of any disease, ailment, injury, condition, or defect of the human toe, foot, ankle, tendons that insert into the foot, and soft tissue wounds below the mid-calf, including complications thereof consistent with such scope of practice; and

(III) Maintaining an office or other place for the purpose of examining and treating persons afflicted with disease, injury, or defect of the human toe, foot, ankle, tendons that insert into the foot, and soft tissue wounds below the mid-calf, including the complications thereof consistent with such scope of practice.

Colo. Rev. Stat. § 12-290-102

We hope this provides you the overview you requested. Please let us know if you have any additional questions or would like to discuss in greater detail.

Regards,

Scott

Scott Haag, JD, MSPH

(He/Him/His)

Sr. Director, Health Policy & Practice and Center for Professional Advocacy

American Podiatric Medical Association

www.apma.org

Phone: 301-581-9233

Email: shaag@apma.org

Hours: 9 a.m.-5 p.m. ET

Federation of Podiatric Medical Boards

REQUEST FOR INFORMATION: Practice Act / Scope of Practice – Podiatry

Responses received as of August 23, 2023

DISCLAIMER: Information is reported voluntarily by licensing boards regulating the practice of podiatric medicine, and/or state podiatric associations. Therefore, the FPMB makes no guarantee or warranties on its accuracy and does not assume responsibility for errors or omissions. For more specific information, the appropriate licensing boards, statutes, rules, and/or regulations should always be consulted.

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RFI Description

Background

The Oregon legislature passed HB 2817 this term. The bill explicitly includes “the treatment of the skin, skin-related structures and subcutaneous masses, and wounds involving skin, skin-related structures and subcutaneous masses, on the human leg no further proximal than the tibial tubercle” within the podiatry scope of practice. The Oregon Legislature has directed the Oregon Medical Board to further define “treatment” and determine appropriate levels of education so a workgroup representing a wide variety of individuals/organizations is being created. The workgroup, which includes the Oregon Podiatric Medical Association, is meeting on Wednesday, August 23, 2023.

Request for Information

On behalf of the Oregon Podiatric Medical Association, please answer the following questions that will provide important data for the Oregon Medical Board workgroup:

- **Does the practice act in your state/jurisdiction include the word "treatment"? *If yes:***
 - How is “treatment” defined?

- **Is “the treatment of the skin, skin-related structures and subcutaneous masses, and wounds involving skin, skin-related structures and subcutaneous masses, on the human leg no further proximal than the tibial tubercle” or some similar language within the podiatry scope of practice in your state/jurisdiction? *If yes:***
 - Are there any educational requirements in place in order to treat the skin and skin-related structures above the ankle? (*providing the language requirements is greatly appreciated*)
 - How many podiatric complaints regarding ulcers/soft tissues of the lower leg have you had over the last five years?

Alabama

Response from Alabama State Board of Podiatry:

<https://podiatryboard.alabama.gov/PDF/2023/SB28-enr.pdf>

Everyone can treat the ankle up to the distal one third of the leg. This is approximately the myotendinous junction of the Achilles tendon. In determining the limits of your license, it would depend on the level of your residency training (not the type of board certification). We were successful in keeping a requirement for board certification out of the scope of practice bill. It is very likely that your hospital will require Board certification but the committee felt very strongly that this should be done on a local level and not on a legislative level. The 2 different levels of training that are identified in our scope of practice are those with 36 or more months of residency training and those with less than 36 months. This 36 months of residency training does not have to be at a single institution. Those of us completing our training prior to 2013 may have done an RPR or PPMR with a PSR 24. This would qualify as 36 months of training. There are some who may have had multiple 12-month programs at different institutions and as long as your total training is 36 months you are able to perform osseous ankle surgery (ankle fractures, osteotomies, osteochondral lesions etc.). The only procedure that is prohibited by our practice act is total ankle arthroplasty. If you have 36 months or more of training you are permitted to remove a failed total ankle implant and convert to arthrodesis, but we are unable at this time to perform total ankle arthroplasty. I suspect that in the next 5 to 10 years work will need to be done to have this restriction removed from our practice act but at this time it was felt that the concession was worth having our opponents support our bill and suspend their opposition to us. Strategically, this worked very well for us.

If you have less than 36 months of residency training, you are still able to perform procedures in the ankle all the way up to the distal one third of the leg. For example, it is within the scope of practice for you to treat venous leg ulcers, perform nerve biopsies, do skin biopsies on suspicious lesions, perform tendon repairs, including the Achilles tendon, and even perform tendo Achilles lengthening. The only restriction that you have is osseous surgery.

Arizona

Response from Arizona State Board of Podiatry Examiners:

The Board defined "treatment" in statute and rule. The statute, A.R.S. 32-801 provides the following definitions:

"Electrical treatment" means using electricity in diagnosing or treating of an ailment of the foot or leg by electrodes, lights, rays, vibrators or a machine run by electricity.

"Manipulative treatment" means using the hand or machinery in treating the foot or leg.

"Mechanical treatment" means applying a mechanical appliance of whatever material to the foot or leg, or to the shoe or other footgear.

"Medical treatment" means recommending, prescribing or locally applying a therapeutic agent for relief of a foot or leg ailment.

"Surgical treatment" means using a cutting instrument to treat an ailment of the foot or leg.

The rule, A.A.C. R4-25-101, provides the following definition: The Board does not have specific language regarding treatment of the skin.

"Treatment" means podiatric medical, surgical, mechanical, manipulative, or electrical treatment according to A.R.S. § 32-801.

The Board does not have in statute or rule specific language that addresses the treatment of skin. The statutory definition of podiatrist infers that a podiatrist may treat the skin below the knee (A.R.S. 32-801(10)):

"Podiatrist" is synonymous with podiatric physician and surgeon and means a person who, within the limits of this chapter, is registered and licensed to practice podiatry by means of performing full body physical examinations within the profession's scope of practice and diagnosing or medically, surgically, mechanically, manipulatively or electrically treating ailments of the human foot and leg but not amputating the leg or entire foot or administering an anesthetic other than local.

We cannot recall any complaints over the last five years that were specific to ulcers or soft tissue.

