



**Minimum Competency Profile
of the
Orthotic/Prosthetic Clinician**

January 2018

Introduction

The following profile was developed and used to help identify the skills necessary to become a CBCPO Certified Orthotist, CO(c) or Certified Prosthetist CP(c) in Canada. The development of the *Minimum Competency Profile* is an important step in the Exam Blueprint Process. It includes detailed descriptors which demonstrate the knowledge, skills, and abilities that are expected from a candidate.

During the Exam Blueprint Project, Orthotics Prosthetics Canada has used the *Minimum Competency Profile* to evaluate candidate performance and identify the standard for each station. This standard is established through a systematic process by a panel of subject matter experts, and indicates the minimum requirements for meeting basic safety, professionalism and ethical standards of practice. It also safeguards the protection of the public. The Minimally Competent candidate belongs to the group that just qualifies for Certification.

Orthotics Prosthetics Canada is testing to the level of the *Minimum Competency Profile* knowledge and skills, as identified in the green column below.

<p align="center">Minimum Competency Profile of the Orthotic/Prosthetic Clinician</p>		
<p align="center">BELOW MINIMALLY COMPETENT/UNQUALIFIED</p>	<p align="center">MINIMALLY COMPETENT/ QUALIFIED</p>	<p align="center">ABOVE MINIMALLY COMPETENT/QUALIFIED</p>
<p>Is unable to take a comprehensive patient history and unable to perform a diagnosis-specific clinical/cognitive ability exam. May not adhere to all safety guidelines.</p>	<p>Is able to take a comprehensive patient history and perform a diagnosis-specific clinical/cognitive ability exam. May not always be consistent. They will adhere to safety guidelines.</p>	<p>Is more efficient. They will do more comprehensive patient history.</p>
<p>Is unable to formulate realistic or suitable treatment goals and unable to develop a plan for patient needs.</p>	<p>Is able to formulate reasonable and attainable treatment goals and develop a plan for patient needs.</p>	<p>Formulate thorough, detailed, in-depth plan of treatment.</p>
<p>Is unable to evaluate the findings to determine an orthotic/prosthetic treatment plan.</p>	<p>Is able to evaluate the findings to determine an orthotic/prosthetic treatment plan for typical patients.</p>	<p>Is able to evaluate findings for more complex patients and develop specialized treatment plans.</p>
<p>Consults with the physician/referral source to modify the original prescription and/or treatment plan but does not necessarily adhere to it or, is not able to adequately explain rationale to physician/referral source.</p>	<p>Is able to consult with the physician/referral source to modify, if necessary, the original prescription and/or treatment plan.</p>	
<p>Is unable to identify design, materials, and components to support treatment plan.</p>	<p>Is able to identify design materials, and components to support treatment plan.</p>	

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<p>Is unable to inform patient, family, and/or caregiver of the orthotic/prosthetic procedure, possible risks, and time involved in the procedure.</p>	<p>Is able to inform patient, family, and/or caregiver of the orthotic/prosthetic procedure, possible risks, and time involved in the procedure. Does not precisely tailor the information to patient or caregiver.</p>	<p>Able to inform patients/caregivers relative to their specific needs.</p>
<p>May have difficulties treating or preparing patient, difficulty donning, follow up, etc.</p>	<p>Is able to measure correctly, choose appropriate device.</p>	
<p>Is unable to select appropriate materials/techniques in order to obtain a patient model/image.</p>	<p>Is able to select appropriate materials/techniques in order to obtain a patient model/image.</p>	
<p>May have difficulty with detailed techniques and/or anatomical landmarks.</p>	<p>Is able to prepare patient and perform procedures required for treatment plan.</p>	
<p>May be able to make impression but with inaccurate landmarks, delineation, measurements.</p>	<p>Is able to take impression, delineate, scan, digitize with appropriate landmarks in most cases.</p>	<p>Is able to take impressions, delineate, scan, digitize in complex cases or with unusual patients.</p>
<p>Does not recognize manufacture recommendations and may endanger patient.</p>	<p>Understands to adhere to manufacture recommendations to ensure patient safety.</p>	
<p>May be able to choose materials to fabricate device but does not recognize ramifications of material selection related to safety and function.</p>	<p>Has basic understanding of principles used to select components and materials to provide a safe functional device and is aware material selection impacts patient outcomes.</p>	

