



PAs and OPAs: The Distinctions

Physician Assistants (PAs) in orthopaedics and “orthopaedic physician’s assistants”(OPAs) are distinctly different professions. PAs have broad medical training at accredited programs and work with physicians in any specialty, including orthopaedics. PAs are licensed in all states and are recognized Medicare and Medicaid providers. Most OPAs are trained on the job and work as orthopaedic technologists or surgical assistants. They may be certified, but few states regulate their practice. OPAs are not recognized as providers under the Medicare program.

Although the professional titles are similar, PAs and OPAs have significantly different training and responsibilities. Working with physicians in all medical and surgical specialties, PAs diagnose and treat patients, order tests and prescribe medications. OPAs have a limited scope of practice within orthopaedics, working directly with the surgeon in a supportive role.

PAs

PAs are trained in intensive educational programs accredited by the Accreditation Review Commission on Education for the Physician Assistant. The programs are approximately 27 months long and are offered at medical schools, colleges and universities, and teaching hospitals.¹

PA education promotes the development of practical skills in clinical problem solving and decision making. The rigorous PA program curriculum consists of classroom and laboratory instruction in basic medical and behavioral sciences, including anatomy, pathophysiology, pharmacology and clinical diagnosis. Classroom work is followed by clinical rotations that include primary care specialties, surgery and surgical subspecialties, psychiatry and emergency medicine. PA students complete, on average, 2,000 hours of supervised clinical practice prior to graduation. PA educational programs, first accredited by the American Medical Association (AMA) in 1972, are now accredited by the Accreditation Review Commission on Education for the PA. There are currently more than 170 accredited programs. More than three-fourths offer master’s degrees.² Before they can be licensed, PAs take the national PA certifying examination administered by the National Commission on Certification of PAs (NCCPA).

This certifying exam also functions as a de facto licensing examination; all states require passage of the NCCPA exam as a prerequisite for full licensure as a PA. To maintain national certification, PAs must complete 100 hours of continuing medical education every two years and pass a recertification examination every six years.

Each PA’s scope of practice is defined by the scope of practice of the collaborating physician, consistent with the PA’s education and experience, facility policy and state laws. PAs are free to choose any medical or surgical specialty after graduation. Some PAs work in the specialty of

orthopaedics and collaborate with physicians who are orthopaedic surgeons. These professionals are referred to as PAs in orthopaedics.

PAs in orthopaedics have a wide range of responsibilities, including performing histories and examinations, ordering and interpreting diagnostic tests and prescribing medications and therapy. In addition to first assisting at surgery, procedures provided by PAs include tendon repairs, wound closures and debridements, injection of joints and fracture management. In the hospital, PAs conduct post-op rounds, write orders, take call and perform admission and discharge work.

OPAs

In 1973, eight OPA educational programs were accredited by the American Medical Association (AMA). However, in 1974, the American Academy of Orthopaedic Surgeons (AAOS) announced its intent to withdraw sponsorship from the accreditation process. Allied health accreditation was not sponsored by the AMA unless there was involvement by the medical society or societies most closely associated with the occupation. Without AAOS, therefore, there could be no further accreditation of OPA programs. AMA announced a moratorium on the accreditation of any additional OPA programs and, in the fall of 1974, accreditation was discontinued.

OPA programs were never accredited as PA programs. OPAs were trained as assistants to orthopaedic surgeons, with an emphasis on orthopaedic disease and injury, management of equipment and supplies, operating room techniques, cast application and removal, office procedures, and an orientation to prosthetics and orthotics. Graduates of OPA programs were never eligible to take the exam given by the NCCPA. OPAs established a National Board for Certification of Orthopaedic Physician Assistants (NBCOPA) and developed an exam that is administered by the Professional Testing Corporation. According to the American Society of Orthopaedic Physician's Assistants, to be eligible to take the exam, candidates must "have a solid background with a minimum of five years [on-the-job training] in orthopaedic medicine...."³ Passage of the exam allows an OPA to use the initials "OPA-C" after his or her name.

