



**Standards and Guidelines  
for the Accreditation of Education Programs in  
Orthotist and Prosthetist Assistant**

**Standards adopted in 2019**

**Adopted by the  
American Academy of Orthotists and Prosthetists  
American Board for Certification in Orthotics, Prosthetics and Pedorthics  
National Commission on Orthotic and Prosthetic Education  
and  
Commission on Accreditation of Allied Health Education**

The Commission on Accreditation of Allied Health Education Programs (CAAHEP) accredits programs upon the recommendation of the National Commission on Orthotic and Prosthetic Education (NCOPE).

These accreditation **Standards and Guidelines** are the minimum standards of quality used in accrediting programs that prepare individuals to enter the Orthotist and Prosthetist Assistant profession. Standards are the minimum requirements to which an accredited program is held accountable. Guidelines are descriptions, examples, or recommendations that elaborate on the Standards. Guidelines are not required, but can assist with interpretation of the Standards.

Standards are printed in regular typeface in outline form. *Guidelines* are printed in italic typeface in narrative form.

### **Preamble**

The Commission on Accreditation of Allied Health Education Programs (CAAHEP), National Commission on Orthotic and Prosthetic Education, American Academy of Orthotists and Prosthetists, and American Board for Certification in Orthotics, Prosthetics and Pedorthics cooperate to establish, maintain and promote appropriate standards of quality for educational programs for the Orthotist and Prosthetist Assistant and to provide recognition for educational programs that meet or exceed the minimum standards outlined in these accreditation **Standards and Guidelines**. Lists of accredited programs are published for the information of students, employers, educational institutions and agencies, and the public.

These **Standards and Guidelines** are to be used for the development, evaluation, and self-analysis of Orthotist and Prosthetist Assistant programs. On-site review teams assist in the evaluation of a program's relative compliance with the accreditation Standards.

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### **Description of the Profession**

An Orthotist and Prosthetist Assistant is an individual who participates in directed orthotic and prosthetic care while under the supervision of a certified and/or licensed Orthotist and Prosthetist. They perform orthotic and prosthetic procedures and related tasks associated with patient care. The evaluation and formulation of the treatment plan is the responsibility of the supervising Orthotist and Prosthetist. The practice of an Orthotist and Prosthetist Assistant includes:

- 1) Assistance with delegated evaluation procedures;
  - 2) Assistance with the implementation of the established orthotic or prosthetic treatment plan;
  - 3) Assistance with the follow-up treatment plan;
  - 4) Compliance with organizational policies and procedures; and
  - 5) Promotion of competency and enhancement of the Orthotic and Prosthetic profession.
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## I. Sponsorship

### A. Sponsoring Educational Institution

A sponsoring institution must be a post-secondary academic institution accredited by an institutional accrediting agency that is recognized by the U.S. Department of Education, and must be authorized under applicable law or other acceptable authority to provide a post-secondary program, which awards a minimum of an Associate degree at the successful completion of the program.

### B. Consortium Sponsor

1. A consortium sponsor is an entity consisting of two or more members that exists for the purpose of operating an educational program. In such instances, at least one of the members of the consortium must meet the requirements of a sponsoring educational institution as described in I.A of these standards.
2. The responsibilities of each member of the consortium must be clearly documented in a formal affiliation agreement or memorandum of understanding, which includes governance and lines of authority.

### C. Responsibilities of Sponsor

The Sponsor must ensure that the provisions of these **Standards and Guidelines** are met.

## II. Program Goals

### A. Program Goals and Outcomes

There must be a written statement of the program's goals and learning domains consistent with and responsive to the demonstrated needs and expectations of the various communities of interest served by the educational program. The communities of interest that are served by the program must include, but are not limited to, students, graduates, faculty, sponsor administration, employers, physicians, and the public.

Program-specific statements of goals and learning domains provide the basis for program planning, implementation, and evaluation. Such goals and learning domains must be compatible with the mission of the sponsoring institution(s), the expectations of the communities of interest, and nationally accepted standards of roles and functions. Goals and learning domains are based upon the substantiated needs of health care providers and employers, and the educational needs of the students served by the educational program.

### B. Appropriateness of Goals and Learning Domains

The program must regularly assess its goals and learning domains. Program personnel must identify and respond to changes in the needs and/or expectations of its communities of interest.

