



Commission on Accreditation of Allied Health Education Programs

Standards and Guidelines for the Accreditation of Programs in Pedorthic Education

Standards initially adopted in 20xx

Adopted by
American Academy of Orthotists and Prosthetists
American Board for Certification in Orthotics, Prosthetics and Pedorthics
National Commission on Orthotic and Prosthetic Education
and
Commission on Accreditation of Allied Health Programs

The Commission on Accreditation of Allied Health Education Programs (CAAHEP) accredits programs upon the recommendation of the National Commission on Orthotic and Prosthetic Education (NCOPE).

These accreditation **Standards and Guidelines** are the minimum standards of quality used in accrediting programs that prepare individuals to enter the pedorthic profession. Standards are the minimum requirements to which an accredited program is held accountable. Guidelines are descriptions, examples, or recommendations that elaborate on the Standards. Guidelines are not required, but can assist with interpretation of the Standards.

Standards are printed in regular typeface in outline form. *Guidelines* are printed in italic typeface in narrative form.

Preamble

The Commission on Accreditation of Allied Health Education Programs (CAAHEP), National Commission on Orthotic and Prosthetic Education, American Academy of Orthotists and Prosthetists, and American Board for Certification in Orthotics, Prosthetics and Pedorthics cooperate to establish, maintain and promote appropriate standards of quality for educational programs in Pedorthics and to provide recognition for educational programs that meet or exceed the minimum standards outlined in these accreditation **Standards and Guidelines**. Lists of accredited programs are published for the information of students, employers, educational institutions and agencies, and the public.

These **Standards and Guidelines** are to be used for the development, evaluation, and self-analysis of pedorthic programs. On-site review teams assist in the evaluation of a program's relative compliance with the accreditation Standards.

Description of the Profession

Pedorthics is a specialized health care profession, which combines a unique blend of clinical and technical skills to care for patients with disabling conditions that affect the foot and ankle requiring assessment, formulation of treatment plans, fabrication, fitting and adjustment of pedorthic devices.

49 **I. Sponsorship**

50 **A. Sponsoring Educational Institution**

51 A sponsoring institution must be a post-secondary academic institution accredited by an institutional
52 accrediting agency that is recognized by the U.S. Department of Education, and must be authorized under
53 applicable law or other acceptable authority to provide a post-secondary program, which awards a
54 minimum of a certificate.

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56 **B. Consortium Sponsor**

- 57 1. A consortium sponsor is an entity consisting of two or more members that exists for the purpose of
58 operating an educational program. In such instances, at least one of the members of the consortium
59 must meet the requirements of a sponsoring educational institution as described in I.A.
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61 2. The responsibilities of each member of the consortium must be clearly documented in a formal
62 affiliation agreement or memorandum of understanding, which includes governance and lines of
63 authority.

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65 **C. Responsibilities of Sponsor**

- 66 1. The Sponsor must ensure that the provisions of these **Standards and Guidelines** are met.
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68 2. The Sponsor must ensure that graduates of the program have obtained or will obtain a minimum of an
69 Associate’s degree upon the completion of the program.
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72 **II. Program Goals**

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74 **A. Program Goals and Outcomes**

75 There must be a written statement of the program’s goals and learning domains consistent with and
76 responsive to the demonstrated needs and expectations of the various communities of interest served by
77 the educational program. The communities of interest that are served by the program must include, but are
78 not limited to, students, graduates, faculty, sponsor administration, employers, physicians, and the public.

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80 Program-specific statements of goals and learning domains provide the basis for program planning,
81 implementation, and evaluation. Such goals and learning domains must be compatible with the mission
82 of the sponsoring institution(s), the expectations of the communities of interest, and nationally accepted
83 standards of roles and functions. Goals and learning domains are based upon the substantiated needs of
84 health care providers and employers, and the educational needs of the students served by the educational
85 program.

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87 **B. Appropriateness of Goals and Learning Domains**

88 The program must regularly assess its goals and learning domains. Program personnel must identify and
89 respond to changes in the needs and/or expectations of its communities of interest.

