Re: Kentucky State Board of Physical Therapy

Opinion and Declaratory Ruling regarding sharp wound debridement

This correspondence is in response to your telephone call on September 16, 1999 asking for an opinion from the Kentucky State Board of Physical Therapy on several issues regarding sharp wound debridement.

Please keep in mind that this correspondence is an opinion of the Board based solely on the facts you have presented, which will be summarized below. The Board has authorized this opinion to you as an Opinion and Declaratory Ruling pursuant to KRS 13A.130(3) and KRS 13A.010(2)(b) as the agency with jurisdiction to interpret the statutes and regulations governing the practice of physical therapy in the Commonwealth of Kentucky.

I. Is sharp wound debridement within the scope of the practice of physical therapy?

The Board is first presented with the question whether sharp wound debridement within the scope of the practice of physical therapy? You have presented few facts in support of your question. It is, however, the understanding of the Board, which is composed mostly of physical therapists, that sharp wound debridement generally consists of using medical instruments, such as scalpels and scissors, to clean dead tissue from wound to the flesh.

Kentucky law defines the practice of physical therapy to include, in relevant part: “The use of selected knowledge and skills in planning, organizing and directing programs for the care of individuals . . . encompassing . . . invasive or noninvasive procedures.” (emphasis added)

Physical therapists are routinely involved in sharp wound debridement, particularly in wound and burns care. Further, some physical therapists perform electromyography.

However, please be advised that competency in wound care is considered by the Commission for Accreditation in Physical Therapy Education (CAPTE) when determining whether physical therapy programs in the United States will be accredited.
Questions concerning wound care may also be part of the National Physical Therapy Examination (NPTE), a passing score on which is a prerequisite to licensure by the Board.

For physical therapists who do not have and maintain competency in wound care, for whatever reason -- such as a lack of regular patients requiring wound care, a physical therapist should seek education and training that will maintain or regain competency, or should simply refer such patients to others. Providing substandard care, committing gross incompetence, and refusing to refer patients to others when the treatment or service is beyond the scope of practice of that individual physical therapist are offenses for which the Board may take disciplinary action under KRS Chapter 327. See KRS 327.070(2) and (7); 201 KAR 22:053 (3)(2).

II. Conclusion

As the agency authorized by the Kentucky General Assembly to regulate the practice of physical therapy in this state, the Board is empowered to interpret its statutes and regulations. In summary, sharp wound debridement is within the scope of practice of physical therapy under KRS 327.010(1), but physical therapists should be mindful that competency in such an area must be maintained.

Sincerely yours,

Kentucky State Board of Physical Therapy
Tom Pennington, P.T., Chair

By:
Nancy Brinly, P.T., Executive Secretary

cc: Board members
Mark Brengelman, Assistant Attorney General, Board Counsel