An advisory committee, which is representative of at least each of the communities of interest named in these **Standards**, must be designated and charged with the responsibility of meeting at least annually, to assist program and sponsor personnel in formulating and periodically revising appropriate goals and learning domains, monitoring needs and expectations, and ensuring program responsiveness to change.

*Advisory committee meetings may include participation by synchronous electronic means.*

### C. Minimum Expectations

The program must have the following goal defining minimum expectations: "To prepare competent entry-level Orthotist and Prosthetist Assistants in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains."

*Nothing in this Standard restricts programs from formulating goals beyond entry-level competence.*

### III. Resources

#### A. Type and Amount

Program resources must be sufficient to ensure the achievement of the program's goals and outcomes. Resources must include, but are not limited to: faculty; clerical and support staff; curriculum; finances; offices; classroom, laboratory, and, ancillary student facilities; clinical affiliates; equipment; supplies; computer resources; instructional reference materials, and faculty/staff continuing education.

#### B. Personnel

The sponsor must appoint sufficient faculty and staff with the necessary qualifications to perform the functions identified in documented job descriptions and to achieve the program's stated goals and outcomes.

##### 1. Program Director

###### a. Responsibilities

The Program Director must be responsible for all aspects of the program, including the organization, administration, continuous review, planning, development, and general effectiveness of the program.

###### b. Qualifications

The Program Director must:

- 1) Possess a minimum of a bachelor's degree;
- 2) Be certified in the profession of Orthotics and/or Prosthetics or hold a professional license as is required by the state in which he/she is employed; and
- 3) Have a minimum of five years of teaching, clinical and administrative experience in a profession related to orthotics and prosthetics.

*The program director should possess a minimum of a Master's degree.*

*The Program Director should pursue ongoing formal training designed to maintain and upgrade his/her professional, instructional and administrative capabilities.*

##### 2. Faculty and/or Instructional Staff

###### a. Responsibilities

There must be (a) qualified individual(s) designated to provide instruction, supervision, and timely assessments of the students' progress in achieving program requirements in classrooms, laboratories, and each location where students are assigned for didactic or clinical instruction or supervised practice.

###### b. Qualifications

Faculty and/or Instructional Staff must:

- 1) Possess a minimum of an associate's degree;
- 2) Demonstrate knowledge in the subject matter taught; and
- 3) Be appropriately credentialed or licensed for the content/subject area being taught

#### C. Curriculum

The curriculum must ensure the achievement of program goals and learning domains. Instruction must be an appropriate sequence of classroom, laboratory, and clinical activities. Instruction must be based on clearly written course syllabi that include course description, course objectives, methods of evaluation, topic outline, and competencies required for graduation.

The program must demonstrate that the curriculum meets or exceeds the content of the latest edition of the Core Curriculum for Orthotist and Prosthetist Assistant. See Appendix B.

#### D. Resource Assessment

The program must, at least annually, assess the appropriateness and effectiveness of the resources described in these **Standards**. The results of resource assessment must be the basis for ongoing

planning and appropriate change. An action plan must be developed when deficiencies are identified in the program resources. Implementation of the action plan must be documented and results measured by ongoing resource assessment.

## **IV. Student and Graduate Evaluation/Assessment**

### **A. Student Evaluation**

#### **1. Frequency and purpose**

Evaluation of students must be conducted on a recurrent basis and with sufficient frequency to provide both the students and program faculty with valid and timely indications of the students' progress toward and achievement of the competencies and learning domains stated in the curriculum.

#### **2. Documentation**

Records of student evaluations must be maintained in sufficient detail to document learning progress and achievements.

### **B. Outcomes**

#### **1. Outcomes Assessment**

The program must periodically assess its effectiveness in achieving its stated goals and learning domains. The results of this evaluation must be reflected in the review and timely revision of the program.

Outcomes assessments must include, but are not limited to: national credentialing examination(s) performance, programmatic retention/attrition, graduate satisfaction, employer satisfaction, job (positive) placement, and programmatic summative measures. The program must meet the outcomes assessment thresholds.