British Columbia

Response from College of Physicians and Surgeons of British Columbia:

Under the BC podiatric regulations:

"podiatric medicine" means the health profession in which a person provides the services of prevention, treatment and palliation of diseases, disorders and conditions of

(a)the foot, and

(b)the bones, muscles, tendons, ligaments and other tissues of the lower leg that affect the foot or foot function,

but does not include any treatment of the foot or lower leg that may affect the course of treatment of a systemic disease unless the treatment of the foot or lower leg is provided in collaboration with a medical practitioner;

By definition podiatrists would be limited to foot and ankle, which would include the fibula and tibia as part of the ankle affecting foot function. So, in essence they would not be allowed to treat skin disorders up the leg to the level of the tibial tubercle (that bony bump below your kneecap) since it does not affect foot function. In practice however the skin is not different over the entire lower leg and podiatrists know the anatomy. They probably do treat non-surgical skin lesions to that level (and we would be fine with that). They should not do skin excisions to that level, but then again we would be okay with skin biopsies and tissue removal for biopsy if it did occur provided they appropriately referred them on when malignant.

But, to answer the question, it is no.

California

Response from Podiatric Medical Board of California:

Does the practice act in your state/jurisdiction include the word "treatment"? If yes: How is "treatment" defined?

Yes. BPC 2472 is the scope statute in California for DPMs. DPMs are allowed to perform the following:

“diagnosis, medical, surgical, mechanical, manipulative, and electrical treatments” and the statute goes on to define surgical and nonsurgical activities and specifies limitations. (See attachment for full statute)

(b) As used in this chapter, “podiatric medicine” means the diagnosis, medical, surgical, mechanical, manipulative, and electrical treatment of the human foot, including the ankle and tendons that insert into the foot and the nonsurgical treatment of the muscles and tendons of the leg governing the functions of the foot.

(f) Notwithstanding subdivision (b), a doctor of podiatric medicine with training or experience in wound care may treat ulcers resulting from local and systemic etiologies on the leg no further proximal than the tibial tubercle.

Is “the treatment of the skin, skin-related structures and subcutaneous masses, and wounds involving skin, skin-related structures and subcutaneous masses, on the human leg no further proximal than the tibial tubercle” or some similar language within the podiatry scope of practice in your state/jurisdiction?

Yes. Subsection (f) defines the limitations of soft tissue wound care. Debridement of soft tissue is allowed.

Are there any educational requirements in place in order to treat the skin and skin-related structures above the ankle?

Subsection (f) states that DPMs “with training or experience in wound care” may perform such procedures. There is no specific educational requirement specifically cited by the statute.

How many podiatric complaints regarding ulcers/soft tissues of the lower leg have you had over the last five years?

As to the complaints regarding ulcers and soft tissue treatment by DPMs, we are not currently aware of any complaints from patients. However, we have received approximately 12 or so inquiries regarding soft tissue

debridement from DPMs and medical staff related to these procedures in approximately 10 years.

BUSINESS AND PROFESSIONS CODE - BPC

DIVISION 2. HEALING ARTS [500 - 4999.129]

(Division 2 enacted by Stats. 1937, Ch. 399.)

CHAPTER 5. Medicine [2000 - 2529.6]

(Chapter 5 repealed and added by Stats. 1980, Ch. 1313, Sec. 2.)

ARTICLE 22. Podiatric Medicine [2460 - 2499.8]

(Article 22 added by Stats. 1980, Ch. 1313, Sec. 2.)

2472.

(a) The certificate to practice podiatric medicine authorizes the holder to practice podiatric medicine.

(b) As used in this chapter, "podiatric medicine" means the diagnosis, medical, surgical, mechanical, manipulative, and electrical **treatment** of the human foot, including the ankle and tendons that insert into the foot and the nonsurgical **treatment** of the muscles and tendons of the leg governing the functions of the foot.

(c) A doctor of podiatric medicine shall not administer an anesthetic other than local. If an anesthetic other than local is required for any procedure, the anesthetic shall be administered by another licensed health care practitioner who is authorized to administer the required anesthetic within the scope of his or her practice.

(d) (1) A doctor of podiatric medicine may do the following:

(A) Perform surgical **treatment** of the ankle and tendons at the level of the ankle pursuant to subdivision (e).

(B) Perform services under the direct supervision of a physician and surgeon, as an assistant at surgery, in surgical procedures that are otherwise beyond the scope of practice of a doctor of podiatric medicine.

(C) Perform a partial amputation of the foot no further proximal than the Chopart's joint.

(2) Nothing in this subdivision shall be construed to permit a doctor of podiatric medicine to function as a primary surgeon for any procedure beyond his or her scope of practice.

(e) A doctor of podiatric medicine may perform surgical **treatment** of the ankle and tendons at the level of the ankle only in the following locations:

(1) A licensed general acute care hospital, as defined in Section 1250 of the Health and Safety Code.

(2) A licensed surgical clinic, as defined in Section 1204 of the Health and Safety Code, if the doctor of podiatric medicine has surgical privileges, including the privilege to perform surgery on the ankle, in a general acute care hospital described in paragraph (1) and meets all the protocols of the surgical clinic.

(3) An ambulatory surgical center that is certified to participate in the Medicare program under Title XVIII (42 U.S.C. Sec. 1395 et seq.) of the federal Social Security Act, if the doctor of podiatric medicine has surgical privileges, including the privilege to perform surgery on the ankle, in a general acute care hospital described in paragraph (1) and meets all the protocols of the surgical center.

(4) A freestanding physical plant housing outpatient services of a licensed general acute care hospital, as defined in Section 1250 of the Health and Safety Code, if the doctor of podiatric medicine has surgical privileges, including the privilege to perform surgery on the ankle, in a general acute care hospital described in paragraph (1). For purposes of this section, a "freestanding physical plant" means any building that is not physically attached to a building where inpatient services are provided.

(5) An outpatient setting accredited pursuant to subdivision (g) of Section 1248.1 of the Health and Safety Code.

(f) Notwithstanding subdivision (b), a doctor of podiatric medicine with training or experience in wound care may **treat** ulcers resulting from local and systemic etiologies on the leg no further proximal than the tibial tubercle.

(Amended by Stats. 2017, Ch. 793, Sec. 1.5. (AB 1153) Effective January 1, 2018.)

Delaware

Response from Delaware Board of Podiatry:

Please click on link below to help answer your questions:

[Delaware Code Online](#)

<http://regulations.delaware.gov/AdminCode/title24/500.shtml> Section 9.8-
Practice Act

Section 6.0-Continuing Education

District of Columbia

Response from District of Columbia Board of Podiatry:

For D.C., there is no definition of "Treatment" in the statute.

