



Podiatric Medical Board Guideline

Title:	Harvesting Skin Grafts	Number: PO 19-50
Reference:	Chapter 18.22 RCW; WAC 246-922-001(2)	
Contact:	Susan Gragg, Program Manager	
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Supersedes	N/A	
Approved		
	Chair, Podiatric Medical Board	

Purpose

To clarify whether the harvesting of skin grafts from the leg to treat wounds on the foot is within podiatric scope of practice in the state of Washington.

Conclusion

The Podiatric Medical Board (board) has determined that, so long as it is for treatment of the foot, harvesting skin grafts from any location outside the foot is within the scope of practice for podiatric physicians in Washington.

Background

The scope of practice for podiatric physicians in the state of Washington is found under RCW 18.22.035 and WAC 246-922-001. As stated in RCW 18.22.035(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.

The skin is the body's first defense in preventing the invasion of pathological organisms. When a disruption of this envelope occurs, the primary goal is to close the wound as quickly as possible with the least amount of risk to the patient. The methods of wound closure available include primary closure, skin grafting, and soft tissue flaps. In patients with diabetes, the risk of resistant strains of bacteria developing in chronic wounds is always a concern to the podiatric physician. Skin grafts are a major component of severe wound healing regimens and provide rapid closure to full thickness wounds that might otherwise take a prolonged period of time to heal. The longer it takes a wound to close, the greater the cost and risk to the patient.

Analysis

Podiatric physicians play a significant role in the delivery of medical services for the treatment of foot and ankle pathologies, especially diabetic wound care. It is clear that the medical services a podiatric physician may perform include, as medically appropriate, the treatment of foot and ankle pathologies through a skin graft for which the donor site is at or below the ankle.

Significant advances have been made with both technology and bioengineered products, including cultured epithelium. The board understands that the performance of full or split thickness skin grafts has been a component of podiatric training for several years. 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 at or below the ankle.

The question here is not whether a podiatric physician who has sufficient education and training is able to harvest a skin graft from a location above the ankle; it is whether, under Washington law, it is within the scope of practice. The performance of full or split thickness skin grafts has been a component of podiatric training for many years and some states' laws do allow podiatric physicians with the requisite education, training, and competence in the modality to perform full or split thickness skin grafts.

Scope of practice, however, is neither controlled by the customs or practices of the medical profession nor expanded by consideration of a medical professional's knowledge, skill, or expertise or what is taught in the medical schools. Statutory interpretation is purely a question of law. Washington podiatric law, RCW 18.22.035(2), states the practice of podiatric medicine and surgery is "the diagnosis and the medical, surgical, mechanical, manipulative, and electrical treatment of the ailments of the human foot." WAC 246-922-001(1) states, in part, the "...functional foot includes the anatomical foot and any muscle, tendon, ligament, or other soft tissue structure directly attached to the anatomical foot..."

WAC 246-922-001(2) further provides, in part, "(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." Thus, the use of a skin graft, whether obtained from a supplier or harvested by the podiatric physician and surgeon regardless of location, to treat a wound on the functional foot is within the podiatric scope of practice in Washington.

Conclusion

So long as it is for treatment of the foot, harvesting a skin graft from any location outside the foot is within the scope of practice of podiatric physicians in Washington State.

Definitions

1. **Dermis**¹: the thick layer of living tissue below the epidermis that forms the true skin, containing blood capillaries, nerve endings, sweat glands, hair follicles, and other structures.
2. **Epidermis**²: the thin non-vascular, non-sensitive protective outer layer of skin composed of epithelial tissue.
3. **Skin grafting**³: Involves transferring a portion of the skin, devoid of its blood supply, from one area of the body to another. There are three classifications of skin grafts:
 - a. **Xenografts**²: from different species (animal products such as fish, cow, or pig), which are only used as temporary biological dressings as they are not compatible with human tissue;
 - b. **Allografts**²: from the same species, which may include:
 - i. Living tissue donation: skin or tissue donated by another individual after certain surgical procedures such as abdominoplasty;
 - ii. Cadaver donation: human tissue donated from a deceased individual;
 - iii. Fetal foreskin: cells extracted and cultured from foreskins of circumcised babies;
 - iv. Amniotic: made from the placenta, umbilical cord, or amniotic sac and contain stem cells; and
 - c. **Autografts**²: from the patient themselves.
 - d. **Artificial skin grafts**²: consists of a synthetic epidermis and a collagen-based dermis whose fibers are arranged in a lattice. This collagen encourages formation of new tissue like fibroblasts, blood vessels, nerve fibers, and lymph vessels. The collagen lattice eventually degrades as these cells and structures build a new dermis.
4. **Skin Harvesting**³: Typically performed with the use of an electric, gas, battery, or manually powered dermatome or freehand with a knife or scalpel. Depending on the length, width, and thickness of the needed skin graft, the donor site is usually a location that is easily concealed, such as the thigh or buttock, or may be also located on the lower leg or calf. There are two types of harvesting:
 - a. Full-thickness skin grafts (FTSG), which involves harvesting the epidermis and all of the dermis, including most of the dermal appendages; and
 - b. Split-thickness skin grafts (STSG), which involves harvesting a relatively large area of the dermis and a portion of the epidermis from a donor site for transplantation to another site.

¹ <https://en.oxforddictionaries.com/>

² <https://www.dictionary.com/>

³ <https://www.healthline.com/health/>