CHAPTER 51

Podiatrists and Podiatry

**SECTION 40‑51‑10.** Terms "podiatry" or "podiatrist" and "chiropody" or "chiropodist" have identical meanings.

 The terms "chiropody" or "chiropodist" or their derivatives and the terms "podiatry" or "podiatrist" or their derivatives shall convey and imply identical meanings.

HISTORY: 1962 Code Section 56‑1543; 1960 (51) 1717.

**SECTION 40‑51‑20.** Definitions.

 For the purposes of this chapter:

 (1) "Ankle" means the distal metaphysis and epiphysis of the tibia and fibula, the articular cartilage of the distal tibia and distal fibula, the ligaments that connect the distal metaphysis and epiphysis of the tibia and fibula and the talus, and the portions of skin, subcutaneous tissue, fascia, muscles, tendons and nerves at or below the level of the myotendinous junction of the triceps surae.

 (2) "Diagnosis" means to ascertain a disease or ailment by symptoms and findings and does not confer the right to use X‑ray other than for diagnosis.

 (3) "Medical treatment" means the application or prescribing of any therapeutic agent or remedy for the relief of foot or ankle ailments, except the medical treatment of any systemic disease causing manifestations in the foot or ankle.

 (4) "Podiatric ankle surgery" or "surgical treatment of the ankle" means surgical treatment of the ankle, including the surgical treatment of the anatomical structures of the ankle, as well as the administration and prescription of drugs incidental to the ankle, and the surgical treatment of manifestations of systemic diseases as they appear on the ankle, excluding:

 (a) amputation of the leg or foot above the level of the transmetatarsal;

 (b) surgical fixation of tibial shaft fractures;

 (c) midshaft tibial osteotomy;

 (d) total ankle replacement; and

 (e) placement of external fixator pins proximal or above the myotendinous junction. Any external fixator pins inserted above the ankle but below the myotendinous junction may only be performed under protocols established between a podiatrist and an institution that has the capability to treat tibia fractures and other complications that may arise from placement of the pin.

 (5) "Podiatrist" means:

 (a) For podiatrists who are RRA qualified or certified, the diagnosis, surgical, medical, and mechanical treatment of all conditions of the human foot and ankle.

 (b) For podiatrists who are not RRA qualified or certified, the diagnosis, surgical, medical, and mechanical treatment of all conditions of the human foot and soft tissue structures.

 (c) The practice of podiatry (both RRA certified or qualified and non‑RRA certified or qualified) includes the administration of local anesthesia, defined as localized infiltration only, and in conjunction with the practice of podiatry. Excluded from the definition of podiatry is the amputation of the entire foot and the administration of an anesthetic other than local.

 (6) "Podiatry" means, depending on qualifications or certifications as provided in item (5), the diagnosis, surgical, medical, and mechanical treatment of all conditions of the human foot and ankle. The practice of podiatry includes the administration of local anesthesia, defined as localized infiltration only, and in conjunction with the practice of podiatry. Excluded from the definition of podiatry is the amputation of the entire foot and the administration of an anesthetic other than local.

 (7) "Surgical treatment" means the use of a cutting or invasive instrument to treat a disease, ailment, deformity, or condition of the foot or ankle, but does not confer the right to amputate the entire foot.

HISTORY: 1962 Code Section 56‑1543.1; 1952 Code Section 56‑301; 1942 Code Section 5231‑1; 1935 (39) 180; 1960 (51) 1717; 1971 (57) 288; 2018 Act No. 240 (H.3622), Section 3, eff May 17, 2018.

Effect of Amendment

2018 Act No. 240, Section 3, rewrote the section, revising and adding definitions.

**SECTION 40‑51‑30.** Board of Podiatry Examiners; members; terms; removal; legal adviser.

 (A) There is created the Board of Podiatry Examiners to be composed of five members, appointed by the Governor with the advice and consent of the Senate, one of whom must be a lay member from the State at large, one of whom must be a podiatrist from the State at large who shall serve as chairman, and three of whom must be podiatrists, one from each of these districts:

 (1) the Upper District comprised of Oconee, Pickens, Anderson, Greenville, Spartanburg, Cherokee, Union, York, Chester, Fairfield, Lancaster, Newberry, Saluda, Edgefield, McCormick, Greenwood, Laurens, and Abbeville counties;

 (2) the Central District comprised of Kershaw, Chesterfield, Marlboro, Darlington, Lee, Sumter, Clarendon, Richland, Calhoun, Orangeburg, Lexington, Aiken, Barnwell, and Allendale counties; and

 (3) the Lower District comprised of Hampton, Jasper, Beaufort, Colleton, Charleston, Dorchester, Bamberg, Berkeley, Williamsburg, Georgetown, Florence, Horry, Marion, and Dillon counties.

