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I. Sponsorship

A. Sponsoring Educational Institution

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

B. Consortium Sponsor

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

C. Responsibilities of Sponsor

The Sponsor must ensure that the provisions of these **Standards and Guidelines** are met.

II. Program Goals

A. Program Goals and Outcomes

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

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

B. Appropriateness of Goals and Learning Domains

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

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

Advisory committee meetings may include participation by synchronous electronic means.

C. Minimum Expectations

The program must have the following goal defining minimum expectations: "To prepare competent entry-level Orthotist and Prosthetist Assistants in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains."

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

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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 be responsible for all aspects of the program, including the organization, administration, continuous review, planning, development, and general effectiveness of the program.

b. Qualifications

The Program Director must:

- 1) Possess a minimum of a bachelor's degree;
- 2) Be certified in the profession of Orthotics and/or Prosthetics or hold a professional license as is required by the state in which he/she is employed; and
- 3) Have a minimum of five years of teaching, clinical and administrative experience in a profession related to orthotics and prosthetics.

The program director should possess a minimum of a Master's degree.

The Program Director should pursue ongoing formal training designed to maintain and upgrade his/her professional, instructional and administrative capabilities.

2. Faculty and/or Instructional Staff

a. Responsibilities

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

b. Qualifications

Faculty and/or Instructional Staff must:

- 1) Possess a minimum of an associate's degree;
- 2) Demonstrate knowledge in the subject matter taught; and
- 3) Be appropriately credentialed or licensed for the content/subject area being taught

C. Curriculum

The curriculum must ensure the achievement of program goals and learning domains. Instruction must be an appropriate sequence of classroom, laboratory, and clinical activities. Instruction must be based on clearly written course syllabi that include course description, course objectives, methods of evaluation, topic outline, and competencies required for graduation.

The program must demonstrate that the curriculum meets or exceeds the content of the latest edition of the Core Curriculum for Orthotist and Prosthetist Assistant. See Appendix B.

D. Resource Assessment

The program must, at least annually, assess the appropriateness and effectiveness of the resources described in these **Standards**. The results of resource assessment must be the basis for ongoing

173 planning and appropriate change. An action plan must be developed when deficiencies are identified in
174 the program resources. Implementation of the action plan must be documented and results measured by
175 ongoing resource assessment.
176
177

178 **IV. Student and Graduate Evaluation/Assessment**

179 **A. Student Evaluation**

180 **1. Frequency and purpose**

181 Evaluation of students must be conducted on a recurrent basis and with sufficient frequency to
182 provide both the students and program faculty with valid and timely indications of the students'
183 progress toward and achievement of the competencies and learning domains stated in the
184 curriculum.
185

186 **2. Documentation**

187 Records of student evaluations must be maintained in sufficient detail to document learning progress
188 and achievements.
189

190 **B. Outcomes**

191 **1. Outcomes Assessment**

192 The program must periodically assess its effectiveness in achieving its stated goals and learning
193 domains. The results of this evaluation must be reflected in the review and timely revision of the
194 program.
195

196 Outcomes assessments must include, but are not limited to: national credentialing examination(s)
197 performance, programmatic retention/attrition, graduate satisfaction, employer satisfaction, job
198 (positive) placement, and programmatic summative measures. The program must meet the outcomes
199 assessment thresholds.
200

201 *“Positive placement” means that the graduate is employed full or part-time in the profession or in a*
202 *related field; or continuing his/her education; or serving in the military. A related field is one in which*
203 *the individual is using cognitive, psychomotor, and affective competencies acquired in the educational*
204 *program.*
205

206 *“National credentialing examinations” are those accredited by the National Commission for Certifying*
207 *Agencies (NCCA). Participation and pass rates on national credentialing examination(s) performance*
208 *may be considered in determining whether or not a program meets the designated threshold,*
209 *provided the credentialing examination or an alternative examination is available to be administered*
210 *prior to graduation from the program. Results from an alternative examination may be accepted, if*
211 *designated as equivalent by the organization whose credentialing examination is so accredited.*
212
213

214 **2. Outcomes Reporting**

215 The program must periodically submit to the NCOPE the program goal(s), learning domains,
216 evaluation systems (including type, cut score, and appropriateness), outcomes, its analysis of the
217 outcomes, and an appropriate action plan based on the analysis.
218

219 Programs not meeting the established thresholds must begin a dialogue with the NCOPE to develop
220 an appropriate plan of action to respond to the identified shortcomings.
221
222