*“Positive placement” means that the graduate is employed full or part-time in the profession or in a related field; or continuing his/her education; or serving in the military. A related field is one in which the individual is using cognitive, psychomotor, and affective competencies acquired in the educational program.*

*“National credentialing examinations” are those accredited by the National Commission for Certifying Agencies (NCCA). Participation and pass rates on national credentialing examination(s) performance may be considered in determining whether or not a program meets the designated threshold, provided the credentialing examination or an alternative examination is available to be administered prior to graduation from the program. Results from an alternative examination may be accepted, if designated as equivalent by the organization whose credentialing examination is so accredited.*

#### **2. Outcomes Reporting**

The program must periodically submit to the NCOPE the program goal(s), learning domains, evaluation systems (including type, cut score, and appropriateness), outcomes, its analysis of the outcomes, and an appropriate action plan based on the analysis.

Programs not meeting the established thresholds must begin a dialogue with the NCOPE to develop an appropriate plan of action to respond to the identified shortcomings.

## **V. Fair Practices**

### **A. Publications and Disclosure**

1. Announcements, catalogs, publications, and advertising must accurately reflect the program offered.
2. At least the following must be made known to all applicants and students: the sponsor's institutional and programmatic accreditation status as well as the name, mailing address, website address, and phone number of the accrediting agencies; admissions policies and practices, including technical

standards (when used); policies on advanced placement, transfer of credits, and credits for experiential learning; number of credits required for completion of the program; tuition/fees and other costs required to complete the program; policies and processes for withdrawal and for refunds of tuition/fees.

3. At least the following must be made known to all students: academic calendar, student grievance procedure, criteria for successful completion of each segment of the curriculum and for graduation, and policies and processes by which students may perform clinical work while enrolled in the program.
4. The sponsor must maintain, and make available to the public, current and consistent summary information that includes the results of one or more of the outcomes assessments required in these **Standards**.

*The sponsor should develop a suitable means of communicating to the communities of interest the achievement of students/graduates (e.g., through website or electronic or printed documents).*

#### **B. Lawful and Non-discriminatory Practices**

All activities associated with the program, including student and faculty recruitment, student admission, and faculty employment practices, must be non-discriminatory and in accord with federal and state statutes, rules, and regulations. There must be a faculty grievance procedure made known to all paid faculty.

#### **C. Safeguards**

The health and safety of patients, students, faculty, and other participants associated with the educational activities of the students must be adequately safeguarded.

All activities required in the program must be educational and students must not be substituted for staff.

#### **D. Student Records**

Satisfactory records must be maintained for student admission, advisement, counseling, and evaluation. Grades and credits for courses must be recorded on the student transcript and permanently maintained by the sponsor in a safe and accessible location.

#### **E. Substantive Change**

The sponsor must report substantive change(s) as described in Appendix A to CAAHEP/NCOPE in a timely manner. Additional substantive changes to be reported to NCOPE within the time limits prescribed include:

1. Change/addition/deletion of courses that represent change in curriculum content;
2. Change in method of curriculum delivery;
3. Change in degree awarded;
4. Increase/decrease in clock or credit hours for successful completion of a program.

#### **F. Agreements**

There must be a formal affiliation agreement or memorandum of understanding between the sponsor and all other entities that participate in the education of the students describing the relationship, roles, and responsibilities of the sponsor and that entity.

## APPENDIX A

### Application, Maintenance and Administration of Accreditation

#### A. Program and Sponsor Responsibilities

##### 1. Applying for Initial Accreditation

- a. The chief executive officer or an officially designated representative of the sponsor completes a "Request for Accreditation Services" form and returns it to:

NCOPE  
330 John Carlyle St., Suite 200  
Alexandria, VA 22314

The "Request for Accreditation Services" form can be obtained from the National Commission on Orthotic and Prosthetic Education (NCOPE), CAAHEP, or the CAAHEP website at <https://www.cognitofrms.com/CAAHEP2/RequestForAccreditationServices/>.

**Note:** There is **no** CAAHEP fee when applying for accreditation services; however, individual committees on accreditation may have an application fee.

- b. The program undergoes a comprehensive review, which includes a written self-study report and an on-site review.

The self-study instructions and report form are available from the NCOPE. The on-site review will be scheduled in cooperation with the program and NCOPE once the self-study report has been completed, submitted, and accepted by the NCOPE.