 (B) The podiatrist at large and the lay member serve coterminously with the appointing Governor and until their successors are appointed and qualify. The board shall conduct an election to nominate three podiatrists from each district to be submitted to the Governor for consideration for appointment. The Governor shall appoint one podiatrist to represent each district from among the nominees submitted for that district. The election shall provide for participation by all podiatrists currently licensed. The podiatrists elected must be residents of the district they represent, licensed, and in good standing to practice podiatry in this State and actively engaged in the practice of podiatry in this State. The elected members of the board representing the three districts shall serve a four‑year term. No member may serve more than one consecutive term of office; however, a person appointed to fill an unexpired portion of a term if reelected and reappointed may serve one full term.

 (C) Before January sixteenth in the year in which the term expires for a member representing a district, a qualified podiatrist desiring to be a candidate for the board must submit to the secretary of the board a biography and a statement indicating a desire to be a candidate for the board. The secretary, in conjunction with the Department of Labor, Licensing and Regulation, shall prepare ballots for mailing to all licensed podiatrists. The ballots must be in a form that makes tabulation quick and easy and shall contain the names of the nominees in alphabetical order. Enclosures to accompany the ballots shall include the envelope in which the ballot is to be sealed and an envelope addressed to the Department of Labor, Licensing and Regulation.

 (D) Ballots must be mailed before April second to the last known mailing address of all licensed podiatrists and must be returned to the department postmarked before May second and received by the office before May eleventh. The secretary of the board shall certify in the presence of an employee of the Department of Labor, Licensing and Regulation who is not employed by the board that these ballots are true and valid.

 (E) Before June second the board shall certify in writing to the Governor the names of the three persons winning the election and the name of the person on the board the nominees are being considered to replace.

 (F) Notwithstanding subsection (B), if a nominee is judged unfit by the Governor, the board must be informed and other nominees must be submitted in like manner.

 (G) Vacancies must be filled in the manner of the original appointment for the unexpired portion of the term.

HISTORY: 1962 Code Section 56‑1543.2; 1952 Code Section 56‑302; 1942 Code Section 5231‑5; 1935 (39) 180; 1960 (51) 1717; 1982 Act No. 393, Section 1; 1993 Act No. 28, Section 1; 1996 Act No. 241, Section 2.

**SECTION 40‑51‑40.** Regulations of board; continuing education.

 The Board of Podiatry Examiners may promulgate regulations to carry out this chapter including, but not limited to, regulations establishing continuing education requirements.

HISTORY: 1962 Code Section 56‑1543.3; 1952 Code Section 56‑302; 1942 Code Section 5231‑5; 1935 (39) 180; 1960 (51) 1717; 1996 Act No. 241, Section 3.

**SECTION 40‑51‑50.** License required.

 It shall be unlawful for any person to profess to be a podiatrist or chiropodist or to practice or assume the duties incident to podiatry or chiropody without first obtaining from the State Board of Podiatry Examiners a podiatry license.

HISTORY: 1962 Code Section 56‑1543.4; 1952 Code Section 56‑303; 1942 Code Section 5231‑2; 1935 (39) 180; 1960 (51) 1717.

**SECTION 40‑51‑57.** Preceptorships and residency programs.

 (A) In addition to all licensing requirements provided for in this chapter, an applicant for licensure must have completed a one‑year post‑podiatric medical formal preceptorship or residency program approved by the American Association of Podiatric Physicians and Surgeons or the American Podiatric Medical Association.

 (B) The board may issue limited licenses to podiatrists participating in approved preceptorship or residency programs.

HISTORY: 1996 Act No. 241, Section 1.

**SECTION 40‑51‑60.** Board to determine fee for practicing podiatry.

 Any person desiring to enter into the practice of podiatry in this State shall pay a fee to be determined by regulation of the board.

HISTORY: 1962 Code Section 56‑1543.5; 1952 Code Section 56‑304; 1942 Code Section 5231‑4; 1935 (39) 180; 1960 (51) 1717; 1973 (58) 368; 1981 Act No. 77 Section 1; 1982 Act No. 393, Section 2.