The scope of practice for Podiatry in D.C. is:

(14) "Practice of podiatry" means to diagnose or surgically, medically, or mechanically treat, with or without compensation, the human foot or ankle, the anatomical structures that attach to the human foot, or the soft tissue below the mid-calf. The term "practice of podiatry" does not include the administration of an anesthetic, other than a local anesthetic.

<https://code.dccouncil.gov/us/dc/council/code/sections/3-1201.02>

There are no current scope of practice regulations.

Florida

Response from Florida Board of Podiatric Medicine:

Does the practice act in your state/jurisdiction include the word "treatment"? If yes, how is "treatment" defined?

Yes, Florida's practice act includes the word "treatment", however, our laws and rules do not define the term treatment.

Section 461.003(5), Florida Statutes defines podiatric medicine as the diagnosis or medical, surgical, palliative, and mechanical treatment of ailments of the human foot and leg. The surgical treatment of ailments of the human foot and leg shall be limited anatomically to that part below the anterior tibial tubercle. The practice of podiatric medicine shall include the amputation of the toes or other parts of the foot but shall not include the amputation of the foot or leg in its entirety. A podiatric physician may prescribe drugs that relate specifically to the scope of practice authorized herein.

Is "the treatment of the skin, skin-related structures and subcutaneous masses, and wounds involving skin, skin-related structures and subcutaneous masses, on the human leg no further proximal than the tibial tubercle" or some similar language within the podiatry scope of practice in your state/jurisdiction?

Are there any educational requirements in place to treat the skin and skin-related structures above the ankle?

There are no educational requirements in place to treat the skin and skin-related structures above the ankle.

How many podiatric complaints regarding ulcers/soft tissues of the lower leg have you had over the last five years?

This number is indeterminate. The Consumer Services Unit (CSU) is where the complaint process begins. It is the central intake for all complaints, including complaints alleging the practice of a healthcare profession or the operation of facilities/establishments without the appropriate license. CSU includes investigators and analysts assigned to specific professions. Staff reviews each complaint for possible violations of laws and rules. Only legally sufficient complaints are investigated.

Georgia

Response from Georgia State Board of Podiatry Examiners:

- Does the practice act in your state/jurisdiction include the word "treatment"? If yes:
 - How is "treatment" defined?

- > Whereas the word "treatment" is used within the definition of podiatric medicine, it is not defined.

- Is "the treatment of the skin, skin-related structures and subcutaneous masses, and wounds involving skin, skin-related structures and subcutaneous masses, on the human leg no further proximal than the tibial tubercle" or some similar language within the podiatry scope of practice in your state/jurisdiction? If yes:
 - Are there any educational requirements in place in order to treat the skin and skin-related structures above the ankle? (providing the language requirements is greatly appreciated)
 - How many podiatric complaints regarding ulcers/soft tissues of the lower leg have you had over the last five years?

- > The definition of podiatric medicine references the diagnosis and treatment of "cosmetic conditions" of the human foot and leg. The term "cosmetic" is defined as a surgical or medical procedure intended to enhance the physical appearance or function of the foot, ankle, or leg, including, but not limited to, skin problems such as blemishes, spider veins, and scar revisions. The only reference to specific parts of the body is to the foot, ankle, and leg.

- > There are no specific educational requirements in place for treatment of the skin and skin-related structures.

- > We are not able to state the number of complaints that have been received specific to ulcers/soft tissue of the lower leg in the past five years as our complaints are categorized in broader categories, i.e. unprofessional conduct, malpractice, unlicensed practice, fraud, etc.).

Idaho

Response from Idaho Board of Podiatry:

Does the practice act in your state/jurisdiction include the word "treatment"?

Not explicitly defined:

<https://legislature.idaho.gov/statutesrules/idstat/Title54/T54CH6/SECT54-602/>

54-602. PODIATRY DEFINED. (1) Podiatry shall, for the purpose of this chapter, mean the diagnosis and mechanical, electrical, medical, physical and surgical ~~treatment~~ of ailments of the human foot and leg, and the casting of feet for the purpose of preparing or prescribing corrective appliances, prosthetics, and/or the making of custom shoes for corrective ~~treatment~~; provided, however, that the casting of feet for preparing corrective appliances, prosthetics and/or custom shoes may be permitted on the prescription of a duly licensed person in the healing arts in this state. Podiatrists shall be limited in their practice to the human foot and leg. Surgical ~~treatment~~, as herein used, shall mean the surgical ~~treatment~~ of the foot and ankle and those soft tissue structures below the knee governing the function of the foot and ankle, but shall not include the amputation of the leg, surgery of the knee joint, surgery of the bony structures proximal to the distal half of the tibia, or the administration or monitoring of general anesthesia.

Is “the treatment of the skin, skin-related structures and subcutaneous masses, and wounds involving skin, skin-related structures and subcutaneous masses, on the human leg no further proximal than the tibial tubercle” or some similar language within the podiatry scope of practice in your state/jurisdiction? If yes:

Are there any educational requirements in place in order to treat the skin and skin-related structures above the ankle? (providing the language requirements is greatly appreciated)

To possess the education, training and experience to do the task at hand.

How many podiatric complaints regarding ulcers/soft tissues of the lower leg have you had over the last five years?

None, as of 2021.

Illinois

Response #1 from Illinois Department of Financial & Professional Regulation:

Treatment is mentioned in our Podiatry Act, but it is not expressly defined by the Act.

However, there is other language which limits what can be done/performed by licensed podiatrists, including the definition of podiatric medicine or podiatry, which means the diagnosis, medical, physical, or surgical treatment of the ailments of the human foot, including amputations as defined in this Section. "Podiatric medicine" or "podiatry" includes the provision of topical and local anesthesia and moderate and deep sedation, as defined by Department rule adopted under the Medical Practice Act of 1987.

This is further limited by definitions concerning "human foot", "Amputations", and language concerning amputations that are limited to 10 centimeters proximal to the tibial talar articulation.

Response #2 from Illinois Department of Financial & Professional Regulation:

<https://www.ilga.gov/commission/jcar/admincode/068/06801360sections.html>

<https://www.ilga.gov/legislation/ilcs/ilcs3.asp?ActID=1321&ChapterID=24>

Does the practice act in your state/jurisdiction include the word "treatment"? If yes:

How is "treatment" defined?

Treatment is not defined.