223 **V. Fair Practices**

224 **A. Publications and Disclosure**

- 225 1. Announcements, catalogs, publications, and advertising must accurately reflect the program offered.
- 226 2. At least the following must be made known to all applicants and students: the sponsor's institutional
227 and programmatic accreditation status as well as the name, mailing address, website address, and
228 phone number of the accrediting agencies; admissions policies and practices, including technical
229
230

- 231 standards (when used); policies on advanced placement, transfer of credits, and credits for
232 experiential learning; number of credits required for completion of the program; tuition/fees and other
233 costs required to complete the program; policies and processes for withdrawal and for refunds of
234 tuition/fees.
235
236 3. At least the following must be made known to all students: academic calendar, student grievance
237 procedure, criteria for successful completion of each segment of the curriculum and for graduation,
238 and policies and processes by which students may perform clinical work while enrolled in the
239 program.
240
241 4. The sponsor must maintain, and make available to the public, current and consistent summary
242 information that includes the results of one or more of the outcomes assessments required in these
243 **Standards.**

244
245 *The sponsor should develop a suitable means of communicating to the communities of interest the*
246 *achievement of students/graduates (e.g., through website or electronic or printed documents).*
247

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

249 All activities associated with the program, including student and faculty recruitment, student admission,
250 and faculty employment practices, must be non-discriminatory and in accord with federal and state
251 statutes, rules, and regulations. There must be a faculty grievance procedure made known to all paid
252 faculty.
253

254 **C. Safeguards**

255 The health and safety of patients, students, faculty, and other participants associated with the educational
256 activities of the students must be adequately safeguarded.
257

258 All activities required in the program must be educational and students must not be substituted for staff.
259

260 **D. Student Records**

261 Satisfactory records must be maintained for student admission, advisement, counseling, and evaluation.
262 Grades and credits for courses must be recorded on the student transcript and permanently maintained
263 by the sponsor in a safe and accessible location.
264

265 **E. Substantive Change**

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

- 269 1. Change/addition/deletion of courses that represent change in curriculum content;
 - 270 2. Change in method of curriculum delivery;
 - 271 3. Change in degree awarded;
 - 272 4. Increase/decrease in clock or credit hours for successful completion of a program.
- 273

274 **F. Agreements**

275 There must be a formal affiliation agreement or memorandum of understanding between the sponsor and
276 all other entities that participate in the education of the students describing the relationship, roles, and
277 responsibilities of the sponsor and that entity.
278

APPENDIX B

CORE CURRICULUM FOR EDUCATIONAL PROGRAMS IN ORTHOTIST AND PROSTHETIST ASSISTANT

Section A ENTRY-LEVEL COMPETENCIES

Upon successful completion of the program, the student must effectively demonstrate competence in a supporting role under the supervision of an Orthotist and Prosthetist in the following content areas:

- A.1. Exemplify the role of the Orthotist and Prosthetist Assistant in providing ethical patient-centered care in clinical practice experiences.
- A.2. Practice safety of self and others, and adhere to safety procedures throughout the provision of orthotic/prosthetic services.
- A.3. Comprehend and demonstrate knowledge of the collaborative role of the Orthotist and Prosthetist Assistant as a member of the interdisciplinary rehabilitation team in providing patient-centered care.
- A.4. Document pertinent information that supports the provision of orthotic and prosthetic care and meets the requirements of legal, business, and financial parameters for patient care.
- A.5. Demonstrate proficiency in the clinical and technical procedures required of an assistant to support the Orthotist and Prosthetist in the delivery of patient care.

Section B BASIC SCIENCE CONTENT

The basic science curriculum must include appropriate content in:

- B.1.1 Human Anatomy and Physiology
- B.1.2 Physics
- B.1.3 Psychology

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 CONTENT

C.1.0 Foundational Content Areas

The following content areas related to orthotics and prosthetics 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 orthoses or prostheses; 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 assist the Orthotist and Prosthetist, take impressions, and critically evaluate orthosis/prosthesis fit, operation and function. Finally, clinical skills include the ability to identify when to recommend additional evaluation by the Orthotist and Prosthetist or 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 fit and adjust orthoses and prostheses.

C.1.3 Communication: Oral and written communication skills to effectively interact with others along the continuum of care. This includes the patient, family, caregivers, members of the healthcare team and others involved. Interactions should be sensitive to cultural, psycho-social, age, disability and economic status of the person(s) involved.