In 2011, an OPA educational program became available at the University of St. Augustine. The only OPA program in the United States, it is accredited by the Distance Education and Training Council.

SAMPLE QUESTIONS FROM THE NCCPA EXAMINATION INDICATE THE BREADTH AND SCOPE OF PA TRAINING:

1. A 65 year old man with severe osteoarthritis of the knees has exertional angina pectoris. Which of the following is the most appropriate initial diagnostic test?
 - (a) Adenosine myocardial perfusion scintigraphy
 - (b) Angiography
 - (c) Transesophageal echocardiography
 - (d) Treadmill stress testing
 - (e) 24 hour ambulatory monitoring
2. Which of the following is the most common adverse effect of alendronate (Fosamax)?
 - (a) Breast tenderness
 - (b) Gastrointestinal irritation
 - (c) Hot flashes
 - (d) Leg cramps
 - (e) Urticaria
3. A 4 year old boy who has been developmentally normal now has difficulty rising from the floor. Examination shows hip girdle weakness, enlargement of calf muscles, and wasting of thigh muscles. Serum creatine kinase level is 25,000u/L. Which of the following is the most likely diagnosis?
 - (a) Cerebral palsy
 - (b) Duchenne muscular dystrophy
 - (c) Infantile spinal muscular atrophy (Wernig-Hoffman disease)
 - (d) Myasthenia gravis
 - (e) Polymyositis
4. Which of the following medications binds with warfarin on the intestinal tract, resulting in decreased absorption and bioavailability?
 - (a) Acetaminophen
 - (b) Cholestyramine
 - (c) Indomethacin
 - (d) Phenothiazine
 - (e) Rifampin

The Distinctions

OPAs are not PAs. OPAs were trained at separate programs with a different curriculum, are accredited by different standards and take a separate certification examination. The only similarity is that both OPAs and PAs collaborate with physicians and have similar titles. Such similarities do not make an OPA a PA. Unfortunately, AAPA and the NCCPA cannot prohibit the use of “OPA-C” by OPAs, even though the similarity to PA credentials is confusing to patients. The NCCPA only controls the use of the letters “PA-C.”

With very few exceptions, OPA practice is unregulated. Only Tennessee has an OPA practice act. New York allows OPAs to register as specialist assistants. California allows a limited number of OPAs (those who completed their education between 1971 and 1974 and who do not meet the requirements for licensure as PAs) to provide services to orthopaedic

THE FOLLOWING ARE SAMPLE QUESTIONS FOR OPAS FROM THE NBCOPA EXAMINATION:

1. The skeleton of the adult hand consists of how many bones?
(a) 8 (c) 19
(b) 10 (d) 27
2. What is the best method of treatment for a 13-year-old who presents with a slipped capital epiphysis?
(a) Braces (c) Traction
(b) Surgery (d) Crutches with partial weight bearing
3. A deficiency of Vitamin D may cause which of the following bone problems?

physicians.⁴ From 1983 to 1985, a handful of OPAs were permitted to register as PAs under Minnesota’s first set of PA regulations, administered by the Department of Health. In subsequent actions by the Minnesota Legislature and medical licensing

board, PAs have been granted a broader scope of practice, including prescriptive privileges. No new OPA applications have been accepted. No state allows OPAs to prescribe.

The differences between PAs and OPAs have long been recognized by the federal government. Medicare recognizes PAs as enrolled providers and covers services provided by PAs who are state-licensed and have passed the NCCPA certification examination. OPAs are not enrolled nor recognized as providers in the Medicare program.

For a side by side comparison refer to the chart on the following pages. For additional information about PA education, PA scope of practice and PA practice areas, visit AAPA.org.