**SECTION 40‑51‑65.** License required to practice; examination; qualifications; temporary license.

 It is unlawful for any person to practice podiatric medicine in this State without obtaining first a license from the board.

 The board shall conduct an examination of any applicant who submits satisfactory evidence that he has:

 (a) received four years of high school training;

 (b) completed at least three years of pre‑podiatry training at a recognized college;

 (c) received a diploma or certificate of graduation from a recognized college of podiatric medicine which has been accredited by the Council on Podiatric Medical Education.

HISTORY: 1982 Act No. 393, Section 3; 1988 Act No. 654.

**SECTION 40‑51‑67.** Joint Podiatric Surgery Advisory Committee.

 (A) There is established the Joint Podiatric Surgery Advisory Committee as a committee of the Board of Podiatry Examiners. The purpose of the advisory committee is to assist the board in matters pertaining to podiatrists who perform surgical procedures of the ankle and related soft tissue structures.

 (B) The advisory committee is to be composed of five members as follows:

 (1) two orthopedic surgeons appointed by the Board of Medical Examiners, at least one of whom must be a foot and ankle specialist;

 (2) two podiatrists appointed by the Board of Podiatry Examiners, both of whom must be RRA certified or qualified;

 (3) one lay person appointed by the Governor.

 (C) The orthopedic surgeons and podiatrists serving on the advisory committee must be licensed in good standing in this State and must be actively practicing within the geographic boundaries of this State.

 (D) Members of the advisory committee are appointed for terms of four years and until their successors are appointed and qualify.

 (E) Vacancies must be filled in the manner of the original appointment for the unexpired portion of the term. The Board of Podiatry Examiners, after notice and opportunity for hearing, may remove any member of the advisory committee, except for the lay person appointed by the Governor, for negligence, neglect of duty, incompetence, revocation or suspension of license, or other dishonorable conduct. No member may serve more than two full four‑year terms consecutively but may be eligible for reappointment four years from the date the last full four‑year term expired.

 (F) The advisory committee must meet at least two times yearly and at other times as may be necessary. The advisory committee must provide notice of its meeting pursuant to the Administrative Procedures Act.

 (G) The advisory committee must adopt rules for its proceedings and elect officers. The advisory committee must keep records and minutes of its meetings as necessary to carry out its functions and must report on its activities at least annually to the Board of Podiatry Examiners and the Board of Medical Examiners and upon request of either board.

 (H) The advisory committee shall have the following duties and responsibilities pertaining to podiatrists who perform surgical procedures of the ankle and related soft tissue structures:

 (1) recommend policies or regulations to the Board of Podiatry Examiners regarding professional certification and standards of practice;

 (2) recommend continuing education requirements to the Board of Podiatry Examiners;

 (3) provide expert information and advice to the Board of Podiatry Examiners on issues related to patient safety and standard of care;

 (4) assist the Department and the Board of Podiatry Examiners in processing complaints and issues by providing expert analysis and review of such complaints and issues after the department investigation is completed. The advisory committee must provide a comprehensive analysis of whether the standard of care was met and must make recommendations to the Board of Podiatry Examiners regarding appropriate sanctions if the advisory committee concludes that a violation of this act has occurred; and

 (5) perform any other duties or responsibilities assigned by the Board of Podiatry.

HISTORY: 2018 Act No. 240 (H.3622), Section 1, eff May 17, 2018.

**SECTION 40‑51‑70.** Board to make regulations governing examinations and meetings.

 The board may make such regulations as it may deem necessary to conduct its examinations and meetings. It shall provide such books, blanks, and forms as may be necessary to conduct such examinations and shall preserve and keep a complete record of all its transactions.

HISTORY: 1962 Code Section 56‑1543.6; 1952 Code Section 56‑305; 1942 Code Sections 5231‑7, 5231‑9; 1935 (39) 180; 1960 (51) 1717; 1982 Act No. 393, Section 4.

**SECTION 40‑51‑80.** Examinations.

 For the purposes of examination the board shall use the National Board of Podiatry Examination and may use other written or oral or written and oral examinations as the board considers necessary; however, a written examination administered by the board must be a nationally recognized examination or must be administered by at least one other state. The board shall offer the required examinations at least twice annually. A successful applicant who has completed all requirements is eligible for a certificate to practice podiatric medicine.

