



Compendium for Prosthetic and Orthotic Treatment (CPOT) - Reference Manual

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Introduction

The Compendium for Prosthetic and Orthotic Treatment Reference Manual contains a comprehensive list of direct and indirect treatment protocols that are specific to the provision of care for a patient(s) requiring a prosthesis or orthosis. These treatment protocols may span the lifetime of the patient, enabling positive functional outcomes.

Due to the dynamic nature of prosthetics and orthotics, this document will continue to evolve in concurrence with the profession.

Volunteers created this prosthetic and orthotic reference manual with the intention of strengthening the knowledge, service, and day-to-day operations within the Canadian prosthetics and orthotics community. The information contained within this document belongs to Orthotics Prosthetics Canada. Material cannot be replicated or copied without permission from Orthotics Prosthetics Canada.

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1.0 Clinical Assessment

Definition: The assessment of the patient and/or the patient-prosthesis/orthosis interaction in order to provide treatment plan to the patient.

1.1 Subjective Patient Assessment

May involve any or all of the following codes:

Code	Procedure	Description
1	Patient interview	<p>May include:</p> <p>Height, weight, gender, age, occupation (or specific tasks), allergies, medical history, social history (family dynamics), previous prosthetic/orthotic history (including compliance), independence level (ADL's-Activities of Daily Living), cognitive abilities, language, pain, symptoms onset, frequency, surgeries, medication, patient well-being/distress/anxiety, weight fluctuations, degree of caregiver involvement, history of skin tolerance, pressure sores, hyperhidrosis, visual impairments, patient's mobility status (use of walking aids and ambulatory status) and any current treatment(s).</p> <p>Prosthetics: reason for amputation or prosthetic treatment, date of amputation, revisions, sequelae leading to amputation, affected level and side, and prosthetic history.</p> <p>Orthotics: primary diagnosis and pathology, co-morbidities, identified problems.</p>
2	Patient goals	<p>Discuss with patient/caregiver expectations and goals of prosthetic/orthotic treatment, range of prosthetic/orthotic options, and alternatives to prosthetic/orthotic use. This should include a discussion of vocational and hobby goals of prosthetic/orthotic treatment, specific time frames for treatment, anatomical restoration expectations, and improvements or concerns</p>

		with current prosthetic/orthotic treatment (if applicable).
3	Explain prosthetic/orthotic funding	Discuss possible funding/reimbursement sources. Ensure patient/caregiver is informed of his/her financial responsibility and expectations.

1.2 Objective Patient Assessment

May involve any or all of the following codes:

Code	Procedure	Description
1	Physical Exam	<p>May include but is not limited to the following:</p> <p>Evaluation of skin condition and integrity including: wound presence, topical skin pathology, edema, redness, tissue density, scarring, redundant tissue, neuromas or sensitivities, bony deformities, prominences and landmarks, adhesions, abrasions, vascularization (skin temperature, capillary refill, hair growth and discoloration)),</p> <p>Proprioception, sensation, muscle(s) strength, joint(s) Range Of Motion (ROM), joint contracture, joint stability, joint centre location, reflexes or trigger points, U/E (upper extremity) function(s), L/E (lower extremity) function(s), pain, tone, clonus, spasticity, body weight and height, any other musculo-skeletal concern.</p>
2	Static Functional Evaluation (without prosthesis/orthosis)	<p>Evaluation of entire body position and posture, support and alignment under non-weight bearing or static conditions without prosthesis/orthosis.</p> <p>Comparison of affected body segment to non-affected body segment and/or norms, measure deviation from normal posture, or balance if applicable. May include evaluation of: anatomical alignment, pathological alignment or rotation(s), anatomical relationships and/or joints under static conditions in frontal, sagittal, and transverse planes, balance, limb volume,</p>

		coordination/symmetry, head control, respiratory function and the ability to stand or sit.
3	Dynamic Functional Evaluation (without prosthesis/orthosis)	<p>Evaluation of entire body position and posture, support and alignment under weight bearing or dynamic conditions.</p> <p>Comparison of affected segment to non-affected segment and/or norms, measure deviation from normal posture, balance, changes in tone with movement, functional position for ADL's/driving/communication tools and head control.</p> <p>This can also include assessment of patient's ability to transfer, fatigue issues and functional strength.</p> <p>May include evaluation of:</p> <p>Anatomical relationships and/or joints under dynamic conditions, limb volume, dynamic balance, coordination/symmetry, footwear and use of gait aids, mobility using observational gait analysis in frontal, sagittal, and transverse planes or demonstration of activities of daily living (ADL).</p>
4	Static Functional Evaluation (with prosthesis/orthosis)	<p>Assess functional use of prosthesis/orthosis under non-weight bearing and/or weight-bearing static conditions.</p> <p>Evaluation of intimacy of strategic surfaces, force systems, stability, comfort level, volume control, force distribution, ease of donning/doffing, trim lines, function of the prosthesis/orthosis, width/depth/height/length of prosthesis and/or orthosis, suspension and strap location(s).</p> <p>Comparison of affected segment to non-affected segment and/or norms, measure deviation from normal posture. Evaluation may include: changes in tone, anatomical relationships and joint stability in frontal, sagittal, and transverse planes.</p> <p>Effectiveness of positioning for ADL / functional activities / respiratory function, and skin tolerance to corrected position.</p> <p>Prosthetics: prosthetic length, socket length, and static alignment. This may include the assessment of the socket mounted on a support stand to simulate weight bearing through the socket.</p>
5	Dynamic Functional	Evaluation of the entire body position, posture, support,

	Evaluation (with prosthesis/orthosis)	<p>comfort level and alignment of a prosthesis and/or orthosis in dynamic conditions.</p> <p>Comparison of treated condition to untreated condition.</p> <p>Evaluate intimacy of strategic surfaces, force systems, body segment volume control, width/depth/height/length trim lines and function of the prosthesis/orthosis.</p> <p>Evaluation may also include: changes in tone, anatomical relationships and/or joints under dynamic conditions, dynamic balance, quality of suspension, and load-bearing characteristics, stability of tissue within prosthesis/orthosis, tri-planar joint motion, gait deviations, movement symmetry, mobility in frontal, sagittal, and transverse planes, ensure optimal biomechanical control, straps/pads placement, suspension and tri-planar positioning of mechanical joints, and footwear. Use of gait aids or demonstration of ADL's.</p> <p>Evaluation of patient's / caregiver's ability to transfer/position in seating system, independence for donning and doffing the prosthesis/orthosis.</p> <p>Prosthetics: Socket and prosthesis function while moving. May include, in addition to previous assessments: quality of suspension, socket pistoning, pressure point, torque, socket stability, and tissue control.</p>
6	Treatment outcome measures	<p>Using selected outcome measures and administered rating scale, compare baseline and final rating.</p> <p>Quantify patient's health and functional status using the World Health Organization's International Classification of Function (ICF) based global rating of patient presentation and functional status. This rating identifies a goal-specific activity and evaluates how it creates a limitation or participation restriction.</p> <p>The evaluation can span the following scales: pain, functional mobility, alignment, transfers, skin function, upper extremity, ADL, recreation/community or leisure activities, adaptive technology and distress/patient's overall well-being.</p> <p>The comparison of this rating before and after treatment will reflect an outcome measure. This is done</p>

		pre and post treatment.
7	Review professional reports	Review patient chart, documented reports, test results, treatments, referrals and ongoing treatment plans of other medical professionals

1.3 Standardized Tests and Analyses

Definition: The use of standardized scales and tests to establish a quantifiable rating of the patient's ability or presentation. This data is initially used to formulate and justify prosthetic /orthotic treatment, and subsequently to measure change. Basic knowledge of all of these measures are assumed and used to justify treatment(s). However, it is not assumed that the Prosthetist/Orthotist is responsible for implementing all the procedures listed below.