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91 An advisory committee, which is representative of at least each of the communities of interest named in
92 these **Standards**, must be designated and charged with the responsibility of meeting at least annually, to
93 assist program and sponsor personnel in formulating and periodically revising appropriate goals and
94 learning domains, monitoring needs and expectations, and ensuring program responsiveness to change.

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96 *Advisory committee meetings may include participation by synchronous electronic means.*

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98 **C. Minimum Expectations**

99 The program must have the following goal defining minimum expectations: “To prepare competent entry-
100 level Pedorthists in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning
101 domains.”

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Programs adopting educational goals beyond entry-level competencies must clearly delineate this intent and provide evidence that all students have achieved the basic competencies prior to entry into the field.

Nothing in this Standard restricts programs from formulating goals beyond entry-level competence.

III. Resources

A. Type and Amount

Program resources must be sufficient to ensure the achievement of the program’s goals and outcomes. Resources must include but are not limited to: faculty; clerical and support staff; curriculum; finances; offices; classroom, laboratory, and, ancillary student facilities; clinical affiliates; equipment; supplies; computer resources; instructional reference materials, and faculty/staff continuing education.

B. Personnel

The sponsor must appoint sufficient faculty and staff with the necessary qualifications to perform the functions identified in documented job descriptions and to achieve the program’s stated goals and outcomes.

1. Program Director

a. Responsibilities

The Program Director must assure achievement of the program’s goals and outcomes, and is responsible for all aspects of the program, including the organization, administration, continuous review, planning, development and general effectiveness of the program. The Program Director must provide supervision, administration and coordination of the instructional staff of the educational program.

b. Qualifications

The Program Director must:

- 1) be certified in the profession of pedorthics or orthotics or hold a professional license in pedorthics or orthotics as is required by the state in which he/she is employed;
- 2) have a minimum of a bachelor’s degree from an accredited institution of higher education or an equivalent level international degree as determined by a professional evaluation service organization that is accepted by the certification organization; and
- 3) have a minimum of five years of professional or teaching experience in pedorthics or orthotics.

2. Faculty and/or Instructional Staff

a. Responsibilities

In classrooms, laboratories, and each location where students are assigned for didactic or clinical instruction or supervised practice, there must be (a) qualified individual(s) designated to provide instruction, supervision, and timely assessments of the students’ progress in achieving program requirements.

b. Qualifications

Instructors must be:

- 1) appropriately credentialed for the content area being taught;
- 2) knowledgeable in subject matter through training and experience;
- 3) effective in teaching their assigned subjects; and
- 4) exhibit professional behavior in student/teacher interaction.

C. Curriculum

154 The curriculum must ensure the achievement of program goals and learning domains. Instruction must be
155 an appropriate sequence of classroom, laboratory, and clinical activities. Instruction must be based on
156 clearly written course syllabi that include course description, course objectives, methods of evaluation,
157 topic outline, and competencies required for graduation.
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159 The program must demonstrate that the curriculum meets or exceeds the content of
160 the Core Curriculum for Pedorthics listed in Appendix B of these **Standards**.
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162 **D. Resource Assessment**

163 The program must, at least annually, assess the appropriateness and effectiveness of the resources
164 described in these **Standards**. The results of resource assessment must be the basis for ongoing planning
165 and appropriate change. An action plan must be developed when deficiencies are identified in the
166 program resources. Implementation of the action plan must be documented, and results measured by
167 ongoing resource assessment.
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170 **IV. Student and Graduate Evaluation/Assessment**

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172 **A. Student Evaluation**

173 **1. Frequency and purpose**

174 Evaluation of students must be conducted on a recurrent basis and with sufficient frequency to
175 provide both the students and program faculty with valid and timely indications of the students’
176 progress toward and achievement of the competencies and learning domains stated in the curriculum.
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178 **2. Documentation**

179 Records of student evaluations must be maintained in sufficient detail to document learning progress
180 and achievements.
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182 **B. Outcomes**

