



DIVISION SCOPE OF SERVICE

| |
|---|
| Division: SAN ANTONIO |
| DHP Classification: ORTHOTIST/PROSTHETIST |
| Name of Dependent Healthcare Professional (DHP): |

| |
|--|
| Orthotist/Prosthetist: The Orthotist/Prosthetist 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. |
| Definition of Care or Service: An Orthotist/Prosthetist works under the supervision of the physician to manage comprehensive orthotic and/or prosthetic patient care to include patient assessment, formulation of a treatment plan, implementation of the plan, follow-up, and practice management. Scope of service may include: <ul style="list-style-type: none"> Assures quality patient care through maintenance of patient records and coordination of patient care with other members of the MHS patient care team. Demonstrates advanced knowledge with evaluation of patients with impairment of human movement or musculoskeletal abnormalities that would impede their ability to participate in their social environment or other activities in order to determine a functional intervention. Knowledgeable about and works in accordance with facility policies, procedures, American Board for Certification in Orthotics and Prosthetics standards, related laws, and regulations. Demonstrates Clinical and Service excellence behaviors to include code of HCA conduct core fundamentals in daily interactions with patients, families, co-workers and physicians. |
| Setting(s): <ul style="list-style-type: none"> Facility patient care areas |
| Supervision: <ul style="list-style-type: none"> Direct/indirect supervision by physician Indirect supervision by department director, site manager or designee The Orthotist/Prosthetist will secure a sponsoring/supervising physician form for each physician they wish to provide services. |
| Evaluator: Sponsoring physician / supervising physician in conjunction with department director or designee. |
| Qualifications: <ul style="list-style-type: none"> Graduate of a training/certificate program in Orthotics/Prosthetics Note: Those completing education after 5/1/2011 must have a baccalaureate degree in orthotics and/or prosthetics |
| State Requirements: <ul style="list-style-type: none"> Current Prosthetist/Orthotist license from the Texas Board for Orthotics and Prosthetics |
| Experience: <ul style="list-style-type: none"> Minimum of one year recent experience in Orthotic/Prosthetic setting as appropriate |
| Competencies: The Orthotist/Prosthetist will demonstrate: <ul style="list-style-type: none"> Possesses a working knowledge of fundamentals to include: <ul style="list-style-type: none"> Universal precautions MHS infection control practices Hazardous materials management guidelines found on MHS Central (Intranet) HIPAA policies (found on MHS Central intranet) Consistently following proper Hand Hygiene practices Communication & Documentation: <ul style="list-style-type: none"> Explains the planned procedure to the patient , validates understanding, & answers questions Refers specific diagnostic, treatment, or prognosis questions to patient's physician |



DIVISION SCOPE OF SERVICE

- Notifies appropriate caregiver when medical attention is necessary based on procedural findings & patient conditions
 - Provides written and/or oral summary of evaluation, treatment plan, & outcomes to physician in a timely manner
- Consistent formulation of a treatment plan based on comprehensive assessment to design an intervention to alleviate limitations & enhance function.
- Consistently implements the treatment plan to include preparatory care, modifications, fabrication, fitting, assessment, training, & education.
- Consistently evaluates the safety & effectiveness of processes & interventions.
- Plan realistic and appropriate short term goals and long term goals with specific time frames from findings in the evaluation & within limits of referral.
- Follows Universal Protocol practices consistently:
 - Verifies patient through use of two patient identifiers
- Evaluates:
 - Anthropometric data
 - Circulation
 - Skin integrity
 - Pain
 - Protective sensation
 - Central & peripheral nerve integrity
 - Respiratory capacity
 - Biomechanics
 - Gait analysis including temporal & special assessment
 - Range of motion
 - Muscle strength
 - Posture & balance
 - Proprioception
 - Orthotic &/or prosthetic requirements
 - Myoelectric activity & potential
 - Activities of daily living
 - Environmental barriers including home, social, & work reintegration
 - Need for physical & occupational therapy modalities
- Consistently determines patient's ability to tolerate interventions based on patient capacities, activities, & environments in which activities occur
- Evaluates any contra-indications to interventions
- Consistently utilizes a follow-up treatment plan that ensures successful orthotic &/or prosthetic outcomes, patient health, & quality of life which includes documentation of changes, outcomes, reassessment, & evidence based practices
- Prepares & implements a discontinuation plan or transition plan based on patient needs, goals, performance, & appropriate follow-up resources in the designated time frames & within the limits of the referral
- Infection Prevention
 - Practices consistent hand hygiene
 - Uses personal protective equipment (PPE)
 - Required immunizations per DHP Division requirements
 - Complies with isolation precautions

References:

Texas Board of Prosthetics and Orthotics. (2011). Texas Orthotics and Prosthetics Act (Texas Occupations Code Chapter 605). <http://www.dshs.state.tx.us/op>.
American Board for Certification in Orthotics, Prosthetics, & Pedorthics (2009). Orthotics Prosthetics & Pedorthics Scope of Practice. www.abcop.org.



DIVISION SCOPE OF SERVICE

Cairns, Carol. (2007). Solving the AHP Conundrum: How to Comply with HR Standards Related to Non-privileged Practitioners. HCPPro, Inc.: Marblehead, MA.
Briefings on Credentialing (November 2004). Clinical Privilege White Paper: Orthotics and prosthetics. HCPPro, Inc.: Marblehead, MA.

DHP Printed Name: _____ **DHP Signature:** _____

Company/Vendor: _____ **Date:** _____