Code	Procedure	Description
1	Range of motion	Evaluate passive/active range of motion (ROM) of anatomical joints. Compare with normal standards.
2	Manual muscle testing	Evaluate muscle strength using standardized manual muscle rating scale.
3	Anthropometric measurements	Obtain appropriate anthropometric data using simple measurements, digital photography, or laser imaging. May include measurements such as length, diameter, circumference, weight, height, leg length discrepancy, and varus/valgus angulation.
4	Joint stability	Evaluate joint stability. Compare with normal standards.
5	Edema	Evaluate edema using preferred scale.
6	Wound evaluation and classification	Evaluate wound and classify using preferred scale e.g. Bates Jensen Wound Assessment Tool (BWAT) Pressure Ulcer Scale for Healing (PUSH) Wagner Scale, Carville

		scale.
7	Sensory testing	Evaluate patient for sensory perception using monofilament testing, vibration testing and dermatome levels.
8	Frailty Scale	Evaluate frailty using preferred scale e.g. FI-GCA frailty index
9	Balance Scale	Evaluate balance using preferred scale e.g. Berg balance scale
10	Cognition	Evaluate cognitive level using preferred scale e.g. Abbreviated Mental Test (AMT) and the Folstein Mini-Mental State Examination (MMSE).
11	Independence Scale	Evaluate level of independence using preferred scale.
12	Functional Scale	Evaluate level of function using preferred scale e.g. Timed-Up-and-Go Test, Two Minute Walk Test, Functional Independence Measure (FIM)
13	Myo/EMG testing	Locate and evaluate, using Electromyograph (EMG), the quality of residual limb electrical signal sites to determine potential for treatment using myoelectric prosthesis/orthosis.
14	Falls risk	Evaluate patient for risk of falling using preferred scale
15	Emotional stability	Evaluate patient for emotional stability
16	Pain	Evaluate patient for levels of pain using preferred scale e.g. Visual Analogue Scale, Wong-Baker Faces Pain Rating Scale for Children
17	Activities of Daily Living (ADL)	Evaluate patient for level of function in Activities of Daily Level (ADL) using preferred scale.
18	Depression	Evaluate patient for depression using preferred scale e.g. Yesavage Geriatric Depression Scale; Hamilton Rating Scale for Depression

19	Skin colour matching	By visual inspection or digital photography, compare skin colour of patient with sample colour swatches for purposes of accurate anatomical matching.
20	Center of pressure	Evaluate laser weight-line projection relative to anatomical and mechanical joints in sagittal and frontal plane
21	Force sensor assessment	Evaluation of force sensor data to determine forces acting between the interface and the patient.
22	Mobility Scale	FMS functional mobility scale: (5;50;500 m walking distance with noted mobility aid) Timed up and go results Functional Mobility Scale (FMS), Ambulatory Status classified as Volpicelli et al 1987
23	Diagnostic imaging	Diagnostic imaging: interpreting the reports from x-rays, bone scan, MRI, CT with application to prosthetic and/or orthotic treatment. Identify underlying anomalies not clinically apparent.
24	Neuro testing	Locate and evaluate, using neuro stimulators, the quality electrical signal sites on the limb to determine potential for treatment using neuro stimulation prostheses/ orthoses.
25	Reflexes	Test specific reflex or trigger points
26	Proprioception	Test patient's perception of position of body segment in space.
27	Respiratory function	Test oxygen saturation levels

1.4 Gait or Mobility

Definition: *Gait analysis includes observational gait analysis as well as instrumented gait analysis. This analysis may be performed with or without a prosthesis/orthosis and can include different kinds of mobility aids. May involve any or all of the following codes:*

Code	Procedure	Description
1	Observational gait analysis	Observational gait analysis combines observation of the temporal parameters of gait with kinematics (joint

	(visual non-instrumental)	<p>angles).</p> <p>Individual's gait is evaluated from frontal and sagittal planes. Deviations are identified. Information is collected subjectively during the functional evaluation.</p> <p>Observations are qualitative and involve all body segments. Observed data includes any deviation from normal function during any phase of pathological gait compared to normal gait.</p>
2	In-office (on-site) Foot only systems – single step analysis	<p>Includes internal (In-shoe) plantar pressure sensors and external (floor placement) single step mats.</p> <p>Data can be recorded in static (standing) or dynamic (walking or running) conditions.</p> <p>Data captured may include contact pressure distribution, force, timing, and centre of pressure, postural and/or balance information.</p>
3	In-office (on-site) hardware and software – multiple step analysis	<p>Includes internal (in-shoe) plantar pressure sensors and external (floor placement) single step mats.</p> <p>Data can be recorded in static (standing) or dynamic (walking or running) conditions.</p> <p>Data captured may include contact pressure distribution, force, timing, and centre of pressure, postural and/or balance information.</p>
4	In-office (on-site) video with on-line software analysis - multiple step analysis	<p>Video data capture requirements are determined by the on-line software being used. Different systems may allow for:</p> <ol style="list-style-type: none"> 1. A “free” video – low-tech, no markers, in-house but on-line supplied tools and “clean-up” (this could become more common once the technology adapts to real life situations) 2. Video with in-office calibration e.g. measurement indicators, specific camera placement, anatomical markers or other requirements for capturing the data necessary for on-line analysis 3. Simultaneous data capture using video and pressure mats which can be analyzed on-line
5	In-office evaluation (using on-line or in-office software) of externally provided raw	In-depth analysis of gait lab type data (e.g. Vicon lab).

	data	
6	Review of gait lab report/results	Complete review of findings. No reworking of data.
7	Body mounted systems	Non-video (or pressure mat) data capture of gait information. may include simple pedometers or more complex devices, which collect a variety of data. This method enables simple measurements and kinematic calculations with small body-mounted instruments utilizing accelerometers and gyroscopes. Temporal parameters of gait are determined by classification of accelerations and angular velocities

2.0 Treatment Planning

Definition: The analysis, evaluation and integration of findings to formulate a comprehensive treatment. Findings are based on the results of patient evaluation and objective analyses. Treatment goals enhance function and independence through improved stability, reduced pain, increased comfort, deformity prevention, the transfer of forces between body segment and ground, increased Range Of Motion (ROM) and/or the promotion of healing. The treatment plan may include referral to other health care services, restoration/ improvement of function in the current prosthetic/orthotic system, and/or the provision of a new prosthesis/orthosis.