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<p>May be able to prepare impression/template but does not understand why/ how preparation impacts device function and/or fit.</p>	<p>Is able to prepare delineation/impression/template for modification/fabrication.</p>	
<p>Is unable to rectify and prepare patient model/image for fabrication.</p>	<p>Is able to rectify and prepare patient model/image for fabrication. Not always efficient or consistent to outcomes.</p>	<p>Consistently efficient outcomes.</p>
<p>Is unable to facilitate the fabrication/assembly of orthosis/prosthesis in order to prepare for initial or diagnostic fitting and/or delivery.</p>	<p>Is able to understand and facilitate the fabrication/assembly of orthosis/prosthesis in order to prepare for initial or diagnostic fitting and/or delivery.</p>	<p>Is able to fabricate/assemble orthosis/prosthesis in order to prepare for initial or diagnostic fitting and/or delivery.</p>
<p>Is unable to assess device for structural safety and ensure that manufacturers' guidelines have been followed prior to patient fitting/delivery.</p>	<p>Is able to assess device for structural safety and ensure that manufacturers' guidelines have been followed prior to patient fitting/delivery.</p>	
<p>Is unable to properly align device in all planes, although some planes may be correctly aligned. They may also misunderstand biomechanical principles related to alignment.</p>	<p>Is able to assess/align orthosis/prosthesis for accuracy in sagittal, transverse, and coronal planes in order to provide maximum function/comfort.</p>	
<p>Does not ensure that materials, design, and components are provided as specified in the treatment plan.</p>	<p>Is able to ensure that materials, design, and components are provided as specified in the treatment plan.</p>	<p>Is able to evaluate treatment plan and modify materials, design, and components if necessary.</p>

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Does not understand fabrication process.	Is able to understand and facilitate the fabrication process after achieving optimal fit and function or orthosis/prosthesis (e.g., convert test socket to definitive orthosis/prosthesis).	Is able to complete fabrication process after achieving optimal fit and function or orthosis/prosthesis (e.g., convert test socket to definitive orthosis/prosthesis).
Neglects to educate patient and/or caregiver about the use and maintenance of the orthosis/ prosthesis.	Educates patient and/or caregiver about the use and maintenance of the orthosis/ prosthesis.	
May ignore safety steps.	Is able to re-assess orthosis/prosthesis for structural safety prior to patient delivery.	
Documentation lacks details.	Is able to document treatment using established record-keeping techniques to verify implementation of treatment plan.	
May not understand roles of other healthcare providers.	Is able to refer patient to appropriate healthcare providers (e.g., therapists) for necessary ancillary care.	
Is able to obtain feedback from patient and/or caregiver but is unable to evaluate outcome.	Is able to obtain feedback from patient and/or caregiver to evaluate outcome.	
Is unable to assess patient’s function, skin condition, general health, including psychosocial status, and note any changes.	Is able to assess patient’s function, skin condition, general health, including psychosocial status, and note any changes.	

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<p>Is unable to formulate plan to modify orthosis/prosthesis based on assessment of outcomes and inform patient and/or caregiver of plan to modify orthosis/prosthesis.</p>	<p>Is able to formulate plan to modify orthosis/prosthesis based on assessment of outcomes and inform patient and/or caregiver of plan to modify orthosis/prosthesis.</p>	
<p>Is unable to develop long-term follow-up plan.</p>	<p>Is able to develop long-term follow-up plan.</p>	
<p>Is unable to plan, implement, evaluate, and document policies and procedures in compliance with all applicable federal and provincial laws and regulations, and professional and ethical guidelines.</p>	<p>Is able to plan, implement, evaluate, and document policies and procedures in compliance with all applicable federal and provincial laws and regulations, and professional and ethical guidelines.</p>	
<p>Is unable to demonstrate proper documentation of patient history and financial records using established record-taking techniques.</p>	<p>Is able to demonstrate proper documentation of patient history and financial records using established record-taking techniques.</p>	
<p>Is unable to create a professional, cooperative working environment to improve patient care.</p>	<p>Is able to create a professional, cooperative working environment to improve patient care.</p>	

