DEPARTMENT OF HEALTH PROFESSIONS
BOARD OF HEALTH PROFESSIONS
REGULATORY RESEARCH COMMITTEE
April 15, 2008

TIME AND PLACE:	The meeting was called to order at 11:05 a.m. on Tuesday, April 15, 2008, Department of Health Professions, 9960 Mayland Drive, 2nd Floor, Room 3, Richmond, VA.
PRESIDING OFFICER:	Susan Chadwick, Au.D., Chair
MEMBERS PRESENT:	David Boehm, L.C.S.W., Ex-officio Damien Howell, P.T. Vilma Seymour, Citizen Member John Penn Turner, M.S., L.P.C., L.S.A.T.P.
MEMBERS NOT PRESENT:	Paula H. Boone, O.D. Meera Gokli, D.D.S.
STAFF PRESENT:	Elizabeth A. Carter, Ph.D., Executive Director for the Board Emily Wingfield, Chief Deputy Director Susan Stanbach, Senior Management Analyst Carol Stamey, Operations Manager
OTHERS PRESENT:	No others were present.
QUORUM:	With five members present, a quorum was established.
AGENDA:	No additions or changes were made to the agenda.
PUBLIC COMMENT:	No public comment was presented.
APPROVAL OF MINUTES:	On properly seconded motion by Mr. Howell, the Committee voted unanimously to approve the minutes of the February 6, 2008 meeting as amended.
UPDATE ON EMERGING PROFESSIONS:	**Central Service/Sterile Technicians** Dr. Carter presented an update on the study of Central Service/Sterile Technicians. She reported that the scope of practice had not been defined yet and the scope of practice varied among the facilities. Dr. Carter further reported that New Jersey just recently began regulation of the Central Service Technicians. She noted that a public hearing will be held to receive public comment prior to the full board's meeting in September 2008.

Orthotists and Prosthetists
Dr. Carter presented a slide presentation with regard to the need to regulate Orthotists, Prosthetists and Pedorthists. The presentation is incorporated into the minutes as Attachment 1. Dr. Carter noted the need for statistics on disciplinary history, specifically, from the states of New Jersey and Texas and the Health Practitioner Data Bank, and malpractice insurance claims. Additionally, discussed was the need for data on the number of facilities, the issue of medical reimbursement, and discussion of the potential turf battle with the Physical Therapists. The Committee requested that Dr. Carter continue the statistical research.

Orthopaedic Technologists
Dr. Carter presented a slide presentation regarding the need to regulate Orthopaedic Technologists. The presentation is incorporated into the minutes as Attachment 2. A discussion of this issue revealed that orthopaedic technologists work under the supervision of medical doctors and render little independent decision making. Malpractice suits and founded disciplinary allegations are claimed against the supervising medical doctors. Additionally, the educational requirement of orthopaedic technologists varies from national certification to on-the-job training. Dr. Carter informed the Committee that the use of an expert panel may be beneficial to review the credentialing examinations job analysis data and to perform criticality scaling to gauge the potential for harm to the public for orthotists, prosthetists and orthopaedic technologists. Staff was directed to review the specifics of the respective job analyses and report back to the Committee.

Polysomnographists
Dr. Carter apprised the Committee of a letter received from Dr. William Harp, Executive Director for the Board of Medicine, requesting a study of polysomnographers (sleep technicians). The letter noted possible overlapping of scope of practice with Respiratory Therapists. The Committee discussed the need for more information regarding delineation specific scope of practice concerns and remanded the matter back to the Respiratory Advisory Board of the Board of Medicine.

NEW BUSINESS: No new business was presented.

ADJOURNMENT: The meeting adjourned at 12:00 p.m.

Susan G. Chadwick, Au.D. Chair	Elizabeth A. Carter, Ph.D. Executive Director for the Board

Attachment 1

Review of the Need to Regulate Orthotists, Prosthetists, & Pedorthists

Virginia Board of Health Professions
April 15, 2008 Update

Professional Development

The American Orthotic & Prosthetic Association (AOPA) formed in 1917 as the, then, Artificial Limb Manufacturers and Brace Association. The organization worked in conjunction with the U.S. Council of National Defense to address the needs of World War I casualties.

Professional Development

AOPA indicates that between World War I and II, their membership began to increasingly view themselves as clinicians. (www.oandp.org, 3/3/08).

And with this view, the group became increasingly interested in developing credentialing standards.