- 337 C.1.4 Ethics: An understanding and appreciation of all stakeholders' views, adherence to ethical principles,
338 respect for persons, striving to maximize benefits, while minimize harms and injustice.
339
- 340 C.1.5 Functional Anatomy and Physiology: Study of body structure as it relates to function and the study of the
341 processes and function of the human body. Content includes the identification and differentiation of gross
342 anatomical structures and the palpation of surface anatomy and relating structures to corresponding functional
343 anatomy.
344
- 345 C.1.6 Movement Science: A basic understanding of normal and pathological human movement with an emphasis
346 on gait and daily activities.
347
- 348 C.1.7 Pathologies of orthotics and prosthetics: An overview of conditions commonly referred for
349 orthotic/prosthetic care.
350
- 351 C.1.8 Practice Management: Understanding about and compliance with policies and procedures regarding
352 human resources, the physical environment, business and financial practices, and organizational management.
353 Content includes thorough and ethical documentation, compliance with regulatory agencies' requirements, legal
354 considerations surrounding patient care, quality improvement, time management, and project management.
355
- 356 C.1.9 Professional issues: An understanding and appreciation of the scope of practice of the Orthotist and
357 Prosthetist Assistant, the organizations and documents that guide practice within the profession, the role of the
358 Orthotist and Prosthetist Assistant in the rehabilitation team, and legal considerations surrounding patient care.
359
- 360 **C.2.0 Patient Examination**
361
- 362 Upon successful completion of the program, the student must demonstrate the ability to complete the following
363 elements of the patient examination in order to assist the Orthotist and Prosthetist with an assessment.
364
- 365 C.2.1 Perform basic patient examination as directed by the Orthotist Prosthetist: Students must be skilled in the
366 following components of a patient examination:
367
- 368 C.2.1.a Gathering basic medical histories and subjective information
 - 369 C.2.1.b Perform basic physical evaluation including:
 - 370 C.2.1.b.1. anthropometric data
 - 371 C.2.1.b.2. skin integrity
 - 372 C.2.1.b.3. sensation
 - 373 C.2.1.b.4. pain
 - 374 C.2.1.b.5. range of motion
 - 375 C.2.1.b.6. muscle strength
 - 376 C.2.1.c Use of basic standardized evaluation tools selected by the Orthotist Prosthetist
377
- 378 C.2.2 Document services using established record-keeping techniques to record patient examination and
379 treatment plans, to communicate fabrication requirements, and to meet standards for reimbursement and
380 regulations of external agencies.
381
- 382 C.2.3 Effectively communicate with the patient and/or caregiver to gather cogent and useful information for
383 orthotic and/or prosthetic examinations.
384
- 385 **C.3.0 Implementation of the Orthotist and Prosthetist Treatment Plan**
386
- 387 Upon successful completion of the program, the student must demonstrate the ability to assist the Orthotist and
388 Prosthetist in the following:
389
- 390 C.3.1 Demonstrate safety in Clinical and Technical Contexts.
391 Comply with personal and environmental safety practices through proper use and care of tools and
392 equipment including the following:
 - 393 C.3.1.a. Hand tools
 - 394 C.3.1.b. Measuring tools
 - 395 C.3.1.c. Machine tools

396 C.3.1.d. Safety Data Sheets (SDS) for commonly used adhesives, solvents and materials
397 C.3.1.e. Proper Flammable materials handling and storage
398 C.3.1.f. Safe evacuation principles for staff and patients in case of emergency
399 C.3.1.g. General equipment: ovens, compressors, vacuum pumps, fume and dust extraction
400 apparatus.

401
402 C.3.2 Examine the orthosis or prosthesis, making adjustments as necessary to obtain optimal fit, operation,
403 function and comfort. Skills necessary to optimize the fit and function include:

404 C.3.2.a. Trimming and smoothing
405 C.3.2.b. Shaping and finishing
406 C.3.2.c. Pressure relief and/or redistribution
407 C.3.2.d. Use of fasteners and adhesives
408 C.3.2.e. Volumetric adjustments
409 C.3.2.f. Growth adjustments
410 C.3.2.g. Orthotic and prosthetic alignment
411 C.3.2.h. Suspension/strapping

412
413 C.3.3 Perform proper patient handling techniques that provide for patient safety.

414
415 C.3.4 Provide basic foundational gait and mobility instruction.

416
417 C.3.5 Provide appropriate instruction to diverse patient populations and caregivers on the care, use and
418 maintenance of the orthosis or prosthesis, as well as skin care information and wearing schedules for the device.

