FSPMR
"To enhance health and function through education and research in the field of physical medicine and rehabilitation"

Position Statement

Florida Society of Physical Medicine & Rehabilitation

SCOPE OF PRACTICE

July 22, 2012

At a time where our focus should be promoting cost effective, evidenced-based patient care across different healthcare professions, we are pitted against each other with the veil of public access and healthcare provider shortage, and cost savings in order to expand professional self interest. Public protection should be the priority when addressing the scope of practice issues. Collaboration between healthcare providers should be the goal and not legislative manipulation.

FSPMR members have been working in a collaborative and supervisory role with multiple providers, including but not limited to physical therapists and nurse practitioners. Most of these providers are skilled, caring providers.

Although we support the work that physical therapists perform and applaud their quest to increase their base of knowledge, we do not support their Vision 2020 that a "doctor in physical therapy" will be enough training to allow them to have an autonomous practice equal to the practice of medicine. We believe that physical therapy clinical practice involves mainly prevention, diagnosis, and management of impairments and limitations in activities with regard to health, wellness, and fitness promotion activities. In contrast, it is the role of the medical physician to identify, treat and diagnose disease. Proceeding with the "doctor in physical therapy" 2020 Vision would lead to excessive treatment with the aim of correcting clinical conditions that may not be relevant at all, and resulting in delay of proper treatment, endangering patients, and increasing cost.

FSPMR recommends that we work with future "doctors in physical therapy" in promoting evidenced based protocols for treating specific clinical conditions in a maintained supervisory role. Current Florida statutes already allows physical therapists to see patients autonomously for 21 days but with the caveat that "the physical therapist shall refer the patient to or consult with the health care practitioner licensed under chapter 458, 459, 460, 461, 466 if the patient's condition is found to be outside the scope of physical therapy, and If physical therapy treatment for a patient is required beyond 21 days for a condition not previously assessed by a practitioner of record." A physical therapist must not employ acts, tests, procedures, modalities, treatments, or interventions in the treatment of patients that are beyond the scope of the practice of physical therapy. Any patient whose condition requires medical diagnosis of disease or treatment beyond the scope of physical therapy must be referred.

FSPMR also opposes giving ARNPs the authority to prescribe controlled substances. In Florida, a crisis exists with controlled substance prescription abuse. Legislative action requiring strict protocols, training, certification and sub-specialization was recently enacted. We believe that even with recent law changes the controlled substance problems are far from being corrected. Expanding prescriptive authority to nurse practitioners for controlled substances, will lead to further abuse and diversion of prescription drugs from legally prescribed sources. According to the Florida Medical Association (FMA) the requirement for a master's degree of nursing does not apply to all ARNP licensees and the Department of Health records reveal that a significant number of ARNPs do not hold a master's degree. It again goes back to the level of training. One possible solution is to have a collaborative solution between the Board of Medicine and Board of Nursing where specific additional training and certification would be approved under the aegis of the Board of Medicine that would allow those advance nurses to complete the educational requirements to equal that of a medical or osteopathic doctor in order to be able to expand their practice to the autonomous practice of medicine.

FSPMR also recommends opposing certified nurse anesthetist expanding their scope of practice to include pain management intervention. The American Society of Anesthesiologists state that "Nurse anesthetist training does not compare to the four years of medical school and four years of residency required of anesthesiologists. Nurse anesthetists are not trained to perform all aspects of an anesthetic procedure independently". Furthermore "nurse anesthetists are not trained to make a medical assessment of the patient's condition. However, they are qualified to perform certain functions in connection with the patient's treatment, such as monitoring and technical delivery, provided that an anesthesiologist or other physician remains available to the patient". In fact, physician involvement/ supervision improves patient outcomes and decrease mortality. We agree with the ASA,the FMA, the Florida Society of Interventive Pain Physicians and other organizations that interventional pain medicine is the practice of medicine.

In conclusion, we recommend that involved parties, societies, medical and nursing regulatory boards and associated entities focus their energy in working together for the benefit of our patients. Training and competence should be the defining measure for determining the licensure and scope of practice to provide a service and not legislative manipulation. The Medical, Osteopathic and Nursing Boards should work together to design an educational pathway and certification that will supplement and meet the standards of those ARNPs that want to expand their scope of practice to that of medical doctor.