Code	Procedure	Description
1	Patient documentation	Recording and coding of subjective and objective patient information. This may include: database coding, clinical charting, treatment plan, recording of outcome measures.
2	Review of clinical findings	Interpretation of objective and subjective results of patient evaluation tests and analyses. May include discussion with the patient, family, caregivers /guardians, and consultation with physician and inter-professional team members.
3	Research treatment Options	Explore and investigate appropriate clinical practice (techniques), materials and components options

		<p>available to achieve treatment goal(s).</p> <p>May include literature review or evidence-based behavioral practice. Consult manufacturer's specifications and technical resources regarding component and material selection to optimize strength, durability and function based on patient criteria and needs.</p>
4	Review treatment options with patient	<p>Share viable options with the patient/caregiver taking into account all findings. Provide justification for the recommended (preferred) prosthetic/orthotic treatment plan and obtain patient/caregiver consent. This includes the disclosure of potential risks and benefits and aesthetic aspects of prosthetic/orthotic treatment or anatomical finishing.</p> <p>Exhibit or trial samples of potential prosthetic/orthotic designs.</p>
5	Coordinate component trial	<p>Arrange a component trial to allow the patient to evaluate the treatment over a period of days/weeks, prior to making a selection. This includes educating the patient about component use.</p> <p>This will be defined by each manufacturer specifically.</p>
6	Review financial status for treatment(s)	<p>Discuss the anticipated treatment options with the patient/family including associated costs, payment schedules and possible funding/reimbursement sources. Ensure the patient/caregiver is informed of his/her financial responsibility and expectations.</p>
7	Formulate treatment prescription	<p>Formulate detailed written prescription for prosthetic /orthotic treatment. This will include the option to restore current prosthesis /orthosis, or to design a new prosthesis / orthosis.</p> <p>The prescription will serve as a basis for cost estimate, technical specifications, securing funding, and coordination of care with other health care professionals.</p>
8	Coordinate components/materials	<p>Based on the prescription, ensure the required parts are available from the manufacturers, as well as any clinical and/or technical information specific to the patient.</p>
9	Coordination of Care	<p>Formulate a treatment plan to support the patient's</p>

	Plan	<p>goals.</p> <p>Coordinate prosthetic and/or orthotic treatment and follow-up in conjunction with referrals to other health care professionals to address medical issues beyond the Certifee's scope of practice.</p> <p>Coordination of care will take place with or without the provision of prosthetic/orthotic services. This may include arranging alternative mobility while anatomical and structural finishing, coordination of anatomical and structural adjustments and/or modifications are completed.</p>
10	Patient responsibility	<p>Inform the patient/caregiver of the specific processes involved in proceeding with the specified treatment including risks, time and financial responsibility, warranty and service maintenance.</p> <p>Clarify the prosthesis/orthosis expectations in meeting patient needs and the scope of managing the diagnosis. This includes explaining the time required by the patient to follow the treatment plan and the importance of seeking follow-up if treatment goals are not being met.</p>

3.0 Prosthetic and Orthotic Treatment

Treatment is a continuous process that must adapt to address patient requirements. Treatment involves different methods of care, depending on the stage of the patient's rehabilitation and his/her health. One of the major implications affecting treatment is the fluctuation in body segment size related to weight gain and weight loss, natural muscle atrophy, growth, pregnancy and illnesses such as diabetes, kidney disease, congestive heart failure, and cancer.

Other changes that have an effect on the proper treatment of a patient includes: the increasing severity of an illness, new illnesses, subsequent surgeries, growth, and/or improvements in function with successful rehabilitation. Consequently, treatment is on-going throughout the patient's life. There are different methods of providing a patient with prosthetic/orthotic treatment that is appropriate for specific timeframes.

3.1 Types of Prosthetic or Orthotic Treatment

Definition: Treatment may take the form of an interim intervention (immediate post-operative prosthesis/orthosis or preparatory prosthesis/orthosis), a definitive prosthesis/orthosis (with or without the use of diagnostic evaluations), adjustment or restoration to an existing prosthesis/orthosis, and/or maintenance of a prosthesis/orthosis. It is customary and necessary for a patient to receive different types of prosthetic/orthotic treatment throughout his / her life.

Code	Procedure	Description
1	Interim/Preparatory	<p>The evaluation and treatment involved in providing a prosthesis/orthosis that is utilized for short periods of time (usually less than one year).</p> <p>Orthotics: Serial casting, post-op stabilization and/or ROM (e.g. Knee/elbow ROM), post traumatic stabilization (e.g. HALO, TLSO), and positional resting orthoses (e.g. dorsiflexion night time AFO's).</p> <p>Prosthetics: An Immediate Post-Operative Prosthesis (IPOP) is a temporary socket, typically made of plaster or fiberglass casting material, moulded directly to the involved limb segment and attached to components to provide necessary function.</p> <p>This procedure allows for treatment with a functional prosthesis soon after surgery, thereby promoting healing, minimizing limb edema, improving the patient's psychological state and permitting early mobilization.</p> <p>The use of an IPOP may continue for several days to a few weeks, during which time the quality of tissue control is closely monitored for necessary adjustments. In the case of significant volume reduction, subsequent sockets may have to be applied.</p> <p>Treatment with an IPOP is frequently followed by treatment with a preparatory prosthesis. A preparatory prosthesis is provided during the early</p>

		<p>phase of rehabilitation following initial surgery or subsequent revision surgery. The prosthetic socket is moulded over the positive anatomical model and attached to components to allow ambulation.</p> <p>The goals of the preparatory prosthesis are to mobilize the patient soon after amputation, while accommodating limb healing and changes in residual limb volume. As well, a preparatory prosthesis is a means to establish whether a patient will benefit from a definitive prosthesis.</p> <p>The use of the preparatory prosthesis may continue for several weeks to a year, during which time the quality of tissue control and prosthetic function are closely monitored for necessary adjustments. Significant changes in residual limb volume may necessitate subsequent preparatory prosthetic sockets. Once limb volume has stabilized, the patient will be prescribed a definitive prosthesis.</p>
2	Diagnostic	<p>Evaluation of a diagnostic prosthesis/orthosis to assess appropriateness of treatment.</p> <p>A diagnostic prosthesis/orthosis is moulded over a positive anatomical model. It is used to assess the quality of tissue control for optimal comfort, function and alignment.</p> <p>The final version of the diagnostic prosthesis/orthosis can serve as a template for the definitive treatment. Modifications to the diagnostic prosthesis/orthosis may be required to optimize comfort and function. Alignment may also be optimized during the evaluation of the diagnostic prosthesis/orthosis.</p>
3	Definitive	<p>A definitive treatment consists of an interface that has been moulded over the positive anatomical model and is combined with carefully selected components to provide maximum comfort, function and structural integrity for the patient.</p> <p>This prosthesis/orthosis may or may not be covered with an anatomical restoration, depending on the patient's preference.</p> <p>During the patient's lifetime, individual components of definitive treatment or the entire</p>