References

- ¹ Physician Assistant Education Association. (2009–2010). *Twenty-sixth annual report on physician assistant educational programs in the United States*. Alexandria, VA.
- ² Accreditation Review Commission on Education for the Physician Assistant (ARC-PA). (2013). Accredited Programs. Retrieved February 5, 2013, from www.arc-pa.org/Acc_Programs/acc_programs/.
- ³ American Society of Orthopaedic Physician's Assistants. *What is an orthopaedic physician's assistant?* Retrieved February 3, 2009, from www.asopa.org/pdfs/opawhitepaper.pdf.
- ⁴ American Society of Orthopaedic Physician's Assistants. (2009). Recognition. Retrieved February 5, 2013, from www.asopa.org/sections/licensure.php.



PA-OPA: The Distinctions

Practitioner	Physician Assistant (PA-C) ⁱ	Orthopedic Physician's Assistants/Orthopaedic Assistants (OPA-C/OA-C) ⁱⁱ
Education Standards	A master's level graduate degree based on the physician education model that averages 26.3 months, including 59 weeks of didactic education and 54 weeks of clinical rotations. ⁱⁱⁱ	None "Although not a requirement, it is highly recommended that candidates have at least two years of college work in the sciences before sitting for the Certification Examination for Orthopaedic Physician's Assistants." ^{iv}
Accredited Educational Programs	218 ^v	0 ^{vi}
Accrediting Body for Educational Programs	Accreditation Review Commission on Education for the Physician Assistant	N/A
Education Program Accreditation Participating Organizations	American Academy of Family Physicians American Academy of Pediatrics American Academy of Physician Assistants American College of Physicians American College of Surgeons American Medical Association Physician Assistant Education Association	N/A
Licensure	All 50 states & District of Columbia Guam, Northern Marianas Islands US Virgin Islands, American Samoa	Tennessee New York (Registered under Specialist Assistant Category) California (only graduates from OPA program between 1971-1974 grandfathered) ^{vii}
Certifying Body	National Commission for the Certification of Physician Assistants ^{viii}	National Board for the Certification of Orthopedic Physician Assistants/National Board for Certification of Orthopaedic Assistants (NBCOPA/NBCOA) ^{ix}
Certifying Body Participating Organizations	American Academy of Family Physicians American Academy of Pediatrics American Academy of Physician Assistants American College of Emergency Physicians American College of Physicians American College of Surgeons American Hospital Association American Medical Association American Association of Medical Colleges Physician Assistant Education Association Federation of State Medical Boards United States Department of Veterans Affairs	None
Number Certified in United States	115,500 ^x	510 ^{xi}

-
- ^{ix} The National Board for Certification of Orthopaedic Physician's Assistants (NBCOPA) / The National Board for Certification of Orthopaedic Assistants (NBCOA) <http://nbcopa.org/board-certification.html>
- ^x As of December 31, 2016 per NCCPA email communication. Verification of PA certification is available online at <https://www.nccpa.net/verify-pa>
- ^{xi} As of March 20, 2012 per NBCOPA, last accessed February 2015 at <http://www.asopa.org/pdfs/NBCOPACertListWeb032012.pdf>. [Note: The link is no longer valid and the Certification list is not posted on the NBCOPA website. There are directions posted, should one wish to verify OPA/OA certification, at <http://nbcopa.org/verification.html> .]
- ^{xii} All 50 states, the District of Columbia and U.S. territories (with the exception of Puerto Rico), license and authorize the practice of physician assistants.
- ^{xiii} All 50 states, the District of Columbia and U.S. territories that license PAs authorize prescribing by physician assistants.
- ^{xiv} The practice of OPAs is unregulated with the exception of Tennessee, a few OPAs grandfathered in California, and OPAs who are registered in New York under a broad category of “specialist assistants.” OPAs may not prescribe, establish diagnoses, or order tests.
- ^{xv} Medicare Benefit Policy Manual, Chapter 15, §190 (C) <http://www.cms.gov/manuals/Downloads/bp102c15.pdf>
- ^{xvi} Medicare Benefit Policy Manual, Chapter 15, § 60.1(B) <http://www.cms.gov/manuals/Downloads/bp102c15.pdf>

1/5/2017