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<p>Is unable to obtain feedback from patient and/or caregiver to evaluate outcome (e.g., wear schedule/tolerance, comfort, perceived benefits, perceived detriments, ability to don and doff, proper usage and function, overall patient satisfaction). Especially perceived detriments: benefits.</p>	<p>Is able to obtain feedback from patient and/or caregiver to evaluate outcome (e.g., wear schedule/tolerance, comfort, perceived benefits, perceived detriments, ability to don and doff, proper usage and function, overall patient satisfaction).</p>	
<p>Is unable to assess patient’s function and note any changes. More inconsistent. Difficulty making definitive classification. Will miss the functional change. Performs gross assessment.</p>	<p>Is able to assess patient’s function and note any changes, but not necessarily the causality; relies on written reference for procedures; needs prompting from checklist.</p>	<p>Is able to assess patient’s function and note any changes. May refer to written reference for procedures. Recognizes causality.</p>
<p>Does not assess patient’s skin condition (e.g., integrity, color, temperature, and volume) or note any changes.</p>	<p>Is able to assess patient’s skin condition (e.g., integrity, color, temperature, and volume), note any changes, and make recommendations (e.g., sock management, dialysis).</p>	
<p>Is unable to assess fit of patient’s general health, height, and weight, and note any changes. Cannot identify areas of high pressure or pressure sensitive areas.</p>	<p>Is able to assess fit of patient’s general health, height, and weight, and note any changes.</p>	

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<p>Is unable to assess fit of orthosis/prosthesis with regards to strategic contact (e.g., multiple force systems, total contact) to determine need for changes relative to initial treatment goals. Contracture assess, doesn't recognize change to functional level.</p>	<p>Is able to assess fit of orthosis/prosthesis with regard to strategic contact (e.g., multiple force systems, total contact) to determine need for changes relative to initial treatment goals.</p>	
<p>Is unable to formulate plan to modify orthosis/prosthesis based on assessment of outcomes and inform patient and/or caregiver of plan to modify orthosis/prosthesis as necessary. Practitioner is influenced by feedback from patients and ignore original goals.</p>	<p>Is able to formulate plan to modify orthosis/prosthesis based on assessment of outcomes and inform patient and/or caregiver of plan to modify orthosis/prosthesis as necessary. Recognize safety concern is paramount.</p>	<p>Driven by optimal outcomes. Outcomes are tied back to original project.</p>
<p>Is unable to make or supervise modifications to orthosis/prosthesis (e.g., relieve pressure, change range of motion, change alignment, change components, add pressure-sensitive pad).</p>	<p>Is able to make or supervise modifications to orthosis/prosthesis (e.g., relieve pressure, change range of motion, change alignment, change components, add pressure-sensitive pad).</p>	

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<p>Is unable to evaluate results of modifications to orthosis/prosthesis, including static and dynamic assessment.</p>	<p>Is able to evaluate results of modifications to orthosis/prosthesis, including static and dynamic assessment.</p>	
<p>Is unable to evaluate results of modifications to orthosis/prosthesis, including static and dynamic assessment.</p>	<p>Is able to evaluate results of modifications to orthosis/prosthesis, including static and dynamic assessment.</p>	
<p>Is unable to reassess patient knowledge of goals and objectives to ensure proper use of orthosis/prosthesis relative to modifications.</p>	<p>Is able to reassess patient knowledge of goals and objectives to ensure proper use of orthosis/prosthesis relative to modifications.</p>	
<p>Is unable to communicate with physician's, referral sources, appropriately licensed healthcare providers to ensure patient status is updated.</p>	<p>Is able to document all findings and actions.</p>	
<p>Has narrowly focused short-term plan.</p>	<p>Adequately produces a long-term plan is more specific to the orthosis /prosthesis. Includes adequate documentation.</p>	<p>Develops comprehensive long-term plan with justification. Incorporates multi-disciplinary approach.</p>

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Doesn't have knowledge to plan, implement, evaluate and document policies and procedures in compliance with all applicable federal and provincial laws and regulations and professional and ethical guidelines.	Does have knowledge to plan, implement, evaluate and document policies and procedures in compliance with all applicable federal and provincial laws and regulations and professional and ethical guidelines.	
Has no knowledge to develop and implement personnel policies and procedures (e.g., benefits, training, incentives, staff recognition, regular performance evaluations).	Has knowledge to develop and implement personnel policies and procedures (e.g., benefits, training, incentives, staff recognition, regular performance evaluations).	
Has no knowledge to establish procedures for patient care that comply with current medical/legal requirements.	Has knowledge to establish procedures for patient care that comply with current medical/legal requirements.	
Is unable to create a professional, cooperative working environment to improve patient care.	Is able to create a professional, cooperative working environment to improve patient care.	