		prosthesis/orthosis will need replacement. It will be necessary to replace either individual prosthetic/orthotic components or the entire prosthesis/orthosis periodically due to changes in physical characteristics of the patient and/or structural failure due to repetitive loading.
4	Restorative	The evaluation and treatment required to restore and optimize quality of intimacy of strategic surfaces and force systems, function and patient safety. This maintains the maximum benefit of prosthetic/orthotic treatment to ensure normal function.

3.2 Shape Capture

3.2.1 Shape Capture of Body Segment

Definition: Moulding or measuring the patient's body segment for replication. This is performed directly on the patient and may require the application of corrective/landmark force(s).

Code	Procedure	Description
1	Patient preparations	Patient's body segment is prepared for casting/scanning: make markings, apply stockinette, preload body segment, establish casting/scanning position.
2	Casting bandage application	3-D shape capture of body segment using plaster/fiberglass bandage wrap.
3	Low temperature thermoplastic moulding	3-D shape capture of body segment using low temperature thermoplastic.
4	Digitizing	3-D shape capture of body segment using CAD, laser scanning, photography and Pin Dot.
5	Impression moulding	3-D replication of body segment using impression material e.g. foam, alginate, moulding bags, expandable foam.
6	Measure and delineate via tracing/	2-D shape capture of body segment using manual tracing systems or anthropometric data

	anthropometric data	acquisition.
7	Foam sheet contouring	3-D shape capture of body segment using various types and/or densities of foam.

3.2.2 Negative Shape Capture of Positive Anatomical Model

Definition: Replication of an existing model. This does not involve patient contact or any dynamic force application.

Code	Procedure	Description
1	Positive model preparation	Preparation of positive model for replication. E.g. apply separator, sock.
2	Casting bandage application	3-D replication using plaster/fiberglass bandage wrap (negative).
3	Low temperature thermoplastic moulding	3-D replication using low temperature thermoplastic.
4	Digitizing	3-D replication using CAD, laser or digital imaging
5	Impression moulding	3-D replication using impression material (e.g. Foam or alginate).
6	Tracing/ anthropometric measurement	Capture (Delineate) two-dimensional shape capture of patient body segment characteristics using manual tracing systems or anthropometric data acquisition (measurements).

3.2.3 Positive Anatomical Model Creation

Definition: Creation of a residual limb positive model. This does not involve patient contact.

Code	Procedure	Description
1	Negative model	Adjustment of negative model to optimize biomechanical joint position, force distribution and

	rectification	alignment to achieve patient treatment goals.
2	Negative model preparation and filling	Preparation to negative model or existing socket prior to creating a positive model. This may include adjusting negative model, sealing and extending cast, applying separator, mixing plaster/geltrate, positioning mandrel, filling, stripping and marking positive model.
3	Digitally generated positive model	Transferring digital information from CAD, laser scanning, or digital photography to create a positive model.

3.3 Rectification of Positive Anatomical Model

Definition: Rectification of positive anatomical segment model to optimize mechanical joint position, intimacy of strategic surfaces, force systems, suspension, and alignment of prosthesis/orthosis.

Code	Procedure	Description
1	Plaster rectification	Modification of positive anatomical model using poured plaster buildups or putty material.
2	CAD rectification	Modification of three-dimensional digital positive anatomical model using CAD technique.
3	Rectification of the Reverse Delineation of a tracing	Reconciliation and modification of two-dimensional anatomical model tracing. This provides clearance for optimal function and comfort of conventional orthotic treatments.
4	Re-rectify positive model using poured plaster	Re-rectification of positive anatomical model using poured plaster following evaluation and adjustments of diagnostic orthotic treatment.
5	Re-rectify 3-D digital model using CAD techniques	Re-Rectification of 3D digital model using CAD, following the evaluation and adjustments of a diagnostic prosthesis/orthosis.
6	Re-rectify positive model using foam or	Expansion / Reduction of positive anatomical model using foams of various densities and carving

	carving tools	tools.
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3.4 Fabrication Procedures

Definition: Processes involved in the fabrication of various prosthesis/orthosis

3.4.1 Technical Design and Fabrication Planning

Definition: The process of planning and determining the specifications required prior to fabrication of the prosthesis/orthosis, based on design criteria.

Code	Procedure	Description
1	Create technical worksheet	Establish technical specifications for the fabrication process based on prosthetic/orthotic design criteria.
2	Review technical information	Review technical sheet, patient history, photographs, measurements, previous prosthetic and/or orthotic treatment based on design criteria.
3	Review manufacturer's guidelines	Obtain and read specifications to verify materials, recommended protocols and required tools e.g. use of product information inserts and/or internet information.
4	Determine appropriate materials/ components/ tools	Research, order, inspect and inventory items.
5	Tool fabrication	Fabrication of specialty tools which are specific to the device e.g. joint alignment fixture.

3.4.2 Positive Model Preparation

Definition: Additions and modifications to anatomical model prior to fabrication of the prosthesis/orthosis.

Code	Procedure	Description
1	Drying of positive model	Remove moisture e.g. oven, air dry, air blowing methods.
2	Barriers, sealants and separators	Application of a physical interface separating one surface from another.
3	Installing component blank(s), and/or componentry	Modify surface to accommodate expected componentry, install component blank(s). Hardware or interface that will later be replaced with definitive e.g. uprights, joints, electrode, valve, component blank(s) (dummies).
4	Wick application	Application of a material to facilitate the evacuation of air during vacuum moulding.
5	Pads / liners / spacers orientation	Any material(s) to be added before fabrication of the structure. Attachment to the anatomical model only, fabrication of these interfaces occurs in part
6	Jig setup	Assembling componentry to a specific tool to establish/preserve alignment.
7	Componentry alignment	Any componentry to be added before fabrication of structure.
8	Protective material positioning	Protective material to allow removal without damaging elements underneath.
9	Reinforcement/ corrugation positioning	Application of material(s) to strengthen structure.
10	Trim lines	Establish borders of prosthesis/orthosis treatment.

3.4.3 Structural Fabrication

Definition: Fabrication of the structural framework of the prosthesis/orthosis including integrated components and design features.

