

# State Medical Board of Ohio

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[REDACTED] D.P.M.

Dear Dr. [REDACTED]

This letter is in response to your inquiry concerning whether it is within the scope of practice of a podiatrist to use and place external fixation for foot and ankle surgery. You state that you were told by a hospital credentialing committee member that the placement of wires for ring fixation into the tibia for the primary purpose of treating the foot and ankle is outside the podiatric scope of practice. You also state that you had significant training in foot and ankle reconstruction techniques including the application of external Lizarov fixation, have performed external fixation since 1995 at multiple Ohio hospitals, and the treatment is considered the standard of care in the orthopedic and podiatric literature for treatment of foot and ankle conditions such as Charcot reconstruction.

On June 11, 2009, the State Medical Board of Ohio approved the Scope of Practice Committee's determination that an Ohio podiatric physician who has successfully completed appropriate training may use and place external fixation apparatus for the relief of foot and ankle pathologies or to surgically correct and immobilize the ankle when the procedure is medically appropriate. The determination is based upon the following analysis:

External fixation involves the attachment of an external scaffold for the purpose of soft-tissue immobilization and osseous stabilization following foot or ankle reconstruction. The procedure is often used when the patient has foot ulcers or other conditions that make internal fixation less viable. In treatment of the Charcot foot, the procedure may be the better option due to the structural deficiency of the bone. The placement of the ring fixation is commonly into the tibia and metatarsal bases, and typically involves multiple incisions for the placement of trans-dermal screws. Most literature states that there is significant risk of infection at the pin insertion sites. It is reported that even if a minimally invasive procedure is performed, there remains the potential for damage to the neurovascular structure about the pin sites and for clamp slippage off of the underlying cortices. The use of external fixation is also reported to involve frequent postoperative follow-up.

The scope of practice of podiatry in Ohio is defined in Section 4731.51, Ohio Revised Code, to include the following:

- ❖ The medical, mechanical, and surgical treatment of ailments of the foot, the muscles and tendons of the leg governing the functions of the foot;
- ❖ The use of such preparations, medicines, and drugs as may be necessary for the treatment of such ailments; and

- ❖ Treatment of local manifestations of systemic diseases as they appear in the hand and foot, but the patient must be concurrently referred to a medical or osteopathic physician for treatment of the systemic disease itself.

Further, Rule 4731-20-01, Ohio Administrative Code, defines the foot to include the ankle. Rule 4731-20-02, Ohio Administrative Code, clarifies that a podiatrist who meets specific requirements may perform surgery on the ankle joint. Therefore, the practice of podiatry in Ohio includes the surgical treatment of ailments of the foot, ankle, and muscles and tendons of the leg governing the functions of the foot.

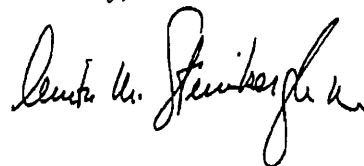
Because the scope of practice of podiatry in Ohio includes the surgical treatment of local manifestations of systemic diseases as they appear in the hand and foot, Ohio podiatric physicians play a significant role in the delivery of medical services, including surgical services, for the treatment of foot and ankle pathologies. Podiatric medical education and training encompasses the anatomy of the leg and the application of basic surgical principles in the treatment of local manifestations of systemic disease. Training in the use and placement of external fixation is widely available to podiatric physicians.

Accordingly, an Ohio podiatric physician who has successfully completed appropriate training may use and place external fixation apparatus for the relief of foot and ankle pathologies or to surgically correct and immobilize the ankle when the procedure is medically appropriate. Please note, however, that the scope of practice of a podiatric physician does not include the application of an external fixation device to treat any medical condition above the maleoli. Moreover, as with all surgical procedures, the podiatric physician must perform procedures in conformance with the minimal standards of care of similar practitioners under the same or similar circumstances. Finally, whether a podiatrist may perform external fixation at a specific hospital or ambulatory surgical center is solely a matter of credentialing and privileging decisions.

Thank you for your inquiry. The Medical Board welcomes comments and inquiries relevant to the practice of podiatry in Ohio. Should you have any questions, please feel free to contact Sallie Debolt, General Counsel, at (614) 644-7021.

*This letter is only a guideline and should not be interpreted as being all inclusive or exclusive. The Board will review all possible violations of the Medical Practices Act and/or rules promulgated thereunder on a case by case basis.*

Sincerely,



Anita M. Steinbergh, D.O.  
Chair  
Scope of Practice Committee

c: Susan E. Stephens, M.D.  
Marchelle L. Suppan, D.P.M.