Is "the treatment of the skin, skin-related structures and subcutaneous masses, and wounds involving skin, skin-related structures and subcutaneous masses, on the human leg no further proximal than the tibial tubercle" or some similar language within the podiatry scope of practice in your state/jurisdiction? If yes:

Not this specific: "'Human foot" means the ankle and soft tissue which insert into the foot as well as the foot.

How many podiatric complaints regarding ulcers/soft tissues of the lower leg have you had over the last five years?

Not aware of any

Response from Illinois Podiatric Medical Association:

Treatment is not necessarily defined in our practice act. There is no mention of the skin

and subcutaneous lesions. Many podiatrists treat VLU's and leg wounds without issue in IL. I have not heard of any complaints thus far. Hope this helps.

For the state of Illinois:

(D) "Podiatric medicine" or "podiatry" means the diagnosis, medical, physical, or surgical treatment of the ailments of the human foot, including amputations as defined in this Section. "Podiatric medicine" or "podiatry" includes the provision of topical and local anesthesia and moderate and deep sedation, as defined by Department rule adopted under the Medical Practice Act of 1987. For the purposes of this Act, the terms podiatric medicine, podiatry and chiropody have the same definition.

(E) "Human foot" means the ankle and soft tissue which insert into the foot as well as the foot.

(H) "Amputations" means amputations of the human foot, in whole or in part, that are limited to 10 centimeters proximal to the tibial talar articulation.

Iowa

Response from Iowa Podiatric Medical Society:

This is the key section of the Iowa Code as it relates to scope of practice in Iowa:

149.1 Persons engaged in practice — definitions.

1. For the purpose of this subtitle the following classes of persons shall be deemed to be engaged in the practice of podiatry:

a. Persons who publicly profess to be podiatric physicians or who publicly profess to assume the duties incident to the practice of podiatry.

b. Persons who diagnose, prescribe, or prescribe and furnish medicine for ailments of the human foot, or treat such ailments by medical, mechanical, or surgical treatments.

2. As used in this chapter:

a. "Board" means the board of podiatry, created under chapter 147.

b. "Human foot" means the ankle and soft tissue which insert into the foot as well as the foot.

c. "Podiatric physician" means a physician or surgeon licensed under this chapter to engage in the practice of podiatric medicine and surgery.

Treatment is used in 149.1.1.b above but has not been defined by our state licensing board.

We do not have any specific language in law or regulations related to the treatment of skin, wounds, etc. I think that it has always been assumed that those items are deemed to be part of treating the "ailments of the human foot."

We have recently asked the Iowa Board of Podiatry for opinions on using the thigh for skin grafts and bone marrow aspiration harvested from the proximal tibia and are waiting to hear their response. If they do not approve our requests, we may have to propose legislation next session to obtain approval.

Kansas

Response from Kansas State Board of Healing Arts:

The scope of practice for podiatrists in Kansas:

K.S.A. 65-2001(c): “Podiatry” means the diagnosis and medical and surgical treatment of all illnesses of the human foot, including the ankle and tendons which insert into the foot as well as the foot, subject to subsection (d) of [K.S.A. 65-2002](#), and amendments thereto.

K.A.R. 100-49-10. Definition of a human foot. As utilized in the podiatry act, [K.S.A. 65-2001](#) through [65-2013](#) and amendments thereto, “human foot” shall mean that part of the human anatomy that consists of the tarsus, metatarsus, phalanges, cartilage, muscles, tendons, ligaments, skin, vasculature, and the other tissues distal to and including the articulating cartilaginous surfaces of the ankle joint.

Maryland

Response from Maryland Podiatric Medical Association:

Maryland law does not include “treatment”, but does use “treat”:

Health Occupations, Section 16-101(f)(1) “Practice podiatry” means to diagnose or surgically, medically, or mechanically treat the human foot or ankle, the anatomical structures that attach to the human foot, or the soft tissue below the mid-calf.

There are no regulations defining or imposing qualifications on the term.

Massachusetts

Response from Massachusetts Board of Registration in Podiatry:

See the definition on podiatric practice in Massachusetts:

Code of Massachusetts Regulation (CMR) 249 2.02 offers the following definition: Practice of Podiatry means the following conduct: the maintenance of human podiatric health by the prevention, alleviation or cure of disorders, injuries or disease of the human foot and ankle by medical, mechanical, surgical, manipulative and electrical means, and the prescription and administration of drugs for the relief of disease or adverse physical podiatric conditions. The scope of practice of podiatry includes resections of the foot; as well as surgical procedures involving the ankle joint. In the course of treating the human foot or ankle, a registered podiatrist may perform an Achilles tendon lengthening and he or she may also perform tendon transfers that require incisions into the lower leg. The scope of practice of podiatry includes the diagnosis of systemic diseases.

We do not have information to share on complaints related to specific podiatric procedures.

Michigan

Response #1 from Michigan Podiatric Medical Association:

While Michigan's new scope language does include the tissues related to foot and ankle, "treatment" is not part of the language. The language we used reads:

(f) Except as otherwise provided in subdivision (g), "practice of podiatric medicine and podiatric surgery" means any of the following:

(i) The evaluation, diagnosis, management, and prevention of conditions of the lower extremities, including local manifestations of systemic disease in the human foot and ankle, by attending to and advising patients and through the use of devices, diagnostic tests, drugs and biologicals, surgical procedures, or other means. The evaluation, diagnosis, management, and prevention of conditions of the lower extremities may include osseous and soft tissue procedures that address the pathology of the foot, ankle, and the contiguous attachments below the tibial tuberosity.

(ii) The treatment of ulcerations below the tibial tuberosity and of human nail diseases, callosities, and verruca.

(g) "Practice of podiatric medicine and podiatric surgery" does not include amputations proximal to the tibiotalar joint, proximal osseous procedures that do not involve the tibiotalar joint, or the administration of intravenous sedation or general anesthesia.

Response #2 from Michigan Podiatric Medical Association:

1) Does the practice act in your state/jurisdiction include the word "treatment"?

Yes- see current scope of practice language below

- The treatment of ulcerations below the tibial tuberosity and of human nail diseases, callosities, and verruca.
- The evaluation, diagnosis, management, and prevention of conditions of the lower extremities, including local manifestations of systemic diseases in the human foot and ankle, by attending
- to and advising patients and through the use of devices, diagnostic tests, drugs and biologicals, surgical procedures, or other means.

2) Is "the treatment of the skin, skin-related structures and subcutaneous masses, and wounds involving skin, skin-related structures and subcutaneous masses, on the human leg no further proximal than the tibial tubercle" or some similar language within the podiatry scope of practice in your state/jurisdiction?

