
Surgical Competencies

**Standard of Practice for Members of the
College of Chiropractors of Ontario**

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Introduction

The Surgical Competencies Standard of Practice of the College of Chiropodists of Ontario (the “College”) contains practice parameters and standards that should be considered by all Ontario chiropodists and podiatrists in the care of their patients. All members of the College shall only perform surgical procedures within their knowledge, skill, and judgement. The surgical procedures, and complexity of procedures, that chiropodists and podiatrists choose to undertake should reflect the commensurate level of training and courses they have successfully completed and competency and experience they have acquired.

List of Procedures by Anatomic Boundary

A. Skin and Appendages

- i. Nail Procedures
 - Partial Nail Avulsions
 - Total Nail Avulsions

- ii. Nail Procedures with Matrixectomies
 - Surgical
 - Chemical
 - Laser
 - Thermal

- iii. Excision or Ablation of Pedal Verrucae
 - Surgical
 - Laser
 - Thermal

Competencies Required

- a) Demonstrates ability to evaluate, diagnose, select appropriate treatment plan, avoiding complications while identifying possible differential diagnoses and appropriate investigations or treatments.

- b) Demonstrates Comprehensive understanding of the anatomy and ability to preserve vital structures from unintended harm.

- c) Demonstrates appropriate blunt/ sharp soft tissue dissection techniques and tissue handling skills.

- d) Able to demonstrate appropriate sterile technique and set up of the surgical field.

- e) Fundamental understanding of sterilization procedures of surgical instrumentation and materials.

- f) Able to formulate and communicate appropriate informed consent to patient as part of overall management plan.

- g) Demonstrates appropriate use of ankle tourniquet as required.
- h) Demonstrates appropriate pre-op prep of the foot for surgery.
- i) Demonstrates appropriate suturing skills.
- j) Demonstrates appropriate use of Laser/Thermal modalities employed.
- k) Demonstrates ability to appropriately pharmacologically manage the patient case.
- l) Demonstrates ability to appropriately communicate with the patient's primary care practitioner to appropriately facilitate the recommended treatment.

B. Dermal and Subcutaneous Structures

- i. Laceration and puncture wound primary repair
- ii. Foreign body removal
- iii. Various biopsy methods
punch, shave, saucerization, fine-needle aspiration
- iv. Scar revisional procedures
- v. Skin grafting – ulcer surgical management

Competencies Required

The competencies outlined above in section A apply, in addition to the following competencies:

- a) Demonstrates knowledge and ability to recognize potential tissue pathology and to outline appropriate treatment plan.
- b) Demonstrates knowledge of appropriate imaging studies to be ordered and ability to interpret these as deemed appropriate to assist with performance of above procedures.
- c) Demonstrates knowledge of ability to interpret pathology specimen results and initiate appropriate management.

C. Deep Soft Tissue Structures

- i. Excision of Nodular Masses (bursae, fibromas, neuromas, other)
- ii. Excision of Cystic Masses (Ganglionic, Mucous, other)
- iii. Thermal Ablation of Interdigital Neuromas

- iv. Digital Tenotomies (flexor and extensor)
- v. Tenoplasties – lengthening procedures
- vi. Tenorrhaphies – repair of ruptured tendons
- vii. Capsulotomies – flexor/extensor – digital and Metatarso-Phalangeal (mtp) joints
- viii. Capsulorrhaphies – 1st and 5th mtp joints
- ix. Correction of Syndactylism
- x. Correction of Overlapping toes, digital flexure contracture deformities, digital extensor contracture deformities
- xi. Sub -Talar Arthroeresis
- xii. Arthrotomy
- xiii. Arthrocentesis

Competencies Required

The competencies outlined above in section B apply, in addition to the following competencies:

- a) Demonstrates knowledge of appropriate surgical intervention and its appropriate application for a given patient presentation.
- b) Demonstrates an understanding of the limitations of a given surgical procedure.
- c) Demonstrates an understanding of the potential medical and surgical complications of a recommended surgical procedure and can appropriately manage these.

