



STATE OF WASHINGTON  
**DEPARTMENT OF HEALTH**  
*Olympia, Washington 98504*

**NOTICE OF ADOPTION  
INTERPRETIVE STATEMENT**

**Title of Interpretive Statement:** Hospital Admissions by Podiatric Physicians | PO22-52

**Issuing Entity:** Podiatric Medical Board

**Subject Matter:** Clarifies that podiatric physicians are permitted by law to admit patients to hospitals for conditions other than foot and ankle.

**Effective Date:** July 14, 2022

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# Interpretive Statement

Revised – 10/18/11

<i>Title:</i>	Hospital admissions by Podiatric physicians	<i>Number:</i> PO22-52
<i>References:</i>	<a href="#">Chapter 18.22 RCW</a> ; <a href="#">Chapter 246-922 WAC</a>	
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This Interpretive Statement clarifies that the Podiatric Medical Board (board) has determined podiatric physicians are permitted by law to admit patients to hospitals for conditions other than the foot and ankle.

## Background

The purpose of a medical hospital admission is to obtain a higher level of care and/or treatment for a patient than can be achieved in an office-based clinical setting.

### *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 students<sup>1</sup> 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.

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

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<sup>1</sup> <https://aacpm.org/wp-content/uploads/2020-AACPM-Curricular-Guide.pdf>

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.*

Podiatric residencies<sup>2</sup> are typically three years in length and are primarily focused 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.

(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.

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<sup>2</sup> <https://www.cpme.org/files/CPME%20320%20final%20June%202015.pdf>

## Conclusion

Podiatric physicians are well educated and trained in general aspects of medicine. They are required to have extensive knowledge of the human body and its complexity to understand diseases 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. Podiatric physicians encountering such conditions also assess whether there is sufficient medical evidence, and it is in the patient's best interest, to pursue hospital admission while obtaining referrals.

Individual hospitals determine who may admit patients to their facilities based on admitting privileges, however, patient admittance for conditions other than the foot and ankle is within the scope of practice of podiatric physicians.

In summary, the board has determined podiatric physicians are permitted by law to admit patients to hospitals for conditions other than the foot and ankle.