

DIVISION SCOPE OF SERVICE

Division: GULF COAST
Classification: CERTIFIED-LICENSED ORTHOTIST/PROSTHETIST
Applicant Name:

<p>Certified-Licensed Orthotist/Prosthetist: 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>Definition of Care or Service:</p> <p>Orthotist: An Orthotist is a specialist trained to measure, design, fabricate or fit any device which is used to correct a disability or provide support. An orthotic device is typically prescribed by a licensed physician and an orthotist will take the referrals. The orthotist will custom-make a device for the patient.</p> <p>An orthotic device is prescribed for sports injuries, deformities, scoliosis, multiple sclerosis or any reason involving the loss of function of a body part. Orthotic devices can be used for the back, neck, foot, or other parts as deemed necessary by the physician.</p> <p>Prosthetist: Prosthetics is the practice, pursuant to a physician’s order, of addressing medical deficiencies of the lower limbs, upper limbs and other anatomical structures. A prosthetist evaluates a patient’s condition, taking measurements and impressions of the involved body segments. Drawing on wide knowledge of biomechanics, materials, components and impression techniques they design and fabricate custom prostheses appropriate to the conditions presented. Follow-up appointments are required to evaluate the efficacy of the prostheses; make adjustments/ modifications and service the device as necessary and promote patient compliance with the goal of achieving desired outcomes.</p> <p>An Orthotist/Prosthetist are a specialist trained to measure, design, fabricate or fit any device which is used to correct a disability or provide support.</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 • Examines patient’s medical history • 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 Rehab Department director <ul style="list-style-type: none"> ○ Indirect supervision by licensed orthotist/prosthetist by State Boards of Prosthetists and Orthotists <p>Evaluator: Physical Therapy department director</p> <p>Tier Level: 2</p>

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<p>eSAF Access Required: YES</p>
<p>Qualifications:</p> <ul style="list-style-type: none"> • Bachelor's degree or higher (High School or GED acceptable prior to dates below) <ul style="list-style-type: none"> ○ If you received an Orthotist/Prosthetist License prior to 2009, a High School or GED is acceptable. • Successful completion of a National Commission on Orthotic and Prosthetic (NCOPE) accredited program. <ul style="list-style-type: none"> ○ Completion of an accredited program by NCOPE is not required if you have proof of at least two years of orthotic or prosthetic experience prior to being licensed. (Can be found on Letter of Compliance) • Licensed as an Orthotist/Prosthetist in the state of practice. (Please see state requirements) <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"> • Texas state Orthotist/Prosthetist license by Texas Department of Health
<p>Experience:</p> <ul style="list-style-type: none"> • N/A <p>Preferred Experience:</p> <ul style="list-style-type: none"> • 1-2 years' experience preferred.
<p>Competencies:</p> <p>The Certified-Licensed Orthotist/Prosthetist 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 • Accurate patient information review and evaluation <ul style="list-style-type: none"> ○ 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 <ul style="list-style-type: none"> ○ 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 <ul style="list-style-type: none"> ○ Practices consistent hand hygiene ○ Uses personal protective equipment (PPE) ○ Maintains current immunization for influenza ○ Complies with isolation precautions
<p>References:</p> <p>https://www.dshs.state.tx.us/op/op_scope.shtm Texas Board of Orthotics and Prosthetics about the Profession-Scope of Practice</p>



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Orthotists and Prosthetists Administrative Rules <https://www.tdlr.texas.gov/op/oprules.htm>
Texas Ortho/Pro License Verification:
<https://vo.licensing.tdlr.texas.gov/datamart/selectSearchTypeTXRAS.do?from=loginPage>
NCOPE accredited program <http://resident.ncope.org/prostudents/schools/>

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: _____