183 **1. Outcomes Assessment**

184 The program must periodically assess its effectiveness in achieving its stated goals and learning
185 domains. The results of this evaluation must be reflected in the review and timely revision of the
186 program.
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188 Outcomes assessments must include, but are not limited to: national credentialing examination(s)
189 performance, programmatic retention/attrition, graduate satisfaction, employer satisfaction, job
190 (positive) placement, and programmatic summative measures. The program must meet the outcomes
191 assessment thresholds.
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193 *“Positive placement” means that the graduate is employed full or part-time in the profession or in a*
194 *related field; and/or continuing his/her education; or serving in the military. A related field is one in*
195 *which the individual is using cognitive, psychomotor, and affective competencies acquired in the*
196 *educational program.*
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198 *“National credentialing examinations” are those accredited by the National Commission for*
199 *Certifying Agencies (NCCA). Participation and pass rates on national credentialing examination(s)*
200 *performance may be considered in determining whether or not a program meets the designated*
201 *threshold, provided the credentialing examination or an alternative examination is available to be*
202 *administered prior to graduation from the program. Results from an alternative examination may be*
203 *accepted, if designated as equivalent by the organization whose credentialing examination is so*
204 *accredited.*
205

206 **2. Outcomes Reporting**

207 The program must periodically submit to NCOPE the program goal(s), learning domains, evaluation
208 systems (including type, cut score, and appropriateness), outcomes, its analysis of the outcomes, and
209 an appropriate action plan based on the analysis.

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211 Programs not meeting the established thresholds must begin a dialogue with NCOPE to develop an
212 appropriate plan of action to respond to the identified shortcomings.

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215 **V. Fair Practices**

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218 **A. Publications and Disclosure**

- 219 1. Announcements, catalogs, publications, and advertising must accurately reflect the program offered.
- 220 2. At least the following must be made known to all applicants and students: the sponsor's institutional
221 and programmatic accreditation status as well as the name, mailing address, web site address, and
222 phone number of the accrediting agencies; admissions policies and practices, including technical
223 standards (when used); policies on advanced placement, transfer of credits, and credits for
224 experiential learning; number of credits required for completion of the program; tuition/fees and other
225 costs required to complete the program; policies and processes for withdrawal and for refunds of
226 tuition/fees.
- 227 3. At least the following must be made known to all students: academic calendar, student grievance
228 procedure, criteria for successful completion of each segment of the curriculum and for graduation,
229 and policies and processes by which students may perform clinical work while enrolled in the
230 program.
- 231 4. The sponsor must maintain, and, make available to the public, current and consistent information
232 about student/graduate achievement that includes the results of one or more of the outcomes
233 assessments required in these **Standards**.

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*The sponsor should develop a suitable means of communicating to the communities of interest the
235 achievement of students/graduates (i.e., through a website or electronic or printed documents).*

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238 **B. Lawful and Non-discriminatory Practices**

239 All activities associated with the program, including student and faculty recruitment, student admission,
240 and faculty employment practices, must be non-discriminatory and in accord with federal and state
241 statutes, rules, and regulations. There must be a faculty grievance procedure made known to all paid
242 faculty.

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244 **C. Safeguards**

245 The health and safety of patients, students, faculty, and other participants associated with the educational
246 activities of the students must be adequately safeguarded.

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All activities required in the program must be educational and students must not be substituted for staff.

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250 **D. Student Records**

251 Satisfactory records must be maintained for student admission, advisement, counseling, and evaluation.
252 Grades and credits for courses must be recorded on the student transcript and permanently maintained by
253 the sponsor in a safe and accessible location.

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256 **E. Substantive Change**

257 The sponsor must report substantive change(s) as described in Appendix A to CAAHEP/NCOPE in a
258 timely manner. Additional substantive changes to be reported to NCOPE within the time limits prescribed
259 include:

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1. Change/addition/deletion of courses that represent significant departure in curriculum content;
2. Change in method of curriculum delivery;
3. Change in degree awarded;
4. Substantial increase/decrease in clock or credit hours for successful completion of a program

F. Agreements

There must be a formal affiliation agreement or memorandum of understanding between the sponsor and all other entities that participate in the education of the students describing the relationship, roles, and responsibilities of the sponsor and that entity.

APPENDIX B

Core Curriculum for Educational Programs in Pedorthics

Section A ENTRY-LEVEL COMPETENCIES

Upon successful completion of the program, the student must effectively demonstrate competence in the following content areas:

A.1.1 Exemplify the role of the pedorthist in providing ethical patient-centered care by applying accepted professional responsibilities in clinical practice experiences.

