

COLLEGE OF PODIATRIC SURGEONS OF BRITISH COLUMBIA
STANDARDS AND GUIDELINES

ORTHOTIC DEVICES
STANDARD OF PRACTICE

Introduction

Orthotic devices are important in the treatment of pedal pathologies; they are used to improve gait and to alleviate pain and discomfort from abnormal foot function or structure.

Podiatrists have extensive knowledge of lower limb biomechanics and the role of orthotics. Their desired effect is to control and/or improve the function and stability of the foot by preventing or encouraging certain motion of the foot joints and thereby restoring equilibrium between the foot and lower body's kinetic chain.

The College has developed this policy to guide the profession and help ensure that the public of British Columbia receives safe and effective foot care in this area from BC's podiatrists.

This policy describes the expected approach and outcome in prescription, selection, manufacturing and dispensing of orthotic devices for most cases. However, every patient's treatment plan is dependent on many variables including the patient's medical history, disability, age, footwear, activities and work environment. As a result of the multi-factorial and complex considerations, deviations from the standard policy may be warranted in some cases.

General Rule

1. Subject to section 3, registrants are expected to comply with this policy with respect to orthotic practice.
2. Registrants are expected to continually evaluate their orthotic workup and prescription strategies and procedures in the context of evolving knowledge in the field, to ensure that their patients receive the required standard of care and achieve maximized treatment outcomes.

Departures from the Policy

3. In cases where in the registrant's medical opinion it is in the best interest of the patient to do so, they may deviate from the standard policy.
4. When a registrant acts in accordance with section 3, the registrant must document, clearly in the patient's chart, the revised treatment process and the justification for the deviation from the standard policy.
5. When a registrant acts in accordance with section 3, the registrant must explain to the patient, parent or guardian as the case may be, the reasons for the deviation from the standard policy and this explanation must also be noted in the chart.

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Prescription of Orthotic Devices

6. A registrant may prescribe an orthotic for a patient only after conducting a patient workup that includes:
 - a. The diagnostic examination expected of a competent and ethical practitioner including a thorough biomechanical evaluation with appropriate measurements taken and recorded.
 - b. A stance and gait analysis.
 - c. Considering and conveying to the patient all reasonable treatment options, and obtaining informed consent from the patient.

Conflicts of Interest

7. A registrant must never allow their personal interests, economic or otherwise, to influence their consideration, conclusion or communication as to the treatment options that are in the best interests of their patient.
8. In section 7, 'treatment options' include the questions as to whether orthotic therapy is appropriate for the patient, if so, what type and source of orthotics are recommended.

Informed Consent

9. The registrant must solicit and address patient expectations regarding the outcomes of treatment, at the time of obtaining consent to orthotic therapy and in any event prior to casting for the orthotics, and again at the point of the dispensing of the orthotics.

Prefabricated Devices

10. A registrant may prescribe and dispense a prefabricated device if the registrant concludes that, based on all the circumstance of the patient's case and meeting the standard of care expected of an ethical and competent practitioner, the prescribed device is in the patient's interest.
11. A registrant may modify a prefabricated device to accommodate a patient's foot or condition when in the registrant's medical opinion, it is appropriate to do so in the patient's interest.
12. A registrant who prescribes or dispenses an over-the-counter prefabricated device for a patient must not convey in any manner that the device is custom-made or custom-molded.

Custom-made Orthotics - Functional

13. A functional orthotic device that is custom-made or custom molded is generally the preferred prescription option for a patient for whom orthotic therapy is indicated.

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14. The recommendation for functional orthotics must be based on the main treatment objectives of functional orthotics which are:
 - a. To control and/or improve the function of the foot to a specific degree, as determined by the biomechanical evaluation, in order to alleviate pedal and lower extremity musculoskeletal symptomatology.
 - b. To prevent or slow down the development of abnormal forces and subsequent deformities by mechanical control.

15. The recommendation for functional orthotics must be based on the primary indications for functional orthotics which are:
 - a. Structural weaknesses or deformities, congenital, inherited or acquired, that may contribute to abnormalities such as imbalances of bone and /or soft tissue structures. This may result in compensatory changes in other parts of the body.
 - b. Overuse symptoms.

16. The prescription for a functional orthotic should include: non-weightbearing plaster of paris casts, non-weight-bearing STS slipper casts or an equivalent, or three-dimensional, non-weight-bearing laser scanning of the feet.

17. A registrant in developing a prescription must at all times use best efforts to maximize the accuracy and precision of the negative cast or scan in order to maximize the quality and efficacy of the orthotic device.

18. Functional orthotics must be constructed in accordance with the prescription and fabricated from materials appropriate to the patient's diagnosis, footwear and activities.

Custom-made Orthotics - Accommodative

19. An accommodative orthotic device is prescribed for patients for whom a functional device is not appropriate.

20. The recommendation for accommodative orthotics must be based on the objectives of accommodative orthotics which are:
 - a. To provide a measure of control to the function of the foot in order to alleviate pedal and lower extremity musculoskeletal symptomatology.
 - b. To prevent the worsening of pedal deformities by mechanical control.
 - c. To deflect pressure from ulcers, hyperkeratoses and areas of excessive pressure which permits forces to be evenly distributed to the foot.
 - d. To increase cushioning of the foot.

