



The Surgical First Assistant

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Texas Passes Surgical Assistant Licensure Law

Texas has become the first state to recognize the importance of regulation for all individuals in the operating room with the passage of House Bill 1183 for the licensure of surgical assistants, signed by Governor Perry on June 15, 2001. This landmark legislation is the first licensure bill in the United States to license non-physician surgical first assistants, and will include certified surgical technologist/certified first assistants.

The new law, effective September 1, 2001, will set up a Board of Surgical Assistants in Texas under the Texas Board of Medicine. Individuals who wish to be licensed must apply to this new board and then sit for the Texas Surgical Assistant Licensure Examination. An individual must hold a nationally recognized credential, such as the CST/CFA® credential, and an associate's degree in order to sit for the examination. However, individuals who have been certified since

September 30, 1995 will be eligible for licensure without taking this examination, as long as they apply for this licensure before September 1, 2002. In addition, individuals who are certified as of September 1, 2001 and who will complete or who have completed a small list of related coursework within three years of licensure will also be eligible for licensure without examination.

The Association of Surgical Technologists worked with other first assistant groups, as well as with several nursing groups, to draft legislation that all sides could agree on. Representative Capello of Corpus Christi and Senator Carona of Dallas worked tirelessly to see that this important legislation was passed.

Over the next several months, AST will work in Texas to see that the interests of the CST/CFA are protected throughout the rule-making process. Please watch the AST web site at www.ast.org for further updates and information.

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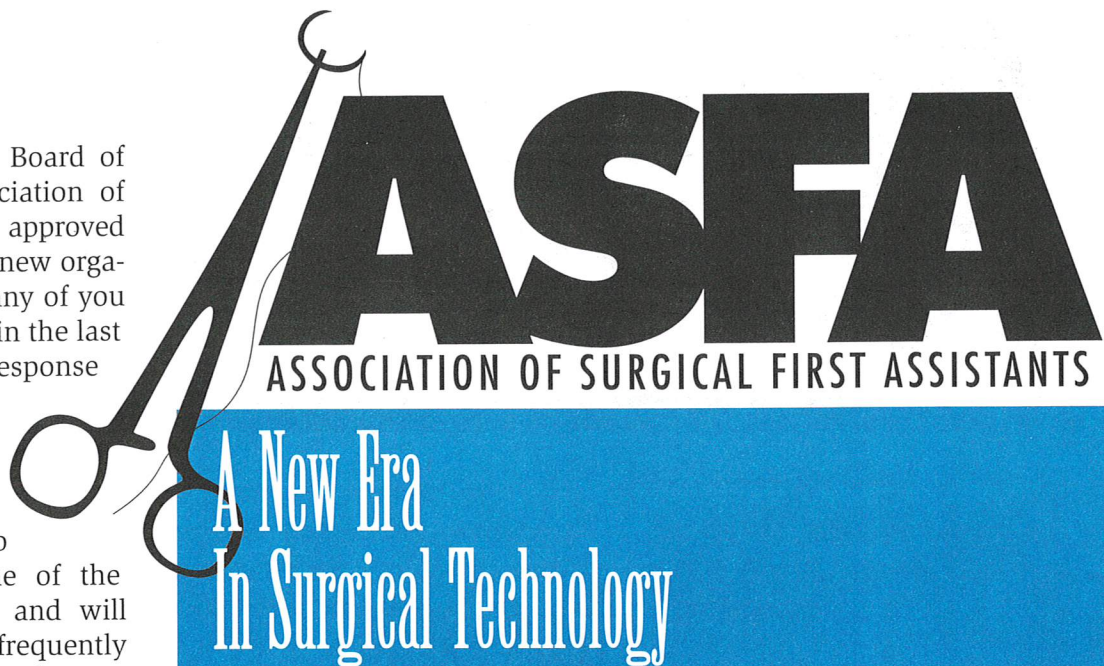
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In March of 2001, the Board of Directors of the Association of Surgical Technologists approved an initial plan to form a new organization within AST. Many of you have called and written in the last several months, and response has actually been so strong that AST has been barely able to keep up with all the inquiries! We hope to provide you with some of the basic information here and will strive to update you frequently over the next several months.

Over the last several years, with input from the Surgical First Assistant Advisory Committee, the Board of Directors has recognized the need for the SFA Specialty Section to be granted some autonomy and a better ability financially and otherwise to represent itself in the legislative and business arenas. At the same time, AST must represent all segments of its membership equally, and ASFA will allow AST to continue its focus on the interests of the entire membership.

The Association of Surgical First Assistants will form for the following purposes:

- To study, discuss, and exchange professional knowledge, expertise, and ideas in the field of surgical first assisting.
- To promote a high standard of surgical first assistant performance for quality patient care.
- To stimulate interest in continuing education for surgical first assistants.
- To encourage employment of non-physician surgical first assistants through cooperative efforts with other professional health care organizations and individuals.



- To promote and maintain communication and cooperative relationships with other professional health care organizations.
- To address the legislative and regulatory challenges facing non-physician surgical first assistants in areas such as, but not limited to, licensure and reimbursement.

The Association of Surgical First Assistants (ASFA) will be a trade organization with both individual and business members. Individual memberships will be set up for CST/CFAs®, CST surgical first assistants, CSTs who have an interest in this area of advanced practice, and other non-CSTs who have an interest in the field. Much like the SFA Specialty Section, membership in AST will be a prerequisite.

