



# Commission on Accreditation of Allied Health Education Programs

## ***Standards and Guidelines for the Accreditation of Programs in Pedorthic Education***

**Standards initially adopted in 2019**

### **Adopted by**

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 Programs

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 pedorthic 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 in Pedorthics 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 pedorthic 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**

Pedorthics is a specialized health care profession, which combines a unique blend of clinical and technical skills to care for patients with disabling conditions that affect the foot and ankle requiring assessment, formulation of treatment plans, fabrication, fitting and adjustment of pedorthic devices.

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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 a certificate.

### 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.
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

1. The Sponsor must ensure that the provisions of these **Standards and Guidelines** are met.
2. The Sponsor must ensure that graduates of the program have obtained or will obtain a minimum of an Associate's degree upon the completion of the program.

## 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 Pedorthists in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains."

Programs adopting educational goals beyond entry-level competencies must clearly delineate this intent and provide evidence that all students have achieved the basic competencies prior to entry into the field.

*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 assure achievement of the program's goals and outcomes, and is responsible for all aspects of the program, including the organization, administration, continuous review, planning, development and general effectiveness of the program. The Program Director must provide supervision, administration and coordination of the instructional staff of the educational program.

###### **b. Qualifications**

The Program Director must:

- 1) be credentialed in the profession of pedorthics or orthotics or hold a professional license in pedorthics or orthotics as is required by the state in which he/she is employed;
- 2) have a minimum of a bachelor's degree from an accredited institution of higher education or an equivalent level international degree as determined by a professional evaluation service organization that is accepted by the certification organization; and
- 3) have a minimum of five years of professional or teaching experience in pedorthics or orthotics.

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

###### **a. Responsibilities**

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

###### **b. Qualifications**

Instructors must be:

- 1) appropriately credentialed for the content area being taught;
- 2) knowledgeable in subject matter through training and experience;
- 3) effective in teaching their assigned subjects; and
- 4) exhibit professional behavior in student/teacher interaction.

#### **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 Core Curriculum for Pedorthics listed in Appendix B of these **Standards**.

#### **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; and/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.*

*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 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 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, web site 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 information about student/graduate achievement 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 (i.e., through a 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 significant departure in curriculum content;
2. Change in method of curriculum delivery;
3. Change in degree awarded;
4. Substantial 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 transfer of sponsorship does not guarantee 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 Pedorthics

#### Section A ENTRY-LEVEL COMPETENCIES

Upon successful completion of the program, the student must effectively demonstrate competence in the following content areas:

- A.1.1 Exemplify the role of the pedorthist in providing ethical patient-centered care by applying accepted professional responsibilities in clinical practice experiences.
- A.1.2 Practice safety of self and others, and adhere to safety procedures throughout the provision of pedorthic services.
- A.1.3 Understand and demonstrate the collaborative role of the pedorthist along with the other members of the interdisciplinary rehabilitation team in providing patient-centered care.
- A.1.4 Demonstrate skill in clinical, technical and administrative procedures necessary for pedorthic practice.

#### Section B BASIC SCIENCE CURRICULUM

The following basic sciences are needed as a foundation for the pedorthist. Therefore, the basic science curriculum must include appropriate content in:

- B.1.1 Human anatomy and physiology
- B.1.2 Biomechanics/Kinesiology
- B.1.3 Gait analysis (normal and pathological gait)
- B.1.4 Clinical pathology

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 CURRICULUM

##### C.1.0 Foundational Content Areas

The following content areas related to pedorthics 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 pedorthic device(s); 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 take impressions and critically evaluate pedorthic device fit, operation and function. Clinical skills include the ability to identify when to recommend additional evaluation by 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 fabricate, fit and adjust pedorthic devices.

C.1.3 Communication: Oral and written communication skills to effectively share and interact with others along the continuum of care. This includes the patient, family, caregivers, members of the healthcare team and others involved in achieving the expected treatment outcomes. Interactions should be sensitive to cultural, psychosocial, age, disability and economic status of the person(s) with whom the interaction takes place.

C.1.4 Ethics: An understanding and appreciation of all stakeholders' views, ethical requirements of credentialing bodies, respect for persons, maximizing benefits/minimizing harms, and justice.