##### 2. Applying for Continuing Accreditation

- a. Upon written notice from the NCOPE, the chief executive officer or an officially designated representative of the sponsor completes a "Request for Accreditation Services" form (<https://www.cognitofrms.com/CAAHEP2/RequestForAccreditationServices/>), and returns it to:

NCOPE  
330 John Carlyle St., Suite 200  
Alexandria, VA 22314.

- b. The program may undergo a comprehensive review in accordance with the policies and procedures of the NCOPE.

If it is determined that there were significant concerns with the on-site review, the sponsor may request a second site visit with a different team.

After the on-site review team submits a report of its findings, the sponsor is provided the opportunity to comment in writing and to correct factual errors prior to the NCOPE forwarding a recommendation to CAAHEP.

##### 3. Administrative Requirements for Maintaining Accreditation

- a. The program must inform the NCOPE and CAAHEP within a reasonable period of time (as defined by NCOPE and CAAHEP policies) of changes in chief executive officer, dean of health professions or equivalent position, and required program personnel.
- b. The sponsor must inform CAAHEP and the NCOPE of its intent to transfer program sponsorship. To begin the process for a Transfer of Sponsorship, the current sponsor must submit a letter (signed by the CEO or designated individual) to CAAHEP and the NCOPE that it is relinquishing its sponsorship of the program. Additionally, the new sponsor must submit a "Request for Transfer of Sponsorship Services" form. The NCOPE has the discretion of requesting a new self-

study report with or without an on-site review. Applying for a transfer of sponsorship does not guarantee that the transfer will be granted.

- c. The sponsor must promptly inform CAAHEP and the NCOPE of any adverse decision affecting its accreditation by recognized institutional accrediting agencies and/or state agencies (or their equivalent).
- d. Comprehensive reviews are scheduled by the NCOPE in accordance with its policies and procedures. The time between comprehensive reviews is determined by the NCOPE and based on the program's on-going compliance with the Standards, however, all programs must undergo a comprehensive review at least once every ten years.
- e. The program and the sponsor must pay NCOPE and CAAHEP fees within a reasonable period of time, as determined by the NCOPE and CAAHEP respectively.
- f. The sponsor must file all reports in a timely manner (self-study report, progress reports, annual reports, etc.) in accordance with NCOPE policy.
- g. The sponsor must agree to a reasonable on-site review date that provides sufficient time for CAAHEP to act on a NCOPE accreditation recommendation prior to the "next comprehensive review" period, which was designated by CAAHEP at the time of its last accreditation action, or a reasonable date otherwise designated by the NCOPE.

Failure to meet any of the aforementioned administrative requirements may lead to administrative probation and ultimately to the withdrawal of accreditation. CAAHEP will immediately rescind administrative probation once all administrative deficiencies have been rectified.

#### **4. Voluntary Withdrawal of a CAAHEP- Accredited Program**

Voluntary withdrawal of accreditation from CAAHEP may be requested at any time by the Chief Executive Officer or an officially designated representative of the sponsor writing to CAAHEP indicating: the last date of student enrollment, the desired effective date of the voluntary withdrawal, and the location where all records will be kept for students who have completed the program.

#### **5. Requesting Inactive Status of a CAAHEP- Accredited Program**

Inactive status may be requested from CAAHEP at any time by the Chief Executive Officer or an officially designated representative of the sponsor writing to CAAHEP indicating the desired date to become inactive. No students can be enrolled or matriculated in the program at any time during the period in which the program is on inactive status. The maximum period for inactive status is two years. The sponsor must continue to pay all required fees to the NCOPE and CAAHEP to maintain its accreditation status.

To reactivate the program the Chief Executive Officer or an officially designated representative of the sponsor must notify CAAHEP of its intent to do so in writing to both CAAHEP and the NCOPE. The sponsor will be notified by the NCOPE of additional requirements, if any, that must be met to restore active status.

If the sponsor has not notified CAAHEP of its intent to re-activate a program by the end of the two-year period, CAAHEP will consider this a "Voluntary Withdrawal of Accreditation."