A.1.2 Practice safety of self and others, and adhere to safety procedures throughout the provision of pedorthic services.

A.1.3 Understand and demonstrate the collaborative role of the pedorthist along with the other members of the interdisciplinary rehabilitation team in providing patient-centered care.

A.1.4 Demonstrate skill in clinical, technical and administrative procedures necessary for pedorthic practice.

Section B BASIC SCIENCE CURRICULUM

The following basic sciences are needed as a foundation for the pedorthist. Therefore, the basic science curriculum must include appropriate content in:

B.1.1 Human anatomy and physiology

B.1.2 Biomechanics/Kinesiology

B.1.3 Gait analysis (normal and pathological gait)

B.1.4 Clinical pathology

Students must have completed appropriate content in the basic science areas either upon completion of the program, or prior to entry into the program.

Section C PROFESSIONAL CURRICULUM

C.1.0 Foundational Content Areas

The following content areas related to pedorthics must be covered in the curriculum:

C.1.1 Clinical skills: Clinical skills include a) screening skills necessary to gather medical histories, anthropometric data and activity/participation data, and administer standardized evaluation tools (including functional measures) as part of the clinical examination; b) psychomotor and social skills required to educate patients and caregivers in the use of pedorthic device(s); and c) writing skills to produce clear and concise written documentation of clinical practice that meets legal, administrative and contractual requirements. Clinical skills include the ability to take impressions and critically evaluate pedorthic device fit, operation and function. Clinical skills include the ability to identify when to recommend additional evaluation by other healthcare providers.

C.1.2 Technical skills: Technical/mechanical problem solving skills and psychomotor skills sufficiently developed to ensure the safe and appropriate use of tools and equipment to fabricate, fit and adjust pedorthic devices.

327 C.1.3 Communication: Oral and written communication skills to effectively share and interact with others along
328 the continuum of care. This includes the patient, family, caregivers, members of the healthcare team and others
329 involved in achieving the expected treatment outcomes. Interactions should be sensitive to cultural, psycho-
330 social, age, disability and economic status of the person(s) with whom the interaction takes place.
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332 C.1.4 Ethics: An understanding and appreciation of all stakeholders' views, ethical requirements of credentialing
333 bodies, respect for persons, maximizing benefits/minimizing harms, and justice.
334

335 C.1.5 Functional Anatomy and Physiology: Study of body structure as it relates to function and the study of the
336 processes and function of the human body. Content includes the identification and differentiation of gross
337 anatomical structures and the palpation of surface anatomy and relating structures to corresponding functional
338 anatomy.
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340 C.1.6 Materials and Design: The study of physical/mechanical properties and behavior for the appropriate design
341 and selection of materials commonly used for pedorthic devices. Strategies include the evaluation of material
342 properties and behavior in relation to the treatment plan and the manufacturer's conditions of use and/or
343 specifications.
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345 C.1.7 Movement Science: An understanding and appreciation of normal and pathological human movement with
346 an emphasis on gait and daily activities.
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348 C.1.8 Pathologies: The study of conditions commonly referred for pedorthic services.
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350 C.1.9 Practice Management: Understanding about compliance with policies and procedures regarding human
351 resources, the physical environment, business and financial practices and organizational management. Content
352 includes thorough and ethical documentation, compliance with regulatory agencies, legal considerations
353 surrounding patient care, quality improvement, time management and project management. In addition, content
354 on the business aspect of practice related to personnel policies and procedures.
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356 C.1.10 Professional issues: An understanding and appreciation of the scope of practice of the pedorthist, the
357 organizations and documents that guide practice within the profession, the role of the pedorthist in the
358 rehabilitation team and legal considerations surrounding patient care.
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362 **C.2.0 PATIENT EVALUATION/ASSESSMENT**

363 C.2.1 Effectively communicate with the patient or caregiver to gather cogent and useful information for Pedorthic
364 assessments.
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366 C.2.2 Identify concerns (e.g., ADL, gait training) necessitating referral to other health care providers and
367 determine methods and criteria for referral.
368

