

***STATE MEDICAL BOARD OF OHIO - POSITION PAPER***

**NON-INVASIVE VASCULAR TESTING**

May 10, 1995

Concern has been raised about the overutilization of non-invasive vascular testing and the performance and interpretation of such testing by persons who are not qualified by training and experience or by persons who are acting outside their legal scope of practice.

It is beyond cavil that all licensed professionals must, first of all, confine their activities to those within the legal limitations of their scope of practice. Within that scope of practice, they must further limit their activities to those for which they have sufficient training and expertise to enable them to practice in compliance with minimal standards of care. Additionally, in this era of rapidly escalating health care costs, it is incumbent upon practitioners to guard against providing unnecessary or duplicative testing or other services. It is simply not appropriate for any practitioner to use non-invasive vascular testing as a routine screening device.

It must be acknowledged that not every doctor of medicine, doctor of osteopathic medicine and doctor of podiatric medicine is trained to perform and interpret the results of non-invasive vascular testing. All persons licensed by this Board must meet and conform to minimal standards of care or risk disciplinary action pursuant to Section 4731.22(B)(6) of the Revised Code. Physicians who undertake to perform services not within their usual area of practice or for which they have not received adequate training risk violating the applicable standard of care.<sup>1</sup>

The existence of vascular problems may, to a great degree, be detected by a careful history and thorough clinical examination. If a vascular problem is detected or suspected, non-invasive vascular testing may be appropriate. It is often in the best interests of the patient needing vascular testing to be referred to a vascular laboratory so that the tests will be interpreted by a physician fully trained and skilled in that area of practice.<sup>2</sup> Not only will this result in a more skilled interpretation, but it also will reduce the likelihood that the testing will be repeated if further referral to a specialist is required.

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<sup>1</sup> In determining the level of training needed to perform and interpret non-invasive vascular testing, consideration should be given to the eligibility requirements to sit for the certifying examination sponsored by The American Registry of Diagnostic Medical Sonographers or by Cardiovascular Credentialing International.

<sup>2</sup> In determining the standards to be met in non-invasive vascular testing laboratories, consideration should be given to the "Essentials and Standards for Accreditation in Non-Invasive Vascular Testing" of the Intersocietal Commission for the Accreditation of Vascular Laboratories.

In addition to the above recommendations, doctors of podiatric medicine have the additional consideration imposed by the statutory definition of podiatry in Section 4731.51 of the Revised Code. This section provides that podiatrists “may treat the local manifestations of systemic diseases as they appear in the hand and foot, but the patient shall be concurrently referred to a doctor of medicine or a doctor of osteopathic medicine and surgery for the treatment of the systemic disease itself.” Therefore, if the podiatrist believes that the symptoms observed in the hand or foot are a local manifestation of a systemic disease, the patient must be concurrently referred to a doctor of medicine or a doctor of osteopathic medicine for further diagnosis and treatment of the suspected systemic disease.

*This policy or position statement is only a guideline and should not be interpreted as being all inclusive or exclusive. The Board will review possible violations of the Medical Practices Act and/or rules promulgated hereunder on a case by case basis.*

*Approved 5/10/95*

*Revised 7/10/08 to include disclaimer*