

## Editorial

# American Physician Assistants in Orthopedic Surgery

Henry H Heard\*

Department of Physician Assistant, MERCER University, USA

\***Corresponding author:** Henry H Heard, Department of Physician Assistant, MERCER University, 1501 Mercer University Dr, Macon, GA 31207, USA. Tel: +17708868903; Email: Heard\_HH@mercer.edu

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## Editorial

According to the National Commission of Certification of Physician Assistants (NCCPA), in 2016 there were 115,547 certified physician assistants working in America [1]. Of those numbers, 9,991 Physician Assistants (PA) were actively employed in orthopedic surgery [2]. This represents the third highest percentage of specialty PAs in the country behind those PAs who work in Family or General Practice and Emergency Medicine. Twenty-point six percent of all U.S. PAs practice in Family Practice, while 13.2% of all PAs are in Emergency Medicine, with 10.9% of PAs Practice Orthopedics [2]. According to the NCCPA, the gender of the PAs working in Orthopedics is split nearly equal between men and women with 49.9% being male and 50.1% female [2]. The median age of all PAs working in Orthopedics is 38, with 71.6% of working Orthopedic PAs being between the ages of 30 and 49 [2]. Most Orthopedic PAs work in an office based practice with approximately 30% being hospital based [3]. From 2009 to 2015, the Physician Assistant in Orthopedic Surgery (PAOS) organization found that 85% of all orthopedic physician assistants regularly assist in surgery [4] (PAOS represents 1600 U.S. orthopedic PAs.) The median annual income of orthopedic PAs is \$105,000, while working 45 hours per week, and average treating 60 patients per week [2].

The Department of Veterans Affairs (VA) has been a major employer of physician assistants since the 1980s. Most of the care that is rendered by orthopedic PAs in the VA medical system is in their medical centers. However, these PAs also see patients in VA community-based outpatient clinics [5]. With the addition of orthopedic PAs to the VA system, patient visit volume increased 31% between 2012 and 2014 [5]. Of note in December 2013, the VA published new physician assistant guidelines concerning utilization of physician assistants within the Veterans Health System [6]. This new directive expanded the scope of practice for all physician assistants in the VA and stated that now all PAs in the VA would work toward practice autonomy [6]. With such a large percentage of U.S. PAs working in the orthopedic field, the National Commission of Certification of Physician Assistants (NCCPA) recognized the need for a specialty certification. The NCCPA currently offers a

Certificate of Added Qualifications (CAQ) in Orthopedic Surgery. This “Add-on” certification assists PAs in finding jobs in orthopedics, adds greater acceptance of PAs by their patients, and gives a leg up to those PAs with the certification of receiving recognition, salary raises, and promotions [7]. The certification requires successfully completing a 120-multiple-choice question national exam [7].

There has been a documented need for additional and specialty training for PAs in orthopedics for decades. In 1998, the first postgraduate PA education program in orthopedics was created [8]. Currently, the Association of Postgraduate Physician Assistant Programs recognizes five different programs of study [9]. These programs are in California, Virginia, Illinois, and Michigan [9]. Increasing the number of PA orthopedic residencies/fellowships are being considered throughout the U.S. It is thought that a healthcare system “driver” for the need to have more and better trained PAs is the expense associated with physician orthopedic surgeon training [2]. Physicians require a decade or longer of training to become proficient in their craft and trade. All physician assistants are trained as generalist and therefore are adaptable to different types of medical practice and can literally expand the services offered in an orthopedic office. As noted by the NCCPA, orthopedic PAs diagnose, manage, and treat patients with acute and chronic musculoskeletal illness. They perform, order, and interpret labs tests, x-rays, and EKGs. Orthopedic PAs also prescribe medications, perform procedures, counsel patients, and provide preventive care to patients [2]. General physician assistant education is between six and seven graduate semesters long (approximately two years) with the possibility of an additional year of training as compared to the 10+ years required for physicians. Plus, the fact that orthopedic PAs average making much less money per year as compared to a trained orthopedic surgeon, is another economic reason to have orthopedically trained PAs. The healthcare system recognizes the need for increased orthopedic services. In a recent online Becker’s SpineReview article, Mary Rechtoris writes that an increased need of 673% is forecasted for total knee arthroplasties and 173% for total hip arthroplasties by 2030 in the U.S [10]. Dr. Ira Kirshenbaum, chairman of orthopedics at Bronx-Lebanon Hospital Cen-

ter in New York is quoted in her article as saying, “If orthopedic surgeons don’t meet these needs, allied professionals would have their scope of privileges expanded, allowing them to perform general orthopedic procedures.” [10] I would argue that this kind of expansion of the PA scope of practice in orthopedics is already happening as most states across the U.S. are loosening regulations of PAs each year [11]. It is believed that this trend in increased utilization of physician assistants in orthopedic surgery will continue and will indeed increase.

In summary, PAs are a cost-effective addition to almost any orthopedic practice. Their care has never been questioned when compared to the same care delivered by physicians [11]. Physician assistant expansion of their scope of practice will continue for the foreseeable future and the future continues to look bright for the profession.

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