369 C.2.3 Document services using established record-keeping techniques to record patient assessment and treatment
370 plans, to communicate fabrication requirements and to meet standards for reimbursement and regulations of
371 external agencies.
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373 C.2.4 Perform a comprehensive assessment of the patient using standardized methods to obtain an understanding
374 of the individual's potential pedorthic needs. Students must demonstrate the ability to acquire the following
375 through interview, review of clinical documentation, physical exam, and administration of performance measures.
376

377 C.2.4.1. Patient History

378 i. Chief Complaint

379 ii. Current health condition, including comorbidities

- iii. Prior medical conditions and surgical history (e.g. heart / musculoskeletal /allergies / skin)
- vi. Past pedorthic management
- vii. Review of clinical chart

C.2.4.2 Patient Assessment

- i. **Body Structure & Function:** Foot size measurements, Volumetric measures, Plantar foot pressure analysis, Skin integrity / Wounds, Condition of contralateral side, Range of motion / Joint integrity and stability, Sensory testing / Proprioceptive sense / Pain, Muscle Tone / Strength, Motor control, Cognitive ability
- ii. **Activity & Participation:** Observational gait analysis, Postural & balance evaluation, Vocation / Daily functional demands, Recreational activities, Mobility / Activity Level
- iii. **Personal Factors:** Patient goals / Motivation level / Social support, Personal implications of impairment, financial information
- iv. **Environmental Factors:** Living environment, Work environment, Recreational environment

C.2.4.3 Outcome Assessment: Use and interpret appropriate, patient-reported and performance-based outcomes. Assessment of outcome data and evaluation and interpretation of findings

C.2.5 Consult with other caregivers and other relevant healthcare professionals as necessary. Professionally communicate using written, oral, and nonverbal methods with patients, colleagues, and other healthcare providers.

C.2.6 Demonstrate a basic understanding of surgical processes and procedures related to pedorthic care and how these and their sequelae impact pedorthic design and function. Surgical Procedures: Amputation Surgery and Revision, Joint Replacement, Tendon Lengthening, Ligament Repairs / Reconstruction, Joint Fusions, Limb Lengthening, Limb Salvage

C.2.7 Demonstrate a basic understanding of pathologies as it relates to pedorthic management, the professional curriculum includes content and learning experiences of the following diseases and diagnoses commonly seen by pedorthist in clinical practice.

C.2.7.1 Disorders of the foot and ankle:

1. Abnormal pronation
2. Abnormal supination
3. Posterior tibial tendon dysfunction
4. Metatarsalgia
5. Hallux rigidus
6. Hallux malalignment
7. Metatarsus abductus
8. Metatarsus adductus
9. Forefoot varus
10. Hindfoot varus
11. Hindfoot valgus
12. Plantar flexed first ray
13. First ray insufficiency
14. Toe deformities
15. Tarsal coalitions
16. Plantar fasciitis
17. Morton's neuroma
18. Osteoarthritis
19. Diabetic ulcerations

- 433 20. Musculoskeletal: fractures, post-surgical procedures
- 434 21. Neuromuscular: hereditary sensory motor disorders, spinal cord injuries, polio
- 435 22. Charcot changes in the diabetic neuropathic foot
- 436 23. Rheumatoid arthritis
- 437 24. Overuse syndromes
- 438 25. Pediatric disorders
- 439 26. Diabetes mellitus
- 440 27. Peripheral vascular disease
- 441 28. Trauma
- 442 29. Congenital etiologies
- 443
- 444

445 C.2.7.2 Amputations of the foot- Transmetatarsal or distal

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448 **C.3.0 FORMULATION OF A TREATMENT PLAN**

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450 C.3.1 Interpret evaluation findings to formulate a pedorthic treatment plan.

451

452 C.3.2 Develop a comprehensive pedorthic treatment plan to meet the needs and goals of the patient.

453

454 C.3.3 Discuss the indications for and uses of pedorthic devices.

455

456 C.3.4. Identify design, materials and components to support the pedorthic treatment plan.

457

458 C.3.5 Demonstrate the ability to educate the patient, caregiver and family in the use and care of pedorthic

459 devices.