HISTORY: 1962 Code Section 56‑1543.7; 1952 Code Section 56‑306; 1942 Code Section 5231‑8; 1935 (39) 180; 1960 (51) 1717; 1982 Act No. 393, Section 5; 1996 Act No. 241, Section 4.

**SECTION 40‑51‑100.** Fees for examinations; reexamination.

 Each applicant before being allowed to take the examination, must pay to the board a fee to be fixed by the board at an amount which, with other available resources of the board, will fully cover the cost of the examination, including compensation and expenses of members of the examining board. In case the application is denied and examination is refused the fee shall be returned to the applicant. Any applicant who fails to pass an examination shall be entitled to a reexamination within six months upon payment of the original examination fee, but only two such reexaminations shall be permitted under the privilege of the original application.

HISTORY: 1962 Code Section 56‑1543.9; 1952 Code Section 56‑308; 1942 Code Section 5231‑10; 1935 (39) 180; 1960 (51) 1717; 1973 (58) 368; 1981 Act No. 77 Section 2; 1982 Act No. 393, Section 6.

**SECTION 40‑51‑110.** Reciprocity.

 Upon payment of a fee to be determined by regulation of the board, a license may be issued to a podiatrist or a chiropodist moving to this State from a state maintaining requirements for the practice of podiatry or chiropody equal to the standard in this State and extending the same reciprocal privileges to podiatrists or chiropodists in this State.

HISTORY: 1962 Code Section 56‑1543.10; 1952 Code Section 56‑309; 1942 Code Section 5231‑14; 1935 (39) 180; 1960 (51) 1717; 1981 Act No. 77 Section 3; 1982 Act No. 393, Section 7; 1996 Act No. 241, Section 5.

**SECTION 40‑51‑120.** Designation of licensed persons.

 Any person to whom a license is granted under the provisions of this chapter shall be entitled to be known as a licensed podiatrist or chiropodist and any other podiatrist or chiropodist who may later practice in the State shall be privileged to use the title which his diploma from his podiatry or chiropody college may have granted.

HISTORY: 1962 Code Section 56‑1543.11; 1952 Code Section 56‑310; 1942 Code Section 5231‑3; 1935 (39) 180; 1960 (51) 1717.

**SECTION 40‑51‑130.** Display of licenses.

 A license must be conspicuously displayed at the place of practice within thirty days of its issue.

HISTORY: 1962 Code Section 56‑1543.12; 1952 Code Section 56‑311; 1942 Code Section 5231‑12; 1935 (39) 180; 1960 (51) 1717; 1996 Act No. 241, Section 6.

**SECTION 40‑51‑140.** Annual renewal of licenses; continuing education requirements.

 A person licensed to practice podiatry must pay a biennial renewal license fee which must be established in regulation by the board, biennially must complete twenty‑four hours of continuing medical education through a program approved by the South Carolina Board of Podiatry Examiners, and must submit documentation to the board of completion of this education. If a podiatrist is authorized pursuant to state and federal law to prescribe controlled substances, two of the requisite biennial hours of continuing education must be related to approved procedures of prescribing and monitoring controlled substances listed in Schedules II, III, and IV of the schedules provided for in Sections 44‑53‑210, 44‑53‑230, and 44‑53‑250. If the renewal fee is not accompanied with the appropriate continuing education documentation, the license may not be renewed and is considered late and subject to the penalties promulgated by the board in regulation. If the renewal fee is not paid within two months after the date of notification by the department that the fee is due, the license of the person failing to pay shall be considered late and a penalty imposed as determined by regulation. After an additional sixty days a nonrenewed license must be suspended or revoked and must be reissued only by a majority vote of the Board of Podiatry Examiners and upon payment of a late fee and penalties established by the board.

HISTORY: 1962 Code Section 56‑1543.13; 1952 Code Section 56‑312; 1942 Code Section 5231‑11; 1935 (39) 180; 1960 (51) 1717; 1981 Act No. 77 Section 4; 1982 Act No. 393, Section 8; 1996 Act No. 241, Section 7; 2017 Act No. 91 (H.3824), Section 8, eff May 19, 2017.

Effect of Amendment

2017 Act No. 91, Section 8, amended the section, adding requirements addressing the prescription and monitoring of certain controlled substances.

