



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
Olympia, Washington 98504

NOTICE OF ADOPTION OF AN INTERPRETIVE STATEMENT

Title of Interpretive Statement: Podiatric Physicians Conducting Pre-Surgical Histories and Physicals | Interpretive Statement PO99-44

Issuing Entity: Podiatric Medical Board

Subject Matter: Clarifying that podiatric physicians are permitted by law to conduct pre-surgical histories and physicals.

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Interpretive Statement

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<i>Title:</i>	Podiatric physicians conducting pre-surgical histories and physicals	<i>Number:</i> PO99-44
<i>References:</i>	Chapter 18.22 RCW; WAC 246-922 ; meeting minutes for September 10, 1999, November 12, 1999, May 12, 2000, November 22, 2002; April 12, 2012; July 12, 2012; January 14, 2021; October 21, 2021	
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This Interpretive Statement clarifies that the Podiatric Medical Board (board) has determined podiatric physicians are permitted by law to conduct general pre-surgical histories and physicals.

Background

The purpose of a medical history and physical examination (H&P) is to determine whether there is anything in the patient's overall condition that would affect the planned course of the patient's treatment, such as a medication allergy, or a new or existing co-morbid condition that requires additional interventions to reduce risk to the patient.¹ All surgeries require an H&P and they are standardized across the various types of surgeries.

Podiatric medical education.

Education in the medical field for the physician health professions involves two areas of focus: preclinical coursework, primarily completed during the first two years but extending into the student's third year; and clinical training students receive during the final two years.

Podiatric medical students² complete the same coursework as allopathic and osteopathic physicians with an added focus on lower extremities. Courses include gross anatomy, histology, biochemistry, genetics and embryology, physiology, immunology, radiology, pharmacology, and radiation; and during their third year, podiatric students take courses that include general medicine, women's medicine, dermatology, and behavioral medicine.

¹ <https://www.cms.gov/files/document/r200soma.pdf>

² <https://aacpm.org/wp-content/uploads/2020-AACPM-Curricular-Guide.pdf>

The education overlap extends to the clinical training as well, which is completed during years three and four. Podiatric medical students participate in general rotations in emergency medicine, anesthesia, and other surgical specialties (orthopedics, plastic, general) and are trained to take histories and physicals, as well as how to perform full physical exams. Additional skills podiatric medical students learn during their third-year clinical training include intubation and the placement of IV lines. In fourth year, podiatric medical students begin month-long clerkships rotating through several clinical disciplines.

Podiatric residency training.

Surgical specialties have longer residencies compared to non-surgical residencies. For example, neurosurgery and plastic surgery for allopathic and osteopathic physicians require seven years of residency training; orthopedic surgery requires five years. Podiatric residencies³ are three years in length primarily due to the focus on the ankle and feet, however, podiatric residents are also exposed to other fields such as neurology and infectious diseases during training.

Applicable law/rules

[RCW 18.22.035](#) states: (1) A podiatric physician and surgeon is responsible for the quality of podiatric care.

(2) The practice of podiatric medicine and surgery is the diagnosis and the medical, surgical, mechanical, manipulative, and electrical treatments of ailments of the human foot.

(3) Podiatric physicians and surgeons may issue prescriptions valid at any pharmacy for any drug, including narcotics, necessary in the practice of podiatry.

(4) Podiatrists shall not:

(a) Amputate the foot;

(b) Administer spinal anesthetic or any anesthetic that renders the patient unconscious; or

(c) Treat systemic conditions.

[WAC 246-922-001](#) states: (1) An "ailment of the human foot" as set forth in RCW 18.22.035 is defined as any condition, symptom, disease, complaint, or disability involving the functional foot. The functional foot includes the anatomical foot and any muscle, tendon, ligament, or other soft tissue structure directly attached to the anatomical foot and which impacts upon or affects the foot or foot function and osseous structure up to and including the articulating surfaces of the ankle joint.

(2) In diagnosing or treating the ailments of the functional foot, a podiatric physician and surgeon is entitled to utilize medical, surgical, mechanical, manipulative, radiological, and electrical treatment methods and the diagnostic procedure or treatment method may be utilized upon an anatomical location other than the functional foot. The diagnosis and treatment of the foot includes diagnosis and treatment necessary for preventive care of the well foot.

(3) A podiatric physician and surgeon may examine, diagnose, and commence treatment of ailments for which differential diagnoses include an ailment of the human foot. Upon determination that the condition presented is not an ailment of the human foot, the podiatric physician and surgeon shall obtain an appropriate consultation or make an appropriate referral to a licensed health care practitioner authorized by law to treat systemic conditions. The podiatric physician and surgeon may take emergency actions as are reasonably necessary to protect the patient's health until the intervention of a licensed health care practitioner authorized by law to treat systemic conditions.

(4) A podiatric physician and surgeon may diagnose or treat an ailment of the human foot caused by a systemic condition provided an appropriate consultation or referral for the systemic condition is made to a licensed health care practitioner authorized by law to treat systemic conditions.

³ <https://www.cpme.org/files/CPME%20320%20final%20June%202015.pdf>

(5) A podiatric physician and surgeon shall not administer a general or spinal anesthetic, however, a podiatric physician and surgeon may treat ailments of the human foot when the treatment requires use of a general or spinal anesthetic provided that the administration of the general or spinal anesthetic is by a physician authorized under chapter [18.71](#) or [18.57](#) RCW; or a certified registered nurse anesthetist authorized under chapter [18.79](#) RCW.

Conclusion

Podiatric physicians are well educated and trained in general aspects of medicine, including conducting a history and physical. They are required to have extensive knowledge of the human body and its complexity to understand disease states, health disorders, and other ailments and illnesses that produce impacts on the foot and ankle. Additionally, podiatric physicians must recognize when they encounter conditions requiring referral to another health care practitioner that is able to treat systemic conditions.

Individual hospitals determine who may perform histories and physicals for surgery and admittance to their facilities, however, general pre-surgical histories and physicals are within the scope of practice of podiatric physicians.

In summary, the board has determined podiatric physicians are permitted by law to conduct general pre-surgical histories and physicals.