Yes- see language above

Are there any educational requirements in place in order to treat the skin and skin-related structures above the ankle? (providing the language requirements is greatly appreciated)

No- this is left to individual hospitals to set their own guidelines; currently, such guidelines are based on training and documented experiences (typically 3 cases in procedures identified within the past 24mo prior to credentialing/recredentialing)

How many podiatric complaints regarding ulcers/soft tissues of the lower leg have you had over the last five years?

N/A- as these are handled on the local level and complaints are not raised to the state level

Missouri

Response from Missouri State Board of Podiatric Medicine:

Missouri's practice act does not define the word treatment. The practice act does state that the scope of practice includes "the diagnosis, medical, physical, or surgical treatment of the ailments of the human foot...".

The practice act does not specifically reference treatment of skin.

The statute is Section 330.010, RSMo.

Montana

Response from Montana Board of Medical Examiners:

37-6-101. Definitions. Unless the context requires otherwise, in this chapter, the following definitions apply:

- (1) "Board" means the board of medical examiners provided for in [2-15-1731](#).
- (2) "Department" means the department of labor and industry provided for in Title 2, chapter 15, part 17.
- (3) "Podiatrist" means a physician or surgeon of the foot and ankle, licensed to diagnose and treat ailments of the human functional foot and ankle.
- (4) "Podiatry" means the diagnosis and treatment of ailments of the human functional foot and ankle as provided in [37-6-102](#).

37-6-102. Scope of practice.

- (1) A podiatrist may diagnose and treat ailments of the human functional foot and ankle by all systems and means. The functional foot is the anatomical foot and any muscle, tendon, ligament, or other soft tissue structure that is directly attached to the anatomical foot and that impacts on or affects the foot or foot function. The ankle is the articulation between the talus, tibia, and fibula and their related soft tissue structures.
- (2) A podiatrist may not administer any anesthetic other than a local anesthetic.

History: En. Sec. 2, Ch. 2, L. 1923; re-en. Sec. 3154.2, R.C.M. 1935; amd. Sec. 2, Ch. 218, L. 1939; amd. Sec. 56, Ch. 350, L. 1974; R.C.M. 1947, 66-602(part); amd. Sec. 2, Ch. 288, L. 1987; amd. Sec. 2, Ch. 484, L. 1989; amd. Sec. 2, Ch. 402, L. 1995.

Response from Montana Podiatric Medical Association:

Montana's statute reads:

Scope Of Practice
37-6-102. Scope of practice.

- (1) A podiatrist may diagnose and treat ailments of the human functional foot and ankle by all systems and means. The functional foot is the anatomical foot and any muscle, tendon, ligament, or other soft tissue structure that is directly attached to the anatomical foot and that impacts on or affects the foot or foot function. The ankle is the articulation between the talus, tibia, and fibula and their related soft tissue structures.
- (2) A podiatrist may not administer any anesthetic other than a local

anesthetic.

We know of no podiatric complaints regarding ulcers/soft tissues of the lower leg have you had over the last five years.

Our association has an annual wound care conference, it is not required by statute.

Nebraska

Response from Nebraska Board of Podiatry:

Below are the DHHS links for the NE Statutes & Regulations for your reference:

<https://dhhs.ne.gov/licensure/Documents/Podiatry.pdf>

[https://www.nebraska.gov/rules-and-regs/regsearch/Rules/Health and Human Services System/Title-172/Chapter-143.pdf](https://www.nebraska.gov/rules-and-regs/regsearch/Rules/Health%20and%20Human%20Services%20System/Title-172/Chapter-143.pdf)

New Mexico

Response from New Mexico Podiatric Medical Association:

Does the practice act in your state/jurisdiction include the word "treatment"? If yes:
How is "treatment" defined?

16.21.1.8 SCOPE OF PRACTICE:

A. For the purpose of clarification of the Podiatry Act, Section 61-8-2(C) NMSA 1978, the practice of podiatry:

(1) in regard to surgical treatment shall include the skin and subcutaneous tissues of the thigh and all structures distal to the tuberosity of the tibia;

Is "the treatment of the skin, skin-related structures and subcutaneous masses, and wounds involving skin, skin-related structures and subcutaneous masses, on the human leg no further proximal than the tibial tubercle" or some similar language within the podiatry scope of practice in your state/jurisdiction? If yes:

Are there any educational requirements in place in order to treat the skin and skin-related structures above the ankle? (providing the language requirements is greatly appreciated)

No specific CE requirements.

How many podiatric complaints regarding ulcers/soft tissues of the lower leg have you had over the last five years?

Zero

North Carolina

Response from North Carolina Board of Podiatry Examiners:

The podiatry practice act mentions the word “treatment” twice but not define it. See both instances below from the Practice Act:

- a. Podiatry as defined by this Article is the surgical, medical, or mechanical **treatment** of all ailments of the human foot and ankle, and their related soft tissue structures to the level of the myotendinous junction. Excluded from the definition of podiatry is the amputation of the entire foot, the administration of an anesthetic other than local, and the surgical correction of clubfoot of an infant two years of age or less.
- b. Has made fraudulent or misleading statements pertaining to his skill, knowledge, or method of **treatment** or practice;

No, there is no language in the statute or Podiatry Practice Act specifically about skin. The statute in NC includes only the following language:

Podiatry as defined by this Article is the surgical, medical, or **mechanical** treatment of all ailments of the human foot and ankle, and their related soft tissue structures to the level of the myotendinous junction. Excluded from the definition of podiatry is the amputation of the entire foot, the administration of an anesthetic other than local, and the surgical correction of clubfoot of an infant two years of age or less.

Response from North Carolina Foot & Ankle Society:

A. The NC statute does include “treatment,” but does not define it.

B. Statute includes, “related soft tissue structures to the level of the myotendinous junction.”

Statute leaves credentialing to facility: "podiatrist shall have applied for and been granted privileges to perform this surgery in the multispecialty ambulatory surgical facility. The granting of these privileges shall be based upon the same criteria for granting hospital privileges."

Number of complaints is impossible for public to review. Each individual’s profile indicates whether they have an adverse action with, “yes,” or “no.” A written request must be sent to the Board to see the complaints.

Ohio

Response from State Medical Board of Ohio:

In Ohio, the reference to treatment is in 4731.51. Treatment is not defined. Ohio doesn't contemplate the Oregon scenario.