D. Osseous Procedures

- i. Exostectomies – (subungual, digital, other)
- ii. Phalangectomies
- iii. Condylectomies – metatarsal
- iv. Cheilectomies – mtp joints
- v. Sesamoidectomies
- vi. Osteotomies – bunion, tailor’s bunion
- vii. Osteotomies – without internal fixation – (phalangeal, metatarsal)

- viii. Metatarsal Osteotomies – proximal or distal -without Internal fixation
- ix. Metatarsal Osteotomies – proximal or distal -with Internal fixation
- x. Arthrodesis – interphalangeal, mtp joint
- xi. Combining of several aforementioned procedures to achieve appropriate correction
- xii. Consideration for Open Procedures versus Minimal Incision Methods
- xiii. Bone Biopsy

Competencies Required

The competencies outlined above in section C apply, in addition to the following competencies:

- a) Demonstrates a fundamental knowledge and competence of the instrumentation required, and its use, in performing a given procedure.
- b) Demonstrates a fundamental understanding of the limitations, indications, contraindications, risks and benefits of a given procedure.
- c) Demonstrates competence in handling intra-operative and post-operative complications.
- d) Demonstrates knowledge of appropriate pharmacological management of this patient population.
- e) Demonstrates knowledge of appropriate post-operative management of this patient population.
- f) Demonstrates appropriate knowledge of the osseous anatomy.
- g) Demonstrates appropriate competence in appropriate dissection techniques and tissue handling.
- h) Demonstrates competence and appropriate application of various internal fixation methods.
- i) Demonstrates knowledge to order and interpret appropriate diagnostic imaging studies and laboratory testing and pathology/microbiology specimen analyses.

APPENDIX

Surgery requires the practical application of didactically and clinically acquired competencies in the performance of an operative procedure. One of the measures used to assess surgical competence is that of Minimum Activity Volumes (MAVs)*. MAVs are patient care activity requirements that demonstrate the member has been exposed to and directly involved in diversity and volume of surgical patient cases. MAVs are not minimum repetitions to achieve competence. There may be instances when a member may have required more repetitions than the recommended MAV to achieve competence for a given surgical procedure. Accordingly, the following information in this appendix is to serve as guidance only. It is incumbent upon the member to practice only within the knowledge, skill and judgement of the member at all times.

List of Procedures by Anatomic Boundary

A. Skin and Appendages

- i. Nail Procedures
 - Partial Nail Avulsions - *Six (6)
 - Total Nail Avulsions - *Four (4)

- ii. Nail Procedures with Matrixectomies
 - Surgical
 - Chemical *Six (6) from this group
 - Laser
 - Thermal

- iii. Excision or Ablation of Pedal Verrucae
 - Surgical
 - Laser *Six (6) from this group
 - Thermal

B. Dermal and Subcutaneous Structures

- i. Laceration and puncture wound primary repair - MAV on a case-by-case basis to achieve competency

- ii. Foreign body removal - *Three (3)

- iii. Various biopsy methods – *Three (3)
punch, shave, saucerization, fine-needle aspiration

- iv. Scar revisional procedures- MAV on a case-by-case basis to achieve competency

- v. Skin grafting – ulcer surgical management - MAV on a case-by-case basis to achieve competency

C. Deep Soft Tissue Structures

- i. Excision of Nodular Masses (bursae, fibromas, neuromas, other) - *Six (6)
- ii. Excision of Cystic Masses (Ganglionic, Mucous, other) - *Six (6)
- iii. Thermal Ablation of Interdigital Neuromas - MAV on a case-by-case basis to achieve competency
- iv. Digital Tenotomies (flexor and extensor) - *Six (6)
- v. Tenoplasties – lengthening procedures - *Four (4)
- vi. Tenorrhaphies – repair of ruptured tendons – MAV on a case-by-case basis to achieve competency
- vii. Capsulotomies – flexor/extensor – digital and mtp joints - *Six (6)
- viii. Capsulorrhaphies – 1st and 5th mtp joints - MAV on a case-by-case basis to achieve competency
- ix. Correction of Syndactylism - MAV on a case-by-case basis to achieve competency
- x. Correction of Overlapping toes, digital flexure contracture deformities, digital extensor contracture deformities - MAV on a case-by-case basis to achieve competency
- xi. Sub -Talar Arthroeresis - MAV on a case-by-case basis to achieve competency
- xii. Arthrotomy - MAV on a case-by-case basis to achieve competency
- xiii. Arthrocentesis - * Three (3)

D. Osseous Procedures - MAV on a case-by-case basis to achieve competency

- i. Exostectomies – (subungual, digital, other)
- ii. Phalangectomies
- iii. Condylectomies – metatarsal
- iv. Cheilectomies – mtp joints
- v. Sesamoidectomies
- vi. Osteotomies – bunion, tailor’s bunion
- vii. Osteotomies – without internal fixation – (phalangeal, metatarsal)

- viii. Metatarsal Osteotomies – proximal or distal -without Internal fixation
- ix. Metatarsal Osteotomies – proximal or distal -with Internal fixation
- x. Arthrodesis – interphalangeal, mtp joint
- xi. Combining of several aforementioned procedures to achieve appropriate correction
- xii. Consideration for Open Procedures versus Minimal Incision Methods
- xiii. Bone Biopsy