419 420 **C.4.0 Follow-Up**

421
422 Upon successful completion of the program, the student must be able to explain their role in assisting the
423 Orthotist and Prosthetist in providing follow-up care.

424
425 C4.1 Describe the follow-up care related to fit, function and comfort of the orthosis and/or prosthesis.

426
427 C.4.2 Describe common orthotic and prosthetic goals and how these may be measured over time to evaluate
428 orthotic and prosthetic outcomes (i.e., use of outcome measures in clinical practice).

429 430 431 **C.5.0 Practice Management**

432
433 Upon successful completion of the program, the student must demonstrate the ability to comply with practice
434 management plans, policies and procedures, including the following:

435
436 C.5.1 Demonstrate knowledge of billing and coding procedures.

437
438 C.5.2 Document in accordance with professional standards and in compliance with legal and insurance policies.

439
440 C.5.3 Describe the Orthotist and Prosthetist Assistants' ethical and legal responsibilities related to patient
441 management.

442 443 444 **C.6.0 Professional/Personal Development**

445
446 Upon successful completion of the program, the student must be able to articulate the importance of personal and
447 professional development including the following areas:

448
449 C.6.1 Describe what it means to be a lifelong learner with the goal of maintaining knowledge and skills at the
450 most current level.

451
452 C.6.2 Discuss strategies to engage in service to the profession.

453

454 C.6.3 Demonstrate self-awareness and reflect on the mechanisms necessary to maintain personal physical and
455 mental well-being.

456
457 C.6.4 Demonstrate professional empathy, responsibility and ethics.

458
459
460 **C.7.0 Orthotic and Prosthetic Clinical Practices**

461
462 Upon successful completion of the program, the student must demonstrate the psychomotor skill of fitting and
463 adjusting prefabricated devices (custom fit and off the shelf) and custom devices; including the application of
464 biomechanical principles, fitting, adjustment, troubleshooting, and identification of patient specific outcomes for
465 the pathologies and devices listed below.

466
467 **C.7.1 Pathologies**

468
469 **C.7.1.1 Musculoskeletal disorders of the Spine**

- 470 C.7.1.1.a. Whiplash
- 471 C.7.1.1.b. Spondylolysis / Spondylolisthesis
- 472 C.7.1.1.c. Degenerative disorders: Stenosis, Low back pain, Herniated disc,
473 Laminectomy, Osteoporosis
- 474 C.7.1.1.d. Spinal Fractures: compression, burst, seatbelt
- 475 C.7.1.1.e. Spinal Dislocations

476
477 **C.7.1.2 Musculoskeletal disorders of the Upper Limb**

- 478 C.7.1.2.a. Clavicle fracture
- 479 C.7.1.2.b. Shoulder subluxation
- 480 C.7.1.2.c. Lateral and medial epicondylitis
- 481 C.7.1.2.d. Tendonitis
- 482 C.7.1.2.e. Carpal tunnel syndrome
- 483 C.7.1.2.f. De Quervain's Syndrome
- 484 C.7.1.2.g. Sprain/strain

485
486 **C.7.1.3 Musculoskeletal disorders of the Lower Limb Knee**

- 487 C.7.1.3.a. Chondromalacia (Patellofemoral syndrome)
- 488 C.7.1.3.b. Patellar subluxation disorder
- 489 C.7.1.3.c. Osteoarthritis
 - 490 C.7.1.3.c.i. Osgood Schlatter's disease
 - 491 C.7.1.3.c.ii. Anterior cruciate insufficiency
 - 492 C.7.1.3.c.iii. Posterior cruciate insufficiency
 - 493 C.7.1.3.c.iv. Medial collateral insufficiency
 - 494 C.7.1.3.c.v. Lateral collateral insufficiency
 - 495 C.7.1.3.c.vi. Meniscus tear
 - 496 C.7.1.3.c.vii. Sprain/strain

497
498 **Ankle/Foot**

- 499 C.7.1.3.d. Sprain/strain
- 500 C.7.1.3.e. Bursitis
- 501 C.7.1.3.f. Tendonitis
- 502 C.7.1.3.g. Plantar fasciitis
- 503 C.7.1.3.h. Heel Spur
- 504 C.7.1.3.i. Ulcers
- 505 C.7.1.3.j. Posterior tibialis tendon dysfunction
- 506 C.7.1.3.k. Peripheral neuropathy
- 507 C.7.1.3.l. Achilles tendon rupture
- 508 C.7.1.3.m. Midfoot/metatarsal fractures

