



DIVISION SCOPE OF SERVICE

Division: FAR WEST
Classification: ORTHOTIST/PROSTHETIST ASSISTANT
Applicant Name:

<p>Orthotist/Prosthetist Assistant: The Orthotist/Prosthetist Assistant 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>Definition of Care or Service: An Orthotist/Prosthetist Assistant is educated and trained to participate in comprehensive orthotic and/or prosthetic care while under the supervision of a certified orthotist and/or prosthetist. Scope of service may include:</p> <ul style="list-style-type: none"> • Provides an orthotic device to restore function, improve mobility, relieve pain, and prevent or limit permanent physical disabilities • Manages patient care as well as fabricates, repairs, and maintains orthotic and prosthetic devices to provide appropriate fit, function, and appearance • Demonstrates Clinical and Service excellence behaviors to include code of HCA conduct core fundamentals in daily interactions with patients, families, co-workers and physicians.
<p>Setting(s):</p> <ul style="list-style-type: none"> • Healthcare facilities including but not limited to hospitals, outpatient treatment facilities, imaging centers and physician practices • Patient care areas, all settings
<p>Supervision:</p> <ul style="list-style-type: none"> • Direct supervision by licensed Orthotist/Prosthetist by State Boards of Prosthetists and Orthotist <p>Evaluator: Physical Therapy department director or AVP Orthopedic Services</p> <p>Tier Level: 3</p> <p>eSAF Access Required: YES</p>
<p>Qualifications:</p> <ul style="list-style-type: none"> • High school diploma, GED, or higher • Current Certification as a Prosthetist/Orthotist Assistant by The American Board for Certification (ABC) or Board of Certification/Accreditation (BOC). <p>NOTE: Where education may not be defined in qualifications area of the Scope, HCA requires the highest level of education completed (not training or courses) confirmed on your background check.</p>
<p>State Requirements:</p> <ul style="list-style-type: none"> • N/A
<p>Experience: One year of experience as an Orthotist/Prosthetist Assistant</p>
<p>Competencies: The Orthotist/Prosthetist Assistant will demonstrate:</p> <ul style="list-style-type: none"> • Safe and effective operation of equipment <ul style="list-style-type: none"> ○ Consistently obtains quality diagnostic outputs ○ Maintains equipment in good working order ○ Demonstrates effective infection control practices related to equipment operation



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

References:

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

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

Board of Certification/Accreditation (BOC) https://www.bocusa.org/files/States_with_Licensure.pdf

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: _____