Professional Development

In 1948, the American Board for Certification of Othotics and Prosthetics, Inc. (**ABC**)* was created to establish minimum standards for education and experience and to test clinical knowledge.

*To accommodate inclusion of pedorthists, the body was recently renamed the American Board for Certification in Orthotics, Prosthetics, and Pedorthics.

Professional Development – Alternative Association

Board for Orthotist/Prosthetist Certification (BOC) was founded in 1984 and provides an alternative credential for orthotists, prosthetists, orthotic fitters, pedorthists, and mastectomy fitters.

Defining the Professions

According to the U.S. Bureau of Labor and Statistics, **orthotists** and **prosthetists** "assist patients with disabling conditions of limbs and spine or with partial or total absence of limb by fitting and preparing braces or prostheses."
(www.bls.gov/oes/current/oes292091.htm)

The Bureau of Labor and Statistics does not have information on **pedorthists.**

Defining the Professions

But, Miriam-Webster online defines the practice of **pedorthics** as "the art and practice of designing, making, and fitting therapeutic shoes for relieving painful or disabling conditions of the feet."

Defining the Professions

In addition to its credentialing activities, ABC has developed a Model Practice Act for states to use to define the practice and practitioners in all three disciplines. They also offer Model Administrative Rules.

Twelve states have largely incorporated the Model Practice Act definitions into their statutes.

ABC Model Practice Act Definitions

Orthotics *means the science and practice of evaluating, measuring, designing, fabricating, assembling, fitting, adjusting, or servicing an orthosis under an order from a licensed physician or podiatrist for the correction or alleviation of neuromuscular or musculoskeletal dysfunction, disease, injury, or deformity*.

ABC Model Practice Act Definitions

Orthotist - *means an allied health professional who is specifically trained and educated to provide or manage the provision of a custom-designed, fabricated, modified, and fitted external orthosis to an orthotic patient, based on a clinical assessment and a physician's prescription, to restore physiological function and/or cosmesis.*

ABC Model Practice Act Definitions

Orthosis *means a custom-designed, fabricated, fitted and/or modified device to correct, support or compensate for neuro-musculoskeletal disorder or acquired condition.*

It does not include fabric or elastic supports, corsets, arch supports, low-temperature plastic splints, trusses, elastic hoses, canes, crutches, soft cervical collars, dental appliances, or other similar devices that are carried in stock and sold as "over-the-counter" items by a drug store, department store, corset shop, or surgical supply facility.

ABC Model Practice Act Definitions

Prosthetics *means the science and practice of evaluating, measuring, designing, fabricating, assembling, fitting, adjusting, or servicing a prosthesis under an order from a licensed physician*.

ABC Model Practice Act Definitions

Prosthetist *means an allied health professional who is specifically trained and educated to provide or manage the provision of a custom designed, fabricated, modified, and fitted external limb prosthesis to a prosthetic patient, based on a clinical assessment and a physician's prescription, to restore physiological function and/or cosmesis.*

ABC Model Practice Act Definitions

Prosthesis – *means a custom-designed, fabricated, fitted, and/or modified device to replace an absent external limb for purposes of restoring physiological function and/or cosmesis.*

It does not include artificial eyes, ears, fingers, or toes, dental appliances, cosmetic devices such as artificial breasts, eyelashes, wigs, or other devices that do no have a significant impact on the musculoskeletal functions of the body.

ABC Model Practice Act Definitions

Pedorthics *means the science and practice of evaluating, measuring, designing, fabricating, assembling, fitting, adjusting, or servicing a pedorthic device under an order from a licensed physician or podiatrist for the correction or alleviation of neuromuscular or musculoskeletal dysfunction, disease, injury, or deformity.*

ABC Model Practice Act Definitions

Pedorthist *means a person who measures, designs, fabricates, fits, or services pedorthic devices and assists in the formulation of the order of pedorthic devices as ordered by a licensed physician for the support or correction of disabilities caused by neuro-musculoskeletal diseases, injury, or deformities.*

ABC Model Practice Act Definitions

Pedorthic device *means therapeutic footwear, foot orthoses for use at the ankle or below, and modified footwear made for therapeutic purposes.*

It does not include non-therapeutic accommodative inlays or non-therapeutic accommodative footwear, regardless of method of manufacture, shoe modifications made for non-therapeutic purposes, unmodified, over-the-counter shoes, or prefabricated foot care products.