Code	Procedure	Description
1	Prosthesis/Orthosis	Duplication of the prosthesis/orthosis with its

	alignment transfer	alignment characteristics. May require use of alignment tools and techniques e.g. vertical fabricating jig, joint squares, moulding notches.
2	Moulded reinforcement	Addition of materials during moulding process for strength and/or function.
3	Drape moulding	Forming material to positive model, joining material together creating a seam, finish trim lines Many materials can be drape moulded into a structure. The methods depend on the properties of the material and. may include heating material, soaking, applying vacuum e.g. high temperature thermoplastic.
4	Blister moulding	Forming material to positive model creating a seamless finish, finish trim lines e.g. high temperature thermoplastic.
5	Bladder vacuum moulding	Moulding a structure using a bladder.
6	Laminating	Impregnating material lay-up with resin or laminate on positive model, usually under vacuum to form a structure.
7	Contouring metal	Bending of a rigid material to assist with the structure and function of a prosthesis/orthosis.
8	Extrusion moulding	Moulding of liner or pad using extrusion-moulding process. e.g. silicone injection moulding or 3-D printing.
9	Silicone hand-forming	Moulding of liner or pad by rolling silicone, forming anatomical details, finishing trim lines, allow for curing.
10	Autoclave moulding	Moulding pre-impregnated materials under heat and above ambient pressure to cure material on the positive model.
11	Soft tissue liner	Forming liner material to a positive model. Includes moulding of buildups, addition of localized pressure reducing pads, finishing trim lines e.g. flexible thermoplastic, closed cell EVA, silicone.
12	Flexible bladder	Fabrication of flexible section to aid in donning/doffing prosthesis/orthosis e.g. silicone or flexible laminate.

13	Inflatable air bladder	Installation of inflatable pads to assist in volume management.
14	Vacuum assisted componentry installation	Installation of componentry necessary for an elevated vacuum system. Used for, but not limited to, suspension of prosthesis/orthosis, and/or wound management.
15	Myo-electrode installation	Installation and connection of myo-electrodes.
16	Obturator door	Creation of opening to aid donning/doffing. Includes determining placement and creating opening of door section, positioning and fabricating of clip or strap attachments.
17	Removable condylar wedge	Forming removable condylar wedge to aid donning/doffing. Shape material to positive model, finish edges.
18	Pull-in tube or opening	Creation of pull-in opening or installation of pull-in tube to aid donning of prosthesis.
19	Suspension modality installation	Assembly of structural components used to suspend a prosthesis/orthosis. e.g. shuttle lock installation, suction valve installation.
20	Leather liner creation	Forming leather to positive model; includes making pattern and moulding to positive model.
21	Sewing	Sewing rigid or semi-rigid materials to form the structure or interface of a prosthesis/orthosis.
22	Finishing edges and surfaces	Sealing/ encasing/ smoothing edges to ensure safe usage and to prevent failure/ wear of material or injury to patient. May include grinding, buffing, binding, sewing, flaming.
23	Shoe modifications	Alterations made to footwear as part of prosthetic and/or orthotic treatment.

3.4.4 Control Systems Fabrication

Definition: Fabrication of elements that provide suspension, load distribution, stability, range of motion and, potentially, terminal device function to the prosthesis/orthosis.

Code	Procedure	Description
1	Contouring components to positive model, structure, template or tracing	Any alterations done to componentry to prepare them for the prosthesis/orthosis (this can be internal or external).
2	Thigh corset fabrication	Fabrication of external thigh section and attachment to articulated structural supports; includes making a pattern from measurements, fabricating with materials such as leather, thermoplastics, reinforcing materials, lacing, and straps.
3	Hip/Waist belt fabrication	Making pattern from measurements, and fabricating using materials such as leather and webbing.
4	Knee cuff fabrication	Making pattern from measurements and fabricating using materials such as leather and webbing.
5	Obturator door strap fabrication	Fabrication of obturator door straps with materials such as webbing and Velcro
6	Back check strap fabrication	Fabrication of back check strap with materials such as leather, webbing, Velcro and lacing.
7	Upper extremity control cable system fabrication	Fabrication of cable system to control and suspend prosthesis/orthosis and terminal device, using tracings and measurements.
8	Upper extremity suspension interface	Fabrication of suspension system for attachment to cable system or socket, using tracings and measurements e.g. cuff, harnessing straps.
9	Liner or pad fabrication	Any material (moulded or non-moulded) or combination of materials which provide an interface or pressure relief between the body and any part of the prosthesis/orthosis.
10	Strap fabrication	Usually attached to the structural interface or structural components for functions such as containment, suspension, and enhancement of joint function.
11	Tongue fabrication	Increases the surface area of the structural interface, usually a semi-rigid material is used.

12	Cover fabrication	Protecting or cosmetic coverings (usually soft or durable sewn materials) e.g. seating, joint covers.
13	Fabrication of external / internal build-up	Material added to the structural interface.
14	Machining components	Employing various methods to machine custom componentry.
15	Modifying manufactured components	Examples of modifications may include shortening materials/ sand blasting/ plastic coating/ extra holes, welding, use of epoxy.
16	Assembly of prefabricated kits/ components	Using prefabricated kits to create the prosthesis/ orthosis or part of prosthesis/orthosis e.g. dynamic hand orthosis, add-ons to seating or standing frame.

3.4.5 Assembly of Prosthesis/Orthosis

Definition: Alignment, attachment, and structural reinforcement of elements of the prosthesis/orthosis in preparation for functional evaluation.

Code	Procedure	Description
1	Componentry attachment	Alignment and bonding of components to each other using glues, resins, plaster and/or screws.
2	Reinforcement of componentry attachment	Reinforcing component attachment for trial use using resins, reinforcement material e.g. fiberglass, carbon fiber.
3	Limb section fabrication	Shaping of two-part foam to socket, attaching componentry, using two-part foam, shaping tools, resins and reinforcement materials.
4	Joint alignment, contouring and attachment	Contouring joints and upright. Attachment of joints to prosthesis, using screws, rivets, resins, reinforcement material e.g. fiberglass.
5	Assembly of control systems onto prosthesis/orthosis	Aligning and attaching control systems onto prosthesis/orthosis prior to static functional evaluation with patient e.g. thigh corset, suspension systems, cabling systems, straps.
6	Initial alignment of	Aligning components and/or socket using patient-

	prosthesis/orthosis	specific design criteria. Use of alignment tools such as heel height spacer, laser, level, plumb bob, and VFJ.
7	Static functional alignment	Alignment evaluation of an assembled prosthesis/orthosis, including all components or harnessing system, prior to positioning on the patient. Verifying socket and component alignment, initial joint control settings, height, location of harness/ suspension attachments, cabling and component function.
8	Evaluation of structural integrity	Evaluate prosthesis/orthosis for structural integrity prior to any evaluation with the patient.
9	Liner and pad attachment	Incorporating liner into prosthesis/orthosis may be temporary or permanent.
10	Strap attachment	Usually attached to the structural interface or structural components for functions such as containment, suspension and enhancement of joint function.
11	Tongue attachment	Increases the surface area of the structural interface; usually a semi-rigid material is used.
12	Cover attachment	Protecting or cosmetic coverings (usually soft or durable sewn materials) e.g. seating, joint covers
13	Attachment of external and/or internal build-up	Material added to the structural interface.
14	Attachment of uprights, joints and/or prefabricated kits	Using prefabricated kits to create the prosthesis/orthosis or part of prosthesis/orthosis e.g. dynamic hand orthosis or standing frame

3.4.6 Finishing and Anatomical Restoration

Definition: The procedures required to structurally and anatomically finish the definitive prosthesis/orthosis.