460

461 C.3.6 Effectively interact through written, oral and nonverbal communication with the patient, family, caregiver

462 and other health care professionals in a professionally appropriate manner.

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465 **C.4.0 IMPLEMENTATION OF A TREATMENT PLAN**

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467 C.4.1 Demonstrate the ability to use appropriate techniques to obtain accurate impressions, image capture and

468 measurements.

469

470 C.4.2 Perform the necessary procedures using accepted techniques, tools and equipment to provide appropriate

471 pedorthic services.

472

473 C.4.3 Demonstrate an understanding of indications/contraindications of current pedorthic components and

474 materials.

475

476 C.4.4 Select appropriate materials and components for the pedorthic device based on patient needs.

477

478 C.4.5 Modify the positive model using accepted practices and techniques.

479

480 C.4.6 Describe the possible interaction between the pedorthic device and the patient with respect to corrective

481 and accommodative treatment.

482

483 C.4.7 Use biomechanical principles such as mechanical advantage, multiple point force systems, and torque to

484 address clinical presentations with pedorthic device design.

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- 486 C.4.8 Demonstrate current and accepted fabrication and assembly procedures in order to prepare for fitting and
487 delivery of pedorthic device.
488
- 489 C.4.9 Review quality and structural integrity of the pedorthic device based on the needs and goals of the patient.
490
- 491 C.4.10 Evaluate the pedorthic device as used by the patient and adjust as necessary to obtain optimal fit and
492 function.
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- 495 C.4.11 Use appropriate and safe patient transfer methods during sessions.
496
- 497 C.4.12 Provide appropriate instruction to patients, families and caregivers on care, use, maintenance, donning
498 and doffing procedures, skin care and wearing schedules for pedorthic interventions and assess understanding of
499 the patient and relevant parties.
500
- 501 C.4.13 Document services using established record-keeping techniques and meeting standards for reimbursement
502 and regulatory agencies.
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C.5.0 FOLLOW-UP

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- 508 C.5.1 Develop a long-term follow-up plan for comprehensive pedorthic care that includes:
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- 510 i. Alteration of treatment plan as indicated to ensure optimal fit, function and quality of life
511 throughout the patient’s lifespan.
512
- 513 C.5.2 Describe common pedorthic goals and how these may be measured over time to evaluate pedorthic
514 outcomes (e.g., use of outcome measures in clinical practice)
515

C.6.0 PRACTICE/BUSINESS MANAGEMENT

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- 518 C.6.1 Demonstrate knowledge of billing and coding procedures.
519
- 520 C.6.2 Describe Federal, state, and third-party regulations associated with pedorthic care.
521
- 522 C.6.3 Document in accordance with professional standards and in compliance with legal and
523 payer policies. Document all interactions with the patient and caregiver
524
- 525 C.6.4 Describe how pedorthists comply with ethical and legal responsibilities related to pedorthic care.
526
- 527 C.6.5 Describe potential roles that the pedorthic clinician plays within common practice environments including
528 retail and clinical settings.
529
- 530 C6.6 Demonstrate a fundamental knowledge of materials management and inventory control practices as related
531 to pedorthic care.
532
- 533 C.6.7 Use terminology specific to Medicare, with an understanding of L-coding history and usage, ICD 10 codes,
534 state regulations and third-party payer reimbursements.
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C.7.0 Pedorthic Practice

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538 Upon successful completion of the program, the student will demonstrate the psychomotor skill of fitting and
539 adjusting prefabricated devices (custom fit and off the shelf) and custom devices; including the application of
540 biomechanical principles, fitting, adjustment, troubleshooting, and identification of patient specific outcomes for
541 devices listed below.

542

543 **C.7.1 Custom fit pedorthic devices:** Upon successful completion of the program, the student must demonstrate
544 knowledge and skill in the provision of the following custom fit pedorthic devices:

545 C.7.1.1 Prefabricated Shoes

546 C.7.1.2 Prefabricated Foot Orthoses and Foot Care Items

547 C.7.1.3 Prefabricated Ankle-Foot Orthoses (AFO)

548 1. Night splint

549 2. Boot type AFO (e.g., pressure relief or pneumatic walker)

550

551 The student must demonstrate the ability to:

552 a. Perform the expected performance criteria outlined in **Section C.2.0-C.6.0**

553

554 b. Perform a lower limb assessment including a detailed foot assessment (hindfoot and forefoot
555 alignment, subtalar and midtarsal stability and function) to obtain information for formulating a
556 treatment plan.