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 Materials and Design: The study of physical/mechanical properties and behavior for the appropriate design and selection of materials commonly used for pedorthic devices. Strategies include the evaluation of material properties and behavior in relation to the treatment plan and the manufacturer's conditions of use and/or specifications.

C.1.7 Movement Science: An understanding and appreciation of normal and pathological human movement with an emphasis on gait and daily activities.

C.1.8 Pathologies: The study of conditions commonly referred for pedorthic services.

C.1.9 Practice Management: Understanding about 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, legal considerations surrounding patient care, quality improvement, time management and project management. In addition, content on the business aspect of practice related to personnel policies and procedures.

C.1.10 Professional issues: An understanding and appreciation of the scope of practice of the pedorthist, the organizations and documents that guide practice within the profession, the role of the pedorthist in the rehabilitation team and legal considerations surrounding patient care.

## **C.2.0 PATIENT EVALUATION/ASSESSMENT**

C.2.1 Effectively communicate with the patient or caregiver to gather cogent and useful information for Pedorthic assessments.

C.2.2 Identify concerns (e.g., ADL, gait training) necessitating referral to other health care providers and determine methods and criteria for referral.

C.2.3 Document services using established record-keeping techniques to record patient assessment and treatment plans, to communicate fabrication requirements and to meet standards for reimbursement and regulations of external agencies.

C.2.4 Perform a comprehensive assessment of the patient using standardized methods to obtain an understanding of the individual's potential pedorthic needs. Students must demonstrate the ability to acquire the following through interview, review of clinical documentation, physical exam, and administration of performance measures.

### C.2.4.1. Patient History

- i. Chief Complaint
- ii. Current health condition, including comorbidities
- iii. Prior medical conditions and surgical history (e.g. heart / musculoskeletal /allergies / skin)
- vi. Past pedorthic management
- vii. Review of clinical chart

### C.2.4.2 Patient Assessment

- i. **Body Structure & Function**: Foot size measurements, Volumetric measures, Plantar foot pressure analysis, Skin integrity / Wounds, Condition of contralateral side, Range of motion / Joint integrity and stability, Sensory testing / Proprioceptive sense / Pain, Muscle Tone / Strength, Motor control, Cognitive ability
- ii. **Activity & Participation**: Observational gait analysis, Postural & balance evaluation, Vocation / Daily functional demands, Recreational activities, Mobility / Activity Level

- iii. **Personal Factors:** Patient goals / Motivation level / Social support, Personal implications of impairment, financial information
- iv. **Environmental Factors:** Living environment, Work environment, Recreational environment

C.2.4.3 Outcome Assessment: Use and interpret appropriate, patient-reported and performance-based outcomes. Assessment of outcome data and evaluation and interpretation of findings

C.2.5 Consult with other caregivers and other relevant healthcare professionals as necessary. Professionally communicate using written, oral, and nonverbal methods with patients, colleagues, and other healthcare providers.

C.2.6 Demonstrate a basic understanding of surgical processes and procedures related to pedorthic care and how these and their sequelae impact pedorthic design and function. Surgical Procedures: Amputation Surgery and Revision, Joint Replacement, Tendon Lengthening, Ligament Repairs / Reconstruction, Joint Fusions, Limb Lengthening, Limb Salvage

C.2.7 Demonstrate a basic understanding of pathologies as it relates to pedorthic management, the professional curriculum includes content and learning experiences of the following diseases and diagnoses commonly seen by pedorthist in clinical practice.

C.2.7.1 Disorders of the foot and ankle:

1. Abnormal pronation
2. Abnormal supination
3. Posterior tibial tendon dysfunction
4. Metatarsalgia
5. Hallux rigidus
6. Hallux malalignment
7. Metatarsus abductus
8. Metatarsus adductus
9. Forefoot varus
10. Hindfoot varus
11. Hindfoot valgus
12. Plantar flexed first ray
13. First ray insufficiency
14. Toe deformities
15. Tarsal coalitions
16. Plantar fasciitis
17. Morton's neuroma
18. Osteoarthritis
19. Diabetic ulcerations
20. Musculoskeletal: fractures, post-surgical procedures
21. Neuromuscular: hereditary sensory motor disorders, spinal cord injuries, polio
22. Charcot changes in the diabetic neuropathic foot
23. Rheumatoid arthritis
24. Overuse syndromes
25. Pediatric disorders
26. Diabetes mellitus
27. Peripheral vascular disease
28. Trauma
29. Congenital etiologies