ABC Model Practice Act Definitions

Technician *means a person who assists an orthotist, prosthetist, prosthetist/orthotist, or pedorthist with fabrication of orthoses, prostheses, or pedorthic devices but does not provide direct patient care.*

Regulation by States

12 states as of March 31, 2008

Alabama – Board of Prosthetists and Orthotists (2002)
Arkansas – Board of Orthotics, Prosthetics & Pedorthics (2008)
Florida – Board of Orthotists and Prosthetists (2007)
Georgia – Composite Board of Medical Examiners (2006)
Illinois – Department of Professional Regulation Orthotics & Prosthetics Licensure (2000)
New Jersey – Orthotics & Prosthetics Board of Examiners (1991)

Regulation by States

12 states as of March 31, 2008

Ohio – State Board of Orthotics, Prosthetics, and Pedorthics (2000)
Oklahoma – Board of Medical Licensure (2001)
Rhode Island – Division of Health Professions and Regulation, Department of Health (2007)
Tennessee – Board of Podiatric Medical Examiners (2007)
Texas – Board of Orthotics & Prosthetics (1999)
Washington – State Department of Health (1997)

Certification

Since 1988, to attain certification through ABC, practitioners must have:

- Undergraduate degree
- Complete 1900 hours of supervised clinical experience
- Pass a series of written and clinical exams
- To maintain ABC certification, CE must be completed every five years and practitioners are assessed on their knowledge of the latest developments in orthotics and prosthetic technology and patient management.

How Many?

Nationwide, more than 3,200 Orthotists and Prosthetists are certified by ABC.

- 1/3rd are Orthotists
- 1/3rd are Prosthetists, and
- 1/3rd are certified in both disciplines.

ABC has over 700 registered orthotic and prosthetic technicians

ABC has accredited over 700 practices/facilities.

How Many?

In Virginia,

- 224 certified practitioners
- 41 O & P facilities

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How Many Pedorthists?

The Board for Certification in Pedorthics (BCP) now under the ABC umbrella reports that there are over 2,000 pedorthists nationwide with over 80 accredited pedorthic facilities.

There are currently 51 pedorthists in Virginia.

Awaiting information on how many pedorthic facilities.

Board for Orthotist/Prosthetist Certification (BOC)

Accredited by the National Organization for Competency Assurance's National Commission for Certifying Agencies.

They certify the following professions:

- Orthotists
- Prosthetists
- Mastectomy Fitter
- Orthotic Fitter

How Many? - BOC

Nationally, there are over 6000 practitioners and facilities (awaiting specifics).

In Virginia

- 15 Orthotists
- 7 Prosthetists
- 75 Pedorthists
- 5 Facilities

Next Steps

Is there harm to the public attributable to this unregulated profession?

- Data from the regulating states
- Malpractice information
- Public comment

Additional literature review, review of federal and states' statues, and more job analyses analysis to determine level of supervision.

Assessment of impact of regulation.

Attachment 2

Update on the Review of the Need to Regulate Orthopaedic Technologists

April 15, 2008

Virginia Board of Health Professions

Background

At the February 6, 2008 meeting, the Board of Health Professions accepted the request from the Board of Medicine for a sunrise review into the need to regulate orthopaedic technologists.

This study has been incorporated into its Review of Emerging Professions.

Background

Also at the February meeting, it was noted that the review of this profession would address issues in other professions also involved with musculoskeletal care, such as orthotists, prosthetists, and orthopedic (physicians) assistants.

Defining the Profession

The U.S. Bureau of Labor Statistics does not have a formal definition for this profession.

Orthopaedic Technicians essential duties involve applying plaster casts, braces, and splints.

Defining the Profession

According to the National Association of Orthopaedic Technologists (NAOT), which formed in 1982, an Orthopaedic Technologist is a

> "paramedically trained member of the orthopaedic team who works with all health care professionals in

delivering patient care and assuming appropriate responsibilities concerning all surgical and non-surgical procedures."

(www.naot.org/certification.html).

Examinations

The National Board for Certification of Orthopedic Technologist, Inc. (NBCOT) was formed in by NAOT also in 1982 to serve as its credentialing agent.

NBCOT has been accredited by the National Organization for Competency Assurance's National Commission For Certifying Agencies (NCCA) as adhering to national standards for evaluating professional competency.

Defining the Profession

NBCOT credentials at three levels:

Entry
Certified
Advanced Certified

Level I - Entry

Education - High School/GED

Training - 1 year full-time work experience in a hospital, clinic or office setting, working directly in the treatment of orthopaedic patient(s).