Code	Procedure	Description
1	Alignment transfer	Maintaining and transferring alignment of the prosthesis/orthosis after dynamic function

		evaluation, prior to structurally and anatomically finishing, using alignment tools e.g. vertical fabricating jig.
2	Installation of endo-skeletal componentry	Assembly of components with the socket.
3	Endo-skeletal shaping	Block or wrap moulding material over endo-skeletal components, shaping to photos, tracings and measurements.
4	Exo-skeletal shaping	Moulding material over prosthesis/orthosis for anatomical shaping. Mix, pour, shape and seal: rigid two-part foam, silicone, foam, and Bondo. Shaping from photos, tracings and measurements. Lamination of structural outer shell, based on patient-specific characteristics.
5	Hollow exo-skeletal shaping	Fabrication of removable foam or wax spacer and structural outer shell. Lamination of structural outer shell, and removal of internal shape e.g. swim prosthesis.
6	Socket shell	Laminating or moulding material, attaching to cover and prosthesis, allowing cover to be removable.
7	Finishing wrap application	Applying a smoothing layer to blend anatomical shape. Bonding the finishing wrap to the anatomical shape, creating a smooth surface.
8	Finishing cover application	Applying a protective anatomical cover (typically removable). May include use of heat and lubrication e.g. Silicone, foam, lamination or PVC.
9	Spray finish application	Preparing surface of anatomical shape, applying spray coats of polyurethane or similar coating, finishing trim lines.
10	Creation of protective anatomical cover	Hand moulding silicone or similar material, replicating detailed anatomical features, curing and finishing trim lines.
11	Battery box installation	Creating a battery box in anatomical finishing during shaping, finish trim lines and seal. Placing battery in outer shell and connection to wiring harness.
12	Spray application	Polyurethane or similar coating. Preparing surface of anatomical shape, applying spray coats.

13	Transfer application	Applying specific color, pattern or logo e.g. water transfer or thermal induced transfer paper.
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3.4.7 Quality Control and Safety Procedures for Prosthetic/Orthotic Fabrication

Definition: Assess prosthesis/orthosis for structural safety to ensure manufacturer's guidelines are followed (e.g. patient weight limits,) to reduce the risk of material and component failure. These procedures are performed to ensure performance, quality and safety of the patient.

Code	Procedure	Description
1	Thread fastener application	Apply thread fastener according to manufacturer's specifications.
2	Torquing of fasteners	Torque fasteners according to manufacturer's specifications.
3	Fabrication completion checklist	Checklist to verify safety and quality of prosthesis/orthosis prior to dispensing
4	Documentation	Recording specific technical tasks of the prosthetic/orthotic treatment. Written and or photographic recording of the technical procedure and the completed prosthesis/orthosis e.g. material thickness, lay-up or components.

3.5 Evaluation, Adjustment, and Restoration of the Prosthesis/Orthosis

Definition: Evaluation of an Interim, Diagnostic or Definitive prosthesis/orthosis to determine efficacy of treatment; may require adjustments to optimize function.

3.5.1 Prosthetic Evaluation, Adjustment, and Restoration

Code	Procedure	Description
1	Height/length	Adjust height of prosthesis. This may include

	management	adjustments to accommodate physiological growth, change in body weight (including weight gain due to pregnancy), limb volume changes due to medication, change in status of contra lateral limb (joint surgery, progressive deterioration of limb, addition of an orthosis). May include lengthening or shortening endoskeletal pylon or exoskeletal shank, interchanging components and building up height of shoe.
2	Tri-planar alignment management	Adjust sagittal/ frontal/ transverse plane alignment of prosthesis. This may include adjustments to accommodate change in footwear, joint range of motion (contracture), muscle strength, joint pain/ instability, areas of socket pressure. May include tilt/shift of socket relative to prosthesis using adjustment screws/ plates, alignment tools/ adaptors or removing and reattaching the prosthetic socket.
3	Strategic surface/ volume management	Adjustment to prosthetic socket to optimize intimacy of strategic surface contact on the residual limb. May include application of localized heat to relieve excessive contact, sanding out areas of socket, applying counter pressure pads, full or partial linings to equalize contact or reduce the thickness of the prosthetic socks required, altering trim lines. Add or remove layers of prosthetic socks to optimize prosthetic comfort, containment within socket and function. Provide education to patient.
4	Suspension management	Adjust to optimize socket suspension. May include the use of heat to enlarge or reduce suspension areas, adjustment or replacement of straps, belts or sleeves, optimization of the interaction between inner liner and outer socket system, including locking mechanisms, adjustment or repair to suction valve, application of heat, pads or linings.
5	Coordinate maintenance and repair of prosthesis	Discuss length of time needed to repair and whether replacement of damaged component is an option. Discuss associated costs. Arrange for back-up prosthesis/component while

		<p>repair is being performed.</p> <p>Arrange for new components to be ordered or for the repair to be performed either by prosthetic clinic or by manufacturer.</p> <p>Organize warranty information and funding.</p>
6	Interim component installation	<p>In cases of catastrophic component failure, or removal of component to send for warranty service, arrange for installation of suitable interim or service component until repair or replacement is arranged.</p> <p>Ensure patient comfort, function and patient safety is restored for interim period.</p>
7	Interim component removal	<p>Oversee removal of interim component and installation of repaired component.</p> <p>Ensure patient comfort, function and patient safety is restored.</p>
8	Ongoing maintenance of prosthesis	<p>At regular intervals, coordinate necessary technical maintenance of prosthesis, highlighting specific issues reported by patient.</p> <p>Ensure comfort, function and patient safety is restored.</p>
9	Optimize function of prosthetic components	<p>Adjust settings on prosthetic components to optimize function. Includes knee, ankle joint control settings, myo-electric settings, control harness and cabling for optimum control of upper extremity prosthesis.</p>
10	Remove/reapply finishing	<p>Remove and reapply anatomical finishing before and after treatment.</p>
11	Adjustment to anatomical restoration	<p>Reshaping of areas of anatomical restoration.</p>

3.5.2 Orthotic Evaluation, Adjustment, and Restoration

NOTE: The definitive orthosis, which has been moulded over a positive patient model, may require localized flaring, integration of pads, adjusting or repositioning of joints and uprights, and alteration of trim lines in order to arrive at the optimum design.