**SECTION 40‑51‑150.** Grounds for revocation of licenses.

 The State Board of Podiatry Examiners may revoke the license to practice podiatry or chiropody of any person who, while holding such license, obtains a fee or a promise or obligation to pay a fee by fraud, or is guilty of gross negligence, ignorant or wilful malpractice in the practice of podiatry or chiropody, violation of any provisions of this chapter or any immoral or dishonorable conduct.

HISTORY: 1962 Code Section 56‑1543.14; 1952 Code Section 56‑313; 1942 Code Section 5231‑6; 1935 (39) 180; 1960 (51) 1717.

**SECTION 40‑51‑160.** Procedure for denying or revoking licenses.

 (A) The Board of Podiatry, if it has just cause, shall notify a licensee not less than thirty days before a scheduled hearing of its intention to suspend or revoke the license of the licensee. The notice must specify the alleged grounds for suspension or revocation and offer the licensee reasonable opportunity to be heard in answer to the allegations. The decision to suspend or revoke the license must be by majority vote of the total membership of the board. A decision of the board to revoke or suspend a license is subject to review by an administrative law judge as provided under Article 5 of Chapter 23 of Title 1.

 (B) A decision to suspend or revoke a license by the board is effective upon delivery of a copy of the decision to the licensee, and a petition for review by an administrative law judge is not a supersedeas. The grounds for revocation or suspension of a license are a satisfactory showing to the board that a holder of a license:

 (1) used a false, fraudulent, or forged statement or document or practiced a fraudulent, deceitful, or dishonest act in connection with a licensing requirement;

 (2) has been convicted of a felony or other crime involving moral turpitude, drugs, or gross immorality;

 (3) is addicted to alcohol or drugs to such a degree as to render the podiatrist unfit to practice podiatry;

 (4) has been convicted of the illegal or unauthorized practice of podiatry;

 (5) has knowingly performed an act which in any way assists an unlicensed person to practice podiatry;

 (6) has sustained a physical or mental disability which renders further practice by the podiatrist dangerous to the public;

 (7) has engaged in advertising for the practice of podiatry in a manner that is deceptive or untruthful;

 (8) is guilty of the performance of dishonorable, unethical, or unprofessional conduct that is likely to deceive, defraud, or harm the public;

 (9) is guilty of the use of a false or fraudulent statement in a document connected with the practice of podiatry;

 (10) is guilty of obtaining fees or assisting in obtaining fees under dishonorable, false, or fraudulent circumstances; or

 (11) has violated or attempted to violate, directly or indirectly, or is assisting in or abetting the violation or conspiring to violate a provision or term of this chapter or a regulation promulgated under this chapter.

 (C) In addition to all other remedies and actions incorporated in this chapter, the license of a person adjudged mentally incompetent by a court of competent jurisdiction is automatically suspended by the board until the person is adjudged by a court of competent jurisdiction or in any other manner provided by law as being restored to mental competency.

 (D) In enforcing subsections (B)(3) and (6), the board upon just cause may require a licensee or applicant to submit to a mental or physical examination by a physician mutually agreed to by the licensee or applicant and the board. If agreement is not reached, an administrative law judge may appoint a physician to conduct the examination. The results of an examination are admissible in a hearing before the board, notwithstanding a claim of privilege under any other provision of law. A person who accepts the privilege of practicing podiatry in this State or who files an application for a license to practice podiatry in this State is deemed to have consented to submit to a mental or physical examination and to have waived all objections to the admissibility of the results in a hearing before the board upon the grounds of a privileged communication. If a licensee or applicant fails to submit to an examination when properly directed by the board, unless the failure was due to circumstances beyond the person's control, the board shall enter an order automatically suspending or denying the license pending compliance and further order of the board. A licensee or applicant who is prohibited from practicing podiatry under this subsection must be afforded at reasonable intervals an opportunity to demonstrate to the board the ability to resume or begin the practice of podiatry with reasonable skill and safety to patients.