The practice of podiatric medicine and surgery consists of the medical, mechanical, and surgical treatment of ailments of the foot, the muscles and tendons of the leg governing the functions of the foot; and superficial lesions of the hand other than those associated with trauma. Podiatrists are permitted the use of such preparations, medicines, and drugs as may be necessary for the treatment of such ailments. A podiatrist may treat the local manifestations of systemic diseases as they appear in the hand and foot, but the patient shall be concurrently referred to a doctor of medicine or a doctor of osteopathic medicine and surgery for the treatment of the systemic disease itself. General anaesthetics may be used under this section only in colleges of podiatric medicine and surgery in good standing with the state medical board and in hospitals approved by the joint commission or the American osteopathic association.

Response from Ohio Foot and Ankle Medical Association:

Does the practice act in your state/jurisdiction include the word "treatment"?

Here are some relevant phrases from Ohio Revised Code and Ohio Administrative Code:

[Section 4731.51 | Defining practice of podiatric medicine and surgery.](#)

The practice of podiatric medicine and surgery consists of the medical, mechanical, and surgical treatment of ailments of the foot, the muscles and tendons of the leg governing the functions of the foot; and superficial lesions of the hand other than those associated with trauma. Podiatrists are permitted the use of such preparations, medicines, and drugs as may be necessary for the treatment of such ailments. A podiatrist may treat the local manifestations of systemic diseases as they appear in the hand and foot, but the patient shall be concurrently referred to a doctor of medicine or a doctor of osteopathic medicine and surgery for the treatment of the systemic disease itself.

Is “the treatment of the skin, skin-related structures and subcutaneous masses, and wounds involving skin, skin-related structures and subcutaneous masses, on the human leg no further proximal than the tibial tubercle” or some similar language within the podiatry scope of practice in your state/jurisdiction?

No. The only specific educational requirements in code or statute – above and beyond graduation from a podiatric medical school and residency -- relate to performing ankle surgery.

We've received some policy letters from the State Medical Board of Ohio over the years that may be useful:

[Venous Leg Ulcers](#)

The State Medical Board of Ohio affirmed that "The required expertise to provide wound care is not dependent upon the site or etiology of the wound as the same knowledge and skills are required whether the site is above or below the ankle and no matter the etiology. For this reason, it is clear that the medical services a podiatric physician may perform include, as medically appropriate, the treatment of foot and ankle pathologies through wound care services applied to wounds that are located below the knee distally".

[Biopsies - Punch and Shave Below the Knee](#)

The State Medical Board of Ohio has determined that it is within the scope of practice for an Ohio podiatric physician to perform punch or shave biopsies of suspicious lesions on the lower leg or hand where the podiatric physician has expertise in performing biopsies.

Oklahoma

Response from Oklahoma Podiatric Medical Examiners Board:

Checking the Oklahoma Podiatry Law for words of treating skin conditions and there is only a specific example of treatment:

It seems to presume that foot & ankle problems MAY include the subsequent treatment of related skin conditions, i.e., <https://dermnetz.org/topics/foot-skin-problems>

PODIATRIC MEDICINE PRACTICE ACT

TITLE 59 O.S., SECTIONS 135.1-160.2

142. Acts Constituting Practice of Podiatric Medicine-Exceptions

A. Podiatric medicine is that profession of the health sciences concerned with the diagnosis and **treatment of conditions** affecting the human foot and ankle, including the local manifestations of systemic conditions, by all appropriate systems and means.

Pennsylvania

Response from Pennsylvania Podiatric Medical Association:

(a) "Podiatric Medicine" shall mean the diagnosis and treatment including mechanical and surgical treatment of ailments of the foot, and those anatomical structures of the leg governing the functions of the foot and the administration and prescription of drugs incidental thereto. It shall include treatment of local manifestations of systemic diseases as they appear on the foot but shall not include amputation of the leg or foot or treatment of systemic diseases of any other part of the body."

Complaints are not publicly indexed.

South Carolina

Response from South Carolina Podiatric Medical Association:

Does the practice act in your state/jurisdiction include the word "treatment"? If yes: How is "treatment" defined?

(3) **'Medical treatment' means the application or prescribing of any therapeutic agent or remedy for the relief of foot or ankle ailments, except the medical treatment of any systemic disease causing manifestations in the foot or ankle.**

(7) **'Surgical treatment' means the use of a cutting or invasive instrument to treat a disease, ailment, deformity, or condition of the foot or ankle, but does not confer the right to amputate the entire foot."**

Is "the treatment of the skin, skin-related structures and subcutaneous masses, and wounds involving skin, skin-related structures and subcutaneous masses, on the human leg no further proximal than the tibial tubercle" or some similar language within the podiatry scope of practice in your state/jurisdiction?

(1) **'Ankle' means the distal metaphysis and epiphysis of the tibia and fibula, the articular cartilage of the distal tibia and distal fibula, the ligaments that connect the distal metaphysis and epiphysis of the tibia and fibula and the talus, and the portions of skin, subcutaneous tissue, fascia, muscles, tendons and nerves at or below the level of the myotendinous junction of the triceps surae.**

(4) **'Podiatric ankle surgery' or 'surgical treatment of the ankle' means surgical treatment of the ankle, including the surgical treatment of the anatomical structures of the ankle, as well as the administration and prescription of drugs incidental to the ankle, and the surgical treatment of manifestations of systemic diseases as they appear on the ankle, excluding:**

- (a) amputation of the leg or foot above the level of the transmetatarsal;
- (b) surgical fixation of tibial shaft fractures;
- (c) midshaft tibial osteotomy;
- (d) total ankle replacement; and

(e) placement of external fixator pins proximal or above the myotendinous junction. Any external fixator pins inserted above the ankle but below the myotendinous junction may only be performed under protocols established between a podiatrist and an institution that has the capability to treat tibia fractures and other complications that may arise from placement of the pin.

Are there any educational requirements in place in order to treat the skin and skin-related structures above the ankle? (providing the language requirements is greatly appreciated)

“Section 40-51-210. (A) Surgery of the ankle and soft tissue structures governing the ankle must be performed in an accredited hospital or ambulatory surgical center. **A podiatrist who performs osseous (boney) surgical procedures of the ankle and related soft tissue structures governing the ankle must be board-certified or board-qualified by the American Board of Foot and Ankle Surgery, must have graduated from a three-year residency program in podiatric medicine and reconstructive rear foot and ankle (RRA) surgery accredited by the Council on Podiatric Medical Education or its successor organization at the time of graduation, and shall satisfy all requirements for credentials as outlined by the facility.** In addition to granting or denying privileges, the governing body of each hospital or ambulatory surgical center may suspend, revoke, or modify these privileges. An applicant or individual who has privileges shall comply with applicable medical staff bylaws, rules, and regulations, including the policies and procedures governing the qualifications of applicants and the scope and delineation of privileges.