### **B. CAAHEP and Committee on Accreditation Responsibilities – Accreditation Recommendation Process**

1. After a program has had the opportunity to comment in writing and to correct factual errors on the on-site review report, the NCOPE forwards a status of public recognition recommendation to the CAAHEP Board of Directors. The recommendation may be for any of the following statuses: initial accreditation, continuing accreditation, transfer of sponsorship, probationary accreditation, withhold accreditation, or withdraw accreditation.

The decision of the CAAHEP Board of Directors is provided in writing to the sponsor immediately following the CAAHEP meeting at which the program was reviewed and voted upon.

2. Before the NCOPE forwards a recommendation to CAAHEP that a program be placed on probationary accreditation, the sponsor must have the opportunity to request reconsideration of that recommendation or to request voluntary withdrawal of accreditation. The NCOPE's reconsideration of a recommendation for probationary accreditation must be based on conditions existing both when the committee arrived at its recommendation as well as on subsequent documented evidence of corrected deficiencies provided by the sponsor.

The CAAHEP Board of Directors' decision to confer probationary accreditation is not subject to appeal.

3. Before the NCOPE forwards a recommendation to CAAHEP that a program's accreditation be withdrawn or that accreditation be withheld, the sponsor must have the opportunity to request reconsideration of the recommendation, or to request voluntary withdrawal of accreditation or withdrawal of the accreditation application, whichever is applicable. The NCOPE's reconsideration of a recommendation of withdraw or withhold accreditation must be based on conditions existing both when the NCOPE arrived at its recommendation as well as on subsequent documented evidence of corrected deficiencies provided by the sponsor.

The CAAHEP Board of Directors' decision to withdraw or withhold accreditation may be appealed. A copy of the CAAHEP "Appeal of Adverse Accreditation Actions" is enclosed with the CAAHEP letter notifying the sponsor of either of these actions.

At the completion of due process, when accreditation is withheld or withdrawn, the sponsor's Chief Executive Officer is provided with a statement of each deficiency. Programs are eligible to re-apply for accreditation once the sponsor believes that the program is following the accreditation *Standards*.

Any student who completes a program that was accredited by CAAHEP at any time during his/her matriculation is deemed by CAAHEP to be a graduate of a CAAHEP-accredited program.



## APPENDIX B

### CORE CURRICULUM FOR EDUCATIONAL PROGRAMS IN ORTHOTIST AND PROSTHETIST ASSISTANT

#### Section A ENTRY-LEVEL COMPETENCIES

Upon successful completion of the program, the student must effectively demonstrate competence in a supporting role under the supervision of an Orthotist and Prosthetist in the following content areas:

- A.1. Exemplify the role of the Orthotist and Prosthetist Assistant in providing ethical patient-centered care in clinical practice experiences.
- A.2. Practice safety of self and others, and adhere to safety procedures throughout the provision of orthotic/prosthetic services.
- A.3. Comprehend and demonstrate knowledge of the collaborative role of the Orthotist and Prosthetist Assistant as a member of the interdisciplinary rehabilitation team in providing patient-centered care.
- A.4. Document pertinent information that supports the provision of orthotic and prosthetic care and meets the requirements of legal, business, and financial parameters for patient care.
- A.5. Demonstrate proficiency in the clinical and technical procedures required of an assistant to support the Orthotist and Prosthetist in the delivery of patient care.

#### Section B BASIC SCIENCE CONTENT

The basic science curriculum must include appropriate content in:

- B.1.1 Human Anatomy and Physiology
- B.1.2 Physics
- B.1.3 Psychology

Students must have completed appropriate content in the basic science areas either upon completion of the program, or prior to entry into the program.

#### Section C PROFESSIONAL CONTENT

##### C.1.0 Foundational Content Areas

The following content areas related to orthotics and prosthetics must be covered in the curriculum:

C.1.1 Clinical skills: Clinical skills include a) screening skills necessary to gather medical histories, anthropometric data and activity/participation data, and administer standardized evaluation tools (including functional measures) as part of the clinical examination; b) psychomotor and social skills required to educate patients and caregivers in the use of orthoses or prostheses; and c) writing skills to produce clear and concise written documentation of clinical practice that meets legal, administrative and contractual requirements. Clinical skills include the ability to assist the Orthotist and Prosthetist, take impressions, and critically evaluate orthosis/prosthesis fit, operation and function. Finally, clinical skills include the ability to identify when to recommend additional evaluation by the Orthotist and Prosthetist or other healthcare providers.

