

ASOPA WHITE PAPER

What is an Orthopaedic Physician's Assistant?

The certified Orthopaedic Physician's Assistant is a professional, mid-level physician extender who works strictly in the field of orthopaedic medicine under the supervision of an orthopaedic surgeon(s). The title, Orthopaedic Physician's Assistant – Certified (OPA-C) can be used only after an individual has successfully passed the certification examination set forth by the National Board for Certification of Orthopaedic Physician's Assistants (NBCOPA).

The Orthopaedic Physician's Assistant roles and uses cannot be fully understood without a review of its history. The Orthopaedic Physician's Assistant or OPA was initially established in the late 1960's at about the same time the Physician Assistant programs arose. Originally the OPA and PA were an off-shoot of the need for orthopaedic surgeons and physicians in general to hire trained help to extend their ability to reach more patients in a time when physician shortages were being predicted and coincided with the return of military corpsmen and medics from Vietnam and stateside service.

Utilizing these returning health care providers and offering them additional training was a logical step. The OPA originally had 10 training programs they could attend. At that time these programs were supported by the American Academy of Orthopaedic Surgeons and accredited by them. In 1971 a letter from John J. Niebauer, MD, the Chairman of the subcommittee on Orthopaedic Physician's Assistants of the American Academy of Orthopaedic Surgeons to Dr Maurice Schnell stated; "The Council on Health Manpower of the AMA approved the recommendation of its committee on Emerging Health Manpower that a change be encouraged from the titles "Orthopaedic Assistant" and "Urological Assistant" to "Orthopaedic Physician's Assistant" and "Urological Physician's Assistant." "This terminology should be encouraged in generating titles of similar level of assistants in other occupations. This recommendation was made at the January 30, 1971 meeting.

In the May 1971 meeting of the executive committee of the American Academy of Orthopaedic Surgeons, it was adopted that the term "Orthopaedic Assistant" be changed to "Orthopaedic Physician's Assistant". The AMA (American Medical Association) at that time was accrediting the Physician Assistant programs. In the early 1970's the AAOS felt that it was a violation of their bylaws to accredit educational programs and withdrew its accreditation of the OPA programs causing many of the programs to close because the AMA felt that it already accredited the Physician Assistant programs and to accredit a specialist program was not in its best interest. The OPA continued with educational programs until 1990 when the last program was closed because it was unable to secure a program coordinator. Today there are still many colleges and universities that are interested in reopening OPA programs but lack of funding is a limiting factor. The OPA still has voice with the AAOS through its organization the American Society of Orthopaedic Physician's Assistants (ASOPA) on the Allied Health Committee of the American Academy of Orthopaedic Surgeons.

Today the National Board of Certification of Orthopaedic Physician's Assistants (NBCOPA) administers the examination for OPA's. The National Board of Certification for Orthopaedic Physician's Assistants (NBCOPA) was established in 1976. This board was and is comprised

of orthopaedic surgeons and OPAs who work with a cyclomatrician from the Professional Testing Corporation to establish the certification examination and continually update the examination for relevance to the changes in orthopedic medicine. This board enjoys a relationship with the ASOPA similar to the relationship between the American Board of Orthopaedic Surgery and the AAOS. For individuals to become Fellow Members (full) of the ASOPA they must attain certification from the NBCOPA and maintain certification by recertifying every four years.

The NBCOPA continues to administer the examination on a semiannual basis. This examination was established under its current form in 1976 and is administered and managed by the Professional Testing Corporation in New York. The Professional testing Corporation oversees the validity statistics and weighting of this examination by doing periodic duty and task analysis surveys of the profession. The National Board for Certification of Orthopedic Physician's Assistants does annual line item reviews to assure that the test questions remain current with current concepts in the field of orthopedic medicine. To be eligible to sit for the examination, candidates must have a solid background with a minimum of five years in orthopaedic medicine encompassing anatomy, physiology, pharmacology and knowledge of musculoskeletal disease process and treatment. Furthermore, candidates to become an OPA-C must have demonstrated proficiency with technical skills related to patient care, casting, bracing, splinting, and surgical assisting.

Candidacy to becoming a certified OPA can be achieved through completion of a formal, recognized OPA-C program or in some cases through cross-training of other health care personnel who are already certified or licensed. In a study commissioned by the American Society of Orthopaedic Physician's Assistants (ASOPA) most certified OPA's have a bachelor's or more advanced educational degree and have formal training such as an orthopaedic nurse, certified orthopaedic technologist, or military corpsman/corpswomen.

An OPA-C works within the scope of practice as defined by his or her supervising physician. The employing physician takes into account the OPA's experience and expertise in delegating duties to the OPA-C. The American Society of Orthopaedic Physician's Assistants in conjunction with the National Board for Certification of Orthopedic Physician's Assistants has drafted a Standardized Guidelines of Practice for OPAs, which lists duties the OPA-C should be competent performing based on the areas covered by the certifying examination.

Currently, the scope of an OPA-Cs practice is governed by the medical staff and credential committees of the hospitals where they perform many of their duties and by applicable state laws. However, due to the high demand for these individuals, some states such as Tennessee, California, and New York have adapted practice guidelines for these physician extenders. Many more states are currently reviewing these guidelines and establishing uniform criteria with the help of the orthopaedic community and the OPA.

Today many orthopedic surgeons would prefer to hire a trained assistant with solid orthopedic background that would require less time to assimilate into the surgeons practice; however, the limiting factor is that the OPA is not reimbursable under Medicare or Medicaid guidelines. This is largely a political issue but it is one that still needs to be resolved. Currently there are many

third party payers that will reimburse for OPA services but the Medicare / Medicaid issue remains at the forefront.

Updated July 2007.