

## DIVISION SCOPE OF SERVICE

<b>Division:</b> TRISTAR
<b>Classification:</b> CERTIFIED-LICENSED ORTHOTIST/PROSTHETIST
<b>Applicant Name:</b>

  

<p><b>Certified-Licensed Orthotist/Prosthetist:</b> The Certified-Licensed Orthotist/Prosthetist must have equivalent qualifications and competence as employed individuals performing the same or similar services at the facility.</p>
<p><b>Definition of Care or Service:</b> A Certified-Licensed Orthotist/Prosthetist is a specialist trained to measure, design, fabricate or fit any device which is used to correct a disability or provide support. 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>• Examines patient's medical history</li> <li>• Review medical records and examine patients to evaluate functional loss and O&amp;P needs</li> <li>• Formulate O&amp;P patient prescriptions for optimal management of upper and lower limb anomalies, both congenital and acquired, in collaboration with physicians</li> <li>• Supervise the fabrication of O&amp;P devices and appliances to ensure that design and materials meet patient needs</li> <li>• Fit and adjust devices and appliances on patients to ensure optimum function, cosmesis, and workmanship</li> <li>• Instruct patients on the limitations and proper use of devices and appliances as well as the maintenance, storing, and cleaning of devices and appliances</li> <li>• Enter clinical and evaluation notes in patient medical records</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 Rehab Department director and/or AVP Orthopedics Services <ul style="list-style-type: none"> <li>○ Indirect supervision by licensed Orthotist/Prosthetist by State Boards of Prosthetists and Orthotist or Sponsored by a Physician on the Medical Staff</li> </ul> </li> </ul> <p><b>Evaluator:</b> Physical Therapy department director or AVP Orthopedic Services or Physician Sponsor on the Medical Staff</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>• Bachelor's or Master's degree (High School or GED acceptable prior to dates below) <ul style="list-style-type: none"> <li>○ If you received an Orthotist/Prosthetist Certification by the Board for Orthotist/Prosthetist Certification (BOC) prior to January 1, 2013 a High School or GED is acceptable.</li> <li>○ If you received an Orthotist/Prosthetist Certification by the American Board for Certification in</li> </ul> </li> </ul>

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Orthotics, Prosthetics & Pedorthics (ABCOP) prior to the 1980's a High School or GED is acceptable.

- Current Certification as a Certified Orthotist/Prosthetist by the American Board for Certification in Orthotics, Prosthetics & Pedorthics (ABCOP) or the Board for Orthotist/Prosthetist Certification (BOC) through one of the below pathways:
  - Pathway I – BOC Certification
    - If you received an Orthotist/Prosthetist Certification by the BOC it is required for an accredited program by the National Commission on Orthotic and Prosthetic Education (NCOPE) to be completed, but if you received your BOC certification prior to January 1, 2013 you **are not** required to complete an accredited program by NCOPE.
  - Pathway II – ABCOP Certification
    - If you received an Orthotist/Prosthetist Certification by the ABCOP it is required for an accredited program by the National Commission on Orthotic and Prosthetic Education (NCOPE) to be completed, but if you received your ABCOP certification prior to 1995 you **are not** required to complete an accredited program by NCOPE.
- Licensed as an Orthotist/Prosthetist in the state of practice. (Please see state requirements)
- American Heart Association or Red Cross health care provider BLS Certification

**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.**

### **State Requirements:**

- Currently licensed in the state of Tennessee as an Orthotist/Prosthetist when practicing in that state
- Currently licensed in the state of Georgia as an Orthotist/Prosthetist when practicing in that state
- Currently licensed in the state of Kentucky as an Orthotist/Prosthetist when practicing in that state

### **Experience:**

- One year of experience as an Orthotist/Prosthetist

### **Competencies:**

The Certified-Licensed Orthotist/Prosthetist will demonstrate:

- 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
- Appropriate Diagnostic Examination Results
  - Performs physical therapy plan to comply with applicable protocols and treatment guidelines
  - Utilizes outcome measures to assess the results of interventions administered to patients
  - Notifies the appropriate health provider when immediate treatment is necessary, based on procedural findings and patient condition
  - Provides a written or oral summary of preliminary findings to the physician
- Infection Prevention

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- Practices consistent hand hygiene
- Uses personal protective equipment (PPE)
- Required immunizations per Division requirements
- Complies with isolation precautions

### References:

Federation of State Boards of Physical Therapy Standards of Competence; adopted 2000, revised 2006;  
[www.fsbpt.org/download/StandardsofCompetence2006\\_10.pdf](http://www.fsbpt.org/download/StandardsofCompetence2006_10.pdf)

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

Georgia Ortho/Pros License Verification <https://gcmb.mylicense.com/verification/>

Kentucky Ortho/Pros License Verification [http://oop.ky.gov/lic\\_search.aspx](http://oop.ky.gov/lic_search.aspx)

Tennessee Ortho/Pros License Verification <https://apps.health.tn.gov/Licensure/default.aspx>

American Board for Certification in Orthotics, Prosthetics, and Pedorthotics <https://www.abcop.org/State-Licensure/Pages/state-licensure.aspx>

Board for Orthotist/Prosthetist Certification [www.bocusa.org](http://www.bocusa.org)

BOC Current States with O&P Rules/Licensure [https://www.bocusa.org/files/States\\_with\\_Licensure.pdf](https://www.bocusa.org/files/States_with_Licensure.pdf)

NCOPE accredited program <http://resident.ncope.org/prostudents/schools/>

### Document Control:

- Content updates 2/21/2019
- Cosmetic updates 5/21/2020

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