How many podiatric complaints regarding ulcers/soft tissues of the lower leg have you had over the last five years?

Data unavailable at time of this response.

Texas

Response from Texas Podiatric Advisory Board:

Does the practice act in your state/jurisdiction include the word "treatment"? If yes:
How is "treatment" defined?

Texas does not define treatment.

Is "the treatment of the skin, skin-related structures and subcutaneous masses, and wounds involving skin, skin-related structures and subcutaneous masses, on the human leg no further proximal than the tibial tubercle" or some similar language within the podiatry scope of practice in your state/jurisdiction? If yes:

Are there any educational requirements in place in order to treat the skin and skin-related structures above the ankle? (providing the language requirements is greatly appreciated)

How many podiatric complaints regarding ulcers/soft tissues of the lower leg have you had over the last five years?

Texas Response:

We do not have language similar to that in our rule or law. The practice is limited to the foot, but properly trained podiatrists do work on structures above the foot if properly credentialed and granted privileges by a hospital's governing body.

"Podiatry" means the treatment of or offer to treat any disease, disorder, physical injury, deformity, or ailment of the human foot by any system or method. The term includes podiatric medicine.

Texas Health & Safety Code §241.101(g) "Hospital Authority Concerning Medical Staff" provides that: "A hospital's bylaw requirements for staff privileges may require a [physician], podiatrist, [or dentist] to document the person's current clinical competency and professional training and experience in the medical procedures for which privileges are requested."

Texas Health & Safety Code §241.102(a) "Authorizations and Restrictions in Relation to Physicians and Podiatrists" provides that: "This chapter does not authorize a [physician or] podiatrist to perform [medical or] podiatric acts that are beyond the scope of the respective license held."

Response from Texas Podiatric Medical Association:

“To treat or offer to treat any disease, disorder, physical injury, deformity, or ailment of the human foot by any system or method.”

Our definition of the foot is from Webster’s “That part of the human anatomy at or below the ankle”

The short answer to question one is no.

The second as far as “treatment” is concerned is not specifically defined. My assumption would be intervention of the disease, deformity, physical injury, or ailment, by any system or method would include any and all methods.

Utah

Response from Utah Podiatric Physician Licensing Board:

Below is the Utah definition of Podiatry. It includes treatment but does not define treatment.

Effective 5/3/2023

58-5a-102. Definitions.

(4) "Practice of podiatry" means the diagnosis and treatment of conditions affecting the human foot and ankle and their manifestations of systemic conditions by all appropriate and lawful means, subject to Section [58-5a-103](#).

Effective 5/3/2023

58-5a-103. Scope of practice.

- (1) Subject to the provisions of this section, an individual licensed as a podiatric physician under this chapter may perform a surgical procedure on a bone of the foot or ankle.
- (2) Except as provided in Subsections [\(3\)](#) and [\(4\)](#), an individual licensed as a podiatric physician under this chapter may not perform:
 - (a) an ankle fusion;
 - (b) a massive ankle reconstruction; or
 - (c) a reduction of a trimalleolar ankle fracture.
- (3) An individual licensed as a podiatric physician under this chapter who meets the requirements described in Subsection [\(4\)](#) may only:
 - (a) treat a fracture of the tibia if at least one portion of the fracture line enters the ankle joint;
 - (b) treat a foot or ankle condition using hardware, including screws, plates, staples, pins, and wires, if at least one portion of the hardware system is attached to a bony structure at or below the ankle mortise; and
 - (c) place hardware for the treatment of soft tissues in the foot or ankle no more proximal than the distal 10 centimeters of the tibia.
- (4) Subject to Subsection [\(3\)](#), an individual licensed as a podiatric physician under this chapter may only perform a procedure described in Subsection [\(2\)](#) if the individual:
 - (a)
 - (i) graduated on or after June 1, 2006, from a three-year residency program in podiatric medicine and surgery that was accredited, at the time of graduation, by the Council on Podiatric Medical Education; and
 - (ii) is board certified in reconstructive rearfoot and ankle surgery by the American Board of Foot and Ankle Surgery;
 - (b)
 - (i) graduated on or after June 1, 2006, from a three-year residency program in podiatric medicine and surgery that was accredited, at the time of graduation, by the Council on Podiatric

Medical Education;

(ii) is board qualified in reconstructive rearfoot ankle surgery by the American Board of Foot and Ankle Surgery; and

(iii) provides the division documentation that the podiatric physician has completed training or experience, which the division determines is acceptable, in standard or advanced rearfoot and ankle procedures; or

(c)

(i) graduated before June 1, 2006, from a residency program in podiatric medicine and surgery that was at least two years in length and that was accredited, at the time of graduation, by the Council on Podiatric Medical Education;

(ii)

(A) is board certified in reconstructive rearfoot ankle surgery by the American Board of Foot and Ankle Surgery;

(B) if the residency described in Subsection [\(4\)\(c\)\(i\)](#) is a PSR-24 24-month podiatric surgical residency, provides proof that the individual completed the residency, to a hospital that is accredited by the Joint Commission, and meets the hospital's credentialing criteria for foot and ankle surgery; or

(C) in addition to the residency described in Subsection [\(4\)\(c\)\(i\)](#), has completed a fellowship in foot and ankle surgery that was accredited by the Council on Podiatric Medical Education at the time of completion; and

(iii) provides the division documentation that the podiatric physician has completed training and experience, which the division determines is acceptable, in standard or advanced rearfoot and ankle procedures.

(5) An individual licensed as a podiatric physician under this chapter may not perform an amputation proximal to Chopart's joint.

(6) An individual licensed as a podiatric physician under this chapter may not perform a surgical treatment on an ankle, on a governing structure of the foot or ankle above the ankle, or on a structure related to the foot or ankle above the ankle, unless the individual performs the surgical treatment:

(a) in an ambulatory surgical facility, a general acute hospital, or a specialty hospital, as defined in Section [26B-2-201](#); and

(b) subject to review by a quality care review body that includes qualified, licensed physicians and surgeons.

