



## Needle Electromyography (EMG)

The purpose of AAFP State Government Relations Issue Briefings is to provide background information to state constituent chapters in order to facilitate discussion and determine policy or legislative positions. This issue briefing concerns Needle Electromyography (EMG)

### Background

EMG is an invasive procedure that involves the insertion of a thin needle into a muscle to record the muscle's electrical activity. This diagnostic test is used by physicians to determine neuromuscular disorders and diseases such as Lou Gehrig's disease and carpal tunnel syndrome. Debate regarding whether or not this process is exclusively within the scope of practice of licensed physicians has occurred over several years.

### Issue

Physician groups purport that EMG is used to *diagnose* - not to *treat*, that the procedure is *invasive* in nature and that physical therapists should no longer be allowed to perform these procedures.

Physical therapists maintain the national certification awarded by the American Board of Physical Therapy Specialists (ABPTS) indicates a rigorous academic and clinical training program which enables the therapist to perform EMG for diagnostic purposes in a capable, safe and cost effective manner. The ABPTS further maintains that certified physical therapists have been performing these tests without issue for several years.

State laws governing the practice of medicine are specific to the diagnosis of medical conditions as well as performance of invasive procedures. Therefore, physician groups actively are seeking a legislative resolution to this issue that by definition will prohibit physical therapists from performing these diagnostic procedures on the basis that the therapist would then be practicing medicine.

If such a change occurs, physicians would no longer be able to refer the performance of the tests to another individual unless that individual met the licensing requirements of the bill. There is question as to whether a physician meeting the requirements of the bill would be able to delegate performance of the test to another individual within his/her direct supervision.

### Proponents of Limitation

According to physician groups, the practice of medicine is being eroded by non-physician providers attempting to expand their scope of practice. These groups believe non-physician providers who provide these services are practicing beyond their educational preparation, experience and ability level and thus jeopardize patient safety.

The EMG test results are used to diagnose disease states and in some cases to establish indications for surgical procedures. Anecdotal testimony of adverse procedure outcomes

includes infection and puncture of blood vessels. Inaccurate test results can lead to misdiagnosis which can result in delayed treatment that could impact a patient's quality of life.

### **Opponents to Limitation (retaining or legislating EMG performed by certified physical therapists as within the scope of practice)**

There is a belief that allied health professionals (non-physician providers) can perform procedures historically done by physicians. In addition to the education and experience gained through training, board certified therapists undergo additional rigorous academic and clinical training to perform the procedure safely and effectively. Some therapists limit their practice to the exclusive performance of the EMG procedure.

Physicians who refer patients to therapists may view the legislation as limiting the choice of qualified providers. In some cases, physicians refer patients to a physical therapist for EMG but the results are reported to the referring physician for interpretation.

Opponents to limitation point out that according to liability insurers, there has never been a malpractice claim filed against a therapist providing EMG services.

### **Considerations**

- The question of patient safety and supporting documentation (i.e., adverse outcomes, liability)
- Impact on access to care
- Cost effectiveness/efficiency (potential for increase in cost to private insurance as well as state health programs)
- Number of EMG performed by physician v. therapist

In the absence of evidence or documented cases of harm, the bill can be viewed as an attempt to limit the scope of practice on a procedure that has been performed safely and with high quality by a variety of physician and non-physician providers.

Physicians should be allowed by license to practice medicine in all of its branches, which raises a question as to why certain procedures would require specialized education. There is some concern in segmenting procedures to specialized physician populations; a move that encourages conflict within specialties. Similar legislation passed in this regard includes pathology billing – where only a pathologist can bill anatomical pathology codes; and imaging legislation – where only radiologists are qualified to interpret images and scans. Legislation such as EMG could strengthen those positions.

### **AAFP Policy**

The AAFP does not have a current policy specific to the EMG procedure however there is a specific reference to education concerning *Conditions of the Nervous System* which demonstrates family physicians receive additional training in electromyography during residency.

<http://www.aafp.org/x16557.xml>

## **Needle Electromyography (EMG)**

Additionally the AAFP has a policy on the supervision of non-physician providers.

<http://www.aafp.org/x6940.xml>