C.1.2 Technical skills: Technical/mechanical problem solving skills and psychomotor skills sufficiently developed to ensure the safe and appropriate use of tools and equipment to fit and adjust orthoses and prostheses.

C.1.3 Communication: Oral and written communication skills to effectively interact with others along the continuum of care. This includes the patient, family, caregivers, members of the healthcare team and others involved. Interactions should be sensitive to cultural, psycho-social, age, disability and economic status of the person(s) involved.

C.1.4 Ethics: An understanding and appreciation of all stakeholders' views, adherence to ethical principles, respect for persons, striving to maximize benefits, while minimize harms and injustice.

C.1.5 Functional Anatomy and Physiology: Study of body structure as it relates to function and the study of the processes and function of the human body. Content includes the identification and differentiation of gross anatomical structures and the palpation of surface anatomy and relating structures to corresponding functional anatomy.

C.1.6 Movement Science: A basic understanding of normal and pathological human movement with an emphasis on gait and daily activities.

C.1.7 Pathologies of orthotics and prosthetics: An overview of conditions commonly referred for orthotic/prosthetic care.

C.1.8 Practice Management: Understanding about and compliance with policies and procedures regarding human resources, the physical environment, business and financial practices, and organizational management. Content includes thorough and ethical documentation, compliance with regulatory agencies' requirements, legal considerations surrounding patient care, quality improvement, time management, and project management.

C.1.9 Professional issues: An understanding and appreciation of the scope of practice of the Orthotist and Prosthetist Assistant, the organizations and documents that guide practice within the profession, the role of the Orthotist and Prosthetist Assistant in the rehabilitation team, and legal considerations surrounding patient care.

## **C.2.0 Patient Examination**

Upon successful completion of the program, the student must demonstrate the ability to complete the following elements of the patient examination in order to assist the Orthotist and Prosthetist with an assessment.

C.2.1 Perform basic patient examination as directed by the Orthotist Prosthetist: Students must be skilled in the following components of a patient examination:

C.2.1.a Gathering basic medical histories and subjective information

C.2.1.b Perform basic physical evaluation including:

C.2.1.b.1. anthropometric data

C.2.1.b.2. skin integrity

C.2.1.b.3. sensation

C.2.1.b.4. pain

C.2.1.b.5. range of motion

C.2.1.b.6. muscle strength

C.2.1.c Use of basic standardized evaluation tools selected by the Orthotist Prosthetist

C.2.2 Document services using established record-keeping techniques to record patient examination and treatment plans, to communicate fabrication requirements, and to meet standards for reimbursement and regulations of external agencies.

C.2.3 Effectively communicate with the patient and/or caregiver to gather cogent and useful information for orthotic and/or prosthetic examinations.

## **C.3.0 Implementation of the Orthotist and Prosthetist Treatment Plan**

Upon successful completion of the program, the student must demonstrate the ability to assist the Orthotist and Prosthetist in the following:

C.3.1 Demonstrate safety in Clinical and Technical Contexts.

Comply with personal and environmental safety practices through proper use and care of tools and equipment including the following:

C.3.1.a. Hand tools

C.3.1.b. Measuring tools

C.3.1.c. Machine tools

- C.3.1.d. Safety Data Sheets (SDS) for commonly used adhesives, solvents and materials
- C.3.1.e. Proper Flammable materials handling and storage
- C.3.1.f. Safe evacuation principles for staff and patients in case of emergency
- C.3.1.g. General equipment: ovens, compressors, vacuum pumps, fume and dust extraction apparatus.

C.3.2 Examine the orthosis or prosthesis, making adjustments as necessary to obtain optimal fit, operation, function and comfort. Skills necessary to optimize the fit and function include:

- C.3.2.a. Trimming and smoothing
- C.3.2.b. Shaping and finishing
- C.3.2.c. Pressure relief and/or redistribution
- C.3.2.d. Use of fasteners and adhesives
- C.3.2.e. Volumetric adjustments
- C.3.2.f. Growth adjustments
- C.3.2.g. Orthotic and prosthetic alignment
- C.3.2.h. Suspension/strapping

C.3.3 Perform proper patient handling techniques that provide for patient safety.

C.3.4 Provide basic foundational gait and mobility instruction.

