

DIVISION SCOPE OF SERVICE

Division: SAN ANTONIO
Classification: LICENSED ORTHOTIST/PROSTHETIST
Applicant Name:

<p>Licensed Orthotist/Prosthetist: The 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 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:</p> <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 Healthcare conduct core fundamentals in daily interactions with patients, families, co-workers and physicians.
<p>Setting(s):</p> <ul style="list-style-type: none"> • Patient care areas, all settings
<p>Supervision:</p> <ul style="list-style-type: none"> • Direct/indirect supervision by Physician <ul style="list-style-type: none"> ○ Indirect supervision by department director, site manager or designee ○ The Orthotist/Prosthetist will secure a sponsoring/supervising physician form for each physician

DIVISION SCOPE OF SERVICE

they wish to provide services.

Evaluator: Sponsoring physician/supervising physician in conjunction with department director or designee

Tier Level: 3

eSAF Access Required: YES

Qualifications:

- Bachelor's degree in Orthotics and/ or Prosthetics required for education completed post 05/01/2011
- Graduate of a training/certificate program in Orthotics/Prosthetics is required prior to 05/01/2011 if a BA in Orthotics/Prosthetics is not acquired
- Licensed as an Orthotist/Prosthetist in the state of practice. (Please see state requirements)

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:

- Texas state Orthotist/Prosthetist license by Texas Department of Health

Experience:

- One year of experience as an Orthotist/Prosthetist

Competencies:

The Licensed Orthotist/Prosthetist 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)
 - Maintains current immunization for influenza
 - Complies with isolation precautions

References:

Texas Board of Orthotics and Prosthetics about the Profession-Scope of Practice

https://www.dshs.state.tx.us/op/op_scope.shtm

Orthotists and Prosthetists Administrative Rules <https://www.tdlr.texas.gov/op/oprules.htm>

Texas Ortho/Pro License Verification:



DIVISION SCOPE OF SERVICE

<https://vo.licensing.tdlr.texas.gov/datamart/selectSearchTypeTXRAS.do?from=loginPage>

NCOPE accredited program <http://resident.ncope.org/prostudents/schools/>

Document Control:

- Previously named Certified-Licensed Orthotist/Prosthetist
- Cosmetic update 12/9/2016
- Content update 4/16/2019
- Content update 11/13/2020

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: _____