



DIVISION SCOPE OF SERVICE

Division: NORTH TEXAS
Classification: ORTHOTIC/ PROSTHETIC RESIDENT
Applicant Name:

<p>Orthotic/Prosthetic Resident: The Orthotic/Prosthetic Resident 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 Orthotic/ Prosthetic Resident 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"> • Review medical records and examine patients to evaluate functional loss and O&P needs • Formulate O&P patient prescriptions for optimal management of upper and lower limb anomalies, both congenital and acquired, in collaboration with physicians • Supervise the fabrication of O&P devices and appliances to ensure that design and materials meet patient needs • Fit and adjust devices and appliances on patients to ensure optimum function, cosmesis, and workmanship • Instruct patients on the limitations and proper use of devices and appliances as well as the maintenance, storing, and cleaning of devices and appliances • Enter clinical and evaluation notes in patient medical records • 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"> • The resident shall practice under the direct supervision of a licensed Prosthetist, licensed Orthotist or licensed Prosthetist/Orthotist, depending on the type of residency. The supervisor's license must be in the same discipline being completed by the clinical resident. • Indirect supervision by Certified Orthotist/Prosthetist or Preceptor/Residency Director
<p>Evaluator: Preceptor/Residency director</p>
<p>Tier Level: 2</p>
<p>eSAF Access Required: YES</p>
<p>Qualifications:</p> <ul style="list-style-type: none"> • Master’s Degree in Orthotics and Prosthetics • 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



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years of orthotic or prosthetic experience prior to being licensed. (Can be found on Letter of Compliance)

- Current License as Registered Orthotic or Prosthetic Resident

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:

- Orthotic/Prosthetic Resident License from Texas Department of Licensing and Regulation

Experience:

- N/A

Competencies:

The Orthotic/ Prosthetic Resident 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
 - Practices consistent hand hygiene
 - Uses personal protective equipment (PPE) when required
 - Required immunizations per Division requirements
 - Complies with Isolation precautions
 - Maintains sterile field

References:

Federation of State Boards of Physical Therapy Standards of Competence; adopted 2000, revised 2006;

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>

NCOPE link: <http://resident.ncope.org/proresidents/residency/>

Webpage: info@ncope.org

Texas Board of Orthotics and Prosthetics

https://www.dshs.texas.gov/op/op_asstreq.shtm

TDLR Verification: <https://www.tdlr.texas.gov/verify.htm>



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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: _____