509
510 **C.7.1.4 Neuropathic Disorders**

- 511 C.7.1.4.a. Diabetes mellitus
- 512 C.7.1.4.b. Vascular conditions: Venous insufficiency, Deep vein thrombosis,

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C.7.1.4.c. Lymphedema

C.7.1.5 Amputation Surgery and Revision

- C.7.1.5.a. Multiple limb loss – levels
- C.7.1.5.b. Rotationplasty
- C.7.1.5.c. Skin grafting

C.7.2 Custom fit orthotic/prosthetic devices: Upon successful completion of the program, the student must demonstrate knowledge in a variety of custom fit orthoses/prostheses. This includes upper, lower limb, and spinal orthoses and upper and lower limb prostheses.

C.7.2.1 Cervical Spine Orthoses

- C.7.2.1.a. Soft cervical collar
- C.7.2.1.b. Semi-rigid collar

C.7.2.2 Upper Limb Orthoses

- C.7.2.2.a. Figure 8 splint
- C.7.2.2.b. Shoulder immobilizer
- C.7.2.2.c. Elbow strap
- C.7.2.2.d. Elbow sleeve
- C.7.2.2.e. Wrist splint
- C.7.2.2.f. Wrist splint with thumb

C.7.2.3 Spinal Orthoses

- C.7.2.3.a. Anterior frame hyperextension TLSO
- C.7.2.3.b. Lumbosacral corset
- C.7.2.3.c. Lumbosacral corset with rigid frame/panel
- C.7.2.3.d. Semi-rigid LSO
- C.7.2.3.e. Semi-rigid TLSO

C.7.2.4 Lower Limb Orthoses

- C.7.2.4.a. Hinged knee orthosis
- C.7.2.4.b. Patellar tendon orthosis
- C.7.2.4.c. Elastic knee sleeve
- C.7.2.4.d. Knee immobilizer
- C.7.2.4.e. Post-op knee orthosis
- C.7.2.4.f. Prefabricated functional knee orthosis
- C.7.2.4.g. Prefabricated offloader knee orthosis

C.7.2.5 Ankle/Foot Orthoses

- C.7.2.5.a. Multiligamentous ankle support
- C.7.2.5.b. AFO plastic or other material with ankle joints, prefabricated
- C.7.2.5.c. Ankle control orthosis, stirrup style
- C.7.2.5.d. Pneumatic walker
- C.7.2.5.e. Plantar fasciitis night splint
- C.7.2.5.f. Pressure relief (heel) AFO
- C.7.2.5.g. AFO, plastic, PLS, prefabricated
- C.7.2.5.h. Post-op shoe
- C.7.2.5.i. Un-loader shoe

C.7.2.6 Shoes

- C.7.2.6.a. Off-the-shelf depth-inlay shoe

C.7.2.7 Gradient Pressure Garments

- C.7.2.7.a. Upper and lower limb compression garments

C.7.2.8 Custom Fit and immediate fit Prostheses

- C.7.2.8.a. Shrinkers
- C.7.2.8.b. Liners

- 572 C.7.2.8.c. Rigid dressings
- 573 C.7.2.8.d. Immediate post-operative prostheses
- 574 C.7.2.8.e. Socks
- 575 C.7.2.8.f. Suspension sleeves

576
577 **C.7.3 Custom fabricated orthotic/prosthetic devices:** Upon successful completion of the program, the student
578 must demonstrate entry-level competence and experience with the evaluation, recommendation, implementation
579 and material selection of custom fabricated orthotic/prosthetic devices under the direction of the Orthotist and
580 Prosthetist. This includes the ability to adjust Prostheses and Orthoses.

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Section D	EXPERIENCE WITHIN PATIENT CARE ENVIRONMENT
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584
585 **D.1.0 Clinical Experience in Patient Care Settings**

586
587 Upon completion of the program, the student must have the following clinical interactions with the Orthotist and
588 Prosthetist:

- 589 D.1.1 Patient assessment.
- 590 D.1.2 Implementation of an orthotic or prosthetic treatment plan determined by the Orthotist Prosthetist.
- 591 D.1.3 Follow-up assessment and continued implementation of an orthotic or prosthetic treatment plan.
- 592 D.1.4 Documentation of patient Orthotist and Prosthetist encounters for clinical decision making, communication,
593 legal and reimbursement purposes.
- 594 D.1.5 Communication among practitioners, patients, caregivers, and others.
- 595 D.1.6 Business functions within the provision of orthotic/prosthetic services.
- 596