C.3.5 Provide appropriate instruction to diverse patient populations and caregivers on the care, use and maintenance of the orthosis or prosthesis, as well as skin care information and wearing schedules for the device.

#### **C.4.0 Follow-Up**

Upon successful completion of the program, the student must be able to explain their role in assisting the Orthotist and Prosthetist in providing follow-up care.

C4.1 Describe the follow-up care related to fit, function and comfort of the orthosis and/or prosthesis.

C.4.2 Describe common orthotic and prosthetic goals and how these may be measured over time to evaluate orthotic and prosthetic outcomes (i.e., use of outcome measures in clinical practice).

#### **C.5.0 Practice Management**

Upon successful completion of the program, the student must demonstrate the ability to comply with practice management plans, policies and procedures, including the following:

C.5.1 Demonstrate knowledge of billing and coding procedures.

C.5.2 Document in accordance with professional standards and in compliance with legal and insurance policies.

C.5.3 Describe the Orthotist and Prosthetist Assistants' ethical and legal responsibilities related to patient management.

#### **C.6.0 Professional/Personal Development**

Upon successful completion of the program, the student must be able to articulate the importance of personal and professional development including the following areas:

C.6.1 Describe what it means to be a lifelong learner with the goal of maintaining knowledge and skills at the most current level.

C.6.2 Discuss strategies to engage in service to the profession.

C.6.3 Demonstrate self-awareness and reflect on the mechanisms necessary to maintain personal physical and mental well-being.

C.6.4 Demonstrate professional empathy, responsibility and ethics.

## **C.7.0 Orthotic and Prosthetic Clinical Practices**

Upon successful completion of the program, the student must demonstrate the psychomotor skill of fitting and adjusting prefabricated devices (custom fit and off the shelf) and custom devices; including the application of biomechanical principles, fitting, adjustment, troubleshooting, and identification of patient specific outcomes for the pathologies and devices listed below.

### **C.7.1 Pathologies**

#### **C.7.1.1 Musculoskeletal disorders of the Spine**

- C.7.1.1.a. Whiplash
- C.7.1.1.b. Spondylolysis / Spondylolisthesis
- C.7.1.1.c. Degenerative disorders: Stenosis, Low back pain, Herniated disc, Laminectomy, Osteoporosis
- C.7.1.1.d. Spinal Fractures: compression, burst, seatbelt
- C.7.1.1.e. Spinal Dislocations

#### **C.7.1.2 Musculoskeletal disorders of the Upper Limb**

- C.7.1.2.a. Clavicle fracture
- C.7.1.2.b. Shoulder subluxation
- C.7.1.2.c. Lateral and medial epicondylitis
- C.7.1.2.d. Tendonitis
- C.7.1.2.e. Carpal tunnel syndrome
- C.7.1.2.f. De Quervain's Syndrome
- C.7.1.2.g. Sprain/strain

#### **C.7.1.3 Musculoskeletal disorders of the Lower Limb Knee**

- C.7.1.3.a. Chondromalacia (Patellofemoral syndrome)
- C.7.1.3.b. Patellar subluxation disorder
- C.7.1.3.c. Osteoarthritis
  - C.7.1.3.c.i. Osgood Schlatter's disease
  - C.7.1.3.c.ii. Anterior cruciate insufficiency
  - C.7.1.3.c.iii. Posterior cruciate insufficiency
  - C.7.1.3.c.iv. Medial collateral insufficiency
  - C.7.1.3.c.v. Lateral collateral insufficiency
  - C.7.1.3.c.vi. Meniscus tear
  - C.7.1.3.c.vii. Sprain/strain

#### **Ankle/Foot**

- C.7.1.3.d. Sprain/strain
- C.7.1.3.e. Bursitis
- C.7.1.3.f. Tendonitis
- C.7.1.3.g. Plantar fasciitis
- C.7.1.3.h. Heel Spur
- C.7.1.3.i. Ulcers
- C.7.1.3.j. Posterior tibialis tendon dysfunction
- C.7.1.3.k. Peripheral neuropathy
- C.7.1.3.l. Achilles tendon rupture
- C.7.1.3.m. Midfoot/metatarsal fractures