Knowledge & Skills

- Understanding the theory and application of skin and skeletal traction.
- Understanding the proper application of aseptic techniques in dressing change and in setting up surgical fields.
- Ability to articulate descriptions of orthopaedic conditions based upon a basic understanding of anatomical structures and their relationship with one another.
- Ability to apply upper and remove upper and lower extremity casts.

Level II - Certified

Education – High school/GED

Training in at least one of the following categories must be met:

- At least 2 years full-time work experience in a hospital, clinic, or office, or as an independent contractor working directly in the care of the orthopaedic patient, and certification by The National Board of Certification for Orthopaedic Technologists (NBCOT).

-Completion of an orthopaedic technology training program and certification by NBCOT.

- Completion of a related allied health program (i.e. RN, PA, LVN, LPN, Surgical Technologist, Radiology Technologist) with at least 1year full-time work in either a hospital, clinic, office setting, or as an independent contractor, working directly in the treatment of the orthopaedic patient, and certification by NBCOT.

Level II - Certified

Knowledge & Skills

- **Knowledge of theory and application of skin or skeletal traction.**

- Knowledge of the proper application of aseptic techniques in dressing change, removal of sutures or staples and in setting up surgical fields.

- Ability to articulate descriptions of orthopaedic conditions based on the understanding of anatomical structures and their relationship with one another.

- Ability to apply, adjust, and remove all common orthopaedic devices, using a manual or standard practice as a guide.

- Ability to interpret simple fractures and dislocations on X-ray films.

- Ability to perform in an operating room environment as first and second assistant or scrub technician under the direct supervision of a surgeon.

- Ability to supervise and train other certified, eligible Orthopaedic Technologists.

Level III – Advanced Certified Level

Education – High School/GED

Training in at least one of the following categories must be met:

- At least eight (8) years full-time work experience in a hospital, clinic or office setting, or as an independent contractor working directly in the care of orthopaedic patients and certification by NBCOT for no fewer than three (3) years.

- Completion of an orthopaedic technology training program, and at least eight (8) years full-time work experience in a hospital, clinic or office setting, or as an independent contractor working directly in the care of the orthopaedic patient, and certification by NBCOT for no fewer than three (3) years.

- Completion of a related allied health program with at least four (4) years full-time work in either a hospital, clinic or office setting, or as an independent contractor working directly in the care of the orthopaedic patient, and certification by NBCOT for no fewer than three (3) years.

Level III – Advanced Certified Level

Knowledge & Skills

- Expert knowledge of the proper application of aseptic techniques in dressing change, removal of sutures, staples, Steinman pins, K-wires, and in setting up surgical fields and draping in the operating room.

- Ability to articulate descriptions of orthopaedic conditions based on advanced understanding of anatomical structures and their relationships with one another.

- Ability to apply, adjust, and remove all common and difficult orthopaedic devices.

- Advanced knowledge of theory and application of skin, skeletal and manual tractions.

- Ability to interpret most fractures and dislocations on X-ray films.

- Ability to perform in an operating room environment in an expert manner as a first and second assistant or scrub technician under the direct supervision of a surgeon.-Ability to supervise and train other no-certified Orthopaedic Technologists.

Defining the Profession
Alternative Organization

The American Society of Orthopedic Professionals (ASOP) is another professional association.

It awards the Orthopedic Professional Certification Examination which confers the title "Orthopedic Allied Professional" or "OAP(C)" for those who do not place casts.

It also offers the "Registered Orthopedic Technologist" or "ROT" for those who do.

Defining the Profession
Alternative Organization

The membership of ASOP reflects a broad array of allied professionals working in an orthopaedic environment. Along with Orthopedic Technologists are:

Medical Assistants
Radiological Technologists
Surgical Technologists
Licensed Practical Nurses
Athletic Trainers

Defining the Profession
Alternative Organization

Physical Therapists
Physical Therapy Assistants
Orthopedic Physician Assistants
Massage Therapists
Emergency Medical Technicians
Paramedics

Emergency Room Technician
Registered Nurse

Defining the Profession
Alternative Organization

X-Ray Technologist
Orthotist
Orthotic Fitter
Chiropractic Assistant
Orthopedic Product Representative

Next Steps

Is there harm to the public attributable to this unregulated profession?
What efforts exist to regulate this profession in other states?
How many Orthopaedic Technologists are in Virginia? US?
What does the public have to say?