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APMA Daily eNews
Friday, May 29, 2009 (No. 2,830)

APMA Supports Colorado Members on Scope of Practice Issues

In consultation with the Colorado Podiatric Medical Association (CPMA), APMA submitted written comments on May 28 to the Colorado Department of Regulatory Agencies, which is currently conducting a sunset review of the Colorado Board of Podiatry to determine whether agency regulation is necessary to protect public health, safety, and welfare. If regulation is necessary, whether the existing statutes and regulations establish the least restrictive form of regulation consistent with the public interest and the agency rules is within the scope of legislative intent. The opportunity to submit comments was an excellent opportunity for APMA and CPMA to provide clarifications for ambiguities in the Colorado scope of practice statute.

In addressing the threshold question, APMA strongly recommended the continuous operation of the Colorado Podiatry Board because APMA believes that a separate and distinct regulatory board governing the practice of podiatric medicine is imperative to ensuring the vitality of the podiatric profession in Colorado, as well as precluding opportunities for arbitrary exclusion or over-regulation by economic competitors.

APMA also commented on several scope-of-practice issues concerning podiatric medicine and surgery. In contrast to the APMA podiatric scope of practice model, which states that the practice of podiatric medicine includes the foot, ankle, and the governing and related structures, the Colorado podiatric scope of practice statute includes “the human toe, foot, ankle, and tendons.” Hence, it is unclear whether the Colorado scope of practice statute includes an anatomical limitation in the lower extremity or permits treatment to the soft tissue structures other than tendons above the ankle, as well as distal tibial osteotomies, peroneal nerve decompression, and skin grafts from the thighs and buttocks.

After thoroughly evaluating the podiatric medical education and training and the 50state statutory trend, APMA concluded that “tendons” in the case of the Colorado podiatric scope of practice statute should be construed as demarcating the myotendinous junction of the lower leg. This interpretation of the statute is consistent with the legislative intent and provides an anatomical demarcation and legal authority for treating conditions above the ankle.

Notwithstanding the limiting nature of the scope of practice statute of Colorado, podiatric physicians and surgeons who have the requisite education, training, and experience should be able to treat conditions of the foot, ankle, and the governing and related structures. As such, APMA strongly encouraged the Colorado Department of Regulatory Agencies to adopt the “foot, ankle, and governing and related structures” language in lieu of the “human toe, foot, ankle, and tendons” language so that qualified podiatric physicians and surgeons would be able to provide timely and medically necessary care to their patients. As stated by APMA President Ronald D. Jensen, DPM, “Only when the legal authority is consistent with the training, education,

experience, and demonstrated competency of doctors of podiatric medicine, will our patients and healthcare consumers reap the benefits of increased access to quality healthcare.”

APMA also commented on issues concerning amputation of the foot at the ankle, board certification as a requirement for ankle surgery, reporting of child abuse, retired volunteer license, continuing medical education, and forming professional service corporations with doctors of allopathic and osteopathic medicine. The comment letter is available [here](#).

Did You Know?

Did you know APMA is the only podiatric medical association invited to regular legislative and regulatory briefings and strategy sessions at the American Medical Association?

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