C.2.7.2 Amputations of the foot- Transmetatarsal or distal

### **C.3.0 FORMULATION OF A TREATMENT PLAN**

- C.3.1 Interpret evaluation findings to formulate a pedorthic treatment plan.
- C.3.2 Develop a comprehensive pedorthic treatment plan to meet the needs and goals of the patient.
- C.3.3 Discuss the indications for and uses of pedorthic devices.
- C.3.4 Identify design, materials and components to support the pedorthic treatment plan.
- C.3.5 Demonstrate the ability to educate the patient, caregiver and family in the use and care of pedorthic devices.
- C.3.6 Effectively interact through written, oral and nonverbal communication with the patient, family, caregiver and other health care professionals in a professionally appropriate manner.

#### **C.4.0 IMPLEMENTATION OF A TREATMENT PLAN**

- C.4.1 Demonstrate the ability to use appropriate techniques to obtain accurate impressions, image capture and measurements.
- C.4.2 Perform the necessary procedures using accepted techniques, tools and equipment to provide appropriate pedorthic services.
- C.4.3 Demonstrate an understanding of indications/contraindications of current pedorthic components and materials.
- C.4.4 Select appropriate materials and components for the pedorthic device based on patient needs.
- C.4.5 Modify the positive model using accepted practices and techniques.
- C.4.6 Describe the possible interaction between the pedorthic device and the patient with respect to corrective and accommodative treatment.
- C.4.7 Use biomechanical principles such as mechanical advantage, multiple point force systems, and torque to address clinical presentations with pedorthic device design.
- C.4.8 Demonstrate current and accepted fabrication and assembly procedures in order to prepare for fitting and delivery of pedorthic device.
- C.4.9 Review quality and structural integrity of the pedorthic device based on the needs and goals of the patient.
- C.4.10 Evaluate the pedorthic device as used by the patient and adjust as necessary to obtain optimal fit and function.
- C.4.11 Use appropriate and safe patient transfer methods during sessions.
- C.4.12 Provide appropriate instruction to patients, families and caregivers on care, use, maintenance, donning and doffing procedures, skin care and wearing schedules for pedorthic interventions and assess understanding of the patient and relevant parties.
- C.4.13 Document services using established record-keeping techniques and meeting standards for reimbursement and regulatory agencies.

#### **C.5.0 FOLLOW-UP**

C.5.1 Develop a long-term follow-up plan for comprehensive pedorthic care that includes:

- i. Alteration of treatment plan as indicated to ensure optimal fit, function and quality of life throughout the patient's lifespan.

C.5.2 Describe common pedorthic goals and how these may be measured over time to evaluate pedorthic outcomes (e.g., use of outcome measures in clinical practice)

### **C.6.0 PRACTICE/BUSINESS MANAGEMENT**

C.6.1 Demonstrate knowledge of billing and coding procedures.

C.6.2 Describe Federal, state, and third-party regulations associated with pedorthic care.

C.6.3 Document in accordance with professional standards and in compliance with legal and payer policies. Document all interactions with the patient and caregiver

C.6.4 Describe how pedorthists comply with ethical and legal responsibilities related to pedorthic care.

C.6.5 Describe potential roles that the pedorthic clinician plays within common practice environments including retail and clinical settings.

C.6.6 Demonstrate a fundamental knowledge of materials management and inventory control practices as related to pedorthic care.

C.6.7 Use terminology specific to Medicare, with an understanding of L-coding history and usage, ICD 10 codes, state regulations and third-party payer reimbursements.

### **C.7.0 Pedorthic Practice**

Upon successful completion of the program, the student will 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 devices listed below.