Code	Procedure	Description
1	Tri-planar alignment management	<p>Evaluation of orthotic alignment prior to positioning on the patient.</p> <p>Verification of the orthotic design, component alignment and initial joint control settings, height, location of straps, suspension, and attachment to the orthosis. This includes shoe evaluation of the orthosis.</p> <p>Adjust sagittal/ frontal/ transverse plane alignment of orthosis. This may include adjustments to accommodate change in footwear, joint range of motion (contracture), muscle strength, joint pain/ instability, areas of socket pressure. May also include tilt/shift of orthosis relative to ground using adjustment screws/ plates, alignment tools/ adaptors or removing and reattaching the orthotic joints.</p>
2	Strategic surface/ volume management	<p>Adjusting orthosis to optimize intimacy of strategic surface contact on the body segment. May include application of localized heat to relieve excessive contact, sanding out areas of socket, applying counter pressure pads, full or partial linings to equalize contact or altering trim lines.</p>
3	Orthosis evaluation	<p>Assess orthosis for performance issues, including orthosis or component failure and maintenance requirements. May include assessing performance limitations, safety issues, excessive wear of mechanical joints, padding, liners, components straps and attachment points.</p>
4	Height/Length management	<p>Adjusting length/height to accommodate physiological growth, change in status of contralateral limb, change in client function or medical changes.</p>
5	Suspension management	<p>Adjustments to optimize suspension. May include the use of heat to enlarge or reduce suspension areas, adjust or replace straps, or liners including locking mechanisms, adjustment application of heat, pads or linings.</p>
6	Control systems management	<p>Adjusting settings on orthotic components to optimize function. Includes joint control setting,</p>

		FES setting, orthotic stance control and cabling.
7	Disassembly/ assembly of orthosis	Disassembling and re-assembling orthotic components required to make modifications or restoration.
8	Adjustment to orthosis	Reshaping areas of anatomical form

3.6 Maintenance of Prosthesis/Orthosis

Definition: Procedures required to maintain prosthetic/orthotic function and integrity.

Code	Procedure	Description
1	Evaluation	Assessing prosthesis/orthosis for performance issues, including structural or component failure, and maintenance requirements. May include assessing performance limitations, safety issues, excessive wear of mechanical joints, liners, components, cables, straps and belts and/or attachment points.
2	Maintenance of functioning parts	May include disassembly, cleaning, lubrication of joint systems, replacing missing or broken parts, checking or replacing harnessing systems, replacing socket padding and re-assembly.
3	Restoration of moulded liner	Using adhesives and materials to restore function of moulded liner.
4	Reinforcement restoration	Using resins and reinforcement materials to restore prosthesis/orthosis function.
5	Componentry repair	Removal, repair or replacement of worn components.
6	Restoring or replacing worn control system parts	Replacing or refurbishing
7	Cleaning	Cleaning prosthesis/orthosis as per manufacturer's specifications.

4.0 Educational Services

Definition: The communication of information to members of the multidisciplinary team, caregivers, family, and/or the patient to promote a positive outcome of prosthetic/orthotic treatment and the safe and effective use of the prosthesis/orthosis.

Code	Procedure	Description
1	Patient orientation to prosthetic/orthotic treatment	Educate patient / caregiver in the process of treatment. Explain the processes of shape capturing, diagnostic procedures, static/dynamic functional evaluations, anatomical and structural finishing procedures, timelines between stages of treatment, and follow-up treatments.
2	Treatment plan and expectations	Educate patient about the expectations of the prosthesis/orthosis within the treatment plan. How to identify signs or symptoms that require patient/caregiver to contact the prosthetist/orthotist for further intervention or re-evaluation.
3	Initial instructions	Educate first-time users of prosthesis/orthosis. Explain and demonstrate elements of prosthesis/orthosis and their function(s). Explain donning and doffing procedures, concept of body segment atrophy, importance of skin evaluation, use of interface products and/or socks, and the importance of proper positioning of the prosthesis/orthosis. Explain the influence of footwear on the function of the prosthesis/orthosis.
4	Care and maintenance of prosthesis/orthosis	Instruct patient on regular cleaning and inspection of the prosthesis/orthosis and explain warranty on components. Instruct patient on care of interface and extrinsic components. Bring attention to manufacturer's recommended use of componentry.
5	Body segment assessment	Educate patient on the importance of caring for the involved body segment. May include: checking for

		skin irregularities or breakdown, body segment hygiene, monitoring volume changes, instructing how to prevent or limit joint contractures.
6	Acclimation period	<p>Explain and provide verbal and written information relating to the specific prosthesis/orthosis provided. Emphasize the need to gradually increase wearing time until desired protocol is reached.</p> <p>Discuss body segment assessment and when to terminate use of prosthesis/orthosis if necessary.</p>
7	Factors influencing function of the prosthesis/orthosis	Educate patient on factors affecting skin condition and function of prosthesis/orthosis, including control of edema, effective use of socks, regular stretching/ strengthening to minimize joint contractures. Include influence of footwear and stability of body weight on treatment outcomes.
8	Introduction of new component or function affecting the prosthesis/orthosis	Explain function of new components or changes made to improve the function of the current prosthesis/orthosis. Demonstrate safe and proper use.
9	Initial gait training	Implement a gait training program to teach the patient how to safely use the prosthesis/orthosis in all aspects of activities of daily living, including safe navigation of even and uneven terrain, fall recovery, curbs, ramps, stairs, snow/ice, and the use of gait aids. May involve multiple sessions.
10	Advanced mobility training program	Implement an advanced mobility program for the patient with a high level of prosthetic/orthotic utilization or potential e.g. running, fast walking, advanced balance and core strength, and specific activity training. May involve multiple sessions.
11	Training for use of upper-extremity prosthesis/orthosis	Demonstrate movements required to optimize function of components. This will include donning and doffing of the prosthesis/orthosis and training in the use of the prosthesis/orthosis for specific tasks in different positions. May involve multiple sessions.
12	Training for use of myoelectric prosthesis	Instruct patient on control and sequencing of muscle electrical signals required to functionally operate a myoelectric prosthesis. May involve computer training over multiple sessions.

13	Training for use of Functional Electrical Stimulation/ Neuroprosthetics	Instruct patient on donning, control of functional electrical stimulation, electrode care, and skin integrity. Will involve multiple sessions of training and adjustments.
14	Review of treatment	Review instructions and education previously given to patient or for new caregivers.
15	Pre-surgical consultation	Provide patient with information regarding quality of life, expectations and recovery process following a surgical procedure.

5.0 Professional Services

Definition: Services which promote care but do not involve direct interaction with the patient. These services, while they don't involve direct interaction with the patient, contribute to successful patient outcomes.

