



DIVISION SCOPE OF SERVICE

Division: WEST FLORIDA
Classification: CERTIFIED-LICENSED ORTHOTIST/PROSTHETIST
Applicant Name:

<p>Certified-Licensed Orthotist/Prosthetist: The Certified-Licensed 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.</p>
<p>Definition of Care or Service: A Certified-Licensed Orthotist/Prosthetist is to custom make and fit both orthoses and prostheses. Scope of service may include:</p> <ul style="list-style-type: none"> • Review medical records and examine patients to evaluate functional loss and O&P needs • Formulate O&P patient prescriptions for optimal management of upper and lower limb anomalies, both congenital and acquired, in collaboration with physicians • Supervise the fabrication of O&P devices and appliances to ensure that design and materials meet patient needs • Fit and adjust devices and appliances on patients to ensure optimum function, cosmesis, and workmanship • Instruct patients on the limitations and proper use of devices and appliances as well as the maintenance, storing, and cleaning of devices and appliances • Enter clinical and evaluation notes in patient medical records • Demonstrates Clinical and Service excellence behaviors to include code of HCA conduct core fundamentals in daily interactions with patients, families, co-workers and physicians.
<p>Setting(s):</p> <ul style="list-style-type: none"> • Healthcare facilities including but not limited to hospitals, outpatient treatment facilities, imaging centers and physician practices • Patient care areas, all settings
<p>Supervision: Direct supervision by Rehab Department director and/Director of Orthopedic and Spine</p> <ul style="list-style-type: none"> • Indirect supervision by licensed Orthotist/Prosthetist by State Boards of Prosthetists and Orthotist
<p>Evaluator: Rehabilitation department director and Director of Orthopedic and Spine</p>
<p>Tier Level: 2</p>
<p>eSAF Access Required: YES</p>
<p>Qualifications:</p> <ul style="list-style-type: none"> • Bachelor's or Master's degree (High School or GED acceptable prior to dates below) <ul style="list-style-type: none"> ○ If you received, an Orthotist/Prosthetist Certification by the Board for Orthotist/Prosthetist Certification (BOC) prior to January 1, 2013 a High School or GED is acceptable. ○ If you received an Orthotist/Prosthetist Certification by the American Board for Certification in Orthotics, Prosthetics & Pedorthics (ABCOP) prior to the 1980's a High School or GED is acceptable. • Current Certification as a Certified Orthotist/Prosthetist by the American Board for Certification in Orthotics, Prosthetics & Pedorthics (ABCOP) or the Board for Orthotist/Prosthetist Certification (BOC) through one of the below pathways:



DIVISION SCOPE OF SERVICE

- Pathway I – BOC Certification
 - If you received an Orthotist/Prosthetist Certification by the BOC it is required for an accredited program by the National Commission on Orthotic and Prosthetic Education (NCOPE) to be completed, but if you received your BOC certification prior to January 1, 2013 you **are not** required to complete an accredited program by NCOPE.
- Pathway II – ABCOP Certification
 - If you received an Orthotist/Prosthetist Certification by the ABCOP it is required for an accredited program by the National Commission on Orthotic and Prosthetic Education (NCOPE) to be completed, but if you received your ABCOP certification prior to 1995 you **are not** required to complete an accredited program by NCOPE.
- 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:

- Current License as an Orthotist/ Prosthetist by the Florida Board of Orthotists & Prosthetists.

Experience:

- One year of experience as an Orthotist/Prosthetist

Competencies:

The Orthotist/Prosthetist-Certified will demonstrate:

- Accurate patient information review and evaluation
 - Uses at least two ways to identify patients
 - Verifies that the requested services correlates with the patient’s clinical history, presentation and physician order
 - accesses patient’s medical record appropriately
- Job Specific Competencies
 - Demonstrated competence as evidenced by participation in care of at least 50 patients on an annual basis
 - Appropriately documents patient care in the medical record
- Maintains a safe environment
- Infection Prevention
 - Practices consistent hand hygiene
 - Uses personal protective equipment (PPE) when required
 - Required immunizations per Division requirements
 - Complies with Isolation precautions
 - Maintains sterile field

References:

- Federation of State Boards of Physical Therapy Standards of Competence; adopted 2000, revised 2006; www.fsbpt.org/download/StandardsofCompetence2006_10.pdf
- United States Department of Labor – Bureau of Labor Statics; Occupational Outlook Handbook, 2010-11 edition; Retrieved from <http://www.bls.gov/oco/ocos080.htm>
- Florida Ortho/Pros License Verification: <https://appsmqa.doh.state.fl.us/MQASearchServices/HealthCareProviders>
- American Board for Certification in Orthotics, Prosthetics, and Pedorthotics <https://www.abcop.org/State-Licensure/Pages/state-licensure.aspx>
- Board for Orthotist/Prosthetist Certification www.bocusa.org
- BOC Current States with O&P Rules/Licensure



DIVISION SCOPE OF SERVICE

https://www.bocusa.org/files/States_with_Licensure.pdf

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

Document Control:

- Content updates 2/21/2019
- Cosmetic updates 8/5/2020

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: _____