**C.7.1 Custom fit pedorthic devices:** Upon successful completion of the program, the student must demonstrate knowledge and skill in the provision of the following custom fit pedorthic devices:

C.7.1.1 Prefabricated Shoes

C.7.1.2 Prefabricated Foot Orthoses and Foot Care Items

C.7.1.3 Prefabricated Ankle-Foot Orthoses (AFO)

1. Night splint
2. Boot type AFO (e.g., pressure relief or pneumatic walker)

The student must demonstrate the ability to:

- a. Perform the expected performance criteria outlined in **Section C.2.0-C.6.0**
- b. Perform a lower limb assessment including a detailed foot assessment (hindfoot and forefoot alignment, subtalar and midtarsal stability and function) to obtain information for formulating a treatment plan.
- c. Apply knowledge of normal anatomy, normal and abnormal biomechanics of the lower limb in combination with a foot assessment to develop a treatment plan.
- d. Identify the clinical considerations for use of the custom fit Pedorthic device for managing relevant pedorthic pathologies.
- e. Explain the indications and contraindications for use of the custom fit pedorthic device designs and materials with relation to patient diagnosis and clinical presentation.

- f. Demonstrate competency in custom fit pedorthic device design, selection, fit, and adjustment (i.e., reliefs, pads, closures, and trim line modifications)

**C.7.2 Custom fabricated pedorthic devices:** Upon successful completion of the program, the student must demonstrate knowledge and skill in the evaluation, recommendation, material selection, and delivery, of custom fabricated pedorthic devices:

- C.7.2.1 Custom Foot Orthoses
- C.7.2.2 Custom Molded Shoes
- C.7.2.3 Shoe Modifications
- C.7.2.4 UCBL Orthoses
- C.7.2.5 Subtalar Control Foot Orthoses (SCFO)
- C.7.2.6 Toe-filler / Transmetatarsal Partial Foot Prostheses

The student must demonstrate the ability to:

- a. Perform the expected performance criteria outlined in **Section C.2.0-C.6.0**
- b. Perform a lower limb assessment including a detailed foot assessment (hindfoot and forefoot alignment, subtalar and midtarsal stability and function) to obtain information for formulating a pedorthic treatment plan.
- c. Apply knowledge of normal anatomy, normal and abnormal biomechanics of the lower limb in combination with a foot assessment to develop a pedorthic treatment plan.
- d. Identify the clinical considerations for use of custom pedorthic devices for relevant pedorthic pathologies.
- e. Explain the indications and contraindications for use of various designs and materials with relation to patient diagnosis and clinical presentation.
- f. Demonstrate competency in device selection, impression and measurement acquisition, material and component selection and current fabrication processes for various custom pedorthic devices.
- g. Demonstrate competency in fit, assessment, and improvement of custom pedorthic devices.
- h. Understand the clinical indications and uses of both prefabricated and custom pedorthic devices to enhance function and mobility.
- i. Use knowledge of shoe wear and modifications in the pedorthic treatment plan to optimize outcomes.
- j. Demonstrate competency in safe use of tools, supplies, and equipment.

**C.7.3 Fabrication:** Upon successful completion of the program, the student must demonstrate the skills to fabricate the following:

- C.7.3.1 Custom Foot Orthoses
  - a. Accommodative
  - b. Functional
- C.7.3.2 Shoe Modifications
  - a. Rockers
  - b. Sole flare or buttress
  - c. Elevations
  - d. Wedges
- C.7.3.3 UCBL Orthoses

- C.7.3.4 Subtalar Control Foot Orthoses (SCFO)
- C.7.3.5 Toe-filler / Transmetatarsal Partial Foot Prostheses

## **Section D EXPERIENCE WITHIN PATIENT CARE ENVIRONMENT**

### **D.8.0 Practicum Content**

Upon successful completion of the program, the student must have the following clinical interactions/exposures:

- D.8.1 Patient assessment
- D.8.2 Formulation of the pedorthic treatment plan
- D.8.3 Implementation of the pedorthic treatment plan
- D.8.4 Follow-up assessment and continued implementation of a pedorthic treatment plan
- D.8.5 Documentation of patient encounters for clinical decision making, communication, legal and reimbursement purposes
- D.8.6 Communication among referral sources, collaborating practitioners, patients and caregivers
- D.8.7 Practice management within the pedorthic practice