Virginia

Response from Virginia Board of Medicine:

Please see below scope of practice for podiatric physicians as defined by Virginia Code Section 54.1-2900. Treatment of ulcers is permitted, but the word "treatment" is not defined:

"Practice of podiatry" means the prevention, diagnosis, treatment, and cure or alleviation of physical conditions, diseases, pain, or infirmities of the human foot and ankle, including the medical, mechanical and surgical treatment of the ailments of the human foot and ankle, but does not include amputation of the foot proximal to the transmetatarsal level through the metatarsal shafts. Amputations proximal to the metatarsal-phalangeal joints may only be performed in a hospital or ambulatory surgery facility accredited by an organization listed in § 54.1-2939. **The practice includes the diagnosis and treatment of lower extremity ulcers;** however, the treatment of severe lower extremity ulcers proximal to the foot and ankle may only be performed by appropriately trained, credentialed podiatrists in an approved hospital or ambulatory surgery center at which the podiatrist has privileges, as described in § 54.1-2939. The Board of Medicine shall determine whether a specific type of treatment of the foot and ankle is within the scope of practice of podiatry.

The Virginia Board of Medicine does not track complaints received for complaints related to ulcers or soft tissue of the lower leg.

Response from Virginia Podiatric Medical Association:

The Virginia statute related to podiatry does not specifically include a definition of "treatment," but it does include the following:

"cure or alleviation of physical conditions, diseases, pain, or infirmities of the human foot and ankle, including the medical, mechanical and surgical treatment of the ailments of the human foot and ankle...."

- which seems to define treatment.

"The practice includes the diagnosis and treatment of lower extremity ulcers; however, the treatment of severe lower extremity ulcers proximal to the foot and ankle may only be performed by appropriately trained, credentialed podiatrists in an approved hospital or ambulatory surgery center at which the podiatrist has privilege"

Statute leaves credentialing of appropriately trained, credentialed podiatrists up to the hospital or surgery center.

We reviewed case decisions against podiatrists from August 1, 2018, to present and found NO complaints regarding ulcers/soft tissues of the lower extremity.

Washington

Response from Washington Podiatric Medical Board:

**Does the practice act in your state/jurisdiction include the word "treatment"? If yes:
How is "treatment" defined?**

Regulatory/Statutes governing Podiatric Medicine Professionals is established by the Legislature with input from the WA PMB and is defined in the following locations listed below:

- [Chapter 18.22 RCW](#)
- [WAC 246-922-001](#)

Is "the treatment of the skin, skin-related structures and subcutaneous masses, and wounds involving skin, skin-related structures and subcutaneous masses, on the human leg no further proximal than the tibial tubercle" or some similar language within the podiatry scope of practice in your state/jurisdiction?

See policy statement by the Podiatric Medicine Board (PMB), dated March 2019:
<https://doh.wa.gov/sites/default/files/legacy/Documents/2300/2019//PO19-50SkinGrafts.pdf>

Are there any educational requirements in place in order to treat the skin and skin-related structures above the ankle?

See attached policy statement dated March 2019:
<https://doh.wa.gov/sites/default/files/legacy/Documents/2300/2019//PO19-50SkinGrafts.pdf>

And we respectfully refer to our governing statutes and WACs per below:

- [Chapter 18.22 RCW](#)
- [WAC 246-922-001](#)
- [Podiatry Medical Board](#)
- [Washington State Podiatric Medical Association](#)

How many podiatric complaints regarding ulcers/soft tissues of the lower leg have you had over the last five years?

None that we are aware.

West Virginia

Response from West Virginia Board of Medicine:

**Does the practice act in your state/jurisdiction include the word "treatment"? If yes:
How is "treatment" defined?**

Yes, the word treatment is used in the WV Medical Practice Act. The word is not specifically defined.

Is "the treatment of the skin, skin-related structures and subcutaneous masses, and wounds involving skin, skin-related structures and subcutaneous masses, on the human leg no further proximal than the tibial tubercle" or some similar language within the podiatry scope of practice in your state/jurisdiction? If yes:

Are there any educational requirements in place in order to treat the skin and skin-related structures above the ankle?

(4) "Practice of podiatry" means the examination, diagnosis, treatment, prevention and care of conditions and functions of the human foot and ankle by medical, surgical and other scientific knowledge and methods; with surgical treatment of the ankle authorized only when a podiatrist has been granted privileges to perform ankle surgery by a hospital's medical staff credentialing committee based on the training and experience of the podiatrist; and medical and surgical treatment of warts and other dermatological lesions of the hand which similarly occur in the foot. When a podiatrist uses other than local anesthesia, in surgical treatment of the foot, the anesthesia must be administered by, or under the direction of, an anesthesiologist or certified registered nurse anesthetist authorized under the State of West Virginia to administer anesthesia. A medical evaluation shall be made by a physician of every patient prior to the administration of other than local anesthesia.

How many podiatric complaints regarding ulcers/soft tissues of the lower leg have you had over the last five years?

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Wisconsin

Response from Wisconsin Podiatry Affiliated Credentialing Board:

Does the practice act in your state/jurisdiction include the word "treatment"? If yes:
How is "treatment" defined?

Yes, see section [448.01\(10\)](#), the general definitions section:

(10) "Treat the sick" means to examine into the fact, condition or cause of human health or disease, or to treat, operate, prescribe or advise for the same, or to undertake, offer, advertise, announce or hold out in any manner to do any of the aforementioned acts, for compensation, direct or indirect, or in the expectation thereof.

Podiatry is then limited as follows in [448.60\(4\)](#):

(4) "Podiatry" or "podiatric medicine and surgery" means that branch or system of the practice of medicine and surgery that involves treating the sick which is limited to conditions affecting the foot and ankle, but does not include the use of a general anesthetic unless administered by or under the direction of a person licensed to practice medicine and surgery under subch. II.

Is "the treatment of the skin, skin-related structures and subcutaneous masses, and wounds involving skin, skin-related structures and subcutaneous masses, on the human leg no further proximal than the tibial tubercle" or some similar language within the podiatry scope of practice in your state/jurisdiction? If yes:

Are there any educational requirements in place in order to treat the skin and skin-related structures above the ankle? (providing the language requirements is greatly appreciated)

No such language is in the scope of practice (see 448.60(4) above).

How many podiatric complaints regarding ulcers/soft tissues of the lower leg have you had over the last five years?

We are also unaware of any such complaints.