 (E) In enforcing subsections (B)(3) and (6), the board upon just cause may obtain records relating to the mental or physical condition of a licensee or applicant including, but not limited to, psychiatric records. These records are admissible in a hearing before the board, notwithstanding any other provision of law, if there is a prior showing that the past mental or physical condition of the licensee or applicant relates to a condition which may render the licensee or applicant unfit to practice podiatry. A person who accepts the privilege of practicing podiatry in this State or who files an application to practice podiatry in this State is deemed to have consented to the board obtaining these records and to have waived all objections to the admissibility of these records in a hearing before the board upon the grounds of a privileged communication. If a licensee or applicant refuses to sign a written consent for the board to obtain these records when properly requested by the board, unless the failure was due to circumstances beyond the person's control, the board shall enter an order automatically suspending or denying the license pending compliance and further order of the board. A licensee or applicant who is prohibited from practicing podiatry under this subsection must be afforded at reasonable intervals an opportunity to demonstrate to the board the ability to resume or begin the practice of podiatry with reasonable skill and safety to patients.

 (F) The board may impose a fine of up to five hundred dollars for each violation of this chapter or of a regulation promulgated under this chapter; however, the total fine may not exceed five thousand dollars. All fines must be remitted to the State Treasurer and deposited in a special fund from which the board must be reimbursed upon the approval of the State Department of Administration for administrative costs associated with each complaint or alleged violation. At any time the revenue in this fund exceeds twenty thousand dollars, all funds in excess of twenty thousand dollars must be remitted to the general fund. Fines are payable immediately upon the effective date of the board's action imposing the fine. Interest accrues after fines are due at the maximum rate allowed by law. The license of a person against whom a fine is imposed may not be reinstated until the fine has been paid in full.

HISTORY: 1962 Code Section 56‑1543.15; 1952 Code Section 56‑314; 1942 Code Section 5231‑6; 1935 (39) 180; 1960 (51) 1717; 1988 Act No. 467, Section 1; 1993 Act No. 181, Section 926; 1996 Act No. 241, Section 8.

Code Commissioner's Note

At the direction of the Code Commissioner, references in this section to the offices of the former State Budget and Control Board, Office of the Governor, or other agencies, were changed to reflect the transfer of them to the Department of Administration or other entities, pursuant to the directive of the South Carolina Restructuring Act, 2014 Act No. 121, Section 5(D)(1), effective July 1, 2015.

**SECTION 40‑51‑170.** Disposition of funds; assessments, fees, and licenses to equal appropriations and allocations.

 All revenues and income from licenses, examination fees, other fees, sale of commodities and services, and income derived from any other board source or activity shall be remitted to the State Treasurer as collected, when practicable, but at least once each week, and shall be credited to the General Fund of the State. All assessments, fees or licenses shall be levied in an amount sufficient to at least equal the amount appropriated in the annual General Appropriations Act for the board, plus any additional funds allocated by the Department of Administration for implementation of the State's Personnel Compensation Plan.

HISTORY: 1962 Code Section 56‑1543.16; 1952 Code Section 56‑315; 1942 Code Section 5231‑7; 1935 (39) 180; 1960 (51) 1717; 1982 Act No. 393, Section 9.

Code Commissioner's Note

At the direction of the Code Commissioner, references in this section to the offices of the former State Budget and Control Board, Office of the Governor, or other agencies, were changed to reflect the transfer of them to the Department of Administration or other entities, pursuant to the directive of the South Carolina Restructuring Act, 2014 Act No. 121, Section 5(D)(1), effective July 1, 2015.

**SECTION 40‑51‑180.** Use of license fees.

 All license fees received by the board shall be used to defray the necessary expenses of maintaining the board.

HISTORY: 1962 Code Section 56‑1543.17; 1952 Code Section 56‑316; 1942 Code Section 5231‑11; 1935 (39) 180; 1960 (51) 1717.

**SECTION 40‑51‑190.** Annual report of board.

 The board shall report annually in accordance with the provisions of Chapter 73, Title 40 of the 1976 Code.

HISTORY: 1962 Code Section 56‑1543.18; 1952 Code Section 56‑317; 1942 Code Section 5231‑9; 1935 (39) 180; 1960 (51) 1717; 1982 Act No. 393, Section 10.

**SECTION 40‑51‑200.** Acts considered prima facie evidence of practicing podiatry.

 It shall be deemed prima facie evidence of the practice of podiatry or chiropody or of holding one's self out as a practitioner within the meaning of this chapter for any person to treat in any manner the human foot by medical, mechanical or surgical methods or electrical means or in any sign or advertisement to use the word "chiropodist" or "registered chiropodist" or "podiatrist," or "foot specialist" or "foot correctionist" or "foot expert" or "practapedist" or "podiatrist" or any other term or letters indicating that he is a podiatrist or chiropodist.