Code	Procedure	Description
1	Clinic attendance (Multidisciplinary)	To evaluate prosthetic/orthotic suitability, review patient progress, review wound care issues, assess eligibility for new prosthesis/orthosis, discuss prescription in a multidisciplinary clinic environment.
2	Patient medical records	Record all events and adjustments that have taken place during all patient communications and visits. Describe technical specifications of prosthetic/orthotic treatment and document verification of implementation of treatment plan and outcome evaluation. Document patient satisfaction, concerns and future expectations.
3	Hospital ward rounds	Required bedside visits to in-patients by Prosthetist/Orthotist with or without health care team to review recent progress, identify concerns, monitor body segment healing, inspect prosthesis/orthosis pressures.
4	Patient management	Team meeting to discuss patient progress. May include, but not restricted to, post discharge-

		planning, barriers to treatment plan, gait lab results.
5	Future cost of care report	With patient approval, estimate future projected prosthetic/orthotic treatment requirements and associated costs as requested by legal/insurance representatives.
6	Professional consulting	Provide professional opinion on issues related to prosthetic/orthotic treatment on a fee-for-service basis.
7	Cost estimates	Itemize costs pertaining to a particular course of prosthetic/orthotic treatment
8	Letters/Reports writing	Write legal report pertaining to prosthetic/orthotic management of a patient, with patient approval. Report is directed to lawyer, funding agency, or insurance representative.
9	Out of office/ house call	Visit to patient's location to provide prosthetic/orthotic care and/or consultation.
10	Preparation as expert witness	Meetings and research involved in the preparation to attend court as an expert witness.
11	Court appearance as expert witness	Attendance in court as an expert witness.
12	Third party funding administration	Written and verbal discussions of treatment plan with third party funding administrations or their agents.
13	Missed or cancelled appointment	When insufficient notice given or patient did not cancel appointment
14	Consult with family member or caregiver	In person, email or phone consultation to discuss patient's treatment with family member or caregiver.
15	Consult with patient. Consult with family member or caregiver	Consultation in person, by e-mail, or phone to answer patient inquiries or to help resolve problems. Consultation in person, by email or phone to discuss patient's treatment with family member or caregiver.
16	Healthcare professional consults	Discuss prosthetic/orthotic care issues or treatment plan for a particular patient in person or by phone.

17	Educator (academic / community)	Provide education to students, colleagues, patients, caregivers and allied health colleagues.
18	Case presentation	Describe assessment, treatment, management and outcome(s) pertaining to a particular patient for the purpose of education.
19	Professional mentor	Provide mentoring of knowledge & skills. These are critical tasks performed by all practitioners who are involved in training prosthetic/orthotic residents and allied health professionals.
20	Practice management	Develop, implement and monitor policies/procedures with respect to human resources, physical environment, business and financial practices and organizational management.
21	Continuing education	Promote competency and enhanced professional practice by participating in professional development, MCE.
22	Research	Justification of outcome measures and advancement of clinical and technical practices.
23	Urgent procedure coordination	Coordinate the immediate treatment plan created by an urgent incident. May include referral for emergency medical treatment to appropriate health professional, coordination of services to restore normal function and patient safety.
24	Treatment summary	Information communicated to referring physician or inter-professional to document final prosthetic/orthotic treatment.
25	In service	Presentation to colleagues on the subject of prosthetic/orthotic treatment e.g. new technology/procedures/methodology.
26	Coordinate technical procedures	Communicate the details of prosthetic/orthotic design and fabrication with technician to ensure optimum patient treatment.

6.0 Therapeutic Services

Definition: The application of clinical services to improve the rehabilitative outcome and/or prosthetic/orthotic use; involves direct contact with patient. This includes the provision of products important for the function, comfort and

anatomical finishing of the prosthesis/orthosis. (Refer to appropriate health professional if necessary).

Code	Procedure	Description
1	Provision of essential prosthetic/orthotic product(s)	Provision of prosthetic/orthotic product(s) that are essential to the proper function of the prosthesis/orthosis. These products may include socks (wool, cotton, synthetic, gel, silver, nylon), gel liners, finishing hose, suspension sleeves, prosthetic skins (upper extremity gloves, lower extremity skins), donning sleeves, hook elastics, skin lotions, and batteries. Customization and application of some of these products may be required. Demonstrate donning, care and maintenance.
2	Wound care	Dress wound to allow safe reapplication of prosthesis/orthosis. Record visual image and/or measurements for future reference. Refer to appropriate health professional if necessary. Note: applies strictly to skin issues related directly to prosthetic/orthotic use. Does not include care of other wounds; for example, diabetic ulcers on the contralateral limb.
3	Segment volume management	Instruct patient on appropriate techniques to control body segment volume (e.g. tensor bandaging, compression garments, limb positioning, dietary restrictions, etc.) and how to accommodate fluctuations so as to avoid skin breakdown.
4	Compression therapy	Application of compression garment (shrinker and/or compression bandage) including customization as required. Instructions on wearing schedule, care and maintenance, troubleshooting. May involve multiple sessions for adjustments/ replacement garments to ensure sufficient compression as body segment volume decreases.
5	Management of skin problems	Skin problems may include abrasions, localized rashes, fungal infections, water blisters, hyperplasia, and friction irritations. Discuss options and provide solutions, if possible, to resolve skin problems. Advise patient how to use prosthesis/orthosis. Refer to appropriate health care professional, as necessary.

		Arrange for follow-up appointment.
6	Emotional counseling	Coach patient on how to improve his/her ability to cope with the social and psychological aspects of functional losses by providing emotional support. Refer to appropriate health professional if necessary.
7	Body weight management	Provide the patient with techniques to maintain or regulate his/her body weight and/or conditioning. This may include nutritional and fitness counseling. Refer to appropriate health professional as required.
8	Pain management	Discuss conservative options for pain management: desensitization, mirror therapy, residual limb bandaging, activity, and massage. Refer to appropriate health care professional for more complex management.
9	Patient matching	Arrange for patient to meet patient(s) with similar circumstances.
10	Smoking cessation program	Coach patient about the negative consequences of smoking. Refer to appropriate health professional if necessary.
11	Infectious disease protection	Implement recommended infectious disease protocol(s).
12	Digital imaging procedures	Use videotaping and/or photography for the purposes of documentation, research, education, clinical diagnosis and clinical validation of treatment.
13	Advanced gait training program	Implement a gait-training program to teach the patient to safely use his/her prosthesis/orthosis in all aspects of activities of daily living. May include gait on level ground, uneven surfaces, inclines, stairs and teaching effective falling and recovery techniques for the patient to maximize his/her potential.
14	Advanced training for use of upper extremity prosthesis/orthosis	Training for specific and or advanced tasks needed to utilize upper extremity prosthesis/orthosis. For example: training patient to control and sequence the activation of systems needed to functionally operate a brachial plexus orthosis. Involves multiple sessions.

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