#### **C.7.1.4 Neuropathic Disorders**

- C.7.1.4.a. Diabetes mellitus
- C.7.1.4.b. Vascular conditions: Venous insufficiency, Deep vein thrombosis,

C.7.1.4.c. Lymphedema

**C.7.1.5 Amputation Surgery and Revision**

C.7.1.5.a. Multiple limb loss – levels

C.7.1.5.b. Rotationplasty

C.7.1.5.c. Skin grafting

**C.7.2 Custom fit orthotic/prosthetic devices:** Upon successful completion of the program, the student must demonstrate knowledge in a variety of custom fit orthoses/prostheses. This includes upper, lower limb, and spinal orthoses and upper and lower limb prostheses.

**C.7.2.1 Cervical Spine Orthoses**

C.7.2.1.a. Soft cervical collar

C.7.2.1.b. Semi-rigid collar

**C.7.2.2 Upper Limb Orthoses**

C.7.2.2.a. Figure 8 splint

C.7.2.2.b. Shoulder immobilizer

C.7.2.2.c. Elbow strap

C.7.2.2.d. Elbow sleeve

C.7.2.2.e. Wrist splint

C.7.2.2.f. Wrist splint with thumb

**C.7.2.3 Spinal Orthoses**

C.7.2.3.a. Anterior frame hyperextension TLSO

C.7.2.3.b. Lumbosacral corset

C.7.2.3.c. Lumbosacral corset with rigid frame/panel

C.7.2.3.d. Semi-rigid LSO

C.7.2.3.e. Semi-rigid TLSO

**C.7.2.4 Lower Limb Orthoses**

C.7.2.4.a. Hinged knee orthosis

C.7.2.4.b. Patellar tendon orthosis

C.7.2.4.c. Elastic knee sleeve

C.7.2.4.d. Knee immobilizer

C.7.2.4.e. Post-op knee orthosis

C.7.2.4.f. Prefabricated functional knee orthosis

C.7.2.4.g. Prefabricated offloader knee orthosis

**C.7.2.5 Ankle/Foot Orthoses**

C.7.2.5.a. Multiligamentous ankle support

C.7.2.5.b. AFO plastic or other material with ankle joints, prefabricated

C.7.2.5.c. Ankle control orthosis, stirrup style

C.7.2.5.d. Pneumatic walker

C.7.2.5.e. Plantar fasciitis night splint

C.7.2.5.f. Pressure relief (heel) AFO

C.7.2.5.g. AFO, plastic, PLS, prefabricated

C.7.2.5.h. Post-op shoe

C.7.2.5.i. Un-loader shoe

**C.7.2.6 Shoes**

C.7.2.6.a. Off-the-shelf depth-inlay shoe

**C.7.2.7 Gradient Pressure Garments**

C.7.2.7.a. Upper and lower limb compression garments

**C.7.2.8 Custom Fit and immediate fit Prostheses**

C.7.2.8.a. Shrinkers

C.7.2.8.b. Liners

- C.7.2.8.c. Rigid dressings
- C.7.2.8.d. Immediate post-operative prostheses
- C.7.2.8.e. Socks
- C.7.2.8.f. Suspension sleeves

**C.7.3 Custom fabricated orthotic/prosthetic devices:** Upon successful completion of the program, the student must demonstrate entry-level competence and experience with the evaluation, recommendation, implementation and material selection of custom fabricated orthotic/prosthetic devices under the direction of the Orthotist and Prosthetist. This includes the ability to adjust Prostheses and Orthoses.

<b>Section D</b>	<b>EXPERIENCE WITHIN PATIENT CARE ENVIRONMENT</b>
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**D.1.0 Clinical Experience in Patient Care Settings**

Upon completion of the program, the student must have the following clinical interactions with the Orthotist and Prosthetist:

- D.1.1 Patient assessment.
- D.1.2 Implementation of an orthotic or prosthetic treatment plan determined by the Orthotist Prosthetist.
- D.1.3 Follow-up assessment and continued implementation of an orthotic or prosthetic treatment plan.
- D.1.4 Documentation of patient Orthotist and Prosthetist encounters for clinical decision making, communication, legal and reimbursement purposes.
- D.1.5 Communication among practitioners, patients, caregivers, and others.
- D.1.6 Business functions within the provision of orthotic/prosthetic services.