

July 29, 2013

Sherry Thomas
Washington State Department of Health
Health Systems Quality Assurance
PO Box 47850
Olympia, WA 98504-7850

Re: Sunrise Review of Chiropractic

Dear Ms. Thomas,

Thank you for the opportunity to comment on the Sunrise Review to expand a chiropractor's scope of practice to allow for the authority to perform sports physicals and commercial driver's license exams.

The Washington Osteopathic Medical Association supports the "team" approach to medical care because the physician-led medical model ensures that professionals with complete medical education and training are adequately involved in patient care. While we value the contributions of chiropractors to the health care delivery system, we believe any expansion of their authority to provide services to patients without appropriate oversight should be directly related to additional education, training and competency demonstration requirements.

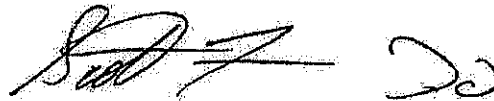
- a. Osteopathic physicians complete four years of osteopathic medical school, which includes two years of didactic study and two years of clinical rotations. Clinical rotations in the third and fourth years are done in community hospitals, major medical centers and doctors' offices. This is followed by three to seven years of postgraduate medical education, i.e., residencies, where DOs develop advanced knowledge and clinical skills relating to a wide variety of patient conditions. Physicians have both extensive medical education and comprehensive training that prepare them to understand medical treatment of disease, complex case management and safe prescribing practices.
 - b. In addition, osteopathic physicians have strenuous continuing education requirements and the AOA board certified physicians participate in Osteopathic Continuous Certification. This process ensures that board certified DOs maintain currency and demonstrate competency in their specialty area. It includes lifelong learning and continuous education, cognitive assessment and practice performance and assessment.
 - c. Collaborative agreements and the physician-led, team-based care model allows physicians to monitor progress in a non-physician clinicians' abilities and adjust their practice rights based on competency demonstration without jeopardizing patient safety or the quality of care delivered.
2. Chiropractor education standards are not equivalent to that of osteopathic physicians, and do not provide enough training to complete unsupervised physical evaluations.
- a. Again, all members of the health care team are valuable and the care they provide is essential to treating the whole patient in an efficient manner. Chiropractors should practice to the full scope of what

they are trained to do competently, which does not extend to providing unsupervised medical treatment.

- b. Osteopathic physicians complete 10,000 supervised clinical hours during their training, which is necessary to understand the complexities of comprehensive patient care and perform a complete evaluation of a patient.
 - c. An additional 100 hours of training for chiropractors is not adequate to address these concerns, as that represents only 1% of the hours of supervised clinical training an osteopathic physician achieves.
3. Many times attempts to increase scope of practice for non-physician clinicians are supported by claims that chiropractors can help fill physician workforce shortages, particularly in rural and underserved areas.
- a. Generally scope of practice bills fail to put in place restrictions or other provisions that incentivize non-physician clinicians to practice in rural and underserved areas. Additionally, data shows that non-physician clinicians in Washington tend to practice in the same areas as physicians.
 - b. While improving access to care is important, quality of care must not suffer as a result. Chiropractors are **not** trained in providing comprehensive medical services, including cardiovascular and examinations for other internal medical conditions, which are in fact the most critical component of physical evaluations. Sudden cardiac death is the leading cause of death in exercising young athletes. There has been extensive medical work done on preventing sudden cardiac death in young athletes that is based on trained evaluation of the history and physical examination.
4. Another major issue with physical examinations among student athletes is concussions. In 2006, a thirteen year old in Washington sustained a concussion during a middle school football game, but was allowed to continue playing.¹ Shortly after the game ended, the child collapsed and spent 31 days in a coma and 20 months on a feeding tube.² Three years after his injury, the individual was able to walk with assistance and Washington enacted the nation's first statute to address youth athlete concussions.³
- a. A 2011 study found that high school concussions are most likely to be assessed by a certified athletic trainer (94%), followed by a general physician (58%), orthopedic physician (4.7%), nurse practitioner (2.4%) and neurologist (2.1%).⁴ Chiropractors were not among that list.
 - b. Chiropractors have not been involved in assessing high school concussions, and the extra 100 hours of training would not be sufficient for making these determinations.

Thank you for allowing us to share our concerns on this issue.

Sincerely,



Scott Fannin, DO
President-Elect

¹ David Haugh, *Seattle-area teen helps NFL, others see dangers in concussions from football*, Chicago Tribune, Oct. 17, 2010, available at http://articles.chicagotribune.com/2010-10-17/sports/ct-spt-1017-haugh-football-coconcussio20101016_1_concussions-zackery-lystedt-law-sarah-jane-brain-foundation.

² Id.; CDC, *The Lystedt Law*, *supra*

³ CDC, *The Lystedt Law*, *supra*

⁴ William P. Meehan III, MD, Pierre d'Hemecourt, MD, Christy L. Collins, MA, and Dawn Comstock, PhD, *Assessment and Management of Sport-Related Concussions in United States High Schools*, 39(11) Am. J. Sports Med., 2304-2310, Nov. 2011.