



## DIVISION SCOPE OF SERVICE

<b>Division: ALL HCA DIVISIONS</b>
<b>Classification: ORTHOTIC FITTER</b>
<b>Applicant Name:</b>
<p><b>Orthotic Fitter:</b> The Orthotic Fitter must have equivalent qualifications, competence and function in the same role as employed individuals performing the same or similar services at the facility, as defined by facility job description.</p>
<p><b>Definition of Care or Service:</b> An Orthotic Fitter is educated and trained in the provision of certain orthoses. This includes properly fitting, dispensing and adjusting prefabricated orthotic devices. Scope of service may include:</p> <ul style="list-style-type: none"> <li>• Provides an orthotic device to restore function, improve mobility, relieve pain, and prevent or limit permanent physical disabilities</li> <li>• Manages patient care as well as fabricates, repairs, and maintains orthotic and prosthetic devices to provide appropriate fit, function, and appearance</li> <li>• Provides patient assessment, formulation of a treatment plan, implementation of the treatment plan, and follow-up and practice management.</li> <li>• Demonstrates Clinical and Service excellence behaviors to include code of HCA Healthcare conduct core fundamentals in daily interactions with patients, families, co-workers and physicians.</li> </ul>
<p><b>Setting(s):</b></p> <ul style="list-style-type: none"> <li>• Healthcare facilities including but not limited to hospitals, outpatient treatment facilities, imaging centers and physician practices</li> <li>• Patient care areas, all settings</li> </ul>
<p><b>Supervision:</b></p> <ul style="list-style-type: none"> <li>• Direct supervision by Licensed Orthotist/Prosthetist by State Boards of Prosthetist and Orthotist</li> </ul> <p><b>Evaluator:</b> Physical Therapy department director or AVP Orthopedic Services</p> <p><b>Tier Level:</b> 2</p> <p><b>eSAF Access Required:</b> YES</p>
<p><b>Qualifications:</b></p> <ul style="list-style-type: none"> <li>• High school diploma/GED or higher</li> <li>• Current Certification as a Certified Orthotics Fitter</li> <li>• Current License as a Orthotic Fitter (required for certain states, please see State Requirements)</li> </ul> <p style="color: red; font-weight: bold;">NOTE: Where education may not be defined in qualifications area of the Scope, HCA Healthcare requires the highest level of education completed (not training or courses) confirmed on your background check.</p>
<p><b>State Requirements:</b></p> <ul style="list-style-type: none"> <li>• Kentucky requires an Orthotic Fitter to be Licensed</li> <li>• Florida requires an Orthotic Fitter to be Licensed</li> </ul>
<p><b>Experience:</b></p> <ul style="list-style-type: none"> <li>• One year of experience as an Orthotic Fitter</li> </ul>
<p><b>Competencies:</b> The Orthotic Fitter will demonstrate:</p>



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- Safe and effective operation of equipment
  - Consistently obtains quality diagnostic outputs
  - Maintains equipment in good working order
  - Demonstrates effective infection control practices related to equipment operation
- Accurate patient information review and evaluation
  - Uses at least two ways to identify patients before treating or performing a procedure
  - Verifies that the requested procedure correlates with the patient's clinical history, presentation and physician order
  - Participates in the pre-procedure process to verify the correct procedure, for the correct patient, at the correct site and involves the patient in the verification process when possible
  - Accesses the patient medical record appropriately
  - Documents in the medical record according to the facility standard/policy
- Able to complete certain fittings for the below:
  - Cervical orthoses, except those used to treat an unstable cervical condition
  - Prefabricated orthoses for the upper and lower extremities, except for the following:
    - those used in the initial and/or acute treatment of long bone fractures and dislocations
    - therapeutic (diabetic) shoes/inserts and functional electrical stimulation orthoses
  - Prefabricated spinal orthoses, except those used in the treatment of scoliosis or unstable spinal conditions, or halo cervical orthoses
  - Pressure gradient garments
  - Trusses
- Infection Prevention
  - Practices consistent hand hygiene
  - Uses personal protective equipment (PPE) when required
  - Required immunizations per Division requirements
  - Complies with Isolation precautions
  - Maintains sterile field

### References:

American Board of Certification in Orthotics, Prosthetics, Pedorthics <https://www.abcop.org/individual-certification/Pages/oandp-assistant.aspx>

BOC Orthotic Fitter <https://www.bocusa.org/certification/apply/cof/>

BOC Directory: [http://go.bocusa.org/map.htm?marker\\_type=person&igid=24941](http://go.bocusa.org/map.htm?marker_type=person&igid=24941)

United States Department of Labor – Bureau of Labor Statics; Occupational Outlook Handbook, 2010-11 edition; Retrieved from <http://www.bls.gov/oco/ocos080.htm>

Kentucky Board of Prosthetics, Orthotics and Pedorthics: <http://pop.ky.gov/Pages/default.aspx>

Kentucky Department of Professional Licensing Verification: [http://oop.ky.gov/lic\\_search.aspx](http://oop.ky.gov/lic_search.aspx)

Florida Board of Orthotists & Prosthetists: <https://floridasorthotistsprosthetists.gov/>

Florida Department of Health License Verification:

<https://appsmqa.doh.state.fl.us/MQASearchServices/HealthCareProviders>



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**Your signature confirms you will be able to comply with the Qualifications and Competencies listed within this Scope of Service and that you will confirm education via your background check.**

**Applicant Printed Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_