557

558 c. Apply knowledge of normal anatomy, normal and abnormal biomechanics of the lower limb in
559 combination with a foot assessment to develop a treatment plan.

560

561 d. Identify the clinical considerations for use of the custom fit Pedorthic device for managing
562 relevant pedorthic pathologies.

563

564 e. Explain the indications and contraindications for use of the custom fit pedorthic device designs
565 and materials with relation to patient diagnosis and clinical presentation.

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567 f. Demonstrate competency in custom fit pedorthic device design, selection, fit, and adjustment
568 (i.e., reliefs, pads, closures, and trim line modifications)

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571 **C.7.2 Custom fabricated pedorthic devices:** Upon successful completion of the program, the student must
572 demonstrate knowledge and skill in the evaluation, recommendation, material selection, and delivery, of custom
573 fabricated pedorthic devices:

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575 C.7.2.1 Custom Foot Orthoses

576 C.7.2.2 Custom Molded Shoes

577 C.7.2.3 Shoe Modifications

578 C.7.2.4 UCBL Orthoses

579 C.7.2.5 Subtalar Control Foot Orthoses (SCFO)

580 C.7.2.6 Toe-filler / Transmetatarsal Partial Foot Protheses

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582 The student must demonstrate the ability to:

583

584 a. Perform the expected performance criteria outlined in **Section C.2.0-C.6.0**

585

586 b. Perform a lower limb assessment including a detailed foot assessment (hindfoot and forefoot
587 alignment, subtalar and midtarsal stability and function) to obtain information for formulating a
588 pedorthic treatment plan.

589

- 590 c. Apply knowledge of normal anatomy, normal and abnormal biomechanics of the lower limb in
591 combination with a foot assessment to develop a pedorthic treatment plan.
592
593 d. Identify the clinical considerations for use of custom pedorthic devices for relevant pedorthic
594 pathologies.
595
596 e. Explain the indications and contraindications for use of various designs and materials with
597 relation to patient diagnosis and clinical presentation.
598
599 f. Demonstrate competency in device selection, impression and measurement acquisition, material
600 and component selection and current fabrication processes for various custom pedorthic devices.
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602 g. Demonstrate competency in fit, assessment, and improvement of custom pedorthic devices.
603
604 h. Understand the clinical indications and uses of both prefabricated and custom pedorthic devices
605 to enhance function and mobility.
606
607 i. Use knowledge of shoe wear and modifications in the pedorthic treatment plan to optimize
608 outcomes.
609
610 j. Demonstrate competency in safe use of tools, supplies, and equipment.
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612 **C.7.3 Fabrication:** Upon successful completion of the program, the student must demonstrate the skills to fabricate
613 the following:

614 C.7.3.1 Custom Foot Orthoses

615 a. Accommodative

616 b. Functional

617 C.7.3.2 Shoe Modifications

618 a. Rockers

619 b. Sole flare or buttress

620 c. Elevations

621 d. Wedges

622 C.7.3.3 UCBL Orthoses

623 C.7.3.4 Subtalar Control Foot Orthoses (SCFO)

624 C.7.3.5 Toe-filler / Transmetatarsal Partial Foot Prostheses
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626 **Section D EXPERIENCE WITHIN PATIENT CARE ENVIRONMENT**

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628 **D.8.0 Practicum Content**
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630 Upon successful completion of the program, the student must have the following clinical interactions/exposures:
631

632 D.8.1 Patient assessment

633 D.8.2 Formulation of the pedorthic treatment plan

634 D.8.3 Implementation of the pedorthic treatment plan

635 D.8.4 Follow-up assessment and continued implementation of a pedorthic treatment plan

636 D.8.5 Documentation of patient encounters for clinical decision making, communication, legal and
637 reimbursement purposes

638 D.8.6 Communication among referral sources, collaborating practitioners, patients and caregivers

639 D.8.7 Practice management within the pedorthic practice