The other major type of membership in ASFA will be surgical first assistant-related businesses that may be engaged in providing services to surgeons and hospitals including: traveler-type companies that employ SFAs; hospitals that employ SFAs; surgical practices that employ SFAs; educational institutions and businesses that educate SFAs; and businesses

engaged in providing billing and other such services to SFAs. This is not an all-inclusive list of SFA businesses that would be eligible for membership in ASFA.

Clearly, the idea here is “strength in numbers,” and the goal is to build the largest possible membership in ASFA as quickly as possible. It is AST’s hope to gather enough support by the September Surgical First Assistants Forum in Nashville, Tennessee, to officially form the organization at that time. AST is asking individuals and businesses that may be interested in membership to join now, rather than waiting until September. Individual memberships will cost \$100 per year. Corporate rates for membership will be based on a sliding scale according to size. Any member or business that joins between now and September 2001 will be granted immediate membership that will last until one year after the date of the official formation of ASFA.

We invite you to look at the new ASFA web site at www.asfanet.org for information and an application, or to call Ben Price, AST government affairs director, at 303-694-9130 ext 238 for further information.

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The "Noisy" Shoulder

Field T Blevins, MD

Why does my shoulder occasionally clunk and hurt while kayaking?"

"I slipped on the ice and fell onto my shoulder. It's improving, but why is it still clicking and popping when I lift it over my head?"

"Over the years, my shoulder has gradually made more grinding and grating noises, and seems to be getting stiffer. Is there anything I can do for it?"

Understanding a few basic concepts regarding the shoulder joint is a good start when answering these questions. The bony configuration of the shoulder is akin to a golf ball resting on a tee—the relatively large ball (humeral head) is perched against a fairly flat socket (glenoid). This configuration provides the shoulder joint with a tremendous range of motion, making it the most mobile joint in the body, but it provides very little bone stability. The golf ball is at risk of slipping part or all the way off of the tee (shoulder subluxation or dislocation). The fibrous capsule and muscles (primarily the rotator cuff muscles) that surround the joint are the principal stabilizers of the shoulder acting to hold the ball properly positioned in the socket.

In general, it is useful to classify noises in the shoulder into those that cause pain and those that do not. Common causes of painless shoulder noise include scar tissue in or around the joint, often as a result of previous inflammation, injury, or surgery,

which may rub in certain positions causing a clicking sound or sensation. Early shoulder arthritis (thinning or degradation of the smooth articular cartilage that covers the joint surfaces) may also cause a painless rubbing or grating sensation with movement. Rubbing of the shoulder blade against the chest wall (ribs) may also cause a grating or crunching sensation that is felt over the back of the shoulder blade. This is called "Snapping Scapula Syndrome." In general, painless noises around the shoulder joint can be observed, or if significant, treated with an appropriate rehabilitation program consisting of strengthening the rotator cuff and other shoulder muscles.

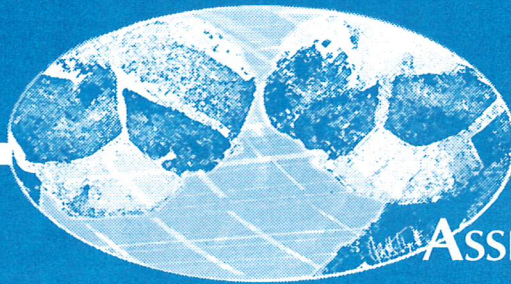
Shoulder noises associated with pain, weakness and stiffness are more of a concern. Instability of the shoulder joint may result in a subtle or substantial clunk when the humeral head slips out of the socket. Often a second clunk is felt when the humeral head reduces back into the socket. Usually, these are associated with pain which may last for days. As a result of these instability episodes, tears may occur in the lining of the joint that can cause further mechanical symptoms, such as painful catching and popping. Although shoulder instability may occur at any age, it is most common under the age of 40. Some types of instability respond well to a rehabilitation program; others require surgical repair of torn structures to return to activities without symptoms.

In someone over the age of 40 painful grinding and popping with raising the arm into an overhead position is commonly a result of inflammation or tearing of the rotator cuff tendons. This may be due to a direct trauma to the shoulder or a gradual degeneration of the tendons with aging. Treatments for rotator cuff problems range from anti-inflammatory measures, rehabilitation exercises and injections, to removal of bone spurs and surgical repair.

Painful grinding and grating associated with stiffness in the shoulder may be caused by arthritis. Symptoms caused by mild to moderate shoulder arthritis may respond to a treatment course consisting of anti-inflammatory medication and rehabilitation exercises (stretching and strengthening). Nonprescription dietary supplements, such as glucosamine, may also decrease symptoms. Occasionally, the judicious use of injections and arthroscopic surgery may be of benefit. Individuals with severe shoulder arthritis are less likely to gain significant relief from the above treatments and often require shoulder replacement surgery to relieve their pain and restore function.

These are just a few of the more common causes of a noisy shoulder. Mild, painless shoulder noises can be observed, but if shoulder noises are associated with pain, or if significant grinding, clunking or grating noises persist for more than four to six weeks (especially if caused by an injury), the individual should seek medical advice.

Field T Blevins, MD, is an orthopedic surgeon for Animas Orthopedic Associates in Durango, Colorado, and is a member of numerous orthopedic societies around the country.



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