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21. The recommendation for accommodative orthotics must be based on the primary indications for accommodative orthotics which are:
 - a. Structural weaknesses or deformities, congenital, inherited or acquired.
 - b. A high-risk foot with a potential for soft tissue breakdown.
22. Prescription for an accommodative orthotic should include: plaster of Paris casts, non-weight bearing STS slipper casts or equivalent, or three-dimensional non-weight, or semi-weight bearing laser scanning of the feet.
23. Accommodative orthotics must be constructed in accordance with the prescription and fabricated from materials appropriate to the patient's diagnosis, footwear and activities.

Custom-made Orthotics - Combination Devices

24. A registrant may prescribe and dispense custom-made orthotic devices comprised of a combination of functional and accommodative device features when in the registrant's medical opinion, it is appropriate to do so in the patient's interest.

Dispensing Orthotics

25. New orthotics must be dispensed to the patient in a manner that ensures that the fit of the device meets the prescription and the contours of the patient's foot.
26. At the dispensing appointment, the following information must be provided to the patient in a manner that can be understood by the patient:
 - a. Guidelines for developing tolerance and acceptance of the devices.
 - b. Time frames to achieve potential results.
 - c. Appropriate footwear taking into consideration the patient's
 - i. condition,
 - ii. activities, and
 - iii. type of orthotic devices.

Follow-up Appointments

27. The requirements for follow-up to the dispensing of orthotic devices include:
 - a. Offering a follow-up appointment within a reasonable time after dispensing of the orthotics, such as 3 - 4 weeks, and documenting of the offer in the patient's chart.
 - b. Documentation of follow-up appointments in the patient's medical chart, including exams and advice given rendered to the patient any modifications to the orthotics.
 - c. A follow-up by telephone if the patient does not require or attend a follow-up visit.
 - d. Advice to the patient regarding the need for periodic long-term checkups.

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28. While patient non-compliance may contribute to lack of success with orthotics, the registrant at all times has the responsibility to use best efforts, as practicable in the circumstances, to work with the patient to achieve positive results and compliance.
29. Patient dissatisfaction does not in itself constitute impracticable circumstances, unless and until there is no reasonable prospect of a therapeutic dialogue and relationship with the patient.

Delegation of Orthotic Tasks

30. Registrants may delegate the dispensing of orthotic devices and provision of take-home instructions to non-registrants.
31. Registrants are not permitted to delegate the following tasks to non-registrants:
 - a. obtaining and creation of casts, molds or scans for the purpose of fabrication of a custom orthotic device,
 - b. interpretation of orthotic-related diagnostic results, or assessment of the need for orthotics,
 - c. prescription for orthotics, and
 - d. assessment of an orthotic device's treatment efficacy.

Dissatisfied Orthotic Patients

32. Each practitioner should have a written office policy on dealing with patient dissatisfaction.
33. The office policy on dealing with patient dissatisfaction should be communicated to the patient before acting on a patient's instructions to provide orthotic treatment.
34. Registrants in their discretion may refund or reduce a bill for podiatric services to a patient.
35. Registrants must not make the refund or reduction of a bill to a patient contingent on a report of the same by the patient to the patient's medical insurance provider.
36. Registrants must not contact any patient's medical insurance provider without the express, informed consent of the patient.
37. Despite section 36, registrants must never knowingly participate in or abet insurance fraud or misleading statements to any medical insurance provider.

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APPENDIX

Glossary

Accommodative foot Orthoses

A device designed with a primary goal of conforming to and re-balancing the individual's foot allowing plantar-grade floor contact permitting forces to be evenly distributed to the foot.

Custom-made/Custom-molded foot Orthoses

Any foot appliance or device molded to a positive model of the individual's foot and made of suitable materials with regard to the individual's condition. It is either accommodative or functional and is removable from the patient's footwear. A device shaped via a self-molding (self-contouring) process or a modified, prefabricated one is not considered a custom-made/custom-molded foot orthosis

Customized foot Orthoses

Any prefabricated appliance or device that requires modification or assembly to accommodate a condition or alter lower extremity biomechanical function and is removable from the individual's shoe. Cutting a prefabricated inlay to an indicated trimline does not constitute customizing a foot orthosis. A customized prefabricated device is **not** a custom-made/custom-molded foot orthosis.

Functional foot orthosis

A device designed to control an individual's lower-extremity biomechanical function by providing support or stability.

Orthotics

Means Orthotic Devices or Orthoses

Prefabricated foot care products

Any mass-produced pre-made foot care item, appliance or device that is sold over the counter and is readily available, including prepackaged and non-packaged products.

STS Slipper Cast

A casting product with a fast setting resin used to obtain a quicker, accurate mold of the foot without the mess of plaster.