HISTORY: 1962 Code Section 56‑1543.19; 1952 Code Section 56‑318; 1942 Code Section 5231‑15; 1935 (39) 180; 1960 (51) 1717.

**SECTION 40‑51‑210.** Podiatric surgeries; facilities.

 (A) Surgery of the ankle and soft tissue structures governing the ankle must be performed in an accredited hospital or ambulatory surgical center. A podiatrist who performs osseous (boney) surgical procedures of the ankle and related soft tissue structures governing the ankle must be board‑certified or board‑qualified by the American Board of Foot and Ankle Surgery, must have graduated from a three‑year residency program in podiatric medicine and reconstructive rear foot and ankle (RRA) surgery accredited by the Council on Podiatric Medical Education or its successor organization at the time of graduation, and shall satisfy all requirements for credentials as outlined by the facility. In addition to granting or denying privileges, the governing body of each hospital or ambulatory surgical center may suspend, revoke, or modify these privileges. An applicant or individual who has privileges shall comply with applicable medical staff bylaws, rules, and regulations, including the policies and procedures governing the qualifications of applicants and the scope and delineation of privileges.

 (B) With respect to the practice of podiatry in health facilities throughout this State, medical staff governing documents shall include and provide for the right to pursue and practice full clinical and surgical privileges for holders of a Doctor of Podiatric Medicine (DPM) degree within the scope of his licensure. These rights and privileges only may be limited or restricted on the basis of the demonstrated competence of an individual practitioner. This competence must be determined by health facility rules, regulations, and procedures that are necessary and are applied in good faith, equally and in a nondiscriminatory manner, to all practitioners regardless of their professional degree.

 (C) Nothing in this section may be construed to require a health facility to offer a specific health service not otherwise offered by it. If a health service is offered, the facility shall not discriminate among people holding Doctor of Medicine, Doctor of Osteopathy, or Doctor of Podiatric Medicine degrees who are authorized by law to provide these health services.

HISTORY: 2018 Act No. 240 (H.3622), Section 2, eff May 17, 2018.

**SECTION 40‑51‑220.** Penalties.

 Any person who shall practice or attempt to practice podiatry or chiropody in this State without having complied with the provisions of this chapter shall be guilty of a misdemeanor and upon conviction thereof shall be fined not less than two hundred dollars nor more than five hundred dollars or imprisoned for not less than ninety days, nor more than one year, or both.

HISTORY: 1962 Code Section 56‑1543.21; 1952 Code Section 56‑320; 1942 Code Section 5231‑16; 1935 (39) 180; 1960 (51) 1717.

**SECTION 40‑51‑230.** Exemptions.

 This chapter shall not apply to licensed physicians or surgeons in this State, to osteopaths licensed by the State Board of Medical Examiners, nor to surgeons of the Army, Navy, Air Force, and Public Health Service when in actual performance of their official duties.

HISTORY: 1962 Code Section 56‑1543.22; 1952 Code Section 56‑321; 1942 Code Section 5231‑17; 1935 (39) 180; 1960 (51) 1717.

**SECTION 40‑51‑240.** Fitting and sale of shoes and arch supports.

 No part of this chapter shall be deemed to prohibit the fitting or sale of shoes or arch supports, excepting those shoes or arch supports or other mechanical devices or prosthetics that involve foot casting or impressions or fabricating for the feet, except by written prescription of a duly licensed medical doctor or chiropodist.

HISTORY: 1962 Code Section 56‑1543.23; 1952 Code Section 56‑322; 1942 Code Section 5231‑18; 1935 (39) 180; 1960 (51) 1717.

**SECTION 40‑51‑260.** Right of recipients of government aid or services to choose podiatrists.

 No agency of the State, county or municipality, nor any commission or clinic, nor any board administering relief, social security, health insurance or health service under the laws of the State of South Carolina shall deny to the recipients or beneficiaries of their aid or services the freedom to choose the provider of care or service which are within the scope of practice of a duly licensed podiatrist as defined in this chapter.

HISTORY: 1962 Code Section 56‑1543.25; 1971 (57) 491.

**SECTION 40‑51‑270.** Board member not to serve as officer in state podiatry association.

 No member of the board may serve as an officer in any state podiatry association during his tenure on the board